

PrEParing Providers: The Landscape of PrEP Access and Patient Experiences in Oregon

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Disclosures

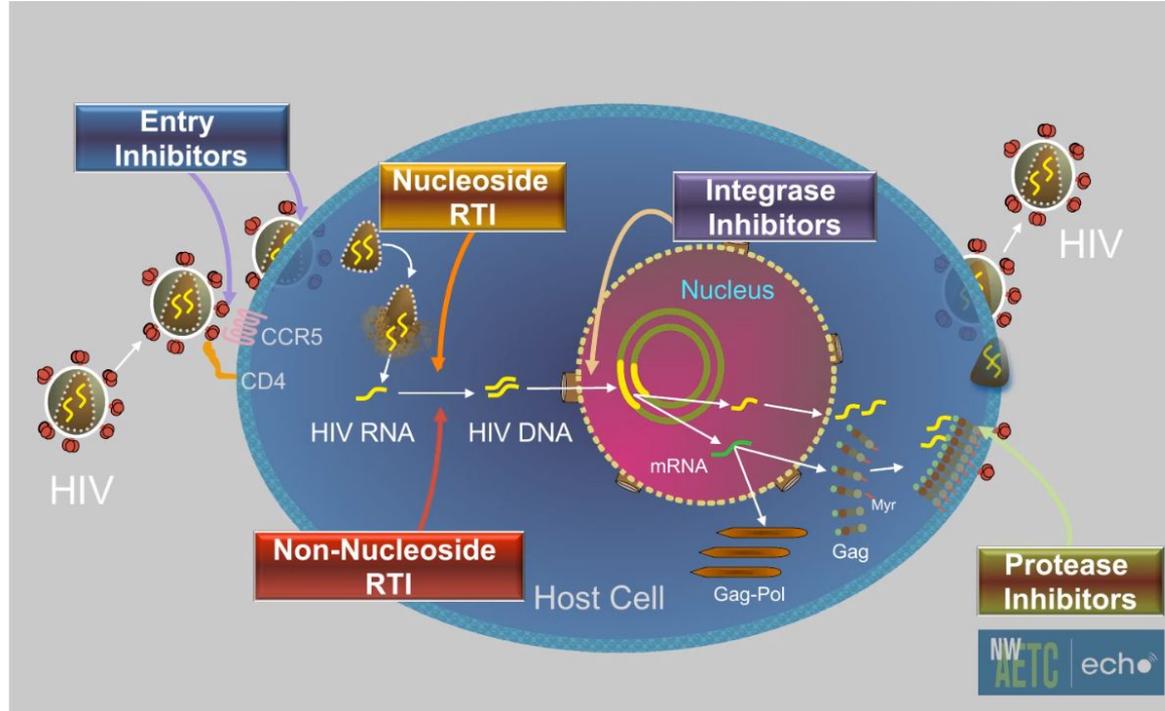
Outline

- **What is PrEP**
- **Clinical prescribing/guidelines**
- **Implementation gap**
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- **Panel**
- **Concluding remarks**

