Pre-Exposure Prophylaxis (PrEP) for HIV Prevention

Review of US Public Health Service Guidelines

Presented by:
Kevin W. Cates, MPH
Housekeeping

- Session introducing 4 patients
- Folder: reference materials
- Session: Patient cases used to teach USPHS/CDC PrEP guidelines
Introduction

- Kevin Cates, MPH
- M3, Western Michigan University Homer Stryker M.D. School of Medicine
- Work history:
  - LGBT Healthcare
  - PrEP program in Chicago
- Current Affiliation: WMed and CARES

- No one involved in the planning of this activity had any relevant financial relationships to disclose
A second introduction

- Introducing Mr. A
  - Male, Mid-40s
  - Long-Term monogamous relationship
  - His partner is HIV+
Mr. A’s concern
Mr. A’s concern

- Additional info:
  - Mr. A’s partner – not on meds
  - Inconsistent condom use
  - Oral and receptive anal sex
  - No other concerns today
15-30-60

- 15 seconds: think
- 30 seconds: talk
- 1 minute: report back

What are your next steps with Mr. A?
Next steps – things to discuss

- More consistent condom use
  - Female condoms?
  - Role play condom convo

- Treatment for his partner?

- Make agreement with his partner

- Abstinence (He didn’t like this option)

- PEP / PrEP
So what is PrEP?

- HIV meds used for prevention
- Currently: FTC/TDF
  - Truvada
- Up to 90-99% efficacy
Reviewing NRTIs

II. PHARMACOLOGY OF ANTIRETROVIRAL DRUGS
NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

- AKA “Nukes”
- Synthetic nucleoside/nucleotide analogues
  - Pro-drugs = require intra-cellular conversion
  - Block the function of reverse transcriptase enzymes by taking the place of the natural nucleoside/nucleotide.
PrEP research

- 8 major trials
- Variable quality of evidence
- 3 stopped
- 5 “good quality”
## Trials: Overview

<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Agent</th>
<th>Control</th>
<th>Limitations</th>
<th>Quality of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPrEx Trial</td>
<td>Phase 3</td>
<td>TDF/FTC (n = 1251)</td>
<td>Placebo (n = 1248)</td>
<td>Adherence</td>
<td>High</td>
</tr>
<tr>
<td>US MSM Safety</td>
<td>Phase 2</td>
<td>TDF (n = 201)</td>
<td>Placebo (n = 199)</td>
<td>Minimal</td>
<td>High</td>
</tr>
<tr>
<td>Trial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partners PrEP</td>
<td>Phase 3</td>
<td>TDF (n = 1589)</td>
<td>Placebo (n = 1586)</td>
<td>Minimal</td>
<td>High</td>
</tr>
<tr>
<td>TDF2</td>
<td>Phase 2</td>
<td>TDF/FTC (n = 611)</td>
<td>Placebo (n = 608)</td>
<td>High loss to follow-up; modest sample size</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Among Heterosexual Men and Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEM-PreP</td>
<td>Phase 3</td>
<td>TDF/FTC (n = 1062)</td>
<td>Placebo (n = 1058)</td>
<td>Stopped at interim analysis, limited follow-up time; very low adherence to drug regimen</td>
<td>Low</td>
</tr>
<tr>
<td>West African</td>
<td>Phase 2</td>
<td>TDF (n = 469)</td>
<td>Placebo (n = 467)</td>
<td>Stopped early for operational concerns; small sample size; limited follow-up time on assigned drug</td>
<td>Low</td>
</tr>
<tr>
<td>Trial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VOICE</td>
<td>Phase 2B</td>
<td>TDF (n = 1007)</td>
<td>Placebo (n = 1009)</td>
<td>TDF arm stopped at interim analysis (futility); very low adherence to drug regimen in both TDF and TDF/FTC arms</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Among Injection Drug Users</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BTS</td>
<td>Phase 3</td>
<td>TDF (n = 1204)</td>
<td>Placebo (n = 1207)</td>
<td>Minimal</td>
<td>High</td>
</tr>
</tbody>
</table>

Note: GRADE quality ratings:
- **High**: further research is very unlikely to change our confidence in the estimate of effect.
- **Moderate**: further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
- **Low**: further research is more likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
- **Very Low**: any estimate of effect is very uncertain.
Why were some trials stopped?

