



HIV Testing

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Continuing Education Disclosure

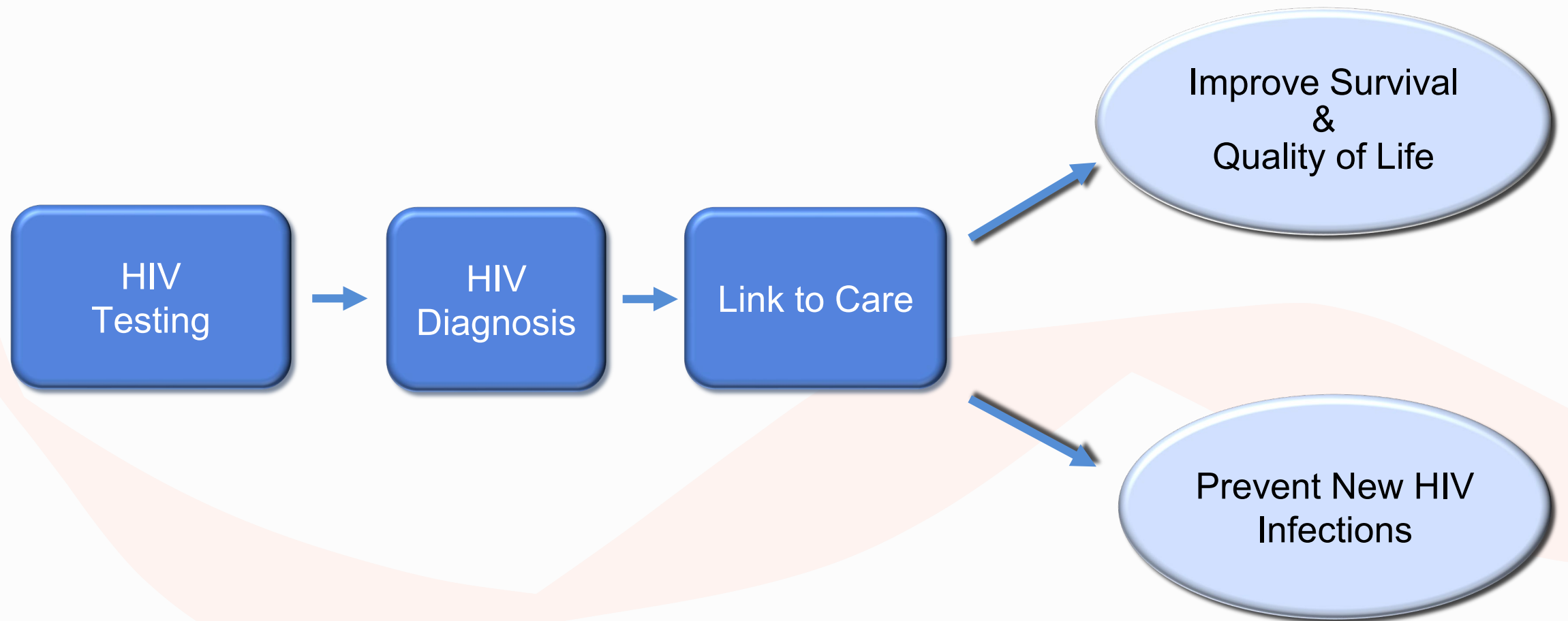
- No disclosures

Session Objectives

At the end of this session, participants will be able to

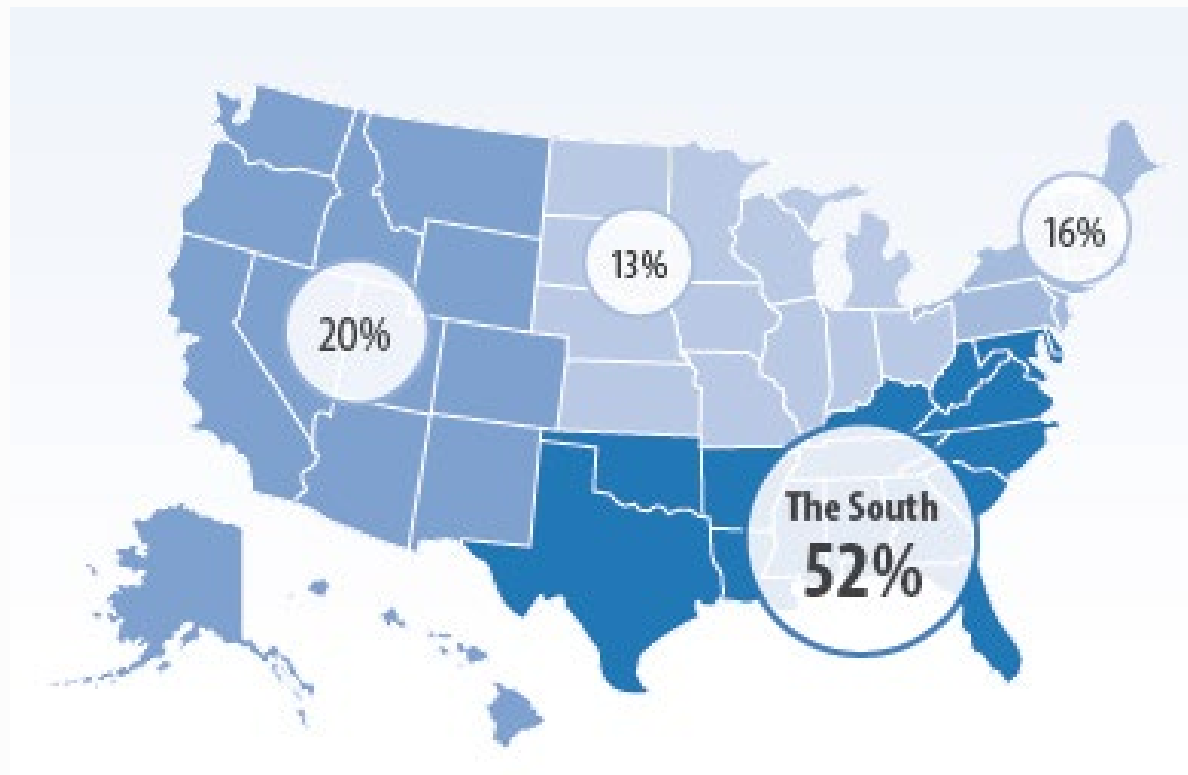
- Describe principles of routine testing for HIV infection
- Interpret HIV test results using the current 4th Generation Ag/Ab assay algorithm

