

Updated CDC PrEP Guidelines

Learning Community, March 29th

Welcome! Please introduce yourself in the chat 😊

Please complete the poll!

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

HIV Prevention in 2022 and Beyond



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Disclosures

- I have no personal financial disclosures
- I will be discussing the non-FDA approved use of PrEP On-Demand

Objectives

- Review the changes to the PrEP guidelines
 - Increased PrEP discussions
 - Expanded HIV testing
 - New PrEP Options
 - Same day PrEP
 - On-Demand
 - CAB-LA

Updated Recommendations

US Public Health Service

PREEXPOSURE PROPHYLAXIS FOR
THE PREVENTION OF HIV
INFECTION IN THE UNITED STATES
– 2021 UPDATE

A CLINICAL PRACTICE GUIDELINE

- Discuss PrEP with **more** people
- Do **more** HIV testing
- Expanded PrEP options to appeal to **more** people
 - Tailored recommendations for initiation and follow-up care

What Can A “PrEP” Program Be?

- A **comprehensive** HIV prevention plan
 - HIV and STD testing and treatment
 - Partner services
 - Behavioral risk reduction interventions
 - Screening and linkage for behavioral health and social services needs
 - Benefits navigation and assistance enrolling in a health plan
 - Assessment and provision of HIV prevention **medications (PrEP/PEP)**
 - Engagement counseling and management

• <https://www.cdc.gov/hiv/research/thrive/prevention.html>

Providing PrEP To Your Patients

PrEP Assessed

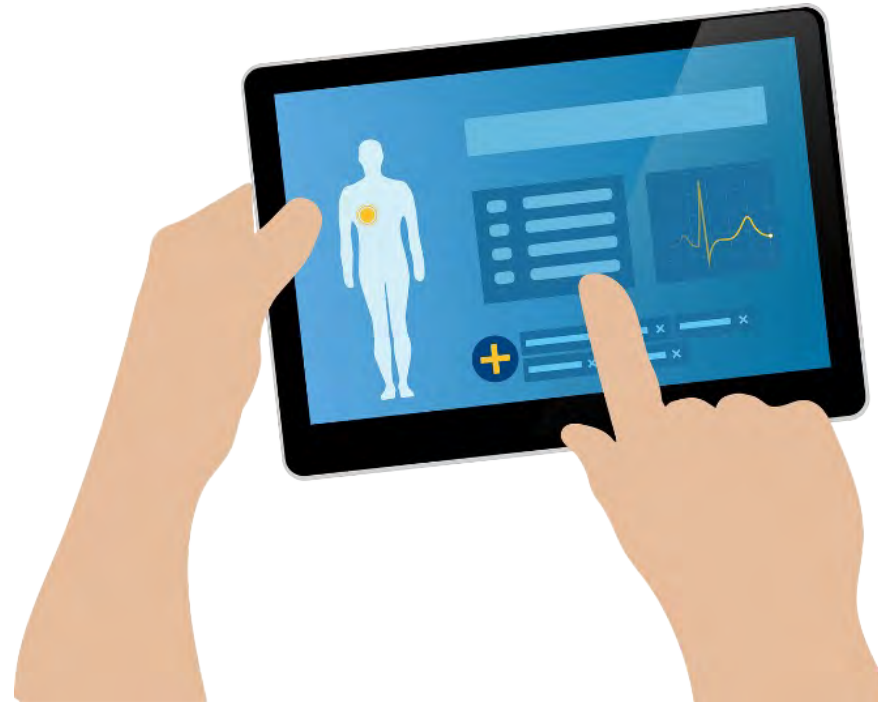
PrEP Choice

Initial Labs

Initial Screening

Prescribe PrEP

Ongoing
Monitoring



Updated Recommendations

PrEP Assessed

PrEP Choice

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Monitoring



- Inform **all** sexually active adults and adolescents about PrEP
 - Risk-based screening tools and algorithms don't work and stigmatize patients
 - Universal HIV/STI screening and PrEP education is more beneficial and cost effective than risk-based screening

