

Talking About PrEP With Your Patients



PrEP is a powerful tool for HIV prevention, but its reach in Indian Country is limited due to cost, stigma, and low community awareness.

Tribal and IHS providers are encouraged to learn about PrEP and to identify individuals that may benefit from a prescription.

Screening Patients for PrEP Eligibility

- Identify patients that would benefit from PrEP. These include but are not limited to: gay and bisexual men, transgender women, individuals with HIV-positive partners, and people who inject drugs.
- Discuss PrEP risks and benefits, adherence requirements, and the time it takes for protection to take effect.
- All individuals should be screened for the following (prior to administering PrEP and during follow-up visits):
 - Acute HIV infection (test result must be negative)
 - Sexually transmitted infections
 - Pregnancy (for women)
 - Hepatitis B & C
 - Creatinine (levels of ≥ 60 ml/min)
- HIV is still stigmatized in many Tribal communities. Ensure that all discussions are non-judgmental and culturally appropriate.
- Conduct social evaluation with individuals seeking or appropriate for PrEP to better inform a treatment plan, including histories of substance and alcohol use, and sexual history.
- Inquire about history of renal and liver disease/function.
- Consult patients on risk reduction and safer sex practices, such as regular use of condoms.

PrEP: WHAT CAN I DO AS A TRIBAL PROVIDER?

- Research PrEP clinical trials to understand the effectiveness of the drug for different patient populations.
- Learn if your Tribal or IHS clinic includes PrEP on its formulary as a form of prevention. If not, work with the Tribal or IHS health administrators to educate them about its benefits.
- Learn more about PrEP coverage options to better assist your patients in navigating this process.
- Set clear expectations about what PrEP can and cannot do for your patient.
- Develop an adherence plan. Set follow-up appointments for HIV/STI screenings, refills, and consistent evaluation.
- Become familiar with CDC guidelines on PrEP.
- Have PrEP brochures and pamphlets available to share with your patients.
- Develop strategies for talking respectfully and appropriately to your patients about PrEP.

Resources for Providers

Free CME on Advancing PrEP in Practice:
<https://www.medscape.org/viewarticle/880821>

CDC PrEP Clinical Practice Guideline (2017):
<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-provider-supplement-2017.pdf>

PrEP Overview for Providers:
<https://www.hiv.va.gov/pdf/prep-provider-overview.pdf>

Summary of Guidance for PrEP Use

	Men Who Have Sex With Men	Heterosexual Women and Men	Injection Drug Users
Detecting substantial risk of acquiring HIV infection:	<ul style="list-style-type: none"> • Sexual partner with HIV • Recent bacterial STD • High number of sex partners • History of Inconsistent or no condom use • Commercial sex work 	<ul style="list-style-type: none"> • Sexual partner with HIV • Recent bacterial STD • High number of sex partners • History of Inconsistent or no condom use • Commercial sex work • Lives in high prevalence area or network 	<ul style="list-style-type: none"> • HIV-positive injecting partner • Sharing injection equipment • Recent drug treatment (but currently injecting)
Clinically eligible:	<ul style="list-style-type: none"> • Documented negative HIV test before prescribing PrEP • No signs/symptoms of acute HIV infection • Normal renal function, no contraindicated medications • Documented hepatitis B virus infection and vaccination status 		
Prescription	Daily, continuing, oral doses of TDF/FTC (Truvada), ≤ 90 day supply		
Other services:	Follow-up visits at least every 3 months to provide: <ul style="list-style-type: none"> • HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STD symptom assessment • At 3 months and every 6 months after, assess renal function • Every 6 months test for bacterial STDs 		
	<ul style="list-style-type: none"> • Do oral/rectal STD testing 	<ul style="list-style-type: none"> • Assess pregnancy intent • Pregnancy test every 3 months 	<ul style="list-style-type: none"> • Access to clean needles/syringes and drug treatment services.

Source: US Public Health Service. *Preexposure prophylaxis for the prevention of HIV infection in the United States – 2014: a clinical practice guideline.*