

# Pre-Exposure Prophylaxis (PrEP): Resources for Healthcare Providers



## What is PrEP?

Pre-Exposure Prophylaxis (PrEP) is a daily, oral antiretroviral (ARV) medication that can reduce the risk of acquiring HIV. Truvada and Descovy are currently the only two FDA approved options and consist of a two-drug regimen of ARV medications, including a combination of nucleotide/nucleoside reverse transcriptase inhibitors (tenofovir-emtricitabine). It is important to note that Descovy has only been approved for men who have sex with men (MSM) and transgender women, NOT for heterosexual individuals or those who use IV drugs. Medication adherence is essential as the risk of contracting HIV still exists if medication is not regularly taken. When taken as prescribed, it is about 99% effective in preventing HIV transmission through sex and about 74% effective in preventing HIV transmission through needles.

PrEP is generally safe. Side effects may include nausea that improves with continued use. Truvada has been associated with a small decrease in bone mineral density without any increase in fractures. Rarely, it has also been associated with renal dysfunction that usually resolves with drug cessation. Descovy should be considered for those with an increased risk for bone or renal disease; otherwise, Truvada is typically favored.

Before beginning PrEP, patients need to be tested for HIV, Hepatitis B/C, other STIs, pregnancy and serum creatinine. PrEP is active against Hepatitis B infection, which could necessitate continued use. PrEP is not currently contraindicated in the setting of pregnancy or breastfeeding, but data is limited. Truvada should not be prescribed for those with an estimated creatinine clearance less than 60mL/min, and Descovy should not be prescribed for those less than 30 mL/min. Providers should test patients for HIV every 3 months and estimated creatinine clearance every 6 months. It is recommended to frequently screen patients for STIs (syphilis serology and 3-site gonorrhea and chlamydia) and pregnancy, if applicable.

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## Who should be treated with PrEP?

PrEP notably serves as a risk reduction tool for those who have a higher risk of acquiring HIV. Transgender and non-binary people, particularly those who identify as Black or Latinx are disproportionately more likely to acquire HIV and are statistically less likely to be offered PrEP or PEP by a medical provider. Individuals may be prescribed PrEP if they weigh more than 77 lbs(35kg); however particularly for adolescents it is important to ensure that their prescription is not inadvertently disclosed to parents/guardians via clinical billing information without the patient's permission. Providers should encourage safer sex practices and other harm reduction strategies to protect against non-HIV STIs. Also, providers should consider prescribing Post-Exposure Prophylaxis to patients who are currently HIV negative and have potentially been exposed within the past 72 hours (reference PEP: Resources for Providers).



## How can patients access and afford PrEP?

In December 2019, the U.S. Department of Health launched the Ready, Set, PrEP (<https://tinyurl.com/RSPrEP>) program nationwide to provide PrEP at no cost to those who lack prescription drug coverage. Colorado also has many resources to help improve access to PrEP, through the Department of Public Health & Environment (<https://tinyurl.com/CDPHEprevention>). Reference *PrEP: Resources for Patients* for more resources to assist patient access.

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