Updated Recommendations

PrEP Assessed

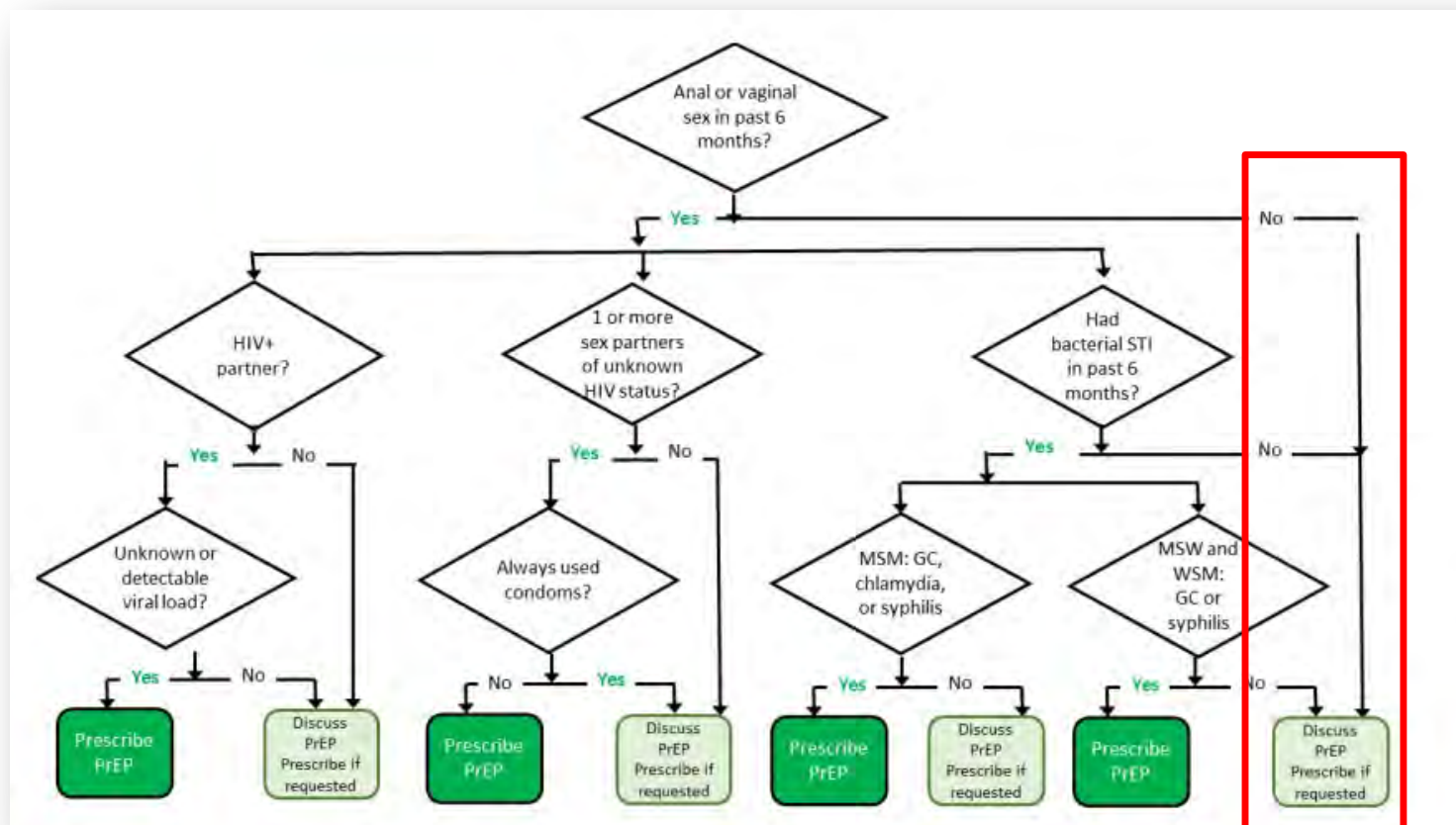
PrEP Choice

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Ongoing Monitoring



Updated Recommendations

PrEP Assessed

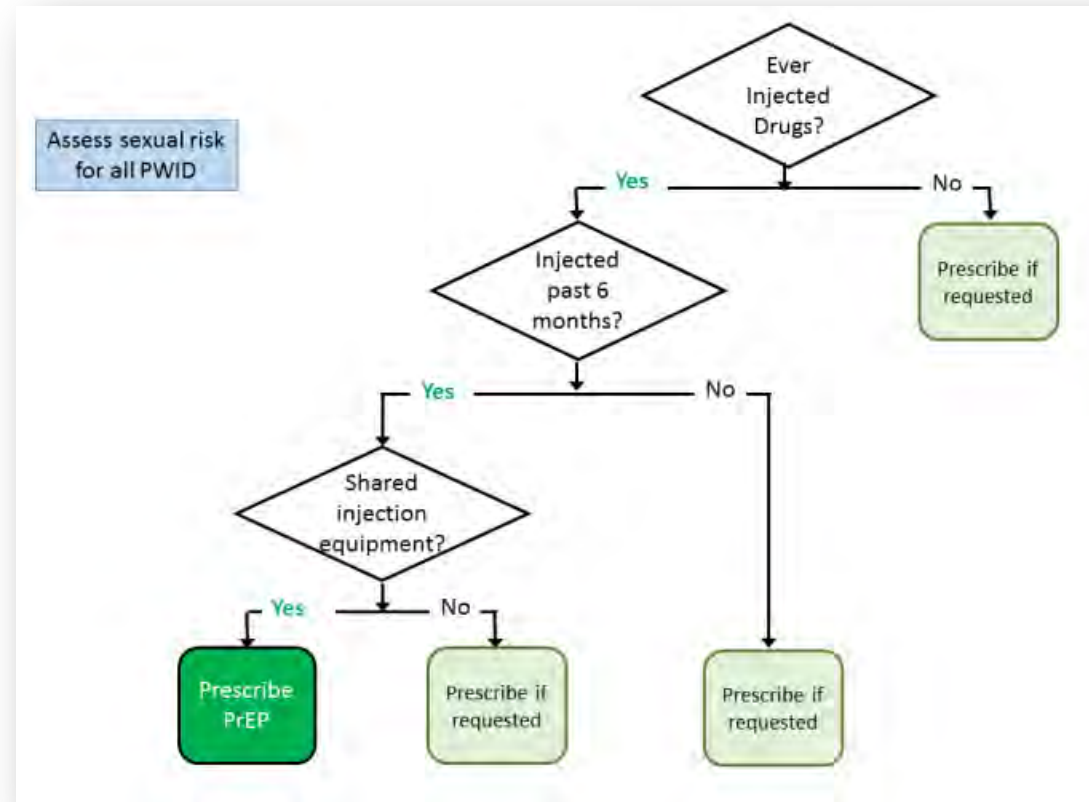
PrEP Choice

Initial Labs

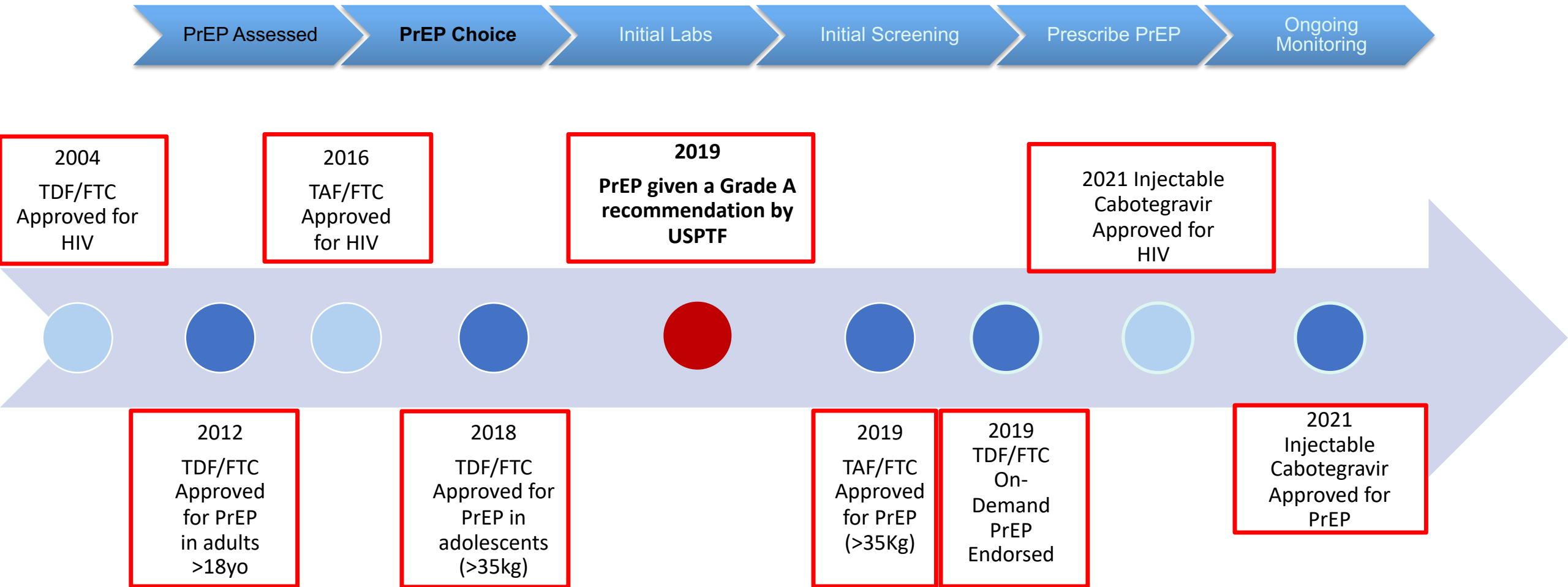
Initial Screening

Prescribe PrEP

