CARILION CLINIC
Antimicrobial Stewardship

Using PrEP in Your Practice

Dear Provider/Clinic Manager,

Pre-exposure prophylaxis (or PrEP) is an incredibly effective medication strategy that can be incorporated into standard medical care for your patients. Carilion Clinic has a wide reach in SWVA and our ability to provide patients with this preventative medicine could have a major impact on the incidence of new HIV cases we see each month. We have the unique opportunity at Carilion Clinic to aggressively combat the HIV epidemic in Southwest Virginia.

We know many providers may only be tangentially familiar with PrEP so the Antimicrobial Stewardship team at Carilion has prepared this packet to assist with understanding and utilizing PrEP for your patients. **Overall PrEP is safe, effective, and generally affordable to most patients who are interested in it.**

In this packet you'll find:

- **PrEP at-a-glance**
  - High level overview of PrEP use in a patient
- **Carilion Clinic PrEP Guidelines**
  - Approved institutional guidelines developed by Antimicrobial Stewardship and Infectious Diseases for use by Primary Care Providers at Carilion.
- **Affordability Guidance**
  - Carilion-specific resources available for you and your patient on affordability of PrEP
- **PrEP Medication Review**
  - Short review of the current available medications for PrEP, including safety and monitoring information

New HIV cases span all sexes, races and sexual orientations in our community and all patients should be evaluated for PrEP as part of their routine medical care. We know from local prescribing and epidemiologic data that **thousands** of patients served by Carilion would be candidates for PrEP.

For questions about prescribing/managing PrEP or for Provider training, contact:
antimicrobial_stewardship@carilionclinic.org

Thank you for your review of this packet!

Nathan Everson, PharmD, BCIDP
Ambulatory Antimicrobial Stewardship Pharmacist

Jason Faulhaber, MD
Infectious Diseases Physician

CARILION CLINIC PrEP At-a-Glance

How to prescribe and manage Pre-exposure Prophylaxis (PrEP)

1: WHO IS A CANDIDATE?

- Anyone who feels they are high risk for HIV and requests PrEP.
- **All patients** should be evaluated for HIV risk during routine primary care.

→
- High number of sexual partners
- Recent Bacterial STI
- Inconsistent condom use
- HIV-positive sexual partners
- Sharing injection drug equipment

2: INITIAL VISIT/EVALUATION

Assess for Current HIV Infection

1. Document negative HIV test
   - HIV 4th Generation with Reflexes (**G982**)
2. Assess for signs and symptoms of acute HIV infection

Test for HBV and HCV Infections

Hepatitis B
- surface antigen (**HBAG**)
- surface and core antibody (**HBSAB**)(**BCORT**)

Hepatitis C antibody with reflex (**HCREF**)

Test for Sexually Transmitted Diseases

Syphilis RPR with reflex (**RPRBAT**)

Chlamydia and Gonorrhea
- Urine (**G207**)
- Depending on sexual practices include:
  - pharyngeal (**Q1732**)
  - rectal (**Q1731**)

Assessment of Renal Function

Utilize patient history and Serum Creatinine or Basic Metabolic Panel

3: INITIATING PREP

Truvada(R)
(tenofovir disoproxil fumarate/emtricitabine)

1 tablet PO daily
Do NOT use if CrCl < 60 mL/min

OR

Descovy(R)
(tenofovir alafenamide /emtricitabine)

1 tablet PO daily
Use NOT approved in women

PROVIDE COUNSELING AND EDUCATION REGARDING SAFER SEX PRACTICES

4: MONITORING/FOLLOW-UP

Every 3 months

HIV Test

→

Every 6 months*

Renal function
Syphilis
Chlamydia and Gonorrhea
Swab sites according to sexual practices
**May need more frequent testing dependant on patient-specific situations*

AFFORDABILITY

Extensive drug assistance options exist for PrEP for all patients, **insured or uninsured.**
Refer to the affordability guidance on the Antimicrobial Stewardship hub or Contact Carilion's Medication Assistance Program.