- 3 trials for women in West Africa
- Very low adherence
- Cultural and economic barriers
- No demonstrated benefit
5 “Good” trials

- MSM
- Heterosexual Individuals
- Heterosexual Serodiscordant couples
- IDU
- iPrEx, USMSM Safety
- TFD2
- Partners PrEP
- BTS
# Summary of Efficacy

**Table 4: Measures of Efficacy, by Medication Adherence, Percentage Reduction in HIV Incidence (95% Confidence Interval)**

<table>
<thead>
<tr>
<th>Study</th>
<th>Modified Intent-to-Treat Efficacy</th>
<th>Efficacy by Self-report Adherence Measures</th>
<th>Efficacy by Pill-count Adherence Measures</th>
<th>Efficacy by Blood Detection of Drug Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPrEx (TDF/FTC)</td>
<td>44% (15–63%)</td>
<td>&gt;50%</td>
<td>50%</td>
<td>92% (40–99%)</td>
</tr>
<tr>
<td>Partners PrEP</td>
<td>TDF: 67% TDF/FTC: 75%</td>
<td>TDF: 63% Adherence Measures</td>
<td>TDF/FTC: 66%</td>
<td></td>
</tr>
<tr>
<td>TDF2 (TDF/FTC)</td>
<td>All</td>
<td>Men</td>
<td>Women</td>
<td>TDF detected: 85%</td>
</tr>
<tr>
<td></td>
<td>63%</td>
<td>80%</td>
<td>49%</td>
<td></td>
</tr>
<tr>
<td>FEM-PrEP (TDF/FTC)</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>VOICE (TDF,TDF/FTC)</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>BTS (TDF)</td>
<td>49%</td>
<td>NR</td>
<td>56% (-19 to 86%)</td>
<td>74% (17–94%)</td>
</tr>
</tbody>
</table>

NR, not reported.

---

* Tenofovir detection assays were done in subsets of persons randomly assigned to receive TDF or TDF/FTC
* Finding not statistically significant
* Among participants on directly observed therapy
Drawing conclusions

- Evidence indicates strong protective effect when TDF/FTC is detected in the blood
- Adherence is a major factor
- TDF/FTC is safe, with few complications
Applying evidence

- Mr. A
  - Same-sex relationship with another man

- Applying data to Mr. A
  - iPrEx data
  - PrEP can reduce risk by up to 99%
Mr. A’s initial visit

- Discussed PrEP
  - Along with other HIV prevention methods

- Explained in detail

- Mr. A decided to try it
Prescribing PrEP

- Currently, only TDF/FTC has FDA approval
- Additional antiretrovirals should not be given
- Other ARVs should not be substituted
- Intermittent dosing not yet investigated
  - Stick to daily dosing
Things to monitor

- HIV status
  - Regular HIV testing (3-6 months)

- Renal Function
  - creatinine clearance
  - >60ml/min is ok
More things to monitor

- Hepatitis serology
- TDF/FTC active against HBV
- Medication Adherence
- Goals in taking PrEP
Monitoring Mr. A – initial visit

- Negative HIV test
- Renal function fine
- Negative HepB test
- Clear goal in starting PrEP
Mr. A asks a question

- “How long until this medication kicks in?”
- No clear guidance
- In various tissues, variable time until reaching peak
- My suggestion: call it 1 month
1 month later...

- Mr. A returns
- All tests still normal
- One concern
  - Nausea for about 2 weeks
  - Has subsided
Side effects

- Rare in clinical trials
- Typically resolve within 1 month
- Inform patients of possible side effects
  - Nausea, vomiting, fatigue
- In trials, no difference in side effects between TDF/FTC and placebo groups after 2 months
Back to Mr. A

- Happy so far
- He and partner feel safer, having more conversations about HIV
- “How often do I have to come back?”
Appointment frequency

- Initial visit
- + 1 month follow-up after initial visit
- USPHS/CDC: every 3 months thereafter
Appointments

- Initial visit (beginning PrEP):
  - Establish baseline labs, test for HIV, test for pregnancy (if applicable), test for HBV, test for STIs, provide risk reduction counseling, manage any concerns