Ongoing Monitoring



The Era of PrEP Choice



PrEP Choice Considerations



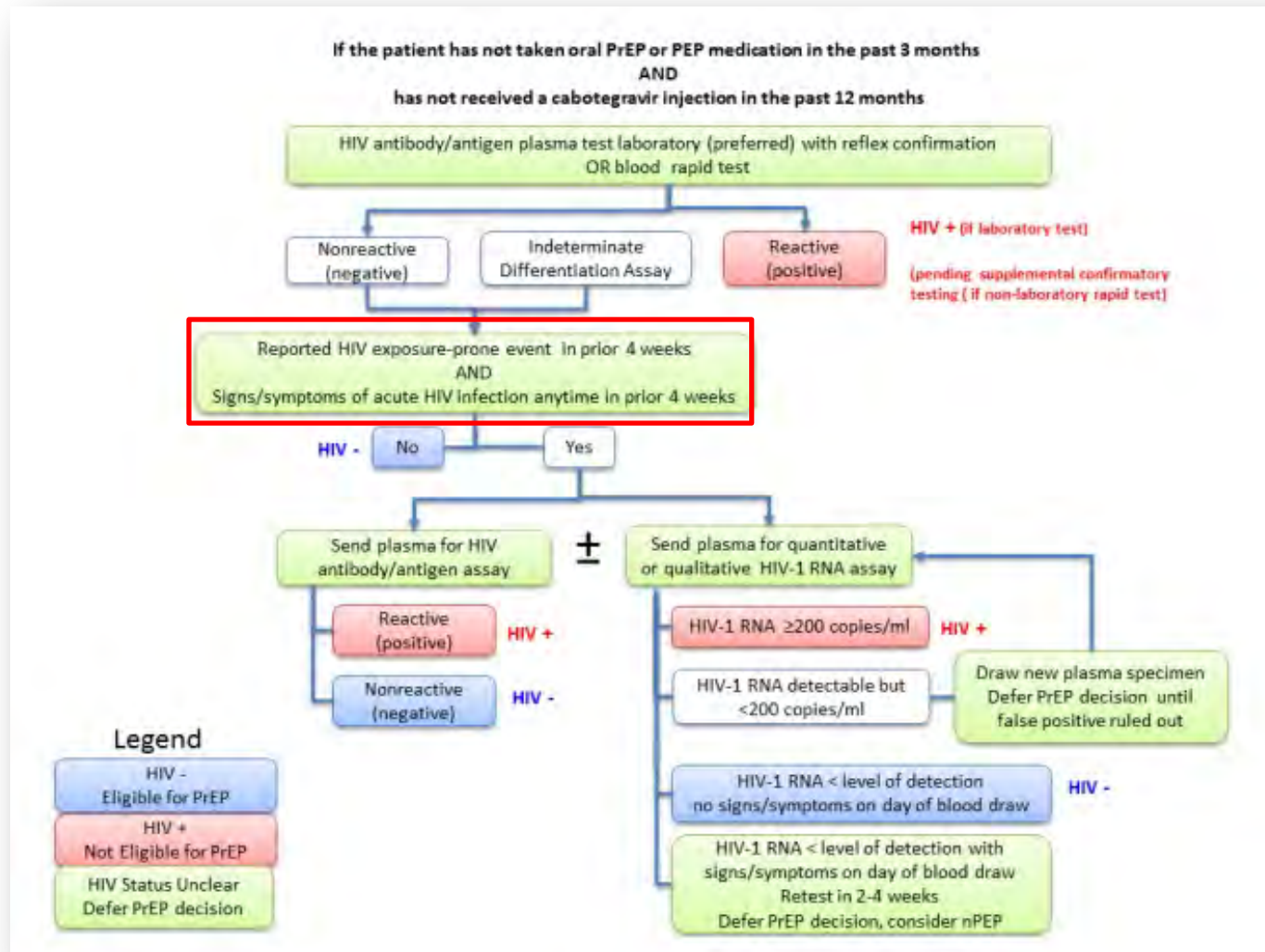
	How do you take it?	Frequency	Visit Interval	Approved for	Cost	“Tail”
TDF/FTC	Oral	Daily or On-Demand*	Q3 months	Everyone	\$	
TAF/FTC	Oral	Daily	Q3 months	Men and transgender women at sexual risk	\$\$\$	
Cabotegravir - LA	Injectable	4 weeks then Q2 months	Q2 months	Everyone at sexual risk	\$\$\$\$	X
*Not FDA approved but endorsed by WHO, State DOH’s, and in the updated CDC HIV prevention guidelines						

PrEP Initial Labs (Additional Choice Considerations)



	HIV Testing	STI Testing	Cr Cl	Hepatitis B	Lipid profile
TDF/FTC	X	X	X (>60)	X	
TAF/FTC	X	X	X (>30)	X	X
Cabotegravir - LA	X	X			

