## **Choosing Daily vs. On-Demand PrEP**

Learning Community, July 19<sup>th</sup>

Welcome! Please introduce yourself in the chat ©



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#### Welcome!

- Please introduce yourself in the chat!
- We're happy to have attendees here from the following clinics:
  - Bell Flower Clinic, Indianapolis, Indiana
  - Litoral Clinic, Migrant Health Center, Mayagüez, Puerto Rico
  - Mary Eliza Mahoney Health Center, Newark, New Jersey
  - Morrisania Clinic, Health & Hospitals, Bronx, New York
  - NYC Department of Health, NYC, New York
  - Take Care Down There Clinic, Columbus Public Health, Columbus, Ohio



### Group Agreements

- Keep cameras on, especially when talking
- All participants contribute to the discussion
- We're here to learn together
- Confidentiality: any patient information shared remains private



#### **Clinics Share**

What is your experience with on-demand PrEP?

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- What concerns, if any, do you have about providing on-demand PrEP?
  - Especially if you are not currently providing on-demand PrEP

How has the patient response been to on-demand vs. daily PrEP?



#### **Choosing Daily vs. On Demand PrEP**

Caroline Carnevale, DNP, MPH, AAHIVS



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#### **PrEP On-Demand**

- Agenda
  - -Defining "On-Demand"
  - -Background
  - -How to Screen Patients for On-Demand
  - -Dosing schedule variations
  - -Patient scenarios





#### **PrEP On-Demand**

• Definition

- "On-Demand" or "Event-Based" or "2:1:1" or "Intermittent" or "Pericoital" or "Vacation" PrEP
  - Any dosing schedule variation that is not "Daily Dosing"
- Taking PrEP, specifically Truvada (TDF/FTC), around the time of a sexual encounter(s) or "riskier" periods
  - Truvada (TDF/FTC) is the only pre-exposure prophylaxis medication recommended for On-Demand at this time





### PrEP On-Demand: Background

- Background
  - Ipergay

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- Results originally presented in 2014
- Demonstrated that use of on-demand PrEP reduced HIV transmissions by 86% compared with the placebo
- 414 MSM and Bisexual men enrolled in study
- Average of one sexual encounter per week & average 16 pills per month
- Open Label Extension 97% effective in preventing HIV transmission



- ✓ 2 tablets (TDF/FTC or placebo)
  2-24 hours before sex
- ✓ 1 tablet (TDF/FTC or placebo) 24 hours later
- 1 tablet (TDF/FTC or placebo)
  48 hours after first intake

Molina JM, Capitant C, Spire B, et al. On demand PrEP with oral TDF-FTC in MSM: results of the ANRS Ipergay trial. CROI 2015. February 23-26, 2015. Seattle, Washington. Abstract 23. Molina JM, et all. Efficacy of on demand PrEP with TDF-FTC in the ANRS IPERGAY open-label extension study. IAS-AIDS 2016. Durban, South African. Abstract 2564.



### PrEP On-Demand: Background

- Background
  - -Does 2:1:1 work with infrequent sex?
    - Ad-hoc analysis of Ipergay data
    - Participants who took less than 15 pills per month included in analysis
    - 6 infections in the placebo arm and 0 infections in the TDF/FTC arm
    - On demand is highly effective even for MSM who have infrequent sex



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  2-24 hours before sex
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- 1 tablet (TDF/FTC or placebo)
  48 hours after first intake



Antoni, G., Tremblay, C., Delaugerre, C., Charreau, I., Cua, E., Castro, D. R., ... & Wainberg, M. (2020). On-demand pre-exposure prophylaxis with tenofovir disoproxil fumarate plus emtricitabine among men who have sex with men with less frequent sexual intercourse: a post-hoc analysis of the ANRS IPERGAY trial. The Lancet HIV, 7(2), e113-e120.

