



Pre-Exposure Prophylaxis 101

Providers have the Power ➡➡➡

What is PrEP?

Protection for a person who is HIV negative who is at high risk of HIV exposure through sex or injection drug use



What is PrEP?

PrEP can reduce risk of acquiring HIV by more than:

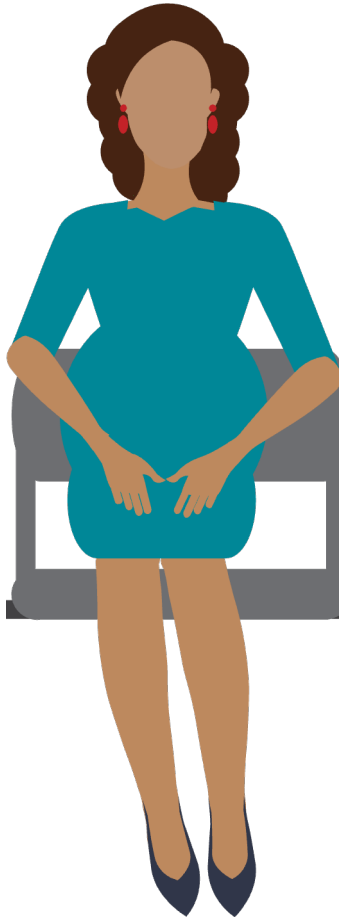
90% for sexual exposure

70% for injection drug use

Pills must be taken every day as prescribed for this level of effectiveness



What PrEP is Not



PrEP does not:

- Reduce the need for other HIV prevention options
- Protect against other STIs

Available Medications for PrEP

Daily oral PrEP is recommended for:

- All adults/adolescents at risk for HIV through sex or IDU



Available Medications for PrEP

- Tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) has been used since 2012
- One pill once a day
 - ⇒ On-demand use is an option



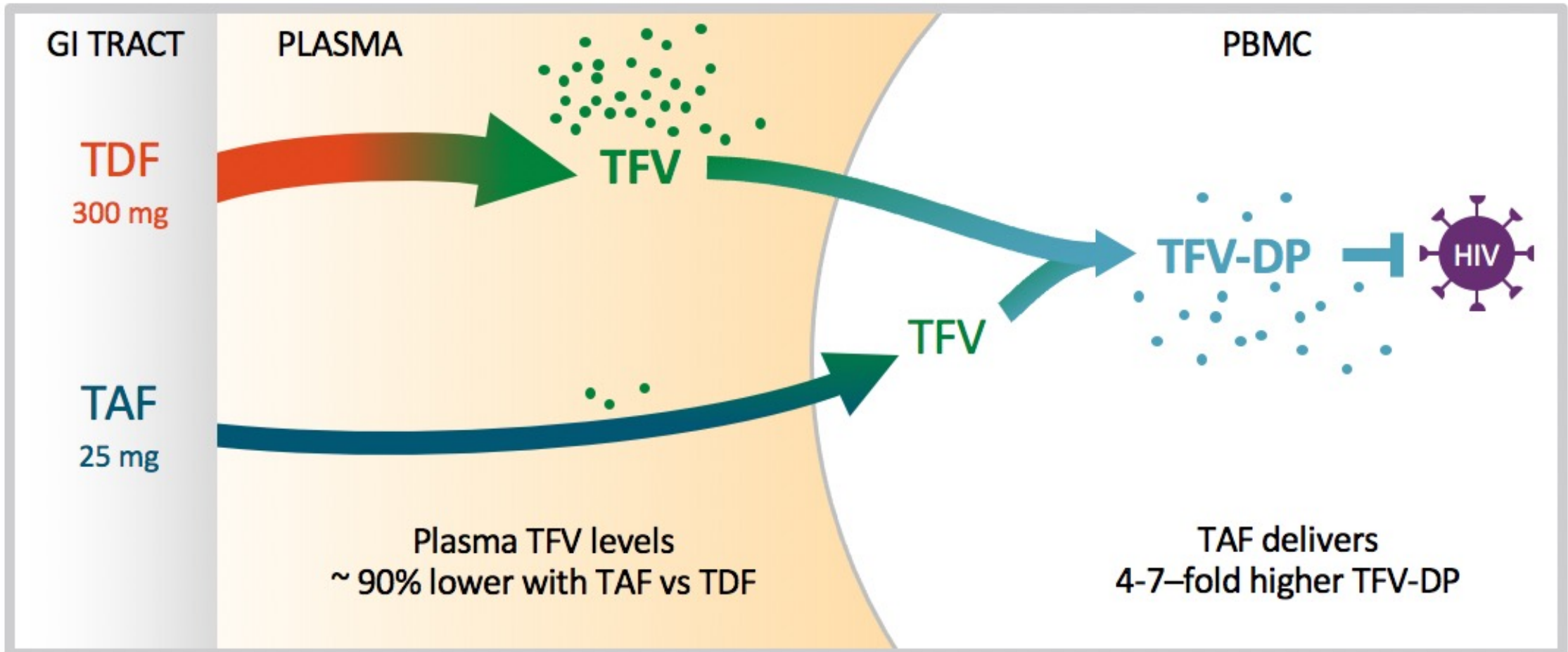
Higher TFV-DP Levels in PBMCs with TAF vs TDF