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Pre-Exposure Prophylaxis (PrEP)

Considerations for Initiation and Monitoring

Last updated: 12/2020

Step 1: Assessment of HIV-acquisition risk

<u>At risk people who should be evaluated for PrEP (as recommended by the CDC)</u>

- Sexually active* gay and bisexual men without HIV
- Sexually active* heterosexual men and women without HIV
- Sexually active* transgender persons without HIV
- Persons without HIV who inject drugs**
- Persons who have been prescribed non-occupational post-exposure prophylaxis (PEP) and report continued risk behavior, or who have used multiple courses of PEP

Sexually-Active Adults*	Persons Who Inject Drugs**
Anal or vaginal sex in the past 6 months; **and** • HIV-positive sexual partner (especially if partner has unknown or detectable viral load); **OR** • Recent bacterial STI (Sexually transmitted infection) in previous 6 months; **OR** • History of inconsistent or no condom use with sexual partner(s); **OR** • High number of sexual partners	HIV-positive injecting partner; **OR** Shares drug preparation or injection equipment

Step 2: Evaluate Clinical Eligibility

Currently two medications are approved for prevention of HIV, they are different salts of the same drug (tenofovir); however, clinical differences are noted below. Preferred agent will vary among insurance plans.

Truvada® (tenofovir disoproxil (TDF)/emtricitabine)	Descovy® (tenofovir alafenamide (TAF)/emtricitabine)
○ Approved for all patients seeking PrEP ○ Carries rare renal toxicity risk and requires regular SCr monitoring	○ **Not approved for use in women** (limited data) ○ No risk of significant renal toxicity

☐ **Document negative HIV test result before prescribing PrEP**

- Document a negative antibody test result within the week before initiating (or reinitiating) PrEP (minimum requirement)
  - Serum EIA (enzyme-linked immunoassay) via lab send out
  - Rapid, point-of-care, FDA-approved, fingerstick blood test*
    - Oral rapid tests should not be used due to decreased sensitivity
    - Patient-reported or anonymous test results should not be used
    - **more info here: http//www.cdc.gov/hiv/testing/laboratorytests.html*

☐ **Evaluate for signs/symptoms of acute HIV infection**

- Fever, fatigue, myalgia, skin rash, headache, pharyngitis, cervical adenopathy, arthralgia, night sweats, diarrhea

- Additional testing should be performed in patients with a negative or indeterminate result from a rapid HIV test or laboratory HIV antibody test, and who reports recent signs and symptoms suggestive of acute HIV

☐ **Document hepatitis B virus (HBV) and hepatitis C virus (HCV) infection and vaccination status**

- Sexually active adults, and persons who inject illicit drugs, are at risk of acquiring HBV and HCV infection (if positive screening, consider referral to Infectious Diseases for PrEP evaluation)
- Documentation by screening serology should be completed before PrEP is prescribed
- Patients susceptible to HBV infection should be vaccinated
  - Truvada® and Descovy® are active against HBV: Cessation of treatment may lead to liver damage secondary to HBV reactivation

☐ **For Truvada® (TDF/emtricitabine): Verify patient has normal baseline renal function (BMP)**

- Ensure CrCl >60 mL/min; order BMP if necessary
- **Any person with a CrCl of <60 ml/min should NOT be prescribed PrEP with Truvada**
  - Renal impairment, including acute renal failure and Fanconi syndrome, has been reported with the use of tenofovir disoproxil fumarate

Step 3: Education

☐ **Encourage utilization of PrEP as a component of comprehensive safe sex practices**
☐ Reiterate that PrEP does **NOT** protect against other STIs; encourage consistent condom use
☐ Remind patient that PrEP is **NOT** 100% effective; efficacy increases with increased adherence

Step 4: Prescription

☐ **Truvada (tenofovir disoproxil fumarate/emtricitabine) 300mg/200mg 1 tablet PO daily**

- ≤90-day supply; provide enough to span duration until next appointment
- Do not use other than daily dosing (e.g., intermittent or episodic)
- Do not provide PrEP as expedited partner therapy for patients not in your care

OR

☐ **Descovy (tenofovir alafenamide /emtricitabine) 25mg/200mg 1 tablet PO daily**

- ≤90-day supply; provide enough to span duration until next appointment
- Do not use other than daily dosing (e.g., intermittent or episodic)
- Do not provide PrEP as expedited partner therapy for patients not in your care

☐ **Counsel on importance of adherence**
☐ **Counsel on potential side effects**

- Side effects in PrEP trials were uncommon and usually resolved within the first month of initiation PrEP (“start-up syndrome”)
  - Most common were headache, nausea, and flatulence

- Over-the-counter medications (e.g. acetaminophen, bismuth subsalicylate, simethicone) may be used to manage side effects if they occur
- Symptoms/side effects requiring urgent evaluation (e.g., those suggesting possible acute renal injury or acute HIV infection) should be discussed