Goals of Routine Testing for HIV



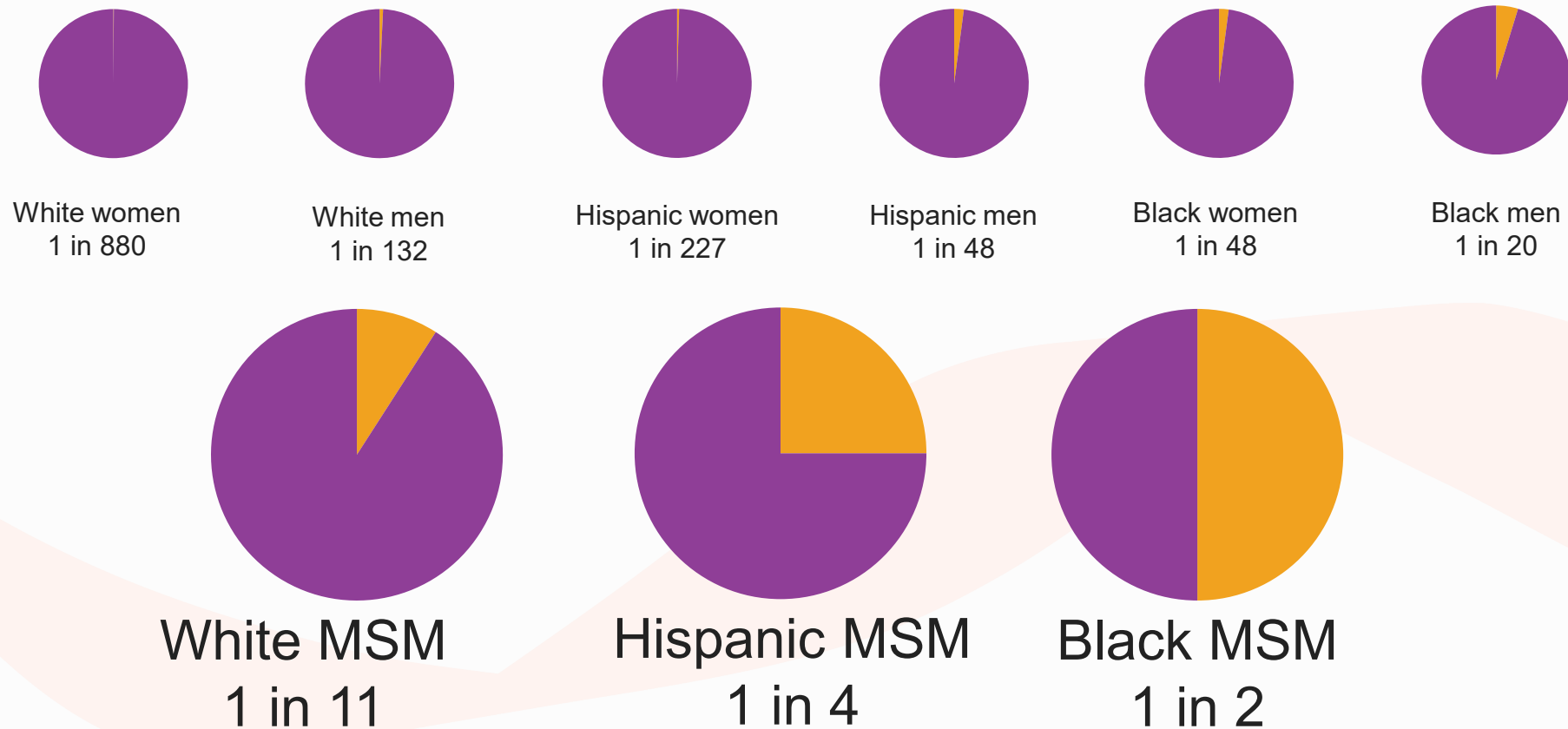
HIV in the United States

Over 1.1 million people are living with HIV in the US



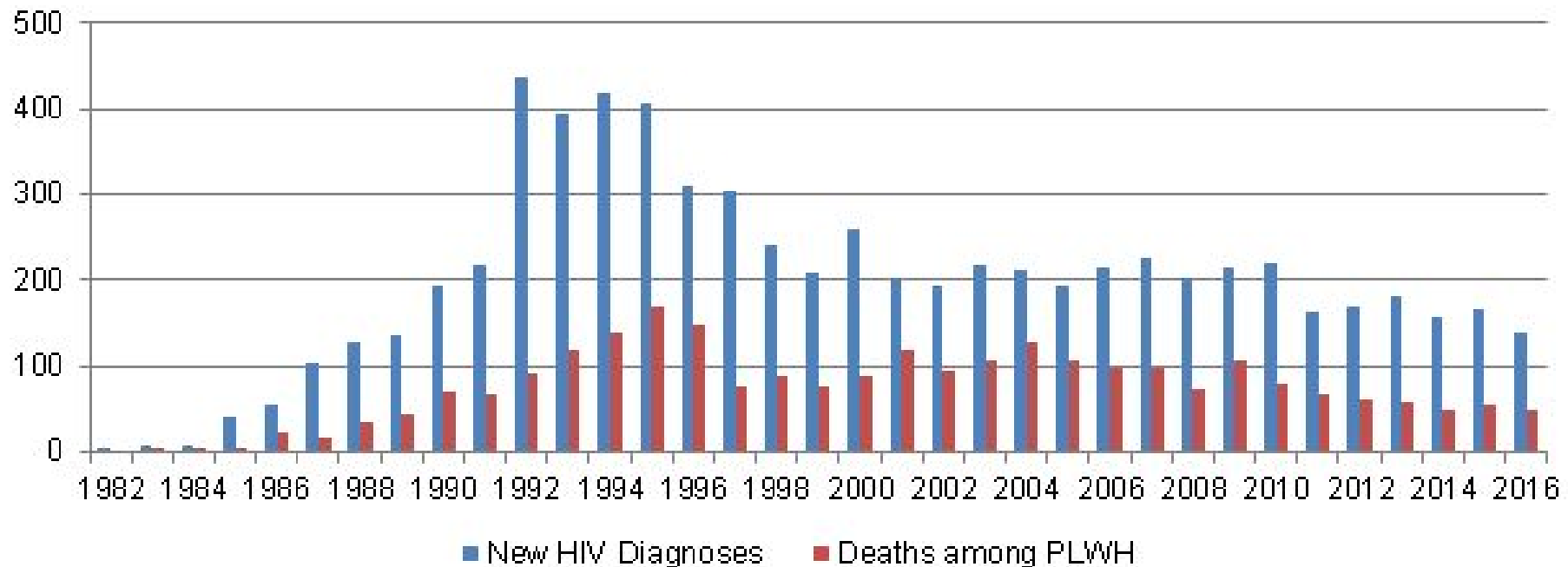
One in seven are unaware of their infection

HIV Risk by Race/Ethnicity and MSM



HIV in Nashville

Figure 1. Number of New HIV Diagnoses and Deaths among People Living with HIV (PLWH) – Nashville, 1982-2016



Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed June 30, 2017.

