RACGP | Specific Interests

HIV Pre-exposure prophylaxis (PrEP) – a crash course for GPs webinar
Frequently asked questions

Can GPs prescribe PrEP or do they need to refer to Infectious unit doctors? Are they any other follow up requirements? Yes, GPs can prescribe PrEP. Initial assessment and follow-up should be in accordance with the ASHM PrEP prescribing pathway, available online at www.ashm.org.au/hiv/prep

How many HIV tests does patient need prior commence prep?
One HIV test

What TDS/FTC stand for? TDF: Tenofovir disoproxil fumarate. FTC: Emtricitabine (I know, it makes no sense).

Do we need to test for HIV twice 3 months apart (considering window period) to make sure they are definitely negative before starting PreP? As long as patients have a negative HIV test, they can start PrEP. You do need to check whether the patient has had a recent HIV exposure. If they've had a significant exposure in the last 72 hours, then you should talk to your local PEP service about whether they need to start PEP. If they have had an exposure outside of 72 hours but within the last few weeks, then they should return for a repeat HIV test 1 month after starting PrEP. For those patients with recent HIV exposures it is also advised to ask about symptoms that could suggest HIV seroconversion (fevers, night sweats, rash, sore throat, swollen lymph nodes). Someone who is seroconverting should not start PrEP.

Would ongoing PrEP use select in favour for drug resistant HIV? If someone has acquired HIV and they continue to take PrEP, then this places them at risk of drug resistance. This is why it is important that everyone has a negative HIV test before they start PrEP, and why it is important that they have 3-monthly HIV tests for as long as they continue to use PrEP.

At the local sexual health centre, will the patients with no Medicare card, still be charged by Medicare for their screening? Most sexual health services are funded by state governments to provide sexual health screening, which is free to anyone regardless of Medicare status.

Is PrEP ok for use in pregnancy? TDF/FTC is category A in pregnancy

Gay couple who are HIV negative, is PrEP recommended? If they have sex with other people, then PrEP may still be recommended.

Is PrEP recommended in all Meth users (non injection) or just IVDU? Yes, methamphetamine use, regardless of route of administration, is a risk factor for HIV. People who use methamphetamines tend to take more risk.

What were the most common adverse events noted in clinical trials and any serious adverse events? Most commonly, people experienced nausea and diarrhoea. There were also some temporary alterations to renal function, but no serious adverse events.

What are the probable side effects with PREP because of long time treatment? TDF (tenofovir) can affect bone density and renal function. Rather than describe the studies again here, I discussed it in detail in the webinar so please see recording if you're interested.

Is there any particular time PREP should be taken and is it with or without food to be more effective? Can be taken any time, with or without food. Although people are less likely to get GI adverse effects if they have it with a meal.

Labs sometimes don't test oral and anal swabs because they say they are not validated for those sites for chlamydia and gonorrhoea what is your advice? Any lab can (and should) do chlamydia and gonorrhoea tests on pcr swabs collected at the throat and anus. Just have a talk to your lab about which swabs they prefer you to collect. It is correct that these tests have not been "validated" at these sites, but there is a mountain of literature to support their use at these sites.

Does PrEP works for couples having oral sex? As it was stated that the medication accumulate near the rectum than around the cervix, what about around the mouth? Oral sex is not considered to be a significant risk factor for HIV transmission. But if someone is worried about the risk of HIV from oral sex, you can reassure them by saying that the participants in the PrEP trials certainly did have oral sex, and PrEP proved very effective at protecting these participants against HIV.

If only having oral sex- and hence low risk- is there a benefit to treatment? If someone only has oral sex, then they probably do not need PrEP, as oral sex is considered very low risk. However, some people may still prefer to start PrEP, as they may have significant anxiety around possibly acquiring HIV, and this can prevent them from starting new relationships.

Can a chronic alcoholism patient with normal liver function can take prep? If they have normal LFTs, and if they don't have cirrhosis, then there is no problem taking PrEP.

Is PEP regimen similar to PrEP regimen? Does PEP use TDF/FTC as well? There are many different PEP regimens, but only one PrEP regimen (TDF/FTC). Many jurisdictions also use TDF/FTC for PEP, but the follow-up schedule is different, and in some scenarios PEP is commenced with three drugs rather than just the two in TDF/FTC.

How long after potential exposure to HIV should PrEP continue, if a patient only wanted to use it to cover them for a short period (eg. for a holiday)? The Australian guideline currently says 28 days after last HIV exposure, but international guidelines disagree, some say 14 days. The problem is that this question has not been addressed by clinical trials.