#### **PrEP-On-Demand:** Patient Evaluation

- Screening for On-Demand Dosing
  - -Men who have sex with Men (MSM)
  - -Has sex *less than* twice a week
  - Patient able to adhere to quarterly visits/STI screening in the absence of a quarterly prescription trigger
  - Expressed understanding of dosing schedule





#### **PrEP-On-Demand:** Patient Evaluation

- Exclusion Criteria
  - -Individuals engaging in vaginal sex
  - -IV Drug users

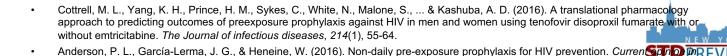
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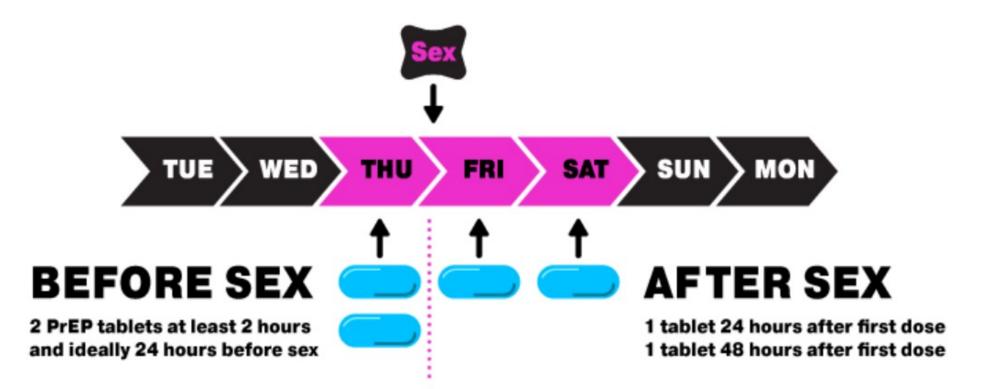
- -Adolescents (due to documented hx of adherence difficulties in ATN studies)
- -Individuals engaging in sex more than twice a week

HIV and AIDS, 11(1), 94.

–Individuals taking TAF/FTC or Descovy



#### PrEP On Demand: Dosing Schedules



If sexual activity continues, take 1 PrEP tablet every 24 hours until 48 hours after last sex. (Adapted from i-Base.info.)

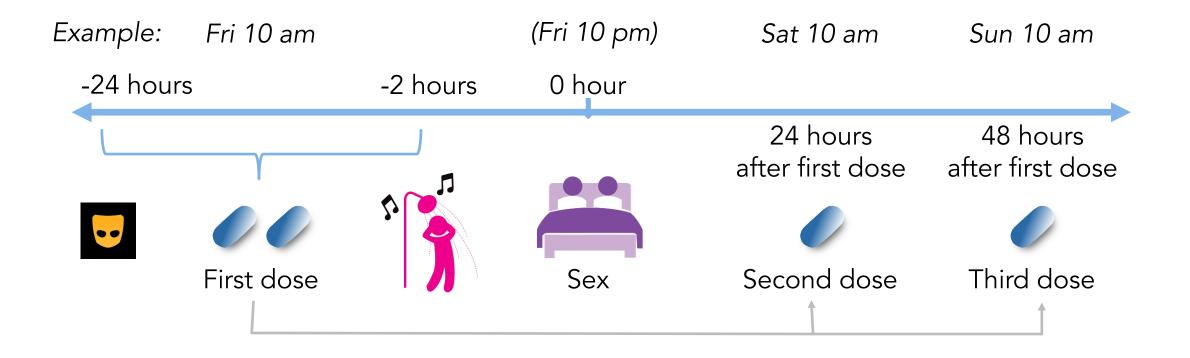
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#### PrEP On Demand: Dosing Schedule





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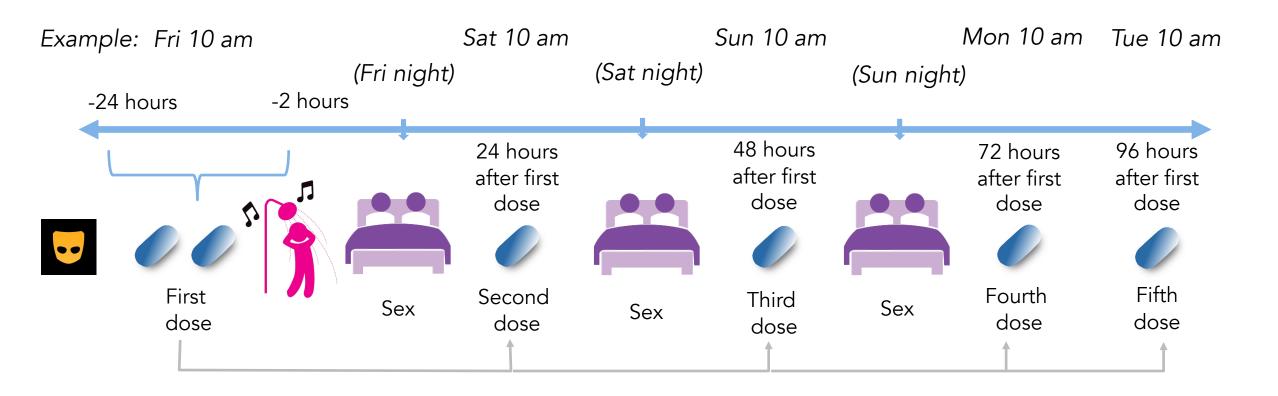
#### PrEP On-Demand: Dosing Schedule

