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Introduction

NHS commissioned emtricitabine/tenofovir disoproxil (F/TDF) for HIV Pre-exposure prophylaxis (PrEP) has been available from our integrated sexual health service (ISHS) since 2020.

We await final commissioning guidance for those with renal impairment (& other co-morbidities) requiring emtricitabine/tenofovir alafenamide (F/TAF) for HIV prevention, compassionate access having been withdrawn due to licensing.

F/TAF, in England, is only available to those who can privately fund it, with supply-lines problematic.

Cabotegravir, unlicensed as PrEP in England, is available via compassionate access.

National draft prescribing guidance was circulated August-2021 for second-line PrEP, however final reimbursement policy is awaited.

Methods

Our service established a once weekly ‘complex PrEP’ clinic in August 2021.

Cases are prospectively reviewed, with continued off-license prescribing of F/TDF, where HIV risk-reduction still outweighs clinical risk. Therein are patients awaiting second-line PrEP options for various indications.

We report two cases, whereby our service funded F/TAF PrEP for MSM solid-organ transplant recipients at significant ongoing risk of HIV-acquisition, agreeing there was a clear distinction in clinical risk.

Conclusions

At time of writing, we are unaware of any other service in England supplying F/TAF PrEP cost-free to patients.

We continue to work with patients and third-sector colleagues, advocating for F/TAF PrEP availability on the NHS and call for the expedited approval and funding of second-line PrEP within England.

We continue to identify patients who may be eligible for second-line PrEP and have created a database locally; we continue to prescribe F/TDF if benefits outweigh risks.

Collaborative work continues to create our regional second-line PrEP MDT pathways and processes.

Acknowledgement:

56 Dean St. Complex PrEP MDT Members with whom these cases were also discussed.

Table 1: Patient demographics & results prescribed F/TAF PrEP

<table>
<thead>
<tr>
<th>Age</th>
<th>Ethnicity</th>
<th>HIV risk factors</th>
<th>Transplanted organs</th>
<th>Medical history</th>
<th>Baseline eGFR (mL/min)</th>
<th>Baseline urine PCR/ACR (mg/mmol)</th>
<th>Baseline urine PCR/ACR (mg/mmol) on F/TAF</th>
<th>Date started F/TAF</th>
<th>Baseline eGFR (mL/min) +</th>
<th>Baseline urine PCR/ACR (mg/mmol) on F/TAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>Indian</td>
<td>MSM, CRAI, Rectal STI within 6 months</td>
<td>Liver, Kidney</td>
<td>Eosinophilic granulomatosis with polyangitis</td>
<td>83</td>
<td>42/2.1</td>
<td>133/2.8</td>
<td>24/02/2023 whilst inpatient with sepsis related to shigellosis &amp; osteomyelitis</td>
<td>45</td>
<td>11.9/0.7</td>
</tr>
<tr>
<td>47</td>
<td>White British</td>
<td>MSM, Rectal STI within 6 months</td>
<td>Liver, Kidney</td>
<td>Diabetic kidney causing end-stage renal failure</td>
<td>47</td>
<td>11.3/1.3</td>
<td>139/3.5</td>
<td>10/02/2023 at Leeds Sexual Health</td>
<td>58</td>
<td>42 (stable at 4 weeks: 42)</td>
</tr>
</tbody>
</table>

Follow up

Patient reports not sexually active whilst receiving treatment for digital osteomyelitis, but has started F/TAF in case risk occurs

Review at 2 months

Table 1: Patient demographics & results prescribed F/TAF PrEP

Figure 1:
Collaborative Multi-Disciplinary working - both cases were discussed with their Transplant Physicians and in local, regional & national MDTs.