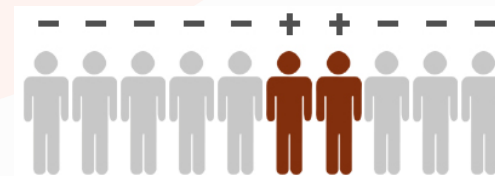
Who Should We Screen? CDC 2006

- Routinely screen all patients aged 13-64 for HIV infection after notifying them that testing will be performed unless declined
- Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health-care settings



Screening Based on Risk

- Screen all patients
 - Starting treatment for tuberculosis
 - Seeking treatment for STDs during each visit for a new complaint
- Screen at least annually
 - Intravenous drug users and their sex partners
 - People who exchange sex for money or drugs
 - Sex partners of people with HIV infection
 - Men who have sex with men (MSM) or heterosexuals who have or who their sex partners have had more than one sex partner since their most recent HIV test



CDC. MMWR 2006;55(RR14;1-17)

Screening Based on Risk

- Screen all patients
 - Starting treatment for tuberculosis
 - Seeking treatment for STDs during a complaint
- Screen at least annually
 - Intravenous drug use
 - People with multiple sex partners
 - Sex with people with HIV infection
 - Men who have sex with men (MSM) or heterosexuals who have sex with men or who their sex partners have had more than one sex partner since their most recent HIV test

Also anyone you suspect may have HIV in a given encounter!



CDC. MMWR 2006;55(RR14;1-17)



HIV Screening in Pregnant Women

- Universal Opt-out screening
- Address reasons for declining test
 - Document declinations in the medical records
- Timing of HIV test
 - Early during pregnancy
 - Repeat in third trimester, ideally < 36 weeks gestation
 - Rapid testing at time of delivery if indicated



Benefits of Knowing HIV Status

- HIV negative
 - Safer sex and needle practices
 - Assess if candidate for pre-exposure prophylaxis (PrEP)
- HIV Positive
 - Safer sex and needle practices
 - Antiretroviral use for individual patient health
 - Treatment as prevention, U=U
 - Prophylaxis to prevent opportunistic infections, if indicated

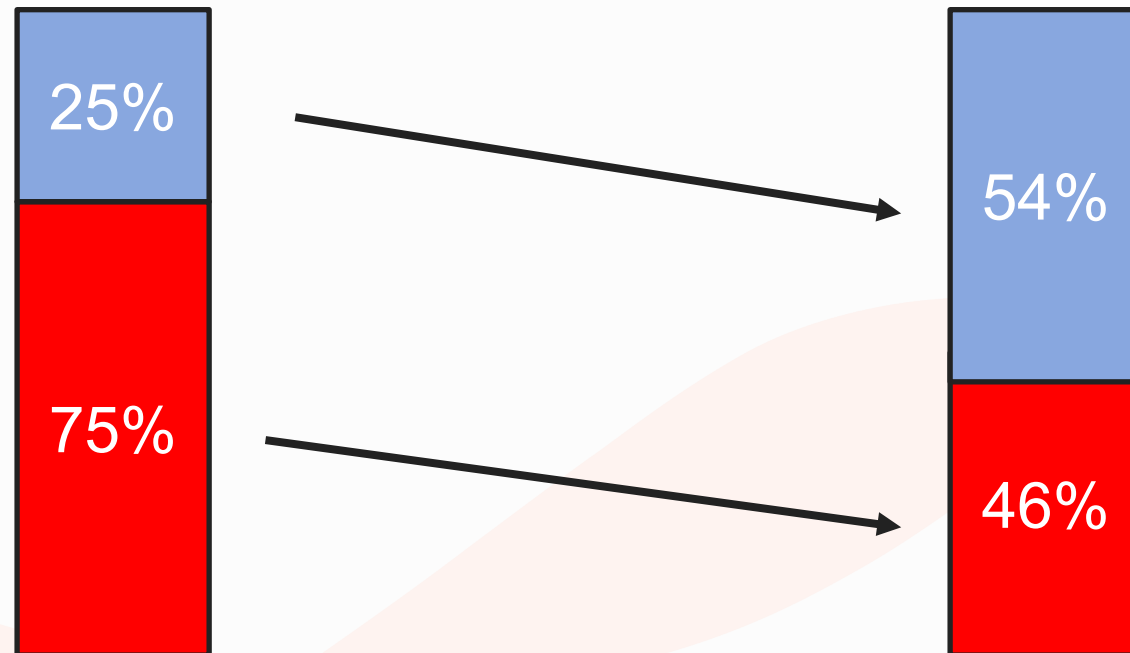
Disproportionate Transmission of HIV By People Unaware of HIV Infection Status