Can we start prep for high risk under 18 teenagers? Officially, in Australia, PrEP is only licensed for people aged 18 years and over. Prescribing it for younger people would be an

"off label" use of PrEP. But for some young people with high risk of HIV this may be the right thing to do. But that is certainly a very individual decision. This can have medico-legal implications, but it may be the right thing to do for that particular patient, depending on their situation.

If we preserve off label it is not covered by the PBS so teens would need to cover full cost? Is this expensive? Are overseas purchasing options cheaper for the under 18s?
Buying PrEP privately at an Australian pharmacy is very expensive (about $700 per month, last time I checked). Patients in Australia are legally allowed to import medications under the TGA's personal importation scheme, and there are now several community organisations that assist people to purchase PrEP this way. The cost varies, but can be as low as $20 per month, including postage. They do need a prescription to do this.
Further info: pan.org.au

Are there any side effects? Short term: Nausea, headaches, diarrhoea, tiredness. Long term: Impaired renal function, bone density loss. (For more detail, see webinar)

Is this actually prophylaxis, treatment or masking? Prophylaxis. HIV treatment is different. You must not give PrEP to people who already have HIV.

Do we need to consider kidney function when thinking about prescribing emtricitabine and tenofovir disoproxil fumarate as PreP? Yes, as described in the webinar, and the ASHM prescribing pathway www.ashm.org.au/hiv/prep

What should I tell patient about success rate of PrEP? It is extremely effective, as long as it is taken correctly (i.e. every day). Pharmacokinetic studies have suggested that it is > 99% effective if people take it every day and don't miss any doses.

If someone is at risk of contracting HIV how early should they start PrEP? As soon as possible. For the PrEP to be highly effective, it is recommended that patients start PrEP at least 7 days before a potential HIV exposure.

How often do they need to be checked for HIV test while on PrEP? Every 3 months, as outlined in the ASHM prescribing pathway www.ashm.org.au/hiv/prep

Do you monitor renal function with eGFR or do you calculate Cr Cl as more sensitive indicator of renal function? eGFR and urine protein/creatinine ratio is sufficient, as outlined in the ASHM prescribing pathway www.ashm.org.au/hiv/prep

Does a patient on enzyme inducing medication need increased dose? If you're worried about a particular medication and interactions, check the University of Liverpool HIV drug interaction database. Available online, very easy to use. www.hiv-druginteractions.org

Can we give PrEP in patient with Hep B positive? You can, but depending on the patient's exact case, you may wish to discuss this with their hepatologist. As I mentioned in the webinar, there is no problem with starting PrEP in someone who has hepatitis B, the worry is that they may have a hep B flare if they later stop PrEP, or if they intermittently take PrEP.

Although, as mentioned during the webinar, the iPrEX trial included quite a few people with hepatitis B, and none developed a hepatitis B flare upon PrEP cessation.

Hepatitis B risk - patients who are in Hep B immune control phase, are they at risk of flare after ceasing PrEP? Or does it only apply to those who are active hep B? It is thought to only be a risk for people who have active hepatitis B. Flares haven't been seen in the PrEP trials, but it's a possibility.

Could you take PrEP every 2 days if eGFR 30-50 as in the UK? Possibly, but this is getting quite specialised and you may want to share this burden by referring that patient to a sexual health physician, ID physician or renal physician experienced in PrEP.

I have heard PrEP is more effective than condoms at preventing HIV but if people are wearing condoms that is not considered an indication for PrEP. Is it the case that it is more effective than condoms and if so should people using condoms still use PrEP if they are otherwise at risk? PrEP is more effective than condoms with typical use. However, if someone is very good at using condoms (i.e. they use them successfully for all acts of penetrative sex), then they likely won't need PrEP. It really comes down to that patient's particular situation.

Does the GP actually do 'quick start' with PrEP? ie. take the baseline bloods (HIV, HepB, renal function etc) then give the script on same day and let them start it before you know results then if the results come back abnormal you stop? Is that how you would do it for young people? Exactly. In my practice I do a "quick start" if someone is at particularly high risk of HIV. Exactly as you say, the risk of not doing a quick start is that the patient may acquire HIV in the time that they're waiting for their PrEP prescription, or they may not come back for their PrEP prescription. If someone's HIV risk is not that high, and if they can safely wait for a few days, the alternative approach I use is that I give them the prescription on the day of the HIV test, ask them to call the clinic for the result, and ask them to start the PrEP once they've received their negative HIV result. The other thing that you must make sure you tell patients is that they need to be on PrEP for seven days before they can rely on its effectiveness.