HIV Testing at PrEP Initiation



PrEP Initial Screening



Initial Screening

- Substance Use Screen
- Mental Health Screen
- Partner information
- Housing Status
- Benefits status
- For people who can become pregnant:
 - Pregnancy status
 - Reproductive plans

Offer What You Can

		MSM	MSW*	Women*	PWID
Vaccines# (if not previously vaccinated)	Hepatitis A vaccine	Yes	Yes	Yes	Yes
	Hepatitis B vaccine	Yes	Yes	Yes	Yes
	HPV vaccine	Through age 26	Through age 26	Through age 26	Through age 26
	Meningococcal B vaccine	Ages 16-18	Ages 16-18	Ages 16-18	Ages 16-18
	Influenza vaccine	Yes	Yes	Yes	Yes
General Health	Hepatitis C infection^	Ages 18-79	Ages 18-79	Ages 18-79	Ages 18-79
	Screen for depression^	Yes	Yes	Yes	Yes
	Screen for unhealthy alcohol use^	Ages 18 and older	Ages 18 and older	Ages 18 and older	Ages 18 and older
	Screen for smoking^	Yes	Yes	Yes	Yes
Women's Health	Screen for Intimate Partner Violence^	Yes		Yes	If female, Yes
	Mammography^			Ages 50-74 every two years	If female, Ages 50-74 every two years
Men's Health	Screen for cervical cancer^~			Ages 21-65 every three years	If female, Ages 21-65 every three years
	Screen for prostate cancer^	Ages 55-69	Ages 55-69		If male, Ages 55-69

Prescribing PrEP To Your Patients



	Dose	Frequency	Pills
TDF/FTC daily	200 mg/300 mg	Once a day	90-day supply
TDF/FTC On Demand	200 mg/300 mg	PRN	30 pills
TAF/FTC Daily	200 mg/25 mg	Once a day	90-day supply
Cabotegravir-LA	600mg	4 weeks then every 2 months*	
*Optional 30-day lead in prior to injections			

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm312210.htm>

Same Day PrEP Starts

1. Draw blood (HIV and Cr testing)
2. Provide benefits navigation
3. Provide scheduled follow-up care appointments
4. Have clinicians available to dispense or prescribe PrEP
5. Optional (but highly encouraged) – STI testing

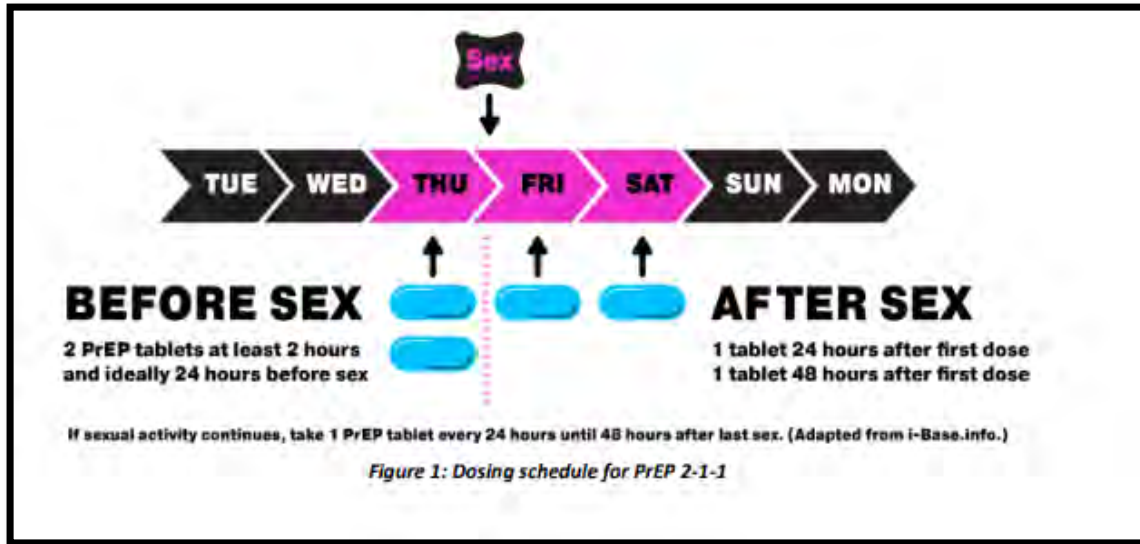
Same Day PrEP Starts Should Be the Goal

Exceptions

- Patients unsure about starting PrEP
- If a blood draw can not be performed
- Patients with signs/symptoms and sexual history concerning for acute HIV
 - Or needing PEP instead
- Patients with history of renal disease or associated conditions (e.g., hypertension, diabetes)
- Patients without insurance or a means to pay for the medication
- Patients without reliable contact information
- Patients with mental health conditions that are severe enough to interfere with understanding of PrEP requirements