- 1 month after initial visit:
  - Redraw labs to monitor for any changes, test for HIV, test for pregnancy (if applicable), assess adherence, provide risk reduction counseling, manage any concerns

- Every 3 months:
  - Retest for HIV, test for pregnancy (if applicable), assess side effects, assess adherence, provide risk reduction counseling, manage any concerns
Appointments

- Every 6 months:
  - Reassess creatinine clearance
    - Goal: >60ml/min
    - If stable, continue to monitor
    - If rising, continue to monitor
    - If declining steadily, consult with a nephrologist
  - Retest for HBV, test for HIV, test for STIs (rectal and pharyngeal if applicable)

- Every year:
  - Re-evaluate role of PrEP for the patient, and success in goals related to preventing acquisition of HIV
### Handy Table

<table>
<thead>
<tr>
<th></th>
<th>Initial</th>
<th>1 month</th>
<th>3 month</th>
<th>6 month</th>
<th>1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test for HIV</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Risk reduction counseling</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Test for Pregnancy</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Test for HBV</td>
<td>*</td>
<td></td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Monitor eCrCl</td>
<td>*</td>
<td>*</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Test for STIs+</td>
<td></td>
<td>*</td>
<td></td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Assess side effects</td>
<td></td>
<td></td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Assess adherence</td>
<td></td>
<td></td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Continue/Discontinue</td>
<td></td>
<td></td>
<td></td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>
Sorry for the text-heavy slides
A good patient

- Mr. A attends all his appointments
  - (Miracles do happen)

- A year-ish later, he decides to stop PrEP

- His partner is now undetectable

- Condom use has improved
Reasons to stop PrEP

- The patient has side effects they cannot manage
- The patient no longer perceives increased risk of HIV acquisition
- The patient wants to try other prevention methods
- The patient tests positive for HIV
- eCrCl drops below 60ml/min
- Expense is too great
- Just because the patient wants to stop
Restarting?

- Can Mr. A restart PrEP?
- Re-starting PrEP should follow the same protocol for starting PrEP initially
- Investigate reasons for stopping and restarting
- Re-emphasize the importance of adherence
Another patient – Ms. B

- Ms. B presents to establish primary care
- She has no health insurance
- She is initially evasive
- Your excellent clinical skills lead her to trust you and open up
Interviewing Ms. B

- In-depth sexual history reveals unprotected sex with multiple partners
- She is bisexual
- Sex work to support herself
- History of Injection Drug Use
Revisit taking a sexual history

- Importance of a comprehensive sexual history
- Identify factors which may increase or decrease risk
- May affect prescribing choices
Box A1 contains a set of brief questions designed to identify men who are currently having sex with men and to assess a key set of sexual practices that are associated with the risk of HIV acquisition. In studies to develop scored risk indexes predictive of incident HIV infection among MSM$^{36,37}$ (see Providers’ Supplement, Section 5), several critical factors were identified.

**Box A1: Risk Behavior Assessment for MSM$^{36}$**

In the past 6 months:

- Have you had sex with men, women, or both?
- *(if men or both sexes)* How many men have you had sex with?
- How many times did you have receptive anal sex (you were the bottom) with a man who was not wearing a condom?
- How many of your male sex partners were HIV-positive?
- *(if any positive)* With these HIV-positive male partners, how many times did you have insertive anal sex (you were the top) without you wearing a condom?
- Have you used methamphetamines (such as crystal or speed)?
From the guidelines...

**Box A2: Risk Behavior Assessment for Heterosexual Men and Women**

In the past 6 months:

- Have you had sex with men, women, or both?
- *(if opposite sex or both sexes)* How many men/women have you had sex with?
- How many times did you have vaginal or anal sex when neither you nor your partner wore a condom?
- How many of your sex partners were HIV-positive?
- *(if any positive)* With these HIV-positive partners, how many times did you have vaginal or anal sex without a condom?
Additional important information

- History of STIs
- History of Alcohol or Drug abuse
- Demographics of patient and their partners (including history of serodiscordant couplings)
- History of success or failure of interventions, medication adherence, and condom use
Social history