Tenofovir Alafenamide (TAF)

- Pro-drug that can be absorbed quicker than TDF
- Can be prescribed in smaller doses, as higher levels of the active drug, tenofovir diphosphate, is seen in the cells



Higher TFV-DP Levels in PBMCs with TAF vs TDF



Indications for PrEP

MSM	Heterosexual Men/Women	People Who Inject Drugs
<ul style="list-style-type: none">• Any male sex partner in past 6 mos.• Not in a monogamous relationship with a recently tested, HIV negative man• Any anal sex without a condom in the past 6 mos.• Bacterial STI (syphilis, gonorrhea, or chlamydia) in past 6 mos.	<ul style="list-style-type: none">• Any sex with opposite sex partner in past 6 mos.• Not in a monogamous relationship with a recently tested, HIV negative partner• Infrequent condom use with >1 partners(s) with unknown HIV status at substantial risk of HIV infection (PWID or MSM)• Is in an ongoing relationship with HIV-positive partner with unsuppressed HIV-1 RNA• Bacterial STI (syphilis, gonorrhea in females/males) in past 6 mos	<ul style="list-style-type: none">• Any injection of drugs not prescribed by a clinician in past 6 mos.• Any sharing of injection/drug preparation equipment in past 6 mos.• Risk of sexual acquisition

For adults or adolescents weighing **>35kg** without acute or established HIV infection only