• Exceptions

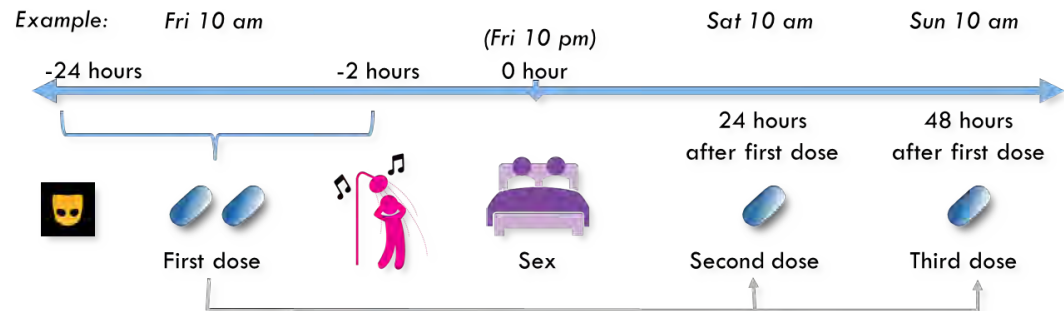
On-Demand PrEP



1. As a first dose, take two tablets 2-24 hours (ideally 24 hours) before sex.
2. As a second dose, take 1 tablet 24 hours after the first dose.
3. As a third dose, take 1 tablet 48 hours after the first dose.
4. If you have sex later than planned or multiple times, keep on taking additional tablets until you have taken two tablets in the 48 hours (once every 24 hours) after your last sexual encounter.
5. If you have sex more than twice a week, take daily PrEP instead.

On-Demand PrEP

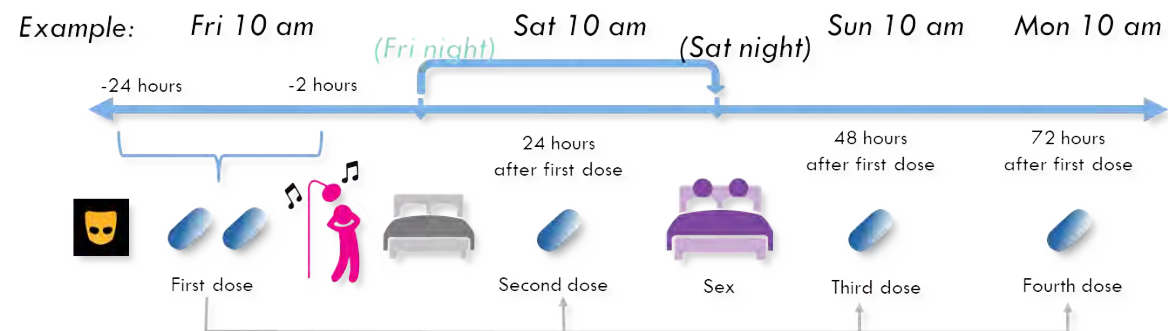
PrEP "On Demand"



Your dates:

Your times:

What if he cancels but we reschedule for the next day? Take another pill.

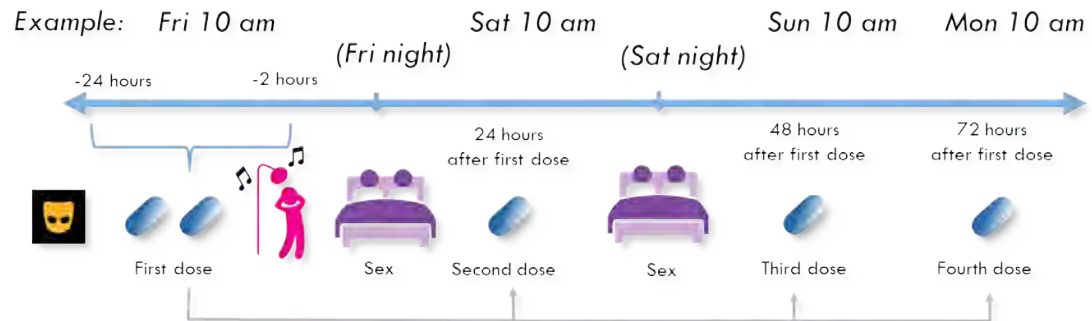


Your dates:

Your times:

On-Demand PrEP

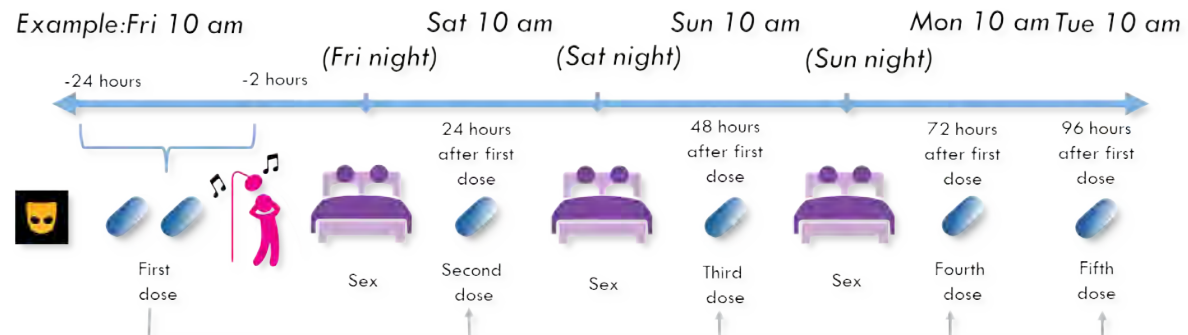
What if it goes so well he comes back the next day (or someone else)? **Take another pill.**



Your dates:

Your times:

What if he (or someone else) keeps coming back for more? **Take daily PrEP.**



Your dates:

Your times:

PrEP Follow-up



Oral PrEP

Injectable PrEP

Every 2 months		<ul style="list-style-type: none"> HIV testing: HIV Ag/Ab test and HIV-1 RNA assay*
Every 3 months	<ul style="list-style-type: none"> HIV testing: HIV Ag/Ab test and HIV-1 RNA assay* Bacterial STI screening: MSM and transgender women who have sex with men** 	
Every 4 months		<ul style="list-style-type: none"> Bacterial STI screening: all sexually-active patients (if not needing Q2 month screening)**
Every 6 months	<ul style="list-style-type: none"> Creatinine clearance for those age >50 or CrCl <90 Bacterial STI screening: All sexually-active patients (if not needing Q3 month screening)* 	<ul style="list-style-type: none"> Bacterial STI screening: All heterosexually-active women and men*
Every 12 months	<ul style="list-style-type: none"> Creatinine clearance for all patients Bacterial STI screening: Chlamydia screening for heterosexuals* Hepatitis C (MSM, TGW, PWID only) F/TAF: Weight, triglycerides and cholesterol levels 	<ul style="list-style-type: none"> Bacterial STI screening: Chlamydia screening for heterosexuals*
Discontinuation		<ul style="list-style-type: none"> Re-educate patients about the “tail” If PrEP indicated, prescribe daily oral PrEP within 8 weeks after last injection HIV testing: HIV Ag/Ab test and HIV-1 RNA assay* quarterly for 12 months