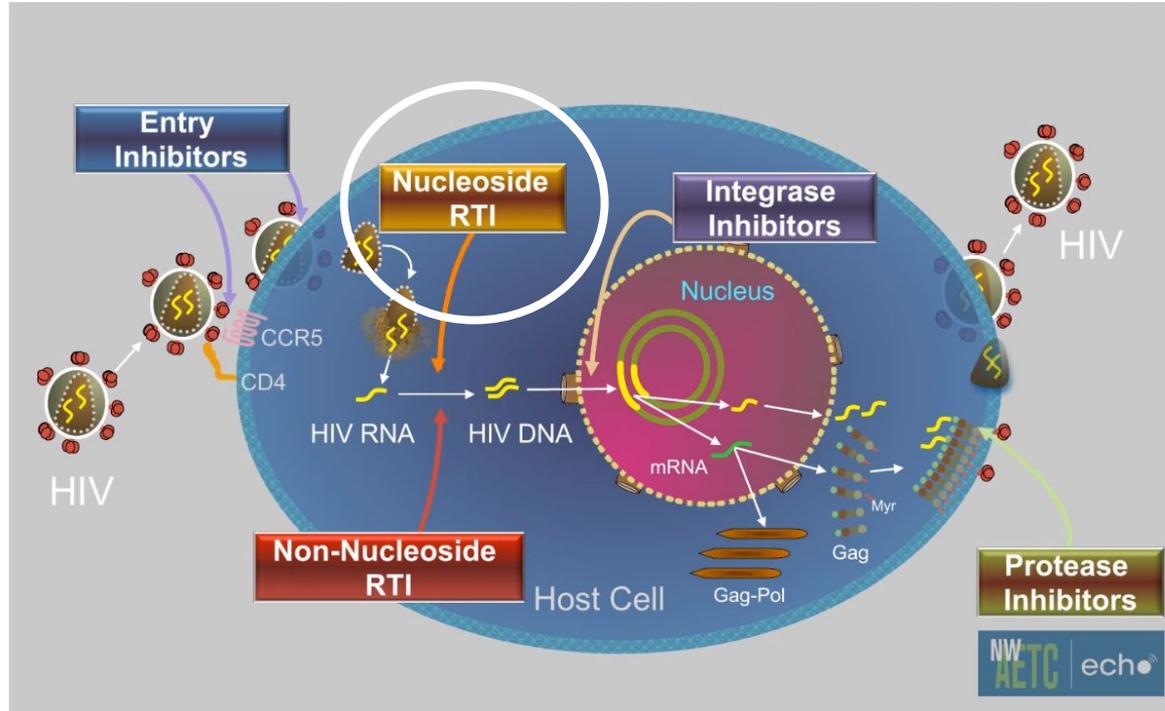
What is PrEP

- **PrEP = Pre-Exposure Prophylaxis**
- Prevention strategy for HIV-negative individuals at highest risk of HIV infection
- Daily medication
- Truvada: tenofovir/emtricitabine (TDF/FTC) is currently the only medication FDA-approved for PrEP (approved July, 2012)
- In the US alone, over 136,000 people are on PrEP

HIV Drug Targets



HIV Drug Targets



Both tenofovir disoproxil fumarate and emtricitabine are NRTIs

Clinical Prescribing/Guidelines

PrEP Indications:

PrEP is recommended as one HIV prevention option for:

- Men who have sex with men (MSM)
- Injecting drug users (IDU)
- Heterosexual men and women at substantial risk of acquiring HIV

Clinical Prescribing/Guidelines

Consider offering PrEP to HIV-negative adults who in the last six months have had one or more of the following:

- Any sex partner with HIV or HIV risk factors (IDU or MSM)
- Condomless vaginal or anal sex with a partner of unknown HIV status who is known to be at substantial risk of HIV infection
- A bacterial STI (gonorrhea/chlamydia/syphilis)
- Injected drugs and shared needles/equipment
- Used non-occupational PEP (nPEP)
- Survival/transactional sex
- Been in a drug treatment program
- Interest in trying to conceive with a partner who is HIV-positive

Research suggests that men or trans persons engaging in receptive anal sex benefit the most from PrEP

Clinical Prescribing/Guidelines

Contraindications:

- HIV-positive
- Estimated creatinine clearance (eCrCl) < 60 ml/min
- Possible HIV exposure within 72 hours (offer nPEP, then consider PrEP)

Clinical Prescribing/Guidelines

Caution:

- HBV infection - can flare when stopping PrEP; check HBsAb/Ag prior to PrEP initiation
- Concomitant illness (i.e. diabetes mellitus or hypertension) that increases risk of kidney disease; consider more frequent creatinine monitoring
- Acute flu-like illness; defer PrEP and retest in 4 weeks, or evaluate for acute HIV infection, including HIV RNA PCR, before initiation
- Pregnancy or breastfeeding; discuss risks/benefits
- Osteoporosis
- Adolescents

Clinical Prescribing/Guidelines

What to prescribe:

- Truvada (tenofovir disoproxil fumarate-emtricitabine, [TDF/FTC] 300/200 mg)
1 tab PO daily, #30, 2 refills for a total 90-day supply

Clinical Prescribing/Guidelines

Counseling Topics:

- Importance of daily adherence
- STI/HIV prevention (condom use/risk reduction)
- Safer injecting practices
- Need for regular follow-ups and labs
- Reproductive goals/contraception
- Symptoms of acute HIV infection
- Risks of stopping/restarting PrEP (notify provider)
- Insurance/medication assistance
- Refills

Clinical Prescribing/Guidelines

Efficacy - key messages:

- When taken daily, PrEP is highly effective at preventing HIV (over 90%)
- Maximum drug levels reached:
 - After 7 days in rectal tissues
 - After 20 days in blood and vaginal tissues
- If planning to stop PrEP, continue for 28 days after last potential HIV exposure
- PrEP does not prevent gonorrhea, chlamydia, syphilis, genital warts, herpes, or hepatitis C.