Contraindications to TDF/FTC for PreP

Active HIV Infection

Need HAART: 3-active medications

Renal Dysfunction

TDF: Do not start if CrCl <60 mL/min; Stop if CrCl <50 mL/min

TAF: If CrCl < 30 mL/min

Allergy to TDF or FTC

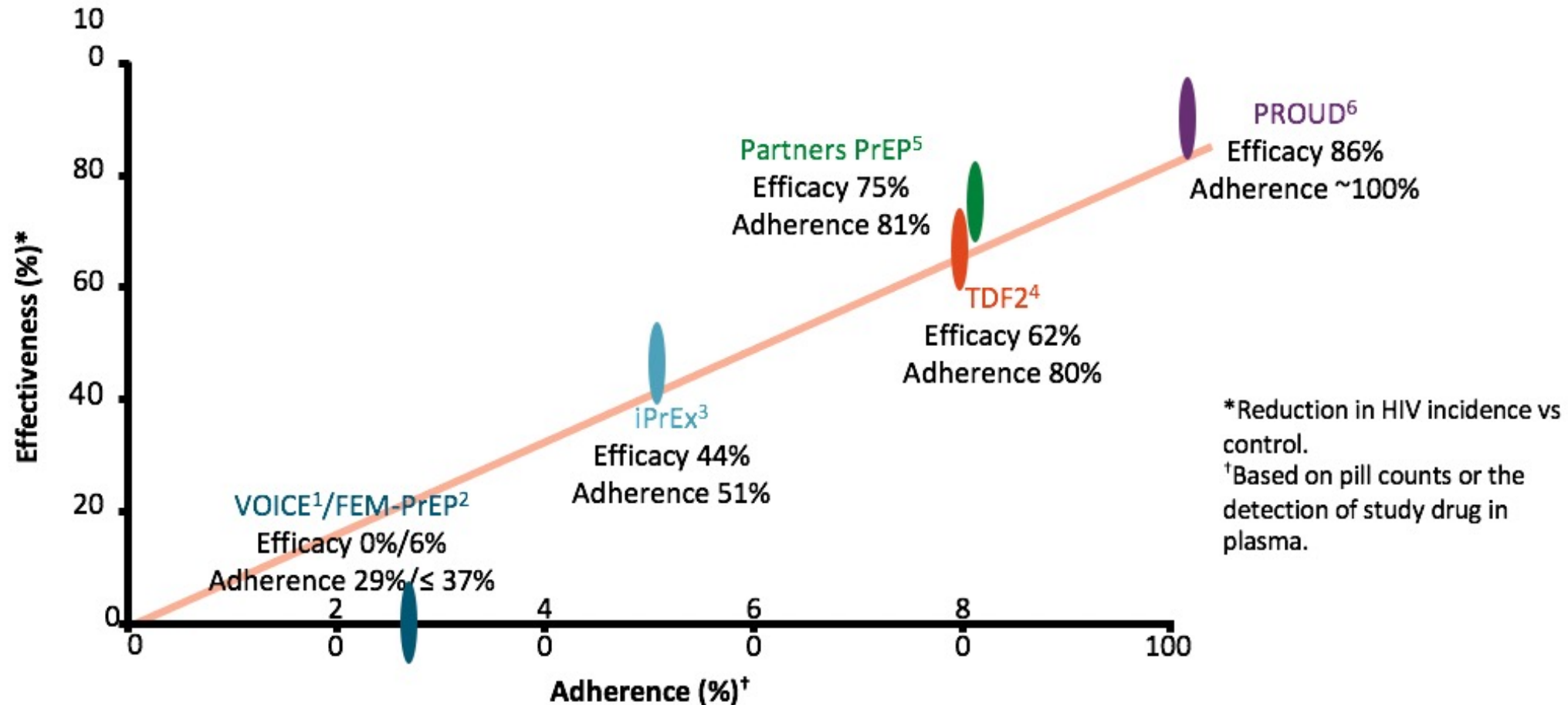
Long Acting Cabotegravir

Caution with active HBV infection as discontinuation of TDF/FTC can lead to hepatitis flair

Once Daily Oral TDF-Based PrEP Efficacy in Clinical Trials

Population	Study	Study Drug	Control	Efficacy for Reducing HIV Incidence, %
MSM	iPrEx ¹	FTC/TDF (n = 1251)	Placebo (n = 1248)	44.0 (<i>P</i> = .005)
HS men & women	Partners PrEP ²	FTC/TDF (n = 1583)	Placebo (n = 1586)	75.0 (<i>P</i> < .001)
	TDF2 ³	FTC/TDF (n = 611)	Placebo (n = 608)	62.2 (<i>P</i> = .03)
PWID	BTS ⁴	TDF (n = 1204)	Placebo (n = 1207)	48.9 (<i>P</i> = .01) If detectable TDF: 73.5 (<i>P</i> = .03)

Effectiveness Improves with Adherence



1. Marrazzo. NEJM. 2015;372:509. 2. Van Damme. NEJM. 2012;367:411. 3. Grant. NEJM. 2010;363:2587.
4. Thigpen. NEJM. 2012;367:423. 5. Baeten. NEJM. 2012;367:399. 6. McCormack. Lancet. 2016;387:53.



Summary of PrEP Eligibility

Risk Group	Daily FTC/TDF	On-Demand (2:1:1) FTC/TDF	Daily FTC/TAF
MSM	Approved , guideline recommended	Off-label , guideline recommended	Approved
TG women	Approved , guideline recommended	Off-label , <u>not</u> recommended	Approved
Heterosexual women	Approved , guideline recommended	Off-label , <u>not</u> recommended	Off-label , <u>not</u> recommended, studies underway
Heterosexual men	Approved , guideline recommended	Off-label , <u>not</u> recommended	Approved
TG men	Approved , guideline recommended	Off-label , <u>not</u> recommended	Off-label , <u>not</u> recommended (unless risk from anal sex only)
PWID	Approved , guideline recommended	Off-label , <u>not</u> recommended	Off-label , <u>not</u> recommended

Long-Acting Cabotegravir (CAB LA)

Details:

- Injectable integrase inhibitor
- Administered every 8 weeks
- FDA approved for MSM and transgender women
- Safety similar to that of TDF-FTC
 - Except for injection site side effects leading to discontinuation, which occurred in 2.4% of patients receiving it vs none in the placebo group during the clinical trial

IHS HIV Project ECHO

Monthly IHS telemedicine conference:

- Sponsored by University of New Mexico and IHS
- Twenty-minute didactic talk regarding HIV care
- Participants present 2-3 active cases

When?

- 2nd Wednesday of the month @ 12pm MT

IHSECHO@unm.salud.edu



HIV/AIDS Warmline



The National Clinician Consultation Center is a free telephone advice service for clinicians, by clinicians. Go to **nccc.ucsf.edu** for more information.

HIV/AIDS Warmline
800-933-3413

HIV treatment, ARV management, complications, and co-morbidities

Perinatal HIV Hotline
888-448-8765

Pregnancy, breastfeeding and HIV

Hepatitis C Warmline
**844-HEP-INFO/
844-437-4636**

HCV testing, staging, monitoring, treatment

Substance Use Warmline
855-300-3595

Substance use evaluation and management

PrEPline
855-HIV-PrEP

HIV Pre-exposure prophylaxis

PEPline
888-448-4911

Occupational & non-occupational exposure management

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Indian Country ECHO

Free service for I/T/U clinicians:

Designed to enhance care delivery for patients with complex conditions

The variety of services include:

Online ECHO clinics, trainings, CE, and technical assistance & capacity building



Virtual ECHO Clinics

During ECHO clinics you can:

- Participate in didactic and case presentations
- Receive recommendations from peers and a team of specialists
- Join a learning community

Join us!



More Information & To Get Connected

IndianCountyECHO.org

**For free technical assistance:
ECHO@npaihb.org**

