Pre-exposure prophylaxis (PrEP): HIV prevention for at-risk patients

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Clinical question
Can HIV infection be prevented in patients at risk?

Recommendations
HIV infection can be prevented. For patients at risk of acquiring HIV, Kaiser Permanente Washington and the Centers for Disease Control and Prevention both recommend pre-exposure prophylaxis (PrEP)—the daily use of co-formulated emtricitabine/tenofovir disoproxil fumarate (Truvada).

Who is at increased risk for HIV infection?

- Patients who have sex with men and:
  - Have had chlamydia, gonorrhea, or syphilis in the past 12 months
  - Have used amyl nitrite (poppers) or methamphetamine in the past 12 months
  - Have had sex without a condom outside of a monogamous relationship in the past 12 months
- Patients who are in ongoing relationships with HIV-positive partners
- Patients who have exchanged sex for money or drugs in the past 12 months
- Patients who use injection drugs not prescribed by a health care provider

At KPWA, the HIV and PrEP Program and the Specialty Medication Pharmacy (SMP) support clinicians and patients in HIV prevention. Any interested patient may be referred to the PrEP Program by calling 206-326-3609.

How could this change my practice?
All patients who inquire about PrEP or have a health history that raises concerns about risk of HIV acquisition should be referred to the PrEP Program.

The PrEP Program and SMP work together to discuss the risks and benefits of Truvada use with patients, support medication affordability and adherence, and monitor patients' safety while they are on PrEP. The PrEP Program also offers support for treatment and prevention of other sexually transmitted infections (STIs) as needed.

Why did we choose this topic?
We have an unprecedented opportunity to stop HIV/AIDS in our community through the combination of universal HIV screening, treatment of patients with HIV infection, and PrEP.
Evidence summary
In 2014, the U.S. Public Health Service released the first comprehensive clinical practice guideline for PrEP. This followed the earlier publication of brief interim guidelines that were based on findings from several large national and international clinical trials. These trials evaluated PrEP among homosexual and bisexual men, heterosexual men and women, and injection drug users. All participants in these trials received pills containing either emtricitabine/tenofovir disoproxil fumarate, tenofovir disoproxil fumarate alone, or placebo, along with intensive counseling on safe-sex behavior, regular testing for STIs, and a regular supply of condoms. In all of these studies, the risk of getting HIV infection was lower—up to 92% lower—for participants who took the medicines consistently than for those who had poor adherence or took placebo.

Reference