*Repat HIV Ag/Ab test and **HIV-1 RNA assay** at one month visit as well

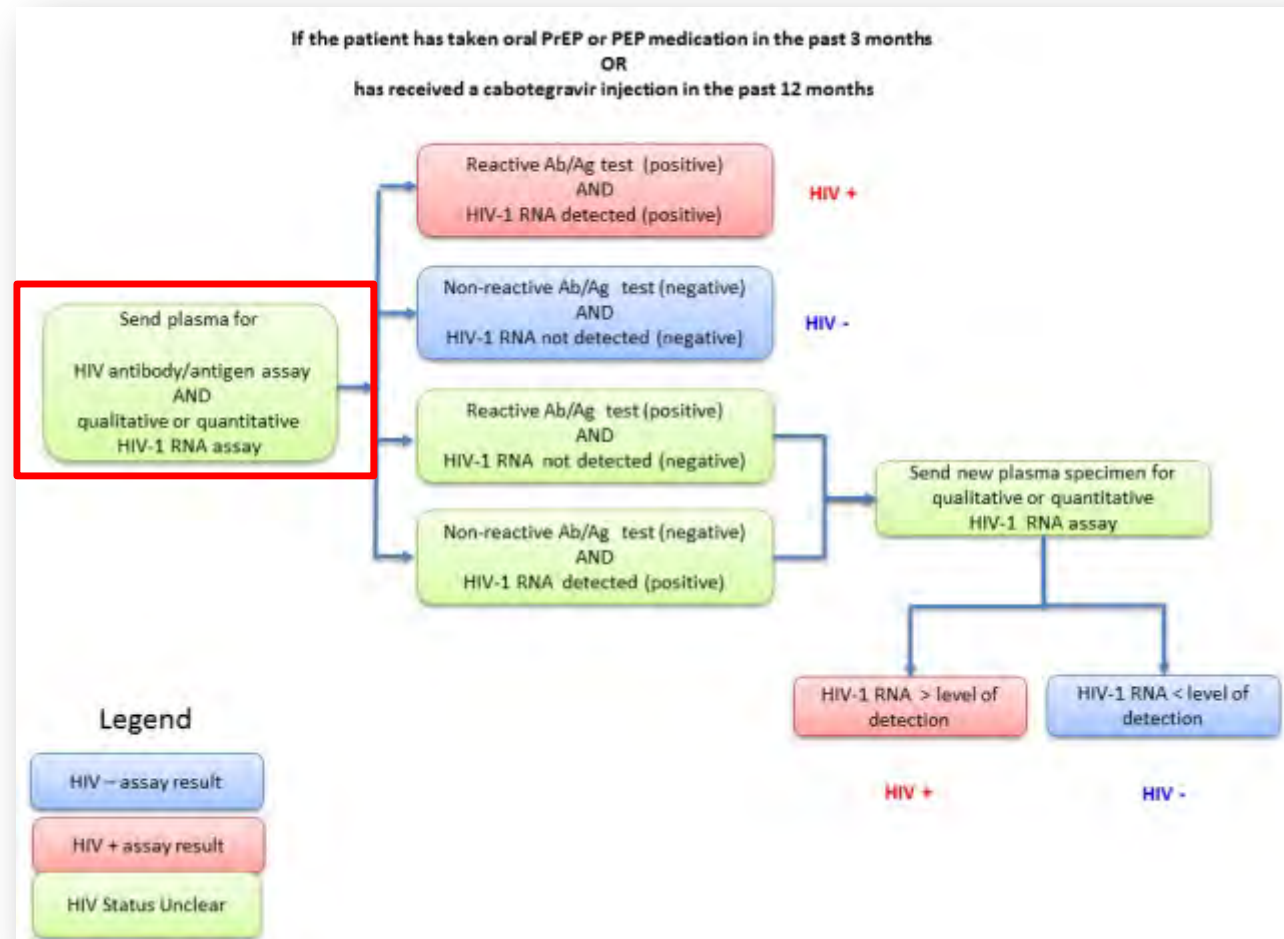
**Consider STI screening at every visit, and with extra-genital testing, as per the CDC STI Guidelines

Injectable PrEP Discontinuation

- Cabotegravir “tail”
 - Long and variable half-life
 - Subtherapeutic levels of cabotegravir have been detectable for more than 12 months after the last injection
 - Current recommendations after stopping Cab-LA are to:
 1. Switch to oral PrEP for as long as individuals continue to be at risk of HIV
 2. Continue HIV testing quarterly for 12 months



HIV Testing on PrEP



Summary



- Inform **all** sexually active adults and adolescents about PrEP
- Consider testing with an **HIV NAAT** for individuals recently exposed or actively taking PrEP
- Consider **options** when determining what works best for your patient
 - Daily TDF/FTC
 - On-Demand TDF/FTC
 - Daily TAF/FTC
 - Q2 month Cab-LA
- Recommendations for **ongoing testing and evaluation are now PrEP choice specific**

Discussion



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Clinics Share

How have you integrated the updated CDC PrEP guidelines in your practice?

If you haven't, what barriers have kept you from doing so?

Quick Evaluation

1. How would you rate the value of today's discussion?
2. The level of the brief lecture was:
3. As a result of today's session, are there any changes you would make in your practice?

Next Learning Community Session

Date: May 17, 2022

12-1pm EST

Topic: PrEP Retention

Presenter: Dr. Jason Zucker

In the meantime...

Look out for our April newsletter!

Feedback?

Anything you want to see?

Questions for a clinician?

Let us know!

HIV PREVENTION LEARNING COMMUNITY



Bimonthly Newsletter

VOL. 1 FEBRUARY 2022



February Newsletter

LEARNING COMMUNITY GOALS

One of our goals with the learning community is to find ways to stay connected with you during the months between the live learning community (LC) sessions.

This newsletter will serve as a way to recap our last month's LC session, share additional resources, discuss ongoing issues of concern, and share information about next month's LC session. Have an idea to improve the newsletter or the live LC sessions? We would love to hear it!

JANUARY RECAP

At January's LC, our topic was **tele-sexual health**. The COVID-19 pandemic forced clinics to get creative in how they delivered services. While it might have started as something clinics had to do, many clinics decided to continue offering telehealth services. At the LC, Caroline Carnevale, DNP, MPH, AAHIVS, shared tips and tricks for offering remote STI testing and treatment (including presumptive treatment and EPT), PrEP care, and HIV testing. Do you have questions about how to implement tele-sexual health services at your clinic? Let us know - we are here to help.

NYC PTC: www.nycptc.org - National Network of PTCs: www.nnptc.org