What is PrEP?

New York State (NYS) Guidelines

Providers are responsible for assisting patients with the PAP application to receive Truvada as indicated for PrEP.

To whom should I offer PrEP?

Male-to-female and female-to-male transgender individuals engaging in condomless anal intercourse with men

Will PrEP be covered for my patients?

The New York City Health Department and national experts recommend that all people with HIV be treated, regardless of whether they are HIV-infected or not. This recommendation is based on evidence that antiretroviral therapy can reduce the risk of HIV transmission and improve health outcomes for people with HIV.

Although PrEP is not covered by Medicaid, the NYS PrEP Assistance Program (PrEP-AP) is available as a free-of-charge program for eligible patients who meet certain criteria.

The NYS Department of Health’s AIDS Institute created the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

NYS PrEP Assistance Program (PrEP-AP):

• Offers one-time grants to cover up to $7,500 of prescription costs for one year.
• The Advancing Access Co-pay Coupon Program provides co-pay assistance for eligible patients (up to $3,600 in co-pays per year with no monthly limit).
• Provides additional support for patients with the NYS PrEP Assistance Program (PrEP-AP) that allows patients to access Truvada for their PrEP treatment.

The PrEP-AP Program replaces the previous Older Adult PrEP Program, which is no longer available.

Contact: 800-542-2437 or visit www.panapply.org

The Advancing Access Co-pay Coupon Program provides co-pay assistance for eligible patients (up to $3,600 in co-pays per year with no monthly limit).

Contact: 800-542-2437 or visit www.gileadadvancingaccess.com

TDF-FTC as PrEP was added to the NYS Medicaid formulary in January 2013.


REFERENCES


9. Per NYS Guidelines, clinicians should also discuss PrEP with the following non-HIV-infected individuals (other than those mentioned above):

• HIV-positive sexual partner
• Recent drug treatment
• Recent bacterial STI
• History of inconsistent or no condom use
• Recent sexual debut
• Ecstasy, etc.)

10. The New York City Health Department and national experts recommend that all people with HIV be treated, regardless of whether they are HIV-infected or not. This recommendation is based on evidence that antiretroviral therapy can reduce the risk of HIV transmission and improve health outcomes for people with HIV.

11. Although PrEP is not covered by Medicaid, the NYS PrEP Assistance Program (PrEP-AP) is available as a free-of-charge program for eligible patients who meet certain criteria.

12. The NYS Department of Health’s AIDS Institute created the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

13. New York City Health Department and national experts recommend that all people with HIV be treated, regardless of whether they are HIV-infected or not. This recommendation is based on evidence that antiretroviral therapy can reduce the risk of HIV transmission and improve health outcomes for people with HIV.

14. Although PrEP is not covered by Medicaid, the NYS PrEP Assistance Program (PrEP-AP) is available as a free-of-charge program for eligible patients who meet certain criteria.

15. Per NYS Guidelines, clinicians should also discuss PrEP with the following non-HIV-infected individuals (other than those mentioned above):

• HIV-positive sexual partner
• Recent drug treatment
• Recent bacterial STI
• History of inconsistent or no condom use
• Recent sexual debut
• Ecstasy, etc.)

16. The New York City Health Department and national experts recommend that all people with HIV be treated, regardless of whether they are HIV-infected or not. This recommendation is based on evidence that antiretroviral therapy can reduce the risk of HIV transmission and improve health outcomes for people with HIV.

17. Can PrEP be used to help serodifferent couples conceive?

PrEP is not generally recommended for use in a serodifferent couple to protect the HIV-negative male or female partner in a heterosexual HIV serodifferent couple during attempts to conceive. Expert consultation is recommended if such approaches are to be tailored to specific needs, which can vary from couple to couple. For example, certain HIV-infected individuals may need to be monitored more closely by a health professional, especially in the case of new pre-exposure prophylaxis (PrEP) users. For more information, contact federal guidelines before attempting conception 21.

For more information: Go to: http://aidsinfo.nih.gov/ and search “HIV PrEP and PEP” or contact the NYC Health Department at PrEPandPEP@health.nyc.gov.

For those who should consider PrEP

Per CDC Guidelines, PrEP may be appropriate for the following populations:

• HIV-positive partner on suppressive ART: PARTNER Study. CROI. Boston, MA, 2014.

