Implementing PrEP in a Sexual Health Clinic

Dr Mags Portman
12th November 2015

#LetsTalkAboutPrEP
#PrEPWORKS

The time for debate on the effectiveness of PrEP is over.

www.aidsunited.org

S McCormack
PROUD Study Lancet Sept 2015
Barriers

**External**
- Funding
- Commissioning
- Not licensed
- No national guideline
- PrEP for whom?
- Cost (effectiveness data\(^1,2\))

**Service Users**
- Risk perception
- Adherence
- Understanding re effectiveness
- Concern about *others* not using condoms
- Not providing STI or pregnancy protection
- Stigma\(^1\)

**Clinicians**
- Adherence
- Resistance
- Toxicity
- Determining eligibility
- Implementation logistics
- Risk compensation

1. Cambiano BASHH 2015
2. Ong PHE Conf 2015
Young BMJ Open Nov 2014
1. Calabrese AJPH Oct 2015
Karris CID 2014
Blumenthal AIDS Bhav 2015
Sharma PLoS One 2014
1. Calabrese AJPH Oct 2015
2. Ong PHE Conf 2015
Putting PrEP into practice: Providers’ 1st-hand experiences, challenges, & solutions

• Qualitative interview study – 18 US providers
• Described early experiences with PrEP implementation in clinical practice

Favourable experiences
Commonly anticipated problems minimal/manageable

• Implementation Logistics
  – Tailored treatment plans
  – Collaboration; HIV Specialist and Provider
  – Leadership and teamwork; “PrEP Champions”

S Calabrese APHA 143rd Meeting Nov 2015
• 1st year of PrEP implementation
• 3 settings
  – STD clinic
  – Health Maintenance (Kaiser Permanente)
  – HIV-specific Reproductive Health Program
Lessons Learned

• Accurate consumer knowledge critical first step
  – Collaboration with community partners
• Prior PrEP awareness a/w inc uptake (STD clinic)
• Pt perception of risk & concern re S/E; important role in uptake, adherence & persistence
• PrEP demand exceeded capacity in STD clinic; Ensure adequate clinic capacity and sustainable delivery
• Address stigma
  – Peers; increased risk behaviour, diversion of resources
  – Clinicians; unwilling to prescribe, judgemental

Liu PLOS Med March 2014
Test and Treat plus PrEP access since 2013 (estimate 15% HIV- MSM taking PrEP)

Discussion of PrEP mandatory in public school 9th grade classes

Of 657 c/o PrEP – no new diagnoses HIV (Kaiser P)

New diagnoses HIV

2332 in 1992 vs 302 in 2014
PrEP in the UK?

• STI/HIV screening for high risk MSM recommended 3 monthly (PHE & BASHH)

• PrEP monitoring requirements fit within this timeline; addition of a PrEP service to this model should be straightforward

• Service development rather than a completely new service
Implementing PrEP at Clinic Level

Southern African guidelines for the safe use of pre-exposure prophylaxis in men who have sex with men who are at risk for HIV infection


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PrEP_BHIVABASHH_PS Update_14June15_for consultation

Updated BHIVA-BASHH Position Statement on PrEP in the UK

Sheena McCormack, Sarah Fidler, Martin Fisher, Yusef Azad, Tristan Barber, Gus Cairns, Valentina Cambiano, Dan Clutterbuck, Monica Desai, David Dunn, Julie Fox, Yvonne Gileece, Margaret Kingston, Charles Lacey, Heather Leake Date, Fabiola Martin, Alan McOwan, Koh-Jun Ong, Andrew Phillips, Iain Reeves, Ann Sullivan, George Valiotis, Laura Waters

With help from Andy Copas, Tom Doyle, Jonathan Elford, Noel Gill, Graham Hart, Ford Hickson, Roy Kilpatrick, Veronica Nall, Tony Nardone, Roger Pebody, Deenan Pillay, Lisa Power, Peter Scott, Helen Weiss all of whom provided written comments on the original statement, or contributed on the Community Calls
Clinical Management

Already doing

• Risk assessment
  – HIV (4th gen Ab/Ag)
  – STIs
  – Drug use incl IDU
• Assessing hepatitis status
  – Vaccination
• PMH DH
• Discuss PEP & seroconversion symptoms

Development

• Discuss
  – Regimen
  – Adherence
  – Side effects
  – Bone health
• Assess renal function
  – Baseline creatinine and urinealysis
  – 3/12 urinealysis
  – 6-12/12 creatinine
Daily vs Event Driven/Intermittent PrEP

**iPrex OLE**
Grant et al
Lancet Infect Dis 2014
- Daily Truvada
- 4 or more tablets per week = 0% HIV incidence (95% CI 0.0-0.17)

**Ipergay**
Molina J-M et al CROI 2015
- 2 tablets 2-24h before sex
- 1 tablet each day of sex
- Daily for 48h following last sex

**HPTN 067/ADAPT**
Holtz et al IAS 2015
- Daily dosing
  - OR
- Twice weekly plus extra dose post sex
  - OR
- Event driven (48h before, 2h after sex)

Event driven PrEP works in highly motivated groups
Daily PrEP better protection if poor adherence
Poor adherence more common in challenging social circumstances
PrEP for whom?
WHO Guidelines

- HIV-negative individuals at substantial risk of HIV infection

- Oral PrEP (containing TDF) as part of combination prevention

Substantial risk of HIV infection

>3% incidence to make offering PrEP potentially cost-saving (or cost-effective)
PrEP for whom? - EACS

- **Recommended** HIV- MSM and TG individuals
  - inconsistent condom use
  - casual partners or HIV+ partners who not on treatment.
  - A recent STD or use of post-exposure prophylaxis may be markers of increased risk for HIV acquisition.

- **Considered** HIV- het women & men
  - Inconsistent condom use
  - likely to have HIV positive partners not on ART
PrEP for whom?

UK study
MSM and TG women >18y
Condomless AI in prior 3mo
 Likely to continue condomless AI

HIV incidence almost 9/100py

S McCormack et al
PROUD Study Lancet Sept 2015
Target Population for PrEP

- HIV negative men who have sex with men (MSM) who have had condomless anal sex in the preceding 3 months
- HIV negative MSM diagnosed with rectal STIs or syphilis in the preceding year
- HIV negative MSM who are likely to continue having unprotected anal intercourse
- HIV negative MSM who have engaged in chem sex in the last three months
- Serodiscordant (one partner HIV negative, one partner HIV positive) MSM or heterosexual couples who wish to continue having unprotected sex where the positive partner is not on treatment and wishes to remain off treatment
Implementing PrEP

• National guideline
• PrEP not in isolation! Risk reduction package
  – Strengthen links with local community/3rd sector
  – Robust referral pathways to Harm Reduction/drug addiction/mental health teams
• Collaboration with HIV teams
• Raise awareness; “PrEP Champions”
• Written resources
This briefing paper provides an overview of pre-exposure prophylaxis (PrEP) for people planning, commissioning or providing HIV prevention activities in the UK. It does this by reviewing thirty key questions about PrEP and how it might be implemented in the UK.

Emtricitabine (Truvada) and tenofovir (Viread) were chosen because they have limited side-effects, have few problems with drug resistance, reach high levels in the genital tract and rectum, and remain in the body for a relatively long time.

Although the term PrEP is often used to refer to ARVs in:

Q AND A

Question

How to take PrEP: daily dosing and other options?

15 September 2015. Related: Access to treatment, All topics, HIV transmission, PrEP.
Buy PrEP Now

Where to get PrEP online

So far we have verified 3 different companies who sell the generic equivalent of Truvada which is produced by Cipla.

United Pharmacies UK (£44 per month)

United Pharmacies UK is our personally recommended supplier of PrEP, you do not need to upload a prescription after purchasing, and they have some of the cheapest prices on the internet. We have talked to one of their customers who uses them to get PrEP, who has also afterwards had the blood test which tests the amount of PrEP in your blood, and came back with perfect results. We have also used United Pharmacies to buy PrEP ourselves with no problems.

1 month's supply = £45.79 per month.
3 month's supply = £41.69 per month, (£125.07 in total).
Delivery to the UK costs £6.75 and takes 7 - 14 business days.
Remaining UK Challenges

• Delay in funding

• Inequity of access
  – Private clinics
  – Women

• If remains unfunded; PrEP as an un-regulated party drug

• Threat to funding for Harm Reduction/Mental Health services

• Balancing PrEP funding with TasP and PEP
#LetsTalkAboutPrep

- Talk to service users & colleagues about PrEP
- Inform people where to get more information
- Advise on evidence based regimens
- Signpost on how to obtain PrEP via the internet
- Provide monitoring
- Talk about pleasure to combat stigma

Calabrese AJPH Oct 2015
European Initiatives for WAD

01 December 2015

Dr John Martin PhD
Chief Executive Officer
Gilead Sciences Inc
333 Lakeside Drive
Foster City
CA 94404
USA

Dear Dr Martin,

Re: Facilitating access to PrEP in Europe through reduced pricing
Acknowledgements

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