Awareness of HIV Infection

New HIV Infections

Unaware

Aware



U = U

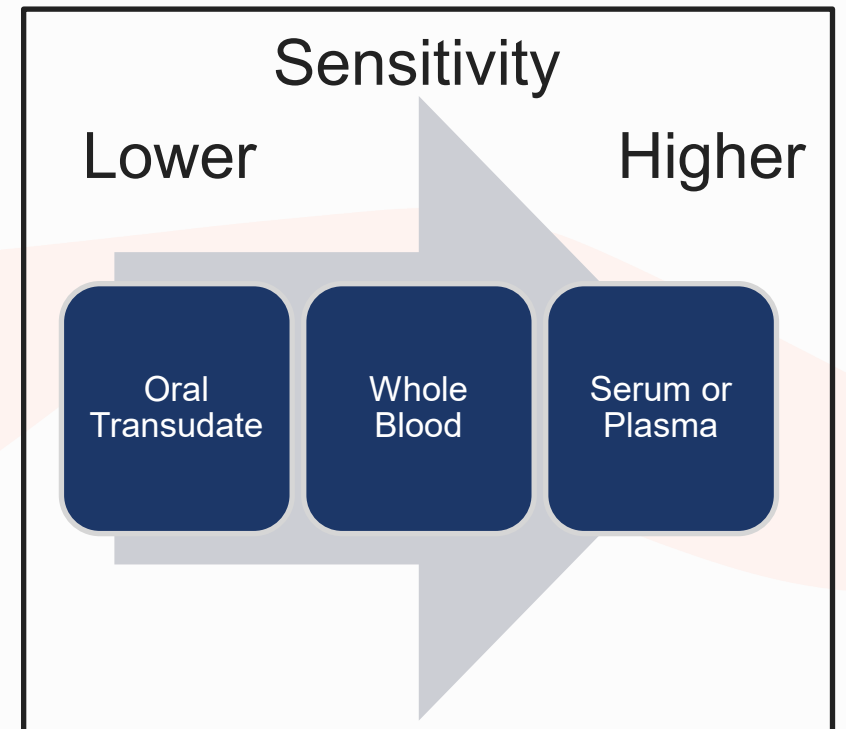
UNDETECTABLE = UNTRANSMITTABLE

U=U

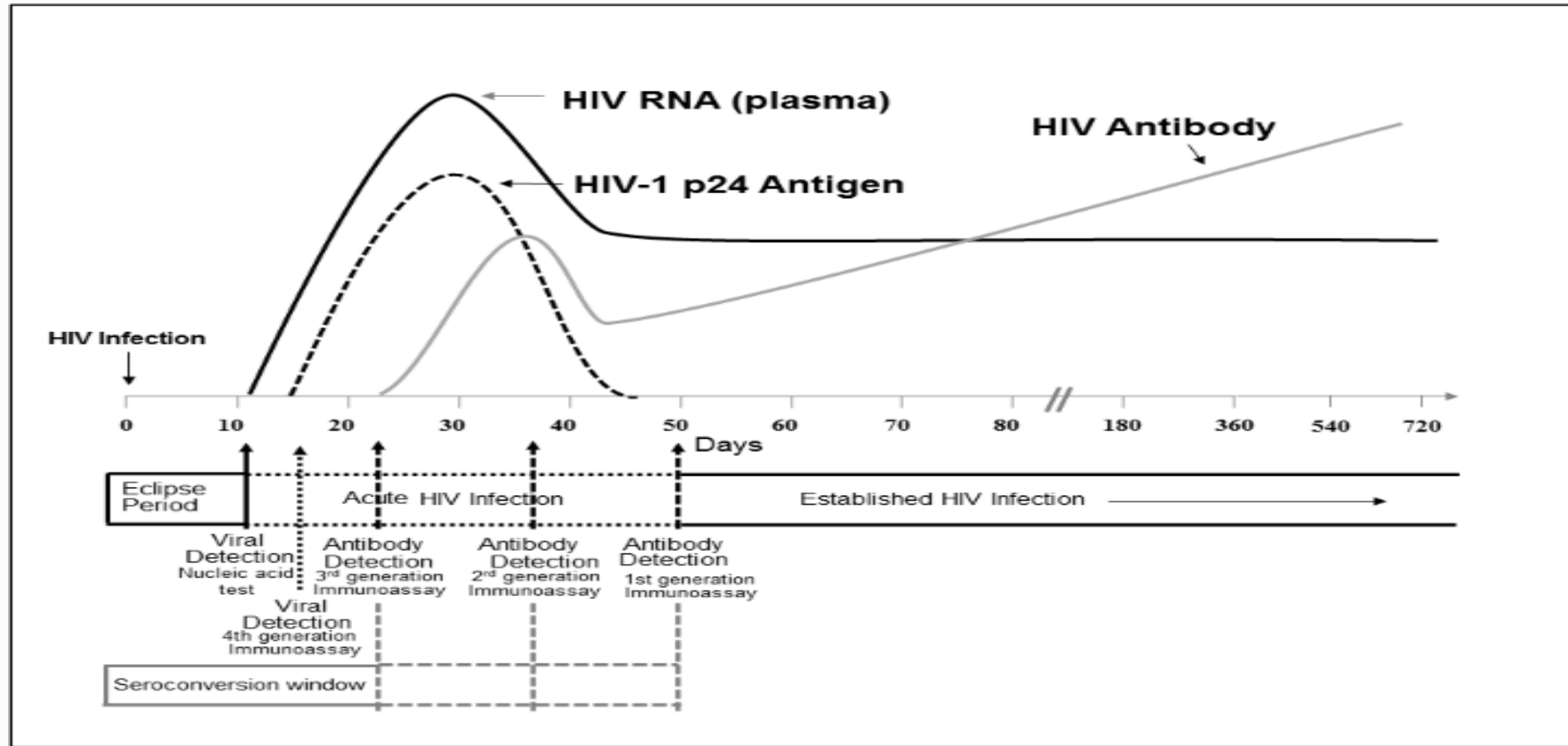
- Those who have an undetectable viral load have effectively no risk of transmitting the virus.
- This is a consensus of HIV experts worldwide, CDC, NIH, IDSA/HIVMA, common knowledge in the medical community.
- Combined data from 4 studies (HPTN 052, OPPOSITES ATTRACT, PARTNER and PARTNER2)
 - Among sero-discordant couples where the partner living with HIV had a durably undetectable viral load:
 - zero transmission among over a hundred thousand condomless sex acts
 - Results similar in both male-female and male-male partnerships

