

# Urgent clinical need for reimbursed F/TAF PrEP in England: A single centre's experience of funding F/TAF PrEP post solid organ transplantation

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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requiring emtricitabine/tenofovir alafenamide (F/TAF) for HIV prevention, compassionate access having been withdrawn due to licensing.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.

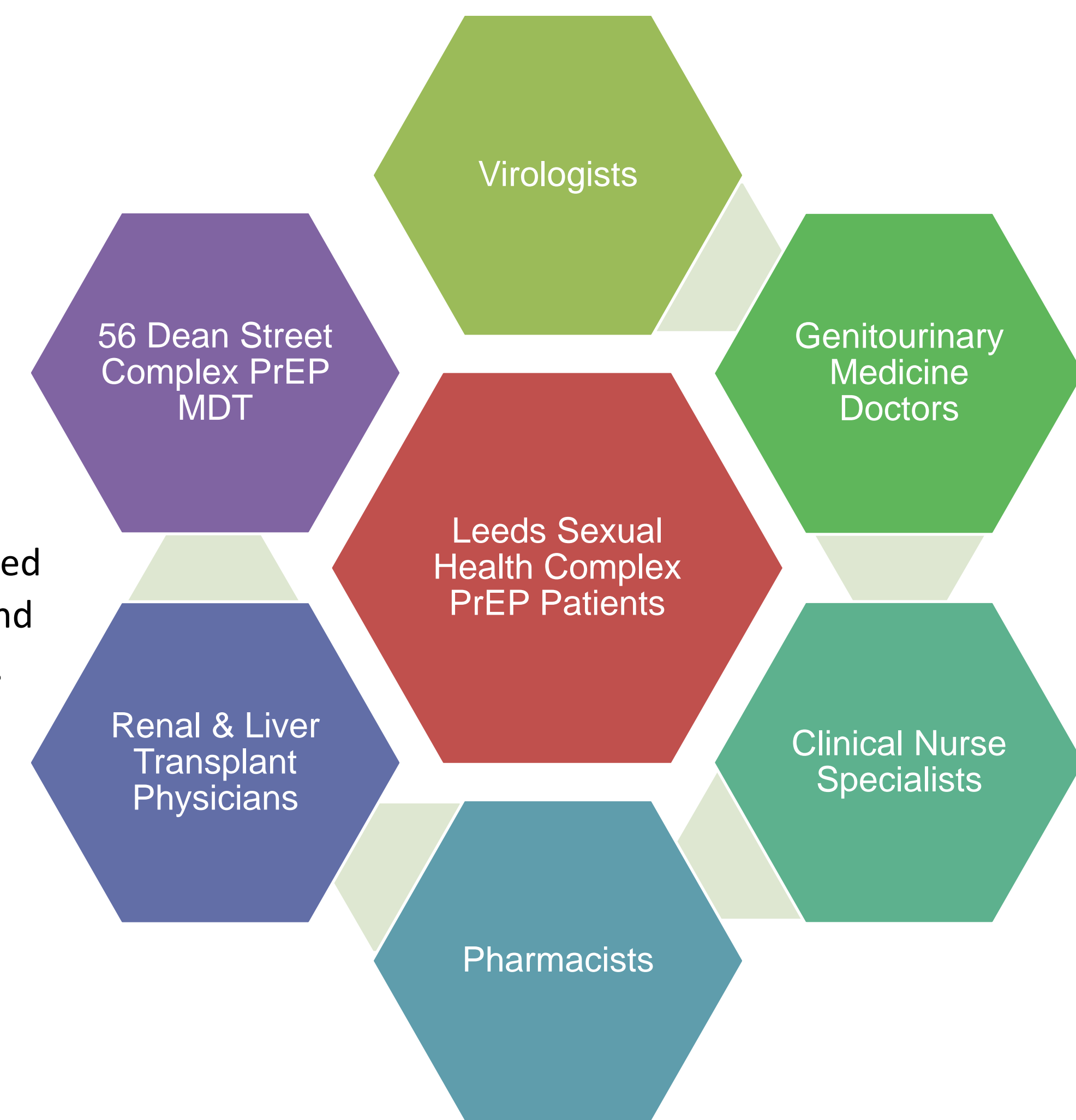
We continue to work with patients and third-sector colleagues, advocating for F/TAF PrEP availability on the NHS and call for the expedited approval and funding of second-line PrEP within England.

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.



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

## Results

Both cis-gender MSM report condomless receptive anal intercourse (CRAI), with proven bacterial STIs in the preceding 6 months.

	Patient 1	Patient 2
Age	36	40
Ethnicity	White British	Indian
HIV risk factors	MSM CRAI Injecting chemsex Shigellosis Rectal STI within 6 months	MSM CRAI Rectal STI within 6 months
Transplanted organs	Liver Kidney	Kidney
Medical history	Eosinophilic granulomatosis with polyangiitis Autoimmune hepatitis Pericardial abscess Subclavian artery dissection Internal jugular thrombus Disseminated Mpox infection	Dysplastic kidney causing end-stage renal failure Diabetes Mellitus (steroid induced) Gout Mood disorder GORD
Baseline eGFR (ml/min)	83	45
Cessation eGFR	47	
Baseline urine PCR/ACR (mg/mmol)	42/2.1	11.9/0.7
Cessation urine PCR/ACR	133/2.8	
Date started F/TAF	24/02/2023 whilst inpatient with sepsis related to shigellosis & osteomyelitis (GUM in reach)	10/02/2023 at Leeds Sexual Health
Baseline eGFR (ml/min) on F/TAF	58	42 (stable at 4 weeks: 42)
Baseline urine PCR/ACR (mg/mmol) on F/TAF	139/3.5	11.3/1.3 (mild rise at 4 weeks: 24.6/11.2)
Follow up	Did not attend 1 month after starting.  Patient reports not sexually active whilst receiving treatment for digital osteomyelitis, but has started F/TAF in case risk occurs  Review at 2 months	At 2 & 4 weeks, mild UPCR & UACR rise likely related to poor glycaemic control (admission with DKA)  Discussed with transplant team – not of clinical significance in terms of graft function  Review at 3 months

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