**Box A3: Risk Behavior Assessment for Injection Drug Users**

- Have you ever injected drugs that were not prescribed to you by a clinician?
- *(if yes)*, When did you last inject unprescribed drugs?
- In the past 6 months, have you injected by using needles, syringes, or other drug preparation equipment that had already been used by another person?
- In the past 6 months, have you been in a methadone or other medication-based drug treatment program?
Ms. B

- Heard about PrEP while getting HIV test
- Wants to take PrEP
- Also wants healthcare
Ms. B’s labs

- Kidney function fine
- HepB negative
- She just had an HIV test – do we need to do one?
Rule out acute infection

- Assess risk of acute infection through history
  - Recent unprotected sex with a known HIV+ partner
  - “Blackout” periods, uncertain risk
  - Preliminary positive test

- Test for HIV: at minimum, antibody test
  - Preferred Ab/Ag combination test
  - Alternative: HIV RNA assay

- Also assess signs and symptoms
Table 7: Clinical Signs and Symptoms of Acute (Primary) HIV Infection\textsuperscript{65}

<table>
<thead>
<tr>
<th>Features (%)</th>
<th>Overall (n = 375)</th>
<th>Sex</th>
<th>Route of transmission</th>
<th>Injection Drug Use (n = 34)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male (n = 355)</td>
<td>Female (n = 23)</td>
<td>Sexual (n = 324)</td>
</tr>
<tr>
<td>Fever</td>
<td>75</td>
<td>74</td>
<td>83</td>
<td>77</td>
</tr>
<tr>
<td>Fatigue</td>
<td>68</td>
<td>67</td>
<td>78</td>
<td>71</td>
</tr>
<tr>
<td>Myalgia</td>
<td>49</td>
<td>50</td>
<td>26</td>
<td>52</td>
</tr>
<tr>
<td>Skin rash</td>
<td>48</td>
<td>48</td>
<td>48</td>
<td>51</td>
</tr>
<tr>
<td>Headache</td>
<td>45</td>
<td>45</td>
<td>44</td>
<td>47</td>
</tr>
<tr>
<td>Pharyngitis</td>
<td>40</td>
<td>40</td>
<td>48</td>
<td>43</td>
</tr>
<tr>
<td>Cervical adenopathy</td>
<td>39</td>
<td>39</td>
<td>39</td>
<td>41</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>30</td>
<td>30</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Night sweats</td>
<td>28</td>
<td>28</td>
<td>22</td>
<td>30</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>27</td>
<td>27</td>
<td>21</td>
<td>28</td>
</tr>
</tbody>
</table>
Figure Documenting HIV Status

HIV immunoassay blood test (rapid test if available)

- Negative
- Indeterminate
- Positive

Consider HIV + (pending confirmatory testing)

Signs/symptoms of acute HIV infection anytime in prior 4 weeks

HIV -

- No
- Yes

Option 1
- Retest antibody in one month
- Defer PrEP decision

Option 2
- Send blood for HIV antibody/antigen assay*

- Positive HIV +

- Negative HIV -

Option 3
- Send blood for HIV-1 viral load (VL) assay

- VL ≥250,000 copies/ml HIV +
- VL <50,000 copies/ml HIV -

* Use only HIV antigen/antibody tests that are approved by FDA for diagnostic purposes

HIV -
- Eligible for PrEP

HIV +
- Not Eligible for PrEP
- HIV Status Unclear
- Defer PrEP decision

VL < level of detection
- no signs/symptoms on day of blood draw
- Retest in one month
- Defer PrEP decision
Deciding to give PrEP to Ms. B

**Box B1: Recommended Indications for PrEP Use by MSM**

- Adult man
- Without acute or established HIV infection
- Any male sex partners in past 6 months (if also has sex with women, see Box B2)
- Not in a monogamous partnership with a recently tested, HIV-negative man

AND at least one of the following

- Any anal sex without condoms (receptive or insertive) in past 6 months
- Any STI diagnosed or reported in past 6 months
- Is in an ongoing sexual relationship with an HIV-positive male partner
Deciding to give PrEP to Ms. B

**Box B2: Recommended Indications for PrEP Use by Heterosexually Active Men and Women**

- Adult person
- Without acute or established HIV infection
- Any sex with opposite sex partners in past 6 months
- Not in a monogamous partnership with a recently tested HIV-negative partner