- Dosing Schedule Variations
  - -Sexual experiences usually don't fit into a 2:1:1 format
  - -First dose 2-24 hours before sex
  - –48 & 72 hour dose is based on first dose NOT when the individual has sex
  - -If the individual keeps having sex make sure to take PrEP every 24 hours until 2 days after last sex



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#### PrEP On Demand: Dosing Schedule





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#### PrEP On-Demand: Dosing Schedules

- Vacation PrEP
  - -Two pills prior to vacation (or 2-24 hours before sex)
  - -Daily during vacation
  - -Two days after vacation is over (or after last sexual encounter)





- 32 year old white male reporting sex with men
  - -Attempting on demand TDF/FTC dosing
  - -Had sex one hour after loading dose
  - -Comes to clinic next day asking what he should do
  - -What are next steps?



- 32 year old white male reporting sex with men
  - -Attempting on demand TDF/FTC dosing
  - -Had sex one hour after loading dose
  - -Comes to clinic next day asking what he should do
  - -What are next steps?
- Offer PEP (TDF/FTC and Dolutegravir) as patient did not adhere to the on demand schedule and is still in the 72 hour window for PEP



- 42 year old Latino male reporting sex with men and has a PMH of renal transplant on Descovy
  - -Patient reports a period of low sexual frequency and would like to switch to On-Demand dosing

-What would you do?



- 42 year old Latino male reporting sex with men and has a PMH of renal transplant on Descovy
  - Patient reports a period of low sexual frequency and would like to switch to On-Demand dosing
  - -What would you do?
- A discussion is needed regarding what the patient determines to be decreased sexual frequency.
  - -If once a month On-Demand TDF/FTC may be an alternative
  - If 1-2 times per week, Descovy daily is probably the continued best option

#### **PrEP On-Demand**

- Conclusions
  - PrEP On-Demand can be a effective addition to a patient's HIV
    Prevention toolkit
  - -Appropriate screening for a patient's eligibility is necessary
  - -Provide patients with clear messaging regarding dosing schedule
    - ex: <u>https://www1.nyc.gov/assets/doh/downloads/pdf/imm/prep-on-demand.pdf</u>
  - Establishing a low-threshold way for patients to have their questions answered about PrEP is recommended



## Discussion



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#### Quick Evaluation

- 1. How would you rate the value of today's discussion?
- 2. The level of the brief lecture was:
- 3. Attending the learning community is a good use of my time.
- 4. I felt comfortable contributing during the LC session.
- 5. As a result of today's session, are there any changes you would make in your practice?
- 6. Since the last LC, has your clinic made (or is in the process of making) any clinical practice changes related to HIV prevention services?





# What other topics would you be interested in hearing about at the LC? Please share in the chat!



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#### Next Learning Community Session

Date: September 27, 2022

12-1pm EST

Topic: Express STI Care

Presenter: Alwyn Cohall, MD





#### In the meantime...

#### Look out for our August newsletter!

Feedback?

#### Questions for a clinician?

Let us know!

Find LC resources here:

https://nycptc.org/hivprevent.html

#### HIV PREVENTION LEARNING COMMUNITY





June is **Pride Month**! There are numerous resources available online to support your clinics' various campaigns.

CDC's campaign, <u>Let's Stop HIV Together</u>, has a social media toolkit where you can find readyto-go messages for posting on Facebook, Instagram, or Twitter.



May's LC focused on **PrEP Retention.** Some of the areas Dr. Zucker discussed include: 1. What is retention? 2. Barriers to PrEP retention 3. Strategies to improve PrEP retention

Dr. Zucker shared some strategies to improve PrEP retention. Some of those were highlighting PrEP choice, clinic walk-in capacity and increased flexibility, peer relationships, and an emphasis on pleasure and sex positivity.

How can we help you address PrEP retention at your clinic? Let us know!