Clinical Prescribing/Guidelines

Side effects:

- 10% of patients experience nausea or headache; usually resolves w/in 1 month
- Small risk of renal dysfunction (typically reversible if PrEP is stopped)
- PrEP is associated with 1% loss of bone mineral density; no increased risk of fracture

Clinical Prescribing/Guidelines

Lab screening and visits:

Initial visit: HIV test (ideally 4th generation HIV Ag/Ab), creatinine, gonorrhea/chlamydia (include rectal/pharyngeal/urine screening in MSM), syphilis, HBsAB/Ag, HCV Ab, pregnancy test; provide HBV & HPV immunizations as indicated

Clinical Prescribing/Guidelines

Lab screening and visits:

Week 1: Call, check if prescription is filled, assess adherence and side effects

Month 1 (optional): Consider HIV test (ideally 4th generation HIV Ag/Ab, assess adherence and side effects)

At least every 3 months : HIV test, pregnancy test, assess adherence, evaluate the need to continue PrEP, provide 3-month refill

At least every 6 months : Gonorrhea/chlamydia and syphilis (more frequently, depending upon risk)

Renal function : Creatinine at baseline, at 3 months, and at least every 6 months, more frequent if diabete, hypertension, or other renal risk factors

Clinical Prescribing/Guidelines

Lab screening and visits:

At every visit: provide risk reduction counseling and assess for signs/symptoms of acute HIV infection

Clinical Prescribing/Guidelines

PrEP billing code:

- ICD-10 code: Z20.6 (Contact with and [suspected] exposure to HIV)

Provider Guides

Prescribing Pre-Exposure Prophylaxis (PrEP) for HIV Prevention

A Guide for Medical Providers

Created by Cascade AIDS Project and Mountain West AETC – Oregon Program



PrEP **CAP**

Clinical Prescribing/Guidelines

Resources

- USPHS/CDC/HHS PrEP Guidelines: <http://aidsinfo.nih.gov/guidelines>
- Clinician Consultation Center PrEPline: 855.448.7737 or <http://nccc.ucsf.edu/clinician-consultation>
- PrEP Calculator for MSM risk assessment: <https://ictrweb.johnshopkins.edu/ictr/utility/prep.cfm>

Clinical Prescribing/Guidelines

Regional Contacts:

- Cascade AIDS Project
 - Miles Fletcher: 503.223.5907, prep@cascadeaids.org
- HIV Alliance
 - 541.342.5088
- Mountain West AIDS Education Training Center
 - Dayna Morrison: 971.200.5266, dayna@reg.org

CDC Recommendations

Is PrEP Right For You?

PrEP may benefit you if you are HIV-negative and **ANY** of the following apply to you.

You are a gay/bisexual man and

- have an HIV-positive partner.
- have multiple partners, a partner with multiple partners, or a partner whose HIV status is unknown – and– you also
 - have anal sex without a condom, or
 - recently had a sexually transmitted disease (STD).

You are a heterosexual and

- have an HIV-positive partner.
- have multiple partners, a partner with multiple partners, or a partner whose HIV status is unknown – and– you also
 - don't always use a condom for sex with people who inject drugs, or
 - don't always use a condom for sex with bisexual men.

You inject drugs and

- share needles or equipment to inject drugs.
- recently went to a drug treatment program.
- are at risk for getting HIV from sex.



Implementation gap

- Overall, about 1.1 million Americans should be offered PrEP
- 44% of people who could benefit from PrEP are African American but only 1% were prescribed PrEP
- 25% of people who could benefit from PrEP are Latino but only 3% were prescribed PrEP

Our Research

- Collaboration between PSU, AETC, and CAP
- Research questions
 - Experience of getting or trying to get PrEP
 - What worked well or was helpful
 - What did not work well or was challenging
 - The ways PrEP has or might change the patient's life and relationships
- 26 in-depth interviews with Oregonians who were current or past PrEP users or interested in getting PrEP
 - Mostly gay, cisgender, white men
 - Mostly in Portland

Findings: Major Themes

- Stigma is a key part of the context of PrEP
- PrEP has important emotional benefits for those who take it, in addition to its biomedical effects
- Individual and community advocacy are important in PrEP access
- Provider-patient relationships are central to positive experiences around PrEP
- The level of preparedness and effectiveness in providing PrEP is varied across doctors and health systems
- Cost (actual or perceived) is a significant barrier

Findings: Stigma

“There is a very specific stigma that comes with the idea that somebody is on PrEP, and that stigma is that obviously they must be a very sexually active gay male who wants to have unprotected sex, that’s certainly the stigma that comes with saying you’re on PrEP.”

