PRESCRIBING HIV PRE-EXPOSURE PROPHYLAXIS (PrEP) IN NEW ZEALAND

NZAF Te Tūāpapa Mate Ārai kore o Aotearoa

ashm

1 BEHAVIOURAL ELIGIBLITY

Patient requests PrEP
or
Patient unsure whether to start PrEP
or
HIV risk identified during consultation

Refer to HIV risks listed overleaf (Table 1)

- HIV risk → **Proceed to Step 2**
- Low or no HIV risk → Discuss condoms & other risk reduction methods → **Consider self-funded PREP**

2 CLINICAL ELIGIBLITY

Note: Steps 1,2 3 & 4 are usually completed at the same visit

Confirm HIV status and review medical history including renal function

HIV Negative (tested within last 14 days)

Assess clinically for acute HIV infection (e.g. fever, night sweats, fatigue, myalgia, arthralgia, rash, headache, pharyngitis, generalised lymphadenopathy, diarrhoea)

Confirm normal renal function (eGFR > 60 mL/min)

Exclude use of nephrotoxic medication (e.g. high-dose NSAIDS) or medications that interact with PrEP
www.hiv-druginteractions.org

Proceed to Step 3

HIV Negative But recent HIV exposure (within 72 hours)

Immediately seek advice discuss with a local ID physician on the need for 3-drug nPEP. If 2-drug nPEP is recommended, prescribe PrEP **with advice for immediate start.**

Plan to commence PrEP upon completion of nPEP course.

Repeat Step 2

HIV Positive

Not for PrEP

Refer to a local Id or sexual health physician

Making an HIV diagnosis
Refer patient to local DHB infectious diseases or sexual health service.
Peer support and counselling available from community organisations
www.bodypositive.org.nz and www.nzaf.org.nz/

3 OTHER TESTING

Assess for STIs and viral hepatitis

STI testing as per the New Zealand STI Management Guidelines
www.nzshs.org/guidelines

Hepatitis B serology (HBsAg, Anti-HBs,Anti-HBc)
Vaccinate if not immune
If HBsAg+ve, refer to gastro-enterologist or ID physician as per local pathway

Hepatitis C serology (anti-HCV; followed by HCV RNA if anti-HCV +ve)
If HCV RNA+ve, then treat.
www.hepatitisfoundation.org.nz

Proceed to Step 4

4 PRESCRIBING PrEP

Daily continuous PrEP

Suitable for anyone with an ongoing risk of HIV.

1 pill daily of tenofovir/emtricitabine.
Start 7 days before HIV risk.

Proceed to Step 5

OR

Event driven PrEP (2-1-1 method)

Suitable **only** for cis-gender men who have sex with men whose HIV risk is from anal sex rather than injecting drug use. For info on effectiveness, see full ASHM guidelines.

tenofovir/emtricitabine:
- 2 pills at least 2h before sex (up to 24h before sex)
- 1 pill 24h later
- 1 pill 48h after first dose

If repeated sexual activity, then continue with 1 pill daily until 48h after last sexual contact.

Proceed to Step 5

5 ONGOING MONITORING

Ongoing monitoring
See Table 2 (overleaf)

&

Patient education
Discuss how PrEP works, frequency, missed dose protocol, continued condom use. See Box 1

BOX 1: PATIENT EDUCATION

- Discuss the role of condoms to prevent HIV and STIs, and emphasize role of regular STI testing.
- Discuss safer injecting practices, if applicable.
- Discuss PrEP adherence at every visit.
- Ongoing monitoring every 3 months is required, also for event driven PrEP.
- Discuss potential side effects, early (e.g. headache, nausea) and longer term (e.g. renal toxicity, lowered bone density).
- Ask about nephrotoxic medications, eg NSAIDs.

STOPPING PrEP:
- Only cis-gender men who have sex with men (MSM) taking daily or on-demand PrEP can stop 48 hours after last exposure.
- Non-MSM patients on daily PrEP should continue PrEP for 28 days after last exposure.
- Patients who stop PrEP need a plan to re-start PrEP if their HIV risk increases again.

Electronic version downloadable from: www.ashm.org.au/resources

TABLE 1: HIV RISK

Men who have sex with men (MSM)	Trans & gender diverse people	Heterosexual people	People who inject drugs
High risk of HIV and eligible for funded PrEP 1. Likely to have multiple events of CLAI in the next 3 months; And having any one of the following: • At least one episode of receptive CLAI with one or more casual male partners in the last 3 months; • Rectal gonorrhoea, rectal chlamydia or infectious syphilis diagnosis during the last 3 months; • Methamphetamine use in the last 3 months OR 2. CLI with a regular HIV+ partner who is not on treatment and/or has a detectable viral load.		**High risk of HIV and eligible for funded PrEP** CLI with a regular HIV+ partner who is not on treatment and/or has a detectable viral load.	
Not eligible for funded PrEP; could consider self-funded PrEP Insertive CLAI with any casual male partner (in last 3 months or expected in next 3 months) Travelling to a high-HIV prevalence country and anticipates risk		**Not eligible for funded PrEP; could consider self-funded PrEP** Receptive CLI with any casual MSM partner (in last 3 months or expected in next 3 months) Travelling to a high-HIV prevalence country and anticipates risk	**Not eligible for funded PrEP; could consider self-funded PrEP** Shared injecting equipment with an HIV+ individual or with MSM of unknown HIV status (in last 3 months or expected in next 3 months)

CLI: Condomless intercourse; **MSM:** Men who have sex with men, **cis men:** assigned male at birth. **CLAI:** condomless anal intercourse

Notes on prescribing PrEP:

- Prescribe: tenofovir 300mg + emtricitabine 200mg (coformulated); 1 tablet daily for 90 days.
- Patient to be advised to commence PrEP within 14 days of negative HIV test. If there is no recent HIV test result, PrEP can be prescribed on the same day as an HIV test and patient advised to only start PrEP once informed the test is negative
- Apply for special authority, search for SA1842 on:
- https://www.pharmac.govt.nz/
- Patients not eligible for PHARMAC funded PrEP can self-fund from a NZ pharmacy or can self import PrEP under the self importation scheme:
- www.endinghiv.org.nz/prep

TABLE 2: LABORATORY EVALUATION AND CLINICAL FOLLOW-UP OF INDIVIDUALS WHO ARE PRESCRIBED PrEP, INCLUDING EVENT DRIVEN PrEP

Test	Baseline (Week 0)	About day 30 after initiating PrEP (recommended if recent HIV risk before starting 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	Y	Y	N
Assess side effects	N	Y	Y	Y	N
Hepatitis A serology, Vaccinate if non-immune	Y	N	N	N	N
Hepatitis B serology Vaccinate if non-immune	Y	N	N	N	Y If patient required hepatitis B vaccine at baseline, confirm immune response to vaccination 1 month after last vaccine dose
Hepatitis C serology	Y	N	N	N	12 monthly but, more frequently if ongoing risk e.g. non-sterile injection drug use and MSM with sexual practices that pre-dispose to anal trauma
STI (i.e. syphilis, gonorrhoea, chlamydia) as per www.nzshs.org/guidelines	Y	N	Y	Y	N
eGFR at 3 months and then every 6 months	Y	N	Y	N	At least every 6 months or according to risk of CKD
Urine protein creatinine ratio (PCR) baseline	Y	N	Y	N	Every 6 months
Pregnancy test (for women of child-bearing age)	Y	Y	Y	Y	N

CKD: chronic kidney disease; eGFR: estimated glomerular. filtration rate; **PrEP**: pre-exposure prophylaxis; **PWID**: people who inject drugs; **STI:** sexually transmissible infection

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