AND at least one of the following

- Is a man who has sex with both women and men (behaviorally bisexual) [also evaluate indications for PrEP use by Box B1 criteria]
- Infrequently uses condoms during sex with 1 or more partners of unknown HIV status who are known to be at substantial risk of HIV infection (IDU or bisexual male partner)
- Is in an ongoing sexual relationship with an HIV-positive partner
Deciding to give PrEP to Ms. B

**Box B2: Recommended Indications for PrEP Use by Heterosexually Active Men and Women**

- Adult person
- Without acute or established HIV infection
- Any sex with opposite sex partners in past 6 months
- Not in a monogamous partnership with a recently tested HIV-negative partner

AND at least one of the following

- Is a man who has sex with both women and men (behaviorally bisexual) [also evaluate indications for PrEP use by Box B1 criteria]
- Infrequently uses condoms during sex with 1 or more partners of unknown HIV status who are known to be at substantial risk of HIV infection (IDU or bisexual male partner)
- Is in an ongoing sexual relationship with an HIV-positive partner
Deciding to give PrEP to Ms. B

**Box B3: Recommended Indications for PrEP Use by Injection Drug Users**

- Adult person
- Without acute or established HIV infection
- Any injection of drugs not prescribed by a clinician in past 6 months

AND at least one of the following

- Any sharing of injection or drug preparation equipment in past 6 months
- Been in a methadone, buprenorphine, or suboxone treatment program in past 6 months
- Risk of sexual acquisition (also evaluate by criteria in Box B1 or B2)
Deciding to give PrEP to Ms. B

Box B3: Recommended Indications for PrEP Use by Injection Drug Users

- Adult person
- Without acute or established HIV infection
- Any injection of drugs not prescribed by a clinician in past 6 months

AND at least one of the following

- Any sharing of injection or drug preparation equipment in past 6 months
- Been in a methadone, buprenorphine, or suboxone treatment program in past 6 months
- Risk of sexual acquisition (also evaluate by criteria in Box B1 or B2)
Pregnancy test?

- PrEP use during pregnancy permitted
- However, data on safety is limited
- Similar to HIV+ women on antiretrovirals, suggesting low risk to fetus
Hepatitis B

- Ms. B is HepB negative
- But, not vaccinated
- She needs her HepB vaccine
Ms. B Follow Up

- Ms. B reports good adherence
- Continues to engage in sex work
- Wants to stay on PrEP
Case 3: Mr. T

- Not that Mr. T
- 18 year old Trans man, same-gender loving
- Visibly distressed during his visit
Mr. T – or just “T”

- T discloses that he experienced sexual assault recently

- His partner refused to use a condom, and would not stop

- T is worried because he does not know his partner’s status
15-30-60

- 15 seconds: think
- 30 seconds: talk
- 1 minute: report back

What next steps should a physician take with T?
First steps

- Provide support and access to rape crisis, law enforcement, and emotional/psychological care and support, and follow protocols for caring for sexual assault survivors

- Manage the immediate concern

- T is most worried he may have been exposed to HIV, so address that

- Inform T of Post-Exposure Prophylaxis (PEP)
What is PEP?

- Post-Exposure Prophylaxis is the use of anti-HIV medications to prevent a new infection which may otherwise occur.
- Effective when taken within 48-72 hours.
- 1 month of medication.
T decides to take PEP

- T decides to take PEP
- Physician verified HIV-negative status
- Prescribes a one-pill once daily regimen
- Counsels T on taking the medication
One Month Later

- T returns after 1 month
- HIV test still negative
- Fear/anxiety remain
- “What can I do to protect myself?”
PEP to PrEP

- Can I begin PrEP after completing PEP?
- What concerns might there be?
- What benefits might there be?
- What steps should the physician take to help make a decision?
PEP to PrEP

- PEP -> PrEP is a valid strategy

- T should be treated as a new PrEP patient
  - Verify his HIV-negative status
  - Do all labs
  - Council re: adherence and prevention

- Some of the best and most adherent patients
Last case: Mr. M

- 65 year old man
- Sexually active, regularly visits a bathhouse
  - Inconsistent condom use
- Interested in PrEP
Mr. M

- Interested in PrEP
- Sexual and Social history qualify him
- First appointment
Lab results

- HIV test negative
- HepB negative, up to date on vacc
- eGFR = 34
- Problem?
Mr. M

- Mr. M admits to a history of CKD
- Mr. M was not eligible for PrEP
- Unfortunately Mr. M left disappointed
Who else might be denied?

