Burnett Foundation Aotearoa

NZSHS
THE NEW ZEALAND SEXUAL HEALTH SOCIETY INCORPORATED
SEXUAL HEALTH FOR ALL

Dear Doctor,

I am interested in taking HIV Pre-Exposure Prophylaxis (PrEP) and have downloaded this information from Burnett Foundation Aotearoa to give to you to help guide us through this process.

The following advice has been endorsed by the New Zealand Sexual Health Society.

PrEP consists of co-formulated tenofovir disoproxil and emtricitabine which is usually taken one tablet once daily. PrEP is highly effective at preventing HIV, is very well tolerated with minimal drug interactions, and is funded for those at elevated risk (Special Authority required).

People at elevated risk of HIV include those who engage (or are likely to engage) in condomless sex and who belong to the following populations:

- Men who have sex with men (MSM; including trans men)
- Trans women or non-binary people who have sex with men
- People who share sexual networks with MSM
- People who have a sexual partner living with HIV who is not on treatment, or who does not have a consistently undetectable viral load

There may be other patients who would benefit from PrEP, and this should be considered on a case-by-case basis.

Burnett Foundation Aotearoa has an online module for clinicians interested in prescribing PrEP. **More information about PrEP prescribing in your region can be found on Health Pathways.**

Baseline assessment

Your patient will need a baseline assessment prior to commencing PrEP, including assessing risk for HIV acquisition, a review of medical history and medications, and baseline laboratory testing.

Baseline tests should include:

- Rectal, pharyngeal and urine NAAT tests for chlamydia and gonorrhoea
- HIV and Syphilis serology
- Hepatitis B serology (unless documented immunity – offer vaccination if not immune)
- Hepatitis C serology
- Liver function
- Creatinine and eGFR
- Urine protein creatinine ratio
- Pregnancy test (if indicated)

Hepatitis A serology and vaccination (if not immune) are recommended, however are not funded for this indication in New Zealand and are not essential for starting PrEP.

Contraindications

There are few contraindications to PrEP:

Contraindications:

- HIV positive
- eGFR<60
- Allergy to tenofovir or emtricitabine

Cautions (these clients should be referred to or discussed with a specialist):

Chronic Hepatitis B infection
Clients with hepatitis B should be referred to or discussed with sexual health services and/or the liver team. The medications used for PrEP are also effective at treating hepatitis B, however cessation may result in a significant hepatitis flare, so the client must be carefully counselled before PrEP is initiated and will likely require lifelong treatment. Event-driven (2-1-1) PrEP is contraindicated in people with chronic hepatitis B infection.

Nephrotoxic medications or conditions

Osteoporosis

Drug interactions

PrEP has very few drug interactions. The main risk is nephrotoxicity when used with other nephrotoxic medications, including NSAIDs.

The University of Liverpool HIV Drug Interactions checker www.hiv-druginteractions.org is a useful resource.

How to Prescribe:

Co-formulated Tenofovir Disoproxil/Emtricitabine can be prescribed for a maximum of 90 tablets on prescription. You will need to complete special authority form SA2138. There are two conditions for the special authority:

1. Patient has tested HIV negative, does not have signs or symptoms of acute HIV infection and has been assessed for HIV seroconversion

AND

2. The Practitioner considers the patient is at elevated risk of HIV exposure and use of PrEP is clinically appropriate.

What to discuss with the patient:

How to take PrEP:

Take one tablet at the same time each day. It takes 7 days to build up sufficient levels to be protective for anal sex. Alternatively, cisgender MSM (but not other populations) are protected by taking 2 tablets 2-24 hours before first sexual contact, then one tablet daily thereafter.

Tablet can be taken up to 12 hrs late, then take the next one when due. If >12 hrs later, just take the next tablet when due. PrEP is only effective if taken properly.

On-demand PrEP (also known as 'event-driven' or 'PrEP 2-1-1') may be a suitable option for some people but is less widely used in NZ currently. More information is available at https://burnettfoundation.org.nz/prep211 Cis-gender MSM may safely discontinue PrEP by taking doses at 24 and 48 hours after their last at-risk sexual exposure. Other populations (trans people and cis-gender women) should continue PrEP for 28 days after their last at-risk sexual exposure.

