Pre-Exposure Prophylaxis & Primary Care: 
A Partnership for Greater Health Outcomes

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Session Objectives:
By the conclusion of this presentation participants will be able to:
• Describe the importance of biomedical HIV prevention interventions for high risk and disproportionately impacted populations.
• Assess a patient’s candidacy for pre and post exposure prophylaxis.
• Identify and describe the prescribing and monitoring of a PrEP regimen.
• Assess the need for an nPEP to PrEP transition regimen in unique cases of patient risk.
• Identify available resources to support patient navigation.

PrEP Overview:
• An HIV prevention option that utilizes HIV medications to prevent infection before a possible exposure.
• Acts as a biomedical and behavioral intervention.
• Brand name: Truvada® (combination of tenofovir disoproxil fumarate plus emtricitabine)
• Approved for use as PrEP in July 2012
• Once daily oral medication*
• Highly effective in 7-20 days

How is this different than PEP?

PEP
(taken for 28 days after initiation)
PrEP taken as prescribed is >90% effective!

- IPEx – gay men and trans women
- Partners PrEP – heterosexual couples
- TDF2 – heterosexual men and women
- Bangkok – persons who use injection drugs
- PROUD – men who have sex with men
Key Findings

- Use has not been shown to increase sexual risk behavior.
- Users have less denial of HIV and reduced fear, replaced with action.
- Very little drug resistance has been seen – and only among those with unidentified HIV infection when enrolling in studies.
- No serious safety problems – some side effects (<5% of users) which subsided after start up.

Prior to exposure
- Behavior change
- Routine voluntary counselling & testing
- PrEP
- Structural interventions

Point of transmission
- Post exposure prophylaxis (nPEP)

After infection
- Linkage to Medical Care
- Antiretroviral therapy
- Treatment for opportunistic infections
- Education & rights-focused behavior change

PrEP is one part of the spectrum of interventions

Clean injecting equipment
Condom distribution
Indications for PrEP

- MSM
- Heterosexually Active Men and Women
- People Who Inject Drugs (PWID)

Free of Acute or Established HIV and...

- Anal sex without condoms
- STI diagnosis
- Sex with HIV-positive Male
- Transactional Sex
- Transgender Individuals
- Any sharing of injection or drug preparation equipment
- Methadone, buprenorphine, or suboxone treatment program
- Risk of sexual acquisition
- Transactional Sex
- Transgender Individuals

The PrEP Intervention Model

Initiation: Determine Clinical Eligibility, Prescribe, and Monitor

Preliminary
- HIV test
- Renal Function
- Hepatitis B (and C)
- STI
- Pregnancy

Every 3 Mo
- HIV test/acute signs
- Pregnancy
- Renal
- STI

Every 6 Mo
- HIV test/acute signs
- Pregnancy
- Renal
- STI

Screening

Follow-up
- Symptom review: 5% of acute HIV
- Assessment, counselling:
  - Behavior
  - Adherence
- HIV testing
- STI testing
- Hep testing
- Discrimination testing
- Dispense 90 Tabs at 6M, 90 tabs thereafter
Barriers (real and imagined)

- Lives in a small rural town and regularly travels 75+ miles to obtain HIV screening from a provider in a larger town, for fear of disclosure within his community. On one of these visits he has a negative HIV test and requests PrEP, but is told “I don’t think I can do that” in this clinic.
- Returns ~3 months later for treatment of a rectal STI. Requests PrEP again – provider delays initiation because of “too high risk behaviors” – want’s patient to use condoms.
- Enrolls in alternate PrEP services ~6 months later. Intake labs diagnose HIV infection.

Where do we go from here?

- Stay informed and aware (PrEPiowa.org).
- Get comfortable with sexual history taking.
- Incorporate HIV screening into routine care.
- Get on-board with 3 site STD screening practices.
- If someone asks for this, they probably need it.
- Serve your patients by caring for them where they are.