Options for HIV Testing

- **HIV Antigen/Antibody Test (4th generation testing)**
 - Can detect acute HIV infection
- HIV Antibody Test (3rd generation)
- Rapid HIV Test
 - Blood or saliva
 - Requires confirmation
- HIV viral load
 - Can detect acute HIV infection

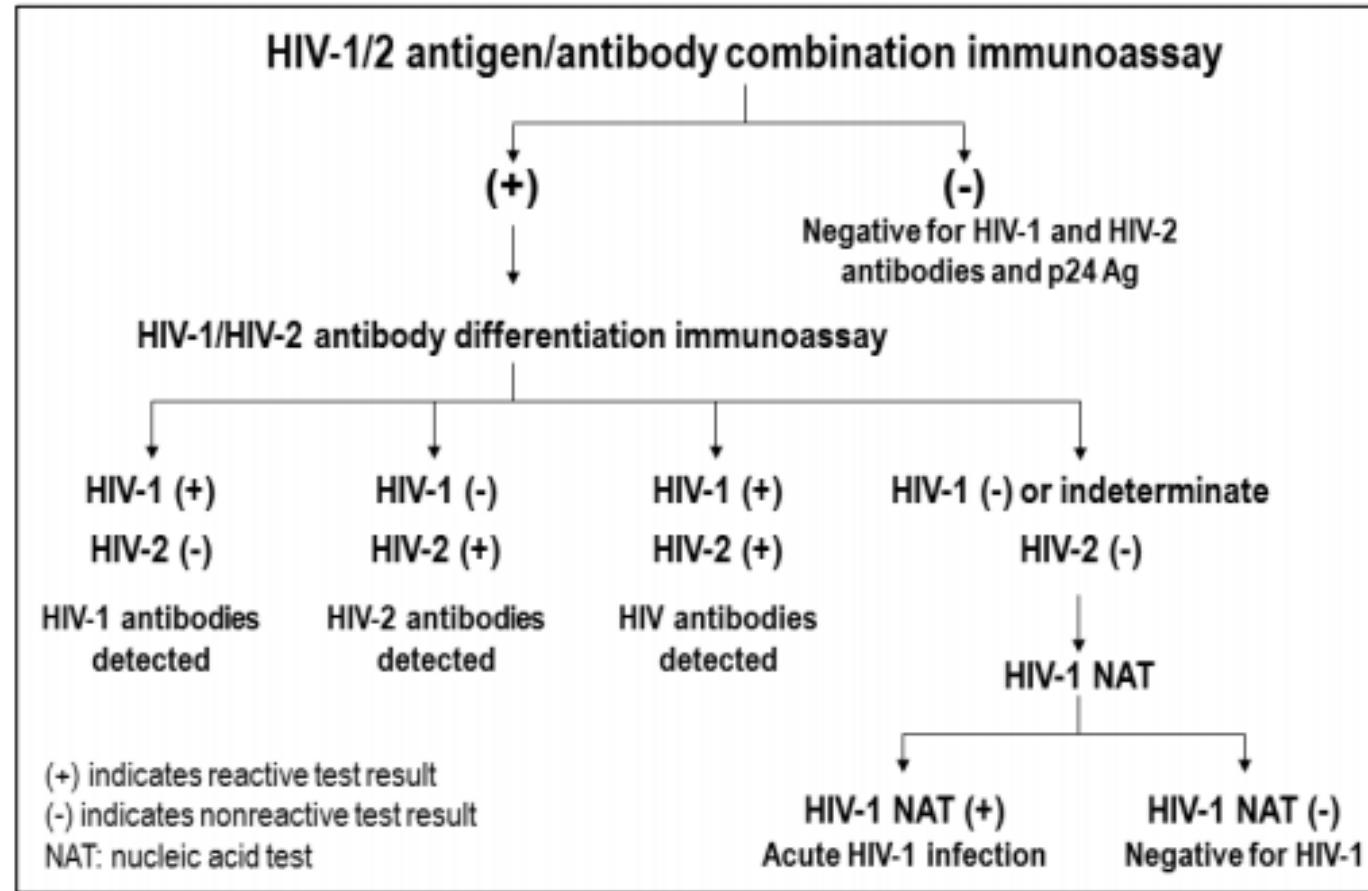


Sequence of Appearance of Lab Markers of HIV-1 Infection

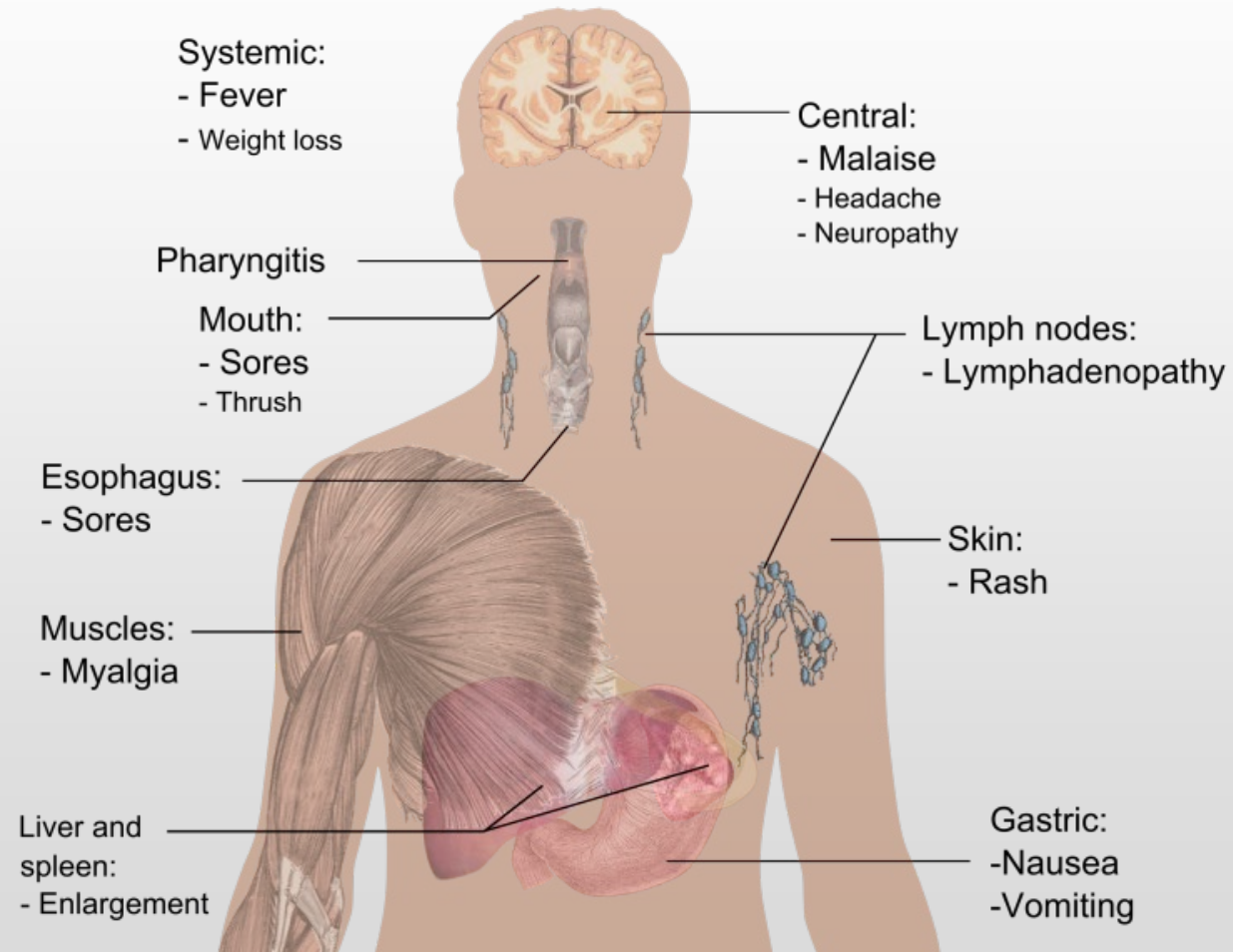


HIV Diagnosis

Box 1. Recommended Laboratory HIV Testing Algorithm for Serum or Plasma Specimens



