



Pharmacy Pearls

Pre-Exposure Prophylaxis (PrEP) Guidance

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Identify Candidates For PrEP

HIV-negative adolescents (≥35kg) or adults **at increased risk of acquiring HIV** including those who:

- have **condomless** anal or vaginal sex
- had a **sexually transmitted disease** within the last 12 months
- have **shared injection** or drug preparation equipment
- recently completed non-occupational post-exposure prophylaxis (**nPEP**)

List is not all-inclusive; see full list of PrEP-eligible patients [here](#)

Offer to Prescribe PrEP

- **Discuss** sexual history, drug use, risk reduction, efficacy, side effects, and importance of adherence
- **Evaluate for contraindications:** Do not prescribe/defer therapy if: documented HIV infection, symptoms of acute HIV infection (immediately test), possible HIV exposure in last 72 hours (consider nPEP), CrCL <60 mL/min (Truvada®) or <30 mL/min (Descovy®), or individual is not ready to adhere to daily therapy
- **Consider precautions:** Hepatitis B infection can flare when stopping PrEP (vaccinate if not immune)
- **Initiate** PrEP the same day labs are obtained **if** no contraindications or symptoms of acute HIV infection in prior 6 weeks and no risk exposures in past 72 hours

Select PrEP Therapy

Daily PrEP Options

	<i>Preferred Agent</i>	<i>Alternative Agent</i>
Generic (Brand)	Tenofovir <i>disoproxil</i> fumarate/emtricitabine (TDF/FTC, Truvada®)*	Tenofovir <i>alafenamide</i> /emtricitabine (TAF/FTC, Descovy®)**
Dosing	300mg/200mg, 1 tab PO daily	25mg/200mg, 1 tab PO daily
Preferred Population(s),	<ul style="list-style-type: none"> • transgender women and men • cisgender women and MSM • persons who inject drugs 	<ul style="list-style-type: none"> • MtF transgender women • cisgender MSM
Contraindications	<ul style="list-style-type: none"> • CrCL <60 mL/min 	<ul style="list-style-type: none"> • CrCl <30 mL/min • Pregnancy or attempting to conceive • NOT approved for sexual exposure through receptive vaginal sex
Cost	<ul style="list-style-type: none"> • \$17,160/year (generic available) • Preferred by most insurance plans 	<ul style="list-style-type: none"> • \$21,144/year (brand only)
<i>Most commercial insurers in NYS are required to cover HIV PrEP at no cost-sharing for patients; price refers to health care system cost</i>		

*preferred PrEP agent given proven efficacy and safety in trials as well as its suitability for use as PrEP across all populations

** preferred PrEP agent in transgender women and cisgender MSM with preexisting renal disease or osteoporosis

Manage PrEP Side Effects

- 10% of patients experience nausea, diarrhea, or headache (usually mild and resolves within 30 days). Use of PRN medications for symptom control (e.g., ondansetron, loperamide, acetaminophen, etc) is acceptable.
- Small risk of renal dysfunction; typically reversible if PrEP is stopped (TDF risk > TAF)
- Associated with 1% loss of bone mineral density over 12 months; no increased risk of fractures (TDF risk > TAF)
- Switching from TDF to TAF has been associated with adverse metabolic changes including weight gain, obesity, and elevated lipids in persons living with HIV (Surial B, et al. Ann Intern Med 2021; doi:10.7326/M20-4852)

	TDF/FTC (Truvada®)	TAF/FTC (Descovy®)
Renal Safety	<ul style="list-style-type: none"> • Potential effect on renal tubular function. Meta-analysis shows good safety [Pilkington, et al 2018] • Switch to TAF/FTC if CrCl drops to <60 mL/min 	<ul style="list-style-type: none"> • Improved renal biomarkers compared to TDF/FTC • Discontinue if CrCL <30 mL/min
Bone Safety	<ul style="list-style-type: none"> • Potential decrease in bone mineral density. Meta-analysis shows good safety [Pilkington, et al 2018] 	<ul style="list-style-type: none"> • Favorable bone turnover markers compared with TDF
Weight	<ul style="list-style-type: none"> • Weight neutral 	<ul style="list-style-type: none"> • Mild weight gain
LDL Cholesterol	<ul style="list-style-type: none"> • Small decreases 	<ul style="list-style-type: none"> • Small increases

Monitoring and Visit Management

Test/Prescription	Initiation	Every 3 Months	Every 6 Months	Annually
4 th generation HIV	✓	✓		
Serum creatinine/CrCl	✓		✓*	
HBV serology: HBsAg, anti-HBs and anti-HBc [IgG or total]	✓			
HCV serology				✓
Pregnancy Test	✓	✓		
Chlamydia/Gonorrhea/Syphilis**	✓	✓		
Urinalysis				✓

*At 3 months after initiation and consider more frequent screening if higher risk for renal disease

**Perform testing at all sites of exposure (genital, rectal, and pharyngeal)

At Each Visit:

- Conduct required labs as above
- Counsel on the importance of adherence to PrEP efficacy and address barriers
- Conduct risk reduction counseling (condom use, syringe exchange, substance abuse treatment)
- Assess for signs and symptoms of acute HIV infection
- Review reproductive goals/contraception
- Review risks of stopping PrEP (HIV infection, flare of HBV if infected) and caution for restarting (need for HIV testing, risk of inadequate treatment/drug resistant virus if HIV infected)
- Provide vaccination for HAV, HBV, or HPV as needed
- Issue prescription for 30 tablets with 2 refills for a 90-day supply

PrEP Efficacy

- When taken daily with excellent adherence, PrEP is >90% effective
- If planning to stop daily PrEP, continue for 28 days after last potential HIV exposure
- PrEP does not prevent STIs or pregnancy
- If a high-risk exposure occurs while not on PrEP, start nPEP within 72 hours for 28 days

References

- Access the NYS PrEP guideline [here](#)
- Access a visit checklist [here](#)
- Details on PrEP payment options are available [here](#)