

Guidelines for PrEP in PWID

Any use of injection drugs (past 6 months)

AND

- Any sharing of injection equipment OR participation in methadone, naloxone, or buprenorphine treatment program (past 6 months) OR risk of sexual acquisition
- Additional consideration: transactional sex and high community and/or sexual network HIV prevalence

USPHS/CDC. www.cdc.gov/hiv/pdf/prepguidelines2014.pdf; CDC. www.cdc.gov/hiv/risk/estimates/index.html.

Eligibility Screening for PrEP

- · Before PrEP is initiated:
 - HIV
 - HIV negative^a
 - Renal function
 - CrCl ≥ 60 mL/min
 - HBV
 - TDF is an approved treatment for HBV, but TDF/FTC is not^a
 - Refer patients to provider experienced in HBV treatment
 - Pregnancy
 - Positive pregnancy test result does not preclude women from PrEP, but potential risks and benefits of PrEP should be discussed

^aBoxed warning

USPHS/CDC. www.cdc.gov/hiv/pdf/prepguidelines2014.pdf.

On-Treatment Monitoring

At Least Every 3 Months	At Least Every 6 Months	At Least Every 12 Months
Repeat HIV test	Monitor eCrCl	Evaluate the need to continue PrEP as part of HIV prevention
Repeat pregnancy test (for women)	renominecommended 311	
Authorize PrEP refill for no more than 90 days		
Assess side effects, a,b adherence, HIV acquisition risk		
Provide support for adherence and risk-reduction behavior		

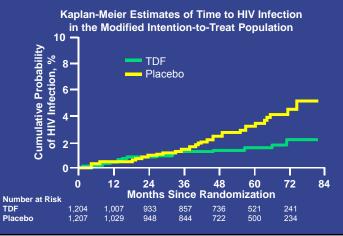
^aThe most common side effects associated with PrEP medication are nausea, cramping, and weight loss. These symptoms are mild and usually temporary. Losses in BMD associated with TDF/FTC as PrEP use are recovered after stopping TDF/FTC.

^bBoxed warning: Lactic acidosis and severe hepatomegaly with steatosis have been reported with the use of nucleoside inhibitors, including TDF.

USPHS/CDC. www.cdc.gov/hiv/pdf/prepguidelines2014.pdf; Truvada [package insert]. Foster City, CA: Gilead Sciences, Inc.; 2016.

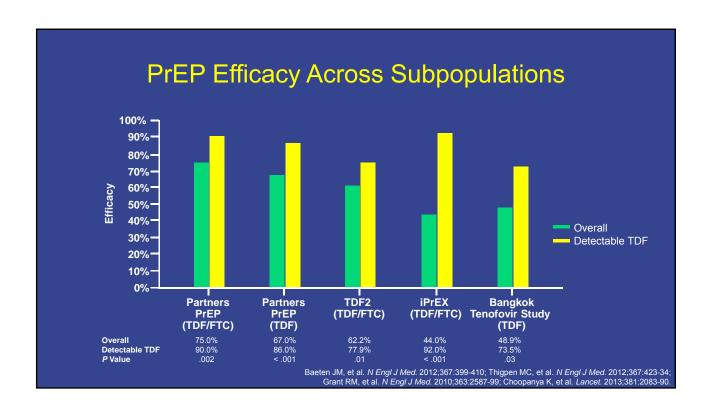
Clinical Study of PrEP in PWID

 Bangkok Tenofovir Study (2013) investigated the effects of a PrEP strategy for HIV prevention in 2,413 Thai PWID



- 48.9% reduction in HIV incidence (95% CI, 9.6-72.2; P = .01)
- 73.5% reduction in HIV incidence in individuals with detectable drug levels (95% CI, 16.6-94.0; P = .03)

Choopanya K, et al. Lancet. 2013;381:2083-90



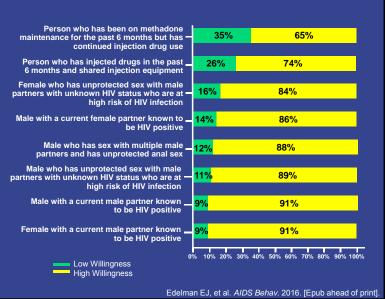
WWID and HIV Transmission

- WWID have higher odds (OR, 1.18) of HIV infection than MWID (95% CI, 1.10-1.26)
- WWID are more likely to have higher risk of sexual and injection exposures than MWID
 - Concomitant or overlapping exposures
- WWID who are unable to negotiate safe sex practices are especially at risk of HIV transmission and could benefit greatly from PrEP for HIV prevention

Des Jarlais DC, et al. *Drug Alcohol Depend*. 2012;124:95-107; Coleman RL, et al. *J Int AIDS Soc.* 2016;19:21112.

PCP Willingness to Provide PrEP to PWID

- PCPs more likely to report willingness to provide PrEP to every other risk group (P < .03 for all comparisons)
- Number of patients with HIV under PCP care significantly associated with PCP willingness to provide PrEP to PWID
 - PCPs caring for 20 or fewer patients with HIV more likely to report low willingness (OR, 6.38; 95% CI, 1.48-27.47)





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Abbreviations/Acronyms

BMD = bone mineral density

CDC = Centers for Disease Control and Prevention

CrCl = creatinine clearance

eCrCl = estimated creatinine clearance

FTC = emtricitabine

HBV = hepatitis B virus

HIV = human immunodeficiency virus

MWID = men who inject drugs

PCP = primary care provider

PHS = Public Health Service

PrEP = pre-exposure prophylaxis

PWID = persons who inject drugs

STI = sexually transmitted infection

TDF = tenofovir disoproxil fumarate

WWID = women who inject drugs