Symptoms of Acute HIV



Acute HIV

- Consider any time you see a febrile patient with a mononucleosis-type presentation who may be at risk:
 - College student
 - Person who injects drugs
 - Person with multiple partners of unknown HIV status
- Clinical clues to acute HIV
 - Fever, malaise, pharyngitis, rash
 - Lymphadenopathy
 - Cytopenia
 - CD4 count can decline <200 cells/uL, OI can occur

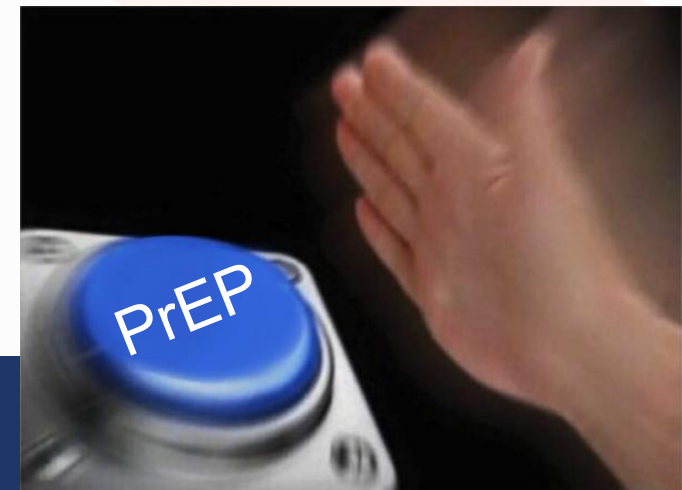


What happens if the test is positive?

- Positive rapid tests require confirmation
 - Component of 4th generation testing algorithm
- Results should be communicated confidentially through personal contact
- Provide counseling
 - HIV is a manageable disease
 - Discuss HIV risk reduction
 - Discuss ways to handle the emotional consequences of a positive result
- Inform the patient that they might be contacted by health department staff

What if the test is negative?

- Reinforce safer sex and needle sharing practices
- Recommend additional testing if indicated
 - Concern for acute HIV?
 - Consider HIV Pre-exposure prophylaxis (PrEP)



Case 1

Phil is a 29-year-old man who is in a long-term relationship with Aaron. They recently returned from a Caribbean cruise where they both had multiple anonymous sex partners. They did not use condoms regularly.

Case 1

- Phil presented a week after his return home with diffuse papular, erythematous rash.
- Other symptoms included: fever, diarrhea, right upper quadrant abdominal discomfort and 7-pound weight loss
- Labs revealed new thrombocytopenia (plt 101, was 164 prior to trip), AST 85 (nl 0-37) and ALT 196 (nl 0-41)
- Syphilis and tri-compartment GC/chlamydia screens negative

Case 1

- HIV Testing
 - HIV Ag/Ab screen **positive**
 - HIV antibody differentiation assay **negative**
 - HIV RNA **4,024,146 copies/mL**

Case 2

Alexandra is a 32-year-old woman who presents to labor and delivery with rupture of membranes at 37 weeks of gestation.

- No prenatal care
- What should be done about HIV testing?

Case 2 (continued)

- HIV Test results
 - HIV Ag/Ab screen **positive**
 - HIV antibody differentiation assay **negative**
 - HIV RNA **negative**

Case 2 (continued)

- False-positive HIV screen
 - Consider ALL possibilities
 - Very early infection?
 - HIV-2?
 - It's possible this could be a very early HIV-2 infection, in which case the antibody is not present, and HIV RNA PCR does not detect HIV-2
 - Gather more history
 - Repeat testing (or additional testing) will likely be indicated
 - Talk to the laboratory

Summary

- HIV testing should be done on all patients aged 13-64 regardless of risk
- Some patients require more frequent screening based on risks or concomitant diagnoses
- Be aware of symptoms and signs that suggest acute HIV infection
 - Is the test you are using able to identify acute HIV?
 - Do you need to add on an HIV viral load or repeat testing later?

The sexual history

(Many providers don't do this, even though it is a crucial job requirement)

The Sexual History

- To learn about the patient's sexual health
 - This is more than just ascribing HIV/STI risk
 - People tend to underestimate/not believe their own risks
- To help the patient achieve the goals in their sexual health
 - Emphasizes benefits over risk

Sexual History Misconceptions

- Married persons do not acquire STIs
- Persons who identify as “straight” only have sex with those of the opposite gender
- Persons who identify as “gay” or “lesbian” only have sex with those of the same gender
- Persons with an STI will have symptoms

The Sexual History

- Give a preamble/preface
- Offer opt-out HIV testing
- Ask open-ended questions
- Listen for relevant information, and ask more pointed questions to fill in the blanks
- Suggest a course of action

VS

- **5Ps** (partners, practices, protection from STI, past history of STI, prevention of pregnancy)

The Sexual History

- Preamble

- *