- Interrelated forms of stigma around gay/queer sexuality, HIV/AIDS, and sexual behavior contribute to the formation of stigma around PrEP use
- This stigma can be an obstacle to people accessing PrEP
 - Leads people to think that PrEP is not relevant or useful to them
 - Makes it more challenging to bring up PrEP with a doctor or provider

Findings: Countering Stigma

“I mean they [some friends] were pretty adamant about being against it because they thought that really all it was doing was promoting promiscuous sexual behavior. And I had to have a conversation with them about how that might be some internalized homophobia and not actually have anything to do with their actual sexual behavior.”

- PrEP can also be a tool to break down stigma
 - Opportunity for discussions about internalized stigma within communities
 - Reduces fear and shame around HIV

Findings: Positive Psychosocial Outcomes

“It [PrEP] was sort of an anti-anxiety pill for me. In a lot of ways, it just made me feel less worried. I would get terrible panic attacks whenever I would take HIV exams [before starting PrEP].”

- PrEP reduces fear and anxiety for many of those who take it
 - Many participants reported significant fear and anxiety around HIV prior to starting PrEP

“PrEP helped me feel not so shameful with men. It made me feel like I reclaimed a part of my sexuality that had been co-opted from me a long time ago by the stigma of HIV and anti-queer forces in our culture.”

- PrEP increased gay men’s comfort with their own sexuality

Findings: Positive Psychosocial Outcomes

“I think it allows you to trust more easily, especially if that person is on PrEP because you know that they are testing regularly for infections and taking a lot more responsibility for their health.”

- PrEP increases trust and communication between sexual partners
 - Provides an opportunity to have conversations about safer sex practices
 - Increases intimacy and trust by increasing individual control over health
- PrEP also has positive overall health effects
 - Increased testing and awareness of sexual health
 - Increased engagement with the health care system

Findings: Advocacy and Access

“So the first one [provider] I had to take the guidelines so that he would actually prescribe it to me. And then the second one and the third one when I told them I was on Truvada they both asked me if I was HIV positive.”

- Many PrEP patients had to educate and convince their provider about PrEP
 - Some patients reported having to bring information to their provider
 - Many providers initially did not even know what PrEP was
 - PrEP users often did not receive correct follow-up care or had to be responsible for monitoring their own follow-up

Findings: Advocacy and Access

“I feel so strongly about people being on it [PrEP], whether they’re gay or not, and because it’s given me the opportunity to have that conversation with my friends, and I’ll talk to strangers about it. I don’t give a crap.”

- Most participants who were using PrEP reported being very open about discussing PrEP and encouraging others to consider taking it
 - “PrEP warriors” and “PrEP pride”
 - Formation of communities of PrEP users to offer support and advise

Findings: Advocacy and Access

“The doctor was really affirming, which was also mind-blowing because I've never actually had a doctor that has talked to me about sex and risks, in my life. And definitely, I think, doctors need to be asking these questions, regardless.”

- Relationships with providers were very important
 - Patients nearly always initiated PrEP conversations
 - Patients felt much more comfortable having these conversations when they already knew the provider to be LGBT-friendly and non-judgemental
- Patients want providers to offer and provide informed counseling about PrEP

Panel

Introductions (affiliations, geographic/population areas of focus, time in position, disclosures)

What is PrEP navigation?

What are some great successes?

What is the most significant barrier you have helped your clients overcome?

Recommendations

- Educate PCPs about PrEP, prescribing guidelines, and follow-up care
- Develop provider skills around sexual health discussions and cultural competence with LGBT patients
- Provide resource lists to help patients find doctors who will prescribe PrEP
- Provide information and support to help patients navigate payment assistance programs for PrEP
- Create EHR reminders and order sets to facilitate prescribing and follow-up care
- Further research ways to improve pharmacy access and implementation