• HIV-positive partner with virologic failure on suppressive ART: DART Study. CROI. Boston, MA, 2014.

• Recent change in sexual behavior with a non-HIV-infected individual: sexual activity with an HIV-infected individual (18-22) who Have sex with men in the United States, in 12 cities ... successfully ... of an HIV Pre-exposure Prophylaxis (PrEP) Trial with Young Men who Have Sex with Men. Journal of Infectious Diseases. 2016.

• Recent drug treatment
• Recent bacterial STI
• History of inconsistent or no condom use
• Recent sexual debut
• Ecstasy, etc.)

Per NYS Guidelines, clinicians should also discuss PrEP with the following non-HIV-infected individuals (other than those mentioned above):

• HIV-positive sexual partner
• Recent drug treatment
• Recent bacterial STI
• High number of sex partners
• History of inconsistent or no condom use
• Commercial sex work
• High risk pregnancy or network

Who can prescribe PrEP?

Any licensed prescriber can prescribe TDF-FTC as PrEP. Specialization in infectious diseases or HIV medicine is not required. Failure to provide PrEP does not constitute professional negligence. Inpatient hospital settings or specialty clinics may offer services that do not require outpatient visits. Providers should confirm that the patient's calculated creatinine clearance is 

PrEP should be discontinued immediately if either of these occurs. The patient becomes HIV-infected or experiences toxicities or symptoms that cannot be managed.

How important is adherence to PrEP?

Retest antibody in one month; defer PrEP decision.

How quickly does PrEP provide protection?

At least 7 days to achieve protective levels in rectal tissue and plasma.[6] PrEP dosing strategy is daily.[16]

How is TDF-FTC for PrEP prescribed?

TDF-FTC for oral PrEP is taken once daily by mouth. The NYS Guidelines provide the most detailed recommendations about PrEP prescribing:

1. PrEP is considered safe for women of child-bearing age. Available data suggest that TDF-FTC does not increase risk of birth defects or weight gain in infants. Additionally, it is important to screen for Hepatitis B virus (HBV) infection prior to starting PrEP. If HBV infection is suspected, PrEP is contraindicated until HBV is ruled out.

2. PrEP is not recommended for women who are pregnant or breastfeeding. PrEP is often used in pregnancy if the risk of ongoing HIV transmission is sufficiently high (such as in a serodifferent partnership) and because pregnancy itself is associated with an increased risk of HIV acquisition. Per CDC guidelines, if pregnancy is intended or if ongoing pregnancy is confirmed, PrEP is continued for the duration of the pregnancy.[3,17].

4. PrEP should be discontinued immediately if either of these occurs: the patient becomes HIV-infected or experiences toxicities or symptoms that cannot be managed.

5. Additional support and ongoing assessment are required for patients on PrEP.

As mentioned above, PrEP should be prescribed as part of a combination prevention plan. Studies of PrEP have involved medical and behavioral interventions. PrEP should be used in conjunction with other interventions to reduce risk and maintain PrEP adherence.

6. What is the evidence base for PrEP?

Clinical trials of oral daily PrEP show these results:

7. What is the evidence base for PrEP?

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8. What is the evidence base for PrEP?

Clinical trials of oral daily PrEP show these results:

9. How quickly does PrEP provide protection?

How quickly does PrEP provide protection?

10. Who is not eligible for PrEP?

1. HIV-negative people who are not at substantial risk of acquiring HIV are not eligible for PrEP.

11. Does PrEP work in women?

Condoms and supportive counseling, both for adherence and risk reduction, are required. (Full prescribing information is available at http://www.paho.org/.)

12. How does PrEP work in women?

Condoms and supportive counseling, both for adherence and risk reduction, are required. (Full prescribing information is available at http://www.paho.org/.)

13. baseline assessment is required for individuals beginning PrEP?

The most important aspect of the baseline assessment is to ascertain whether PrEP is not already initiated. HIV testing should be conducted immediately prior to starting PrEP ideally on the same day the prescription is provided. Additionally, it is important to screen for Hepatitis B virus (HBV) infection prior to starting PrEP. If HBV infection is suspected, PrEP is contraindicated until HBV is ruled out.