The patient should be advised that PrEP is highly effective at preventing HIV when used correctly, but has no effect on other STIs. Condom use continues to be recommended, and all patients must be offered 3-monthly comprehensive STI screening.

Side Effects:

As with any medication, there should always be a consideration of risk versus benefit. Seek medical advice if feeling unwell or concerns. Adverse effects that should be discussed with your patient include:

Mild GI side effects
Initial mild GI side effects are relatively common, and usually settle within the first few weeks. The patient can be advised to take this medicine with food to reduce the likelihood of these side effects. This medicine does not otherwise need to be taken with food.

Renal dysfunction
This will be monitored at baseline and 3-6 mthly thereafter. A slight reduction in renal function is not uncommon and is usually reversible if PrEP is ceased. Further investigations and consideration of a referral to a specialist renal service are recommended if there is sustained decrease in eGFR of 25% or more, or a sustained decrease in eGFR of ≥15. PrEP is contraindicated if eGFR<60. Significant nephrotoxicity due to PrEP is extremely rare in those with no other risk factors. Consider other renal risk factors in your clients, for example age, diabetes, hypertension or other medical conditions, or potentially nephrotoxic medications such as NSAIDs. Patients with significant risk factors should be referred to or discussed with sexual health services.
The use of creatine supplements can affect renal function tests, and these should ideally be withheld for 1-2 weeks prior to any renal function testing.

Reduction in bone density
A small reduction in bone density will occur but is unlikely to be of clinical significance unless there are other risk factors for reduced bone density. It is thought to be reversible if PrEP is stopped.

Follow up

We recommend that the first follow up appointment is in 10 weeks, with STI screening and PrEP monitoring bloods beforehand to streamline the process. Thereafter, 3 monthly follow ups with laboratory monitoring are needed.

PrEP monitoring tests can be found at burnettfoundation.org.nz/ashm-guidelines – these can also be found at the end of this document.

Useful resources:

For clinical questions about PrEP, please contact your local sexual health service.

If you would like PrEP booklets for patients, an information session for your practice or peer group, or if you would like to go onto our list of PrEP prescribers, please contact Burnett Foundation Aotearoa at contact@burnettfoundation.org.nz

- PrEP information for clinicians (Burnett Foundation Aotearoa)
- PrEP patient information (Burnett Foundation Aotearoa)
- NZ PrEP Guidelines (ASHM and Burnett Foundation Aotearoa)
- Aotearoa New Zealand STI Management Guidelines for use in Primary Care are available at https://www.sti.guidelines.org.nz
- University of Liverpool HIV drug interactions checker: hiv-druginteractions.org

Laboratory evaluation and clinical follow-up of individuals who are prescribed PrEP

Test	Baseline	About day 30 after initiating PrEP	90 days after initiating PrEP	Every subsequent 90 days on PrEP	Other frequency
HIV testing and assessment for signs or symptoms of acute infection	Y	Y Re-test HIV if any doubt about window period for baseline HIV test can be done by giving client a lab form to do this and does not require a visit.	Y	Y	N
Full blood count	Y	N	N	N	N
Phosphate	Y	N	N	N	Y Every 12 months
Urine analysis	Y	N	N		N
Assess side-effects	N	Y	Y		N
Hepatitis A serology. Vaccinate if non-immune	Y	N	N		N
Hepatitis B serology. Vaccinate if non-immune	Y	N	Y (if not immune)	Y (if not immune)	Y If patient required hep B vaccine at a baseline, confirm immune response to vaccination one month after last vaccine dose
Hepatitis C serology	Y	N	N	N	Y Every 12 months or more frequently as ongoing risk e.g. non-sterile injecting drug use and MSM with sexual practices that predispose to anal trauma.
Liver function tests	Y	N	N	N	
STIs (i.e syphilis, gonorrhoea, chlamydia) as per nzshs.org/guidelines	Y	N	Y	Y	N
eGFR at 3 months and then every 6 months	Y	N	Y	N	Y
Urine, protein creatinine ratio (PCR) baseline	Y	N	Y	N	Y
Pregnancy test (for people who may become pregnant)	Y	Y	Y	Y	N