Step 5: Monitoring

- **At least every 3 months**
  - ☐ Repeat HIV testing, assess for signs of acute infection, and complete bacterial STI screening
  - ☐ Repeat pregnancy testing for women who may become pregnant
  - ☐ Complete medication adherence counseling and side effect assessment
  - ☐ Provide behavioral risk reduction support

- **At 3 months and every 6 months thereafter, assess renal function (<u>for Truvada, TDF/emtricitabine only</u>)**
  - ☐ More frequent monitoring or additional tests may be needed if other risk factors for renal injury are present (e.g., hypertension, diabetes)
  - ☐ PrEP may be continued despite a small increase in serum creatinine if CrCl remains ≥ 60 ml/min

☐ **Every 6 months, test for bacterial STIs in sexually active patients**
- Including syphilis, gonorrhea, and chlamydia

☐ **Every 12 months, evaluate continuation of PrEP as part of a comprehensive HIV prevention plan**
- Optional: DEXA bone scans may be considered for patients with a history of bone fractures or at significant risk for osteoporosis

References:

1. Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2017 Update: a clinical practice guideline. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf. Published March 2018.
2. World Health Organization. Guidance on oral pre-exposure prophylaxis (PrEP) for serodiscordant couples, men and transgender women who have sex with men at high risk of HIV-Recommendations for use in the context of demonstration projects. July 2012. Available from: http://www.who.int/hiv/pub/guidance_prep/en/.

Pre-Exposure Prophylaxis (PrEP) Medication Assistance Programs

For Providers and Patients: For easiest access to medication assistance, have patients complete a MAP application. This can be found by going to https://carilionclinic.org/medication-assistance-programs#about . MAP will then take the application and complete the following steps using the patient's information.

Generic Name: Emtricitabine / ***Tenofovir Disoproxil Fumarate***
Dose: 1 tablet (200mg/**100mg**) daily
Brand Name: TRUVADA

Generic Name: Emtricitabine / ***Tenofovir Alafenamide***
Dose: 1 tablet (200mg/**25mg**) daily
Brand Name: DESCOVY

Patients with NO Insurance		
Manufacturer Assistance		Non-Manufacturer Assistance
Online Process (*Can get immediate approval for 30 day fill for most patients during clinic visit*)	**Traditional Application Process**	**Department of Health and Human Services: "Ready Set PrEP" Program**
1. www.gileadadvancingaccess.com 2. For new patients, click "Uninsured 24/7 Support" 3. Click "Check Eligibility/Enroll Now" 4. Choose the prompt, depending on whether a healthcare provider is present 5. Complete the appropriate form via the page redirection. 6. Obtain virtual card, redeemable at most pharmacies 7. Present to appropriate pharmacy with virtual card and a valid prescription 8. Obtain 30 days of free product. If through mail order, a 90-day supply is possible	1. Provider/patient advocate must fax enrollment form to (1-800-216-6857) 2. Call Advancing Access (1-844-588-3288) 30 minutes after successful fax 3. Patient screened over phone. Immediate access voucher given if patient qualifies 4. Patients can pick up at any qualifying pharmacy with a valid prescription, identified by the patient advocate at Advancing Access 5. Encourage side effect reporting at www.FDA.gov/Medwatch	1. www.getyourprep.com 2. Select "Healthcare Professional" or "Individual" as appropriate 3. Complete the guided application and follow all prompts 4. Patients will be able to obtain their PrEP medication through participating pharmacies/mail order for no cost (e.g. CVS, Walgreens, Sam's Club, and others) 5. For eligibility or FAQ, visit https://files.hiv.gov/s3fs-public/Ready-Set-PrEP-Webinar-FAQ-1.pdf a. Max limit at 200,000 participating patients.