- Mr. L refuses to consent to HIV test
- Mr. R can’t afford PrEP copay
- Mrs. C refuses to try condoms
Who else might be denied?

- Mr. L refuses to consent to HIV test
- Mr. R can’t afford PrEP copay
- Mrs. C refuses to try condoms
Who else might be denied?

- Mr. L refuses to consent to HIV test
- Mr. R can’t afford PrEP copay
- Mrs. C refuses to try condoms
Who else might be denied?

- Mr. L refuses to consent to HIV test
- Mr. R can’t afford PrEP copay
- Mrs. C refuses to try condoms
Know your resources

- Programs to pay for PrEP
- Programs to pay for copays
- Support through CARES, local HIV organization
Paying for Truvada

If you’re concerned about how you will pay for your HIV therapy, start by talking to your healthcare provider. He or she may be able to help you apply for assistance.

If you have insurance

Gilead HIV Co-pay Assistance Coupon Card
You may be able to save on the co-pay for your TRUVADA prescription, with a GILEAD HIV Co-pay Coupon Card. Visit www.GileadCoPay.com or call 1-877-505-6986 for more information and to see if you are eligible.*

*Enrollees will have to answer a few questions to confirm eligibility, restrictions apply. The program is subject to change at any time.

If you don’t have insurance

Gilead U.S. Advancing Access® Program
This program provides assistance to patients in the United States who do not have insurance or who need financial assistance. As part of this program, Gilead provides assistance for people who are eligible and who cannot afford to pay for TRUVADA. To learn about eligibility, contact Advancing Access® at 1-800-226-2056 between 9:00 a.m. and 8:00 p.m. (Eastern). You can also download the enrollment form to be completed by you and your healthcare provider.

Partnership for Prescription Assistance (PPA) Program
This program is designed to help uninsured Americans get the prescription medicines they need at no or low cost. To find out if you qualify, here’s what to do:
Who else might be denied?

- Mr. L refuses to consent to HIV test
- Mr. R can’t afford PrEP copay
- Mrs. C refuses to try condoms
Who else might be denied?

- Mr. L refuses to consent to HIV test
- Mr. R can’t afford PrEP copay
- Mrs. C refuses to try condoms
Getting the best results

- Understand why your patient wants to take PrEP
- **Respect** their choices
- Facilitate the best choices
- Accept that you may not change their choices
Getting the best results

- Fill your patient’s toolbox
  - PrEP is one tool in the toolbox
  - Give your patient as many options as possible
  - Support their right to choose among tools
PrEP patient? TALK about it!

Box D: Key Components of Medication Adherence Counseling

Establish trust and bidirectional communication

Provide simple explanations and education
- Medication dosage and schedule
- Management of common side effects
- Relationship of adherence to the efficacy of PrEP
- Signs and symptoms of acute HIV infection and recommended actions

Support adherence
- Tailor daily dose to patient’s daily routine
- Identify reminders and devices to minimize forgetting doses
- Identify and address barriers to adherence

Monitor medication adherence in a non-judgmental manner
- Normalize occasional missed doses, while ensuring patient understands importance of daily dosing for optimal protection
- Reinforce success
- Identify factors interfering with adherence and plan with patient to address them
- Assess side effects and plan how to manage them
Be aware of the culture

Pts may experience both stigma and affirmation
Final housekeeping

- Folder: reference materials
- Contact and references – next two slides
Contact information

Kevin Cates, Presenter
kevin.cates@med.wmich.edu

M3, Western Michigan University Homer Stryker M.D. School of Medicine

Future Plans: Primary care in underserved communities, eager to know about opportunities to continue education in the Midwest 😊
References

Thank you! 

THANK YOU!
ANY QUESTIONS?

GRACIAS POR LA ATENCIÓN
SE ACEPTAN APLAUSOS PERO NO PREGUNTAS