CDC Guidelines recommend the following baseline HIV testing: baseline testing should be conducted with HIV-1 and HIV-2 testing in all patients prior to initiating PrEP. For initial office visits, patients should be tested with the following tests:

14. What is the evidence base for PrEP?

Clinical trials of oral daily PrEP show these results:

15. How is TDF-FTC for PrEP prescribed?

TDF-FTC for oral PrEP is taken once daily by mouth. At least 7 days to achieve protective levels in rectal tissue and plasma.[6] PrEP dosing strategy is daily.[16]

16. How quickly does PrEP provide protection?

How quickly does PrEP provide protection?

17. What is the evidence base for PrEP?

Clinical trials of oral daily PrEP show these results:

18. What is the evidence base for PrEP?
4. Who can prescribe PrEP?

Any licensed prescriber can prescribe TDF-FTC as PrEP. Specialization in infectious diseases or HIV medicine is not required. In fact, primary care providers who see members of populations at high risk of HIV in a routine basis should consider offering PrEP to all eligible patients.

5. How is TDF-FTC for PrEP prescribed?

TDF-FTC for oral PrEP is taken once daily by mouth. No other dosing strategy is currently recommended. The NYS Guidelines provide the most detailed recommendations about PrEP prescribing:

- TDF-FTC is an appropriate component of a regimen to treat HIV but must be combined with an additional agent from another class of antiretrovirals to provide effective treatment.
- The CDC Guidelines recommend the following baseline HIV testing: baseline testing should be conducted with any HIV test other than ELISA. PrEP should be deferred while testing is pending. In the CDC Guidelines, the following baseline HIV testing should be conducted:
  - Rapid plasma reagin (RPR) or Treponemal IgG (serologic screening test and HIV RNA test)
  - Hepatitis C antibody test
  - Syphilis testing
  - Tuberculosis testing
  - Hepatitis B surface antibody test
  - Chlamydia testing
  - Gonorrhea testing

6. What is the evidence base for PrEP?

Clinical trials of daily and oral PrEP show these results:

- **PrEP dosing strategy is daily [16].**
  - Effectiveness of “on demand” PrEP among those using PrEP less frequently is unknown. At this time, the only recommended PrEP dosing strategy is daily TDF-FTC for oral PrEP is taken once daily by mouth.
  - Another study suggested that an “as needed” regimen (i.e., use of PrEP before and after sex) might also reduce HIV risk. However, studies that included both men and women (TDF-2, Partners PrEP) in which higher levels of adherence were achieved did not show efficacy among women. Favorable data suggests that women may need higher levels of adherence than men, in order to achieve protective levels of drug in the female genital tract.

7. How important is adherence to PrEP?

Adherence to PrEP was also found to be highly associated with reduction of HIV risk in an open-label study (iPrEX OLE) [10,11]. Additionally, some jurisdictions start a standard PEP regimen of an integrase inhibitor (InSTI) plus TDF-FTC if acute HIV infection is suspected based on symptoms and if results of HIV NAAT testing are pending. If the NAAT test is negative, the InSTI is discontinued and TDF-FTC is continued as PrEP. If HIV viremia is detected, resistance testing is obtained and the patient is referred for antiretroviral therapy.

8. How quickly does PrEP provide protection?

- At least 30 days to achieve protective levels in rectal and vaginal tissues
- At least 20 days to achieve protective levels in cervical tissues

9. Is PrEP safe? To prescribe PrEP, patients, adherence is critical. Two trials of PrEP in women were stopped early for efficacy reasons before their safety and monitoring data were reported.

10. Who is not eligible for PrEP?

- **TDF-FTC is an appropriate component of a regimen to treat HIV but must be combined with an additional agent from another class of antiretrovirals to provide effective treatment.**

11. Does PrEP work in women?

Regardless of results, the Program Committee recommends that all adolescents who indicate that they are not ready to adhere to daily oral TDF-FTC should not be prescribed PrEP since efficacy is extremely limited when patients do not adhere, as described above.

12. Does PrEP work in women?

- Young men and women 1,200 62% efficacy TDF-FTC
- Heterosexual couples 4,758 67% efficacy TDF
- Thailand
- Young men 1,198 61% efficacy TDF
- Young women 1,198 63% efficacy TDF
- MSM 2,499 44% efficacy TDF-FTC
- Brazil, Ecuador, Peru, S. Africa, Thailand, U.S.A
- Bangkok Tenofovir Study (BTS) [9]
- TDF2 Study [8]
- iPrEX [6]
- TDF-FTC. (TDF-FTC is an appropriate component of a regimen to treat HIV, but must be combined with an additional agent from another class of antiretrovirals to provide effective treatment.)

13. Can adolescents take PrEP?

- Adolescents who indicate that they are not ready to adhere to daily oral TDF-FTC should not be prescribed PrEP since efficacy is extremely limited when patients do not adhere, as described above.

14. What additional support and ongoing assessment are required for patients on PrEP?

- Retroviral infection. However, studies are still underway, and pilot data suggest that these young people may have special issues maintaining sufficiently high adherence for HIV prevention [23,24].

- Testing for gonorrhea and Chlamydia: Every 3 months for those engaging in high-risk behaviors

- Syphilis testing
- Tuberculosis testing
- Hepatitis B surface antibody test
- Chlamydia testing
- Gonorrhea testing

CDC Guidelines recommend the following baseline HIV testing: baseline testing should be conducted with any HIV test other than ELISA. PrEP should be deferred while testing is pending. In the CDC Guidelines, the following baseline HIV testing should be conducted:

- Rapid plasma reagin (RPR) or Treponemal IgG
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- Syphilis testing
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- Syphilis testing
- Tuberculosis testing
- Hepatitis B surface antibody test
- Chlamydia testing
- Gonorrhea testing

- For HIV positive people. Because of severe potential nephrotoxicity and osteodystrophy, TDF-FTC as PrEP is considered safe and well-tolerated. Although TDF-FTC has caused renal toxicity and decreased bone mineral density when used in HIV treatment and administered for months and for PrEP studies, TDF-FTC has caused less renal toxicity than other nucleoside reverse transcriptase inhibitors and is considered a safe and effective PrEP arm for use in PrEP studies with acute HIV infection within the prior four weeks, the following options are suggested (see algorithm on p. 33 of the CDC Guidelines) for adolescents and adults:
  - 2. Send blood HIV antibody/antibody assay (i.e., fourth generation HIV testing). If the patient is negative, it is acceptable to proceed.
  - 3. Send blood HIV-1 RNA viral load (VL) assay. If the patient has VL<50,000 copies/mL, PrEP should be deferred while testing is pending. If the VL is >50,000 copies/mL, the level of detection of the assay, and the patient has no organizations on that level, it is acceptable to initiate PrEP in all other scenarios (i.e., VL<50,000 copies/mL, which is consistent with a diagnosis of HIV infection). Furthermore, testing should be on a case-by-case basis, even in adolescents and adults, for acute HIV infection. PrEP should be deferred. Additionally, it is important to screen for Hepatitis B virus (HBV) infection prior to starting PrEP. Those found to be susceptible to HBV infection are not recommended to use PrEP. If a patient has active HBV infection, TDF-FTC is contraindicated. Testing is recommended for all the patient who is positive for HBV surface antigen (HBsAg). Unfortunately, TDF-FTC is not indicated, TDF-FTC can be initiated for both HIV treatment and PrEP initiation. However, TDF-FTC is not indicated for HIV prevention among individuals at risk for HIV acquisition. Expert consultation is recommended for these couples.

- For HIV positive people. Because of severe potential nephrotoxicity and osteodystrophy, TDF-FTC as PrEP is considered safe and well-tolerated. Although TDF-FTC has caused renal toxicity and decreased bone mineral density when used in HIV treatment and administered for months and for PrEP studies, TDF-FTC has caused less renal toxicity than other nucleoside reverse transcriptase inhibitors and is considered a safe and effective PrEP arm for use in PrEP studies with acute HIV infection within the prior four weeks, the following options are suggested (see algorithm on p. 33 of the CDC Guidelines) for adolescents and adults:
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4. Who can prescribe PrEP?

Any licensed prescriber can prescribe TDF-FTC as PrEP. Specialization in infectious diseases or HIV medicine is not required. In fact, primary care providers who see members of populations at high risk of HIV or a real-time basis should consider offering PrEP to all eligible patients.

5. How is TDF-FTC for PrEP prescribed?

TDF-FTC for oral PrEP is taken once daily by adults. No other dosing strategy is currently recommended. The NYS Guidelines provide the most detailed recommendations regarding PrEP prescribing.

6. What is the evidence base for PrEP?

Clinical trials of oral daily PrEP show these results:

- **TDF2 Study** [8]
  - Brazil, Ecuador, Peru, S. Africa, Thailand, U.S.A
  - MSM 2,499
  - 44% efficacy TDF-FTC

- **HIVNET 010 Study** [9]
  - Kenya, Uganda
  - Heterosexual couples
  - 4,758
  - 67% efficacy TDF

In all PrEP clinical trials to date, PrEP efficacy appeared to depend on adherence [12,13]. According to a dedicated analysis of adherence for these trials, PrEP was non-efficacious when adherence was less than 80%. In the TDF2 Study, adherence was estimated at 93% when participants took at least 200 mg of PrEP in the previous week (which closely approximated four tablets weekly). In the HIVNET 010 Study, adherence was estimated at 77% when participants took at least 0.5 mg of PrEP per 100 person-years (which closely approximated four tablets weekly). In the iPrEX Study [6], adherence was estimated at 97% when participants took at least 200 mg of PrEP in the previous week (which closely approximated four tablets weekly). In the TDF2 Study, adherence was estimated at 93% when participants took at least 200 mg of PrEP in the previous week. In the HIVNET 010 Study, adherence was estimated at 77% when participants took at least 0.5 mg of PrEP per 100 person-years. In the iPrEX Study [6], adherence was estimated at 97% when participants took at least 200 mg of PrEP in the previous week.

7. How important is adherence to PrEP?

Adherence to PrEP was also found to be highly associated with reduction of HIV risk in an open-label study (iPrEX OLE) among men who have sex with men (MSM). Among participants with drug detected by dried blood spot, HIV incidence ranged from 75% efficacy TDF-FTC.

8. How quickly does PrEP provide protection?

Data from pharmacokinetic studies and clinical trials suggest that TDF-FTC needs to be taken daily to achieve protective levels of drug in the genital mucosa:

- At least 6 weeks to achieve protective levels in rectal tissue and plasma
- At least 12 weeks to achieve protective levels in cervical tissue

9. Is PrEP safe?

PrEP is considered safe and well-tolerated. Although TDF-FTC has caused renal toxicity and decreased bone mineral density when used for HIV treatment and administered for months and years, in PrEP studies to date, TDF-FTC has not caused renal toxicity or decreased bone mineral density.

10. Who is not eligible for PrEP?

1. **MSM**
   - Individuals who are not currently using PrEP or who have not used PrEP for at least 7 days to achieve protective levels in rectal tissue and plasma should not be offered PrEP.
2. **Women**
   - Women who are pregnant or breastfeeding should not be offered PrEP.
3. **Children and adolescents**
   - Children and adolescents under the age of 18 years should not be offered PrEP.
4. **People with HIV infection**
   - People with HIV infection should not be offered PrEP.
5. **People with chronic kidney disease**
   - People with chronic kidney disease should not be offered PrEP.

11. Does PrEP work in women?

Recent data suggest that women may need higher levels of adherence than men, in order to achieve protective levels of drug in the genital mucosa.

12. Can adolescents take PrEP?

Based on the experience of using TDF-FTC for HIV treatment and PrEP among adolescents, the CDC and the International Antiviral Society USA recommend using TDF-FTC for PrEP at adolescence with high or sexual behavioral risk for HIV transmission. However, studies among adolescents have shown that these young people have special considerations that may affect their ability to achieve high adherence.

13. What baseline assessment is required for individuals beginning PrEP?

The NYS Guidelines provide the most detailed recommendations regarding PrEP prescribing.

14. What additional support and ongoing assessment are required for patients on PrEP?

As mentioned above, PrEP should be provided as part of a comprehensive prevention plan. Studies of PrEP have involved both behavioral and medical interventions, including PrEP counseling, PrEP adherence and education, and risk reduction counseling at medical visits. All patients receive ongoing assessment and counseling at each visit. At each visit, patients receive a comprehensive assessment of their PrEP adherence, potential adherence barriers, and potential drug side effects. Patients also receive a comprehensive assessment of their risk behavior and potential for exposure to HIV. All patients receive ongoing assessment of their adherence to PrEP. At least every 3 months, patients receive a comprehensive assessment of their PrEP adherence, potential adherence barriers, and potential drug side effects. Patients also receive a comprehensive assessment of their risk behavior and potential for exposure to HIV. All patients receive ongoing assessment of their adherence to PrEP.
158. Will PrEP be covered for my patients?  

Many insurance plans cover PrEP, and the PrEP PAP was added to the NYS Medicaid formulary in January 2013. Prior authorization is required. 

Several programs have been established to help cover the cost of PrEP and associated care, including the following: 

Gilead Access Aids patient assistance and co-pay programs: The manufacturer of Truvada (Gilead) has established programs to help cover the cost of PrEP. Access programs provide assistance to patients who are uninsured or underinsured, or who need financial assistance to pay for the medication. 

The programs offer access to counselors who help patients with their insurance-related questions, including coverage options. 

The Access Aids Patient Assistance Program (PAP) provides Gilead medications at no charge for eligible patients with no other insurance options. Patients must have annual income less than 435% of the Federal Poverty Level (FPL) (in 2016, $51,200 for a one-person household). 

The Access Aids Patient Assistance Program co-pay program provides co-pay assistance for eligible patients (up to $1,330 in co-pays per month with full income). 

Contact: 800-222-3200 or visit http://www.gileadaccesscancer.com 

NYS PrEP Assistance Program (PAP)-NY: The NYS Department of Health’s AIDS Institute created the Pre-Exposure Prophylaxis Assistance Program (PAP-AP): 

• Program serves HIV-negative, uninsured or underinsured NYS residents. 

• Providers must have access to Truvada (TDF-FTC) as PrEP. 

• Provider covers costs of doctor’s visits and lab testing. Services include HIV testing, STI testing, counseling and supportive primary care services offered with ulcerated guidelines. 

• Providers enrolled in the NYS Medicaid Program can enroll in PAP-AP To enroll, contact the AIDS Drug Assistance Program (ADAP) Provider Relations Section at 1-811-905-1614. 

• Providers are responsible for obtaining patient authorization for NYS PrEP application to receive Truvada as indicated for PEP. 

Contact: 800-542-2437 or visit http://www.health.ny.gov/diseases/aids/general/resources/adap/ 

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• Consult federal guidelines before attempting conception [31]. 

• Counseling of both members of the couple is recommended regardless of the specific approach selected. For more information, consult federal guidelines before attempting conception [31]. 

For more information: Go to prepandpep@health.nyc.gov and search “PrEP and PEP” or contact the NYC Health Department at PrEPandPENewYork.nyc.gov.

17. Can PrEP be used to help serodifferent couples conceive? 

PrEP is short for pre-exposure prophylaxis, which is the use of one or more gay to protect the HIV-negative male or female partner in a heterosexual HIV serodifferent couple during attempts to conceive. Expert consultation is recommended that approaches can be tailored to specific needs, which may vary from couple to couple. This approach is usually not recommended for women of child-bearing age, and, since therapy is initiated, the positive partner should continue to follow ulterior suppressive regimen. Consultation with both the positive and negative partner is recommended regardless of the specific approach selected. For more information, consult federal guidelines before attempting conception [31]. 

PrEP may be one of several options to help protect the HIV-negative male or female partner in a heterosexual HIV serodifferent couple. 

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PrEP and PEP are the terms used to describe the use of antiretroviral therapy (ART) to prevent HIV infection in individuals at risk for acquiring the virus. PrEP is used to prevent HIV infection before exposure to the virus occurs, while PEP is used to prevent HIV infection after exposure has occurred. 

Both PrEP and PEP can be used to help serodifferent couples conceive, but the choice of approach depends on the specific needs and circumstances of the couple. 

PrEP is typically used in combination with other HIV prevention strategies, such as consistent condom use and partner testing. 

PEP may be used in situations where exposure to HIV has occurred, such as through sexual contact or injection drug use. 

When considering PrEP or PEP, it is important to consult with healthcare providers to determine the best course of action for each individual. 

Providers are responsible for obtaining patient authorization for NYS PrEP application to receive Truvada as indicated for PEP. 

Contact: 800-542-2437 or visit http://www.health.ny.gov/diseases/aids/general/resources/adap/ 

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1. What is PrEP? 

PrEP is short for pre-exposure prophylaxis. It is used in the pre-exposure prophylaxis (PrEP) trial with young men who have sex with men (YMSM) to prevent HIV infection after exposure to HIV, regardless of the specific approach selected. For more information, consult federal guidelines before attempting conception [31]. 

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PrEP is short for pre-exposure prophylaxis, which is the use of one or more gay to protect the HIV-negative male or female partner in a heterosexual HIV serodifferent couple during attempts to conceive. Expert consultation is recommended that approaches can be tailored to specific needs, which may vary from couple to couple. This approach is usually not recommended for women of child-bearing age, and, since therapy is initiated, the positive partner should continue to follow ulterior suppressive regimen. Consultation with both the positive and negative partner is recommended regardless of the specific approach selected. For more information, consult federal guidelines before attempting conception [31]. 

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What is PrEP?

PrEP (pre-exposure prophylaxis) is the use of one or more drugs to help prevent the HIV-negative male or female partner in a heterosexual HIV serodiffrent couple during attempts to conceive. Expert consultation is recommended that approaches can be tailored to specific needs, which vary from couple to couple. After initiation of ART, if antiretroviral therapy is initiated, the positive partner should achieve sustained virologic suppression before conception is attempted. Extensive counseling of both members of the couple is recommended regardless of the specific approach used. For more information, consult federal guidelines before attempting conception 21.

For more information: Go to prep.nyc.gov and search “HIV PrEP and PEP” or contact the NYC Health Department at PRPEP@health.nyc.gov.

References

10. Baeten JM, Donnell D, Ndase P, et al. Antiretroviral prophylaxis for HIV prevention in women who have sex with men: the ASPIRE trial and, since therapy is initiated, the positive partner should achieve sustained virologic suppression before conception is attempted. Extensive counseling of both members of the couple is recommended regardless of the specific approach used. For more information, consult federal guidelines before attempting conception 21.

17. Can PrEP be used to help serodifferent couples conceive?

PrEP can be used by couples to help the HIV-negative male or female partner in a heterosexual HIV serodiffrent couple during attempts to conceive. Expert consultation is recommended that approaches can be tailored to specific needs, which vary from couple to couple. After initiation of ART, if antiretroviral therapy is initiated, the positive partner should achieve sustained virologic suppression before conception is attempted. Extensive counseling of both members of the couple is recommended regardless of the specific approach used. For more information, consult federal guidelines before attempting conception 21.

For more information: Go to prep.nyc.gov and search “HIV PrEP and PEP” or contact the NYC Health Department at PRPEP@health.nyc.gov.

1. What is PEP?

PEP is short for post-exposure prophylaxis. It is the use of antiretroviral medication to prevent acquisition of HIV infection. PEP is used to prevent HIV infection among people who have had high-risk exposure to HIV through sexual contact or injection drug use. All antiretroviral medications used for PEP are available as a fixed-dose combination in a single tablet formulation. This medication is also commonly used in the treatment of HIV.

PEP should be considered part of a comprehensive prevention plan that includes adherence, risk reduction counseling, HIV prevention education and promotion of condoms. Recently, a fixed-dose combination similar to Truvada, Descovy, was approved for HIV treatment; this pill includes a novel, truncated prodrug form of tenofovir alafenamide (in addition to entecavir). However, data are not yet available to support the use of Descovy as PEP.

2. What are the guidelines for prescribing PEP?

Two sets of comprehensive guidelines for prescribing PEP exist: the New York State guidelines and the Clinical Providers’ Supplement. The Clinical Providers’ Supplement contains additional clinical scenarios, prescribing PEP such as a patient/provider checklist, patient information sheet, provider information sheet, a risk assessment calculation, supplemental counseling information, billing codes and practice quality measures. If PEP questions arise, clinicians should consult the Clinical Education Initiative (CEI) Line. This can also be used with post-exposure prophylaxis providers.

New York State Clinton Health Initiative’s (CEI) Line: 1-800-687-1243 (Monday to Friday, 11 a.m. to 6 p.m. EST) for PEP calls

3. To whom should I offer PrEP?

New York State Guidelines cover costs of doctor’s visits and lab testing. Services include HIV testing, STI testing, counseling and therapy is initiated, the positive partner should achieve sustained virologic suppression before conception is attempted. Extensive counseling of both members of the couple is recommended regardless of the specific approach used. For more information, consult federal guidelines before attempting conception 21.

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