Pre-Exposure Prophylaxis (PrEP) Medication Assistance Programs

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In general, PrEP is covered by many commercial insurances and Medicaid and Medicare plans.
Most of the following assistance is available to help in the event the Co-Pay is unaffordable by the patient

Patients with Commercial Insurance	
Gilead's Advancing Access Copay Card	**Patient Advocate Foundation: Copay Relief Card (Provider Only)**
1. https://www.gileadadvancingaccess.com/copay-coupon-card 2. Click "Sign Up" 3. Click "Enroll", then fill out the remainder of the application 4. View your card 5. Present this card and a valid prescription to a participating pharmacy 6. This provides a yearly cost-savings of a maximum of $7,200 o There is no monthly limit 7. For a representative, call **1-877-505-6986**	1. www.copays.org/funds 2. Select HIV, AIDS and Prevention to check funds and apply 3. Application process takes approximately 7-10 business days 4. Eligibility decisions are determined by completion of a signed Physician Verification Form 5. Application categories: patient's reporting income, diagnosis, and insurance coverage information 6. Some patients are randomly selected to submit documentation of reported income within 30 days of approval date

Patients with Medicaid, Medicare or Military Insurance		
Patient Advocate Foundation: Copay Relief Card (Provider Only) $7,500	**PAN Foundation: Medicare Exclusive: $3,400**	**GoodDays: Medicare or Military Insurance: $7,500**
1. www.copays.org/funds 2. Select HIV, AIDS and Prevention to check funds and apply 3. Application process takes approximately 7-10 business days. 4. Requires completion of a signed Physician Verification Form 5. Application categories: patient's reported income, diagnosis, and insurance coverage information 6. Some patients are randomly selected to submit documentation of reported income within 30 days of approval date	1. https://www.panfoundation.org/find-disease-fund/ 2. Click "H" and select "HIV Treatment and Prevention" 3. Check Eligibility: US citizenship not required, <500% FPL	1. https://www.mygooddays.org/patients/diseases-covered 2. Select HIV, AIDS Treatment and Prevention 3. Click Apply Now 4. Check Eligibility: Valid SSN required, <500% FPL

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PrEP Medication Review

- TRUVADA and DESCOVY have the same active ingredient (different salt forms of tenofovir)
- In general, DESCOVY has an association with less long-term adverse effects than TRUVADA, however both are very well tolerated and safe medications.
- Major differences in the medication are listed in the green box, most notably being the **lack of an indication for DESCOVY when being used as PrEP in women** due to lack of data.

Generic Name:
- Emtricitabine / ***Tenofovir Disoproxil Fumarate***

Dose: 1 tablet (200mg/**100mg**) daily
Brand Name: TRUVADA

Generic Name:
- Emtricitabine / ***Tenofovir Alafenamide***

Dose: 1 tablet (200mg/**25mg**) daily
Brand Name: DESCOVY

PrEP INDICATION:
- TRUVADA and DESCOVY are indicated in at-risk adults and adolescents weighing at least 35 kg for pre-exposure prophylaxis

DOSAGE AND ADMINISTRATION:
- Adults and Pediatrics: **One tablet taken once daily** with or without food in individuals weighing at least 35 kg.

WARNINGS AND PRECAUTIONS:
- Severe acute exacerbations of hepatitis B (HBV) have been reported in HBV-infected individuals who have discontinued TRUVADA or DESCOVY. Hepatic function should be monitored closely with both clinical and laboratory follow-up for 3 to 6 months in individuals who are infected with HBV and discontinue TRUVADA or DESCOVY. Expert consultation is recommended.
- New onset or worsening renal impairment: Assess renal function when initiating medication and during use on a clinically appropriate schedule in all individuals.
- Decreases in bone mineral density (BMD): Consider assessment of BMD in individuals with a history of pathologic fracture or other risk factors for osteoporosis or bone loss.
- Rare lactic acidosis and/or severe hepatomegaly with steatosis

MAJOR DIFFERENCES:

PrEP INDICATION:
- The indication for DESCOVY **does not include use of DESCOVY in individuals at risk of HIV-1 from receptive vaginal sex** because effectiveness in this population has not been evaluated.

DOSAGE AND ADMINISTRATION:
- Renal impairment:
  - TRUVADA is not recommended in HIV-uninfected individuals if **creatinine clearance is below 60 mL/min**
  - Expert consultation is advised for DESCOVY in individuals with estimated **creatinine clearance of below 30 mL/min**

WARNINGS AND PRECAUTIONS:
- **TRUVADA has a higher incidence of renal impairment can include acute renal failure.** Avoid administering TRUVADA with concurrent or recent use of nephrotoxic drugs.

ADVERSE REACTIONS
- TRUVADA: In HIV-1 uninfected adults in PrEP trials, **adverse reactions that were reported by more than 2% and more frequently than placebo were headache, abdominal pain, and decreased weight**
- DESCOVY: In HIV-1 uninfected adults in a PrEP trial, the most common adverse reaction **(incidence greater than or equal to 5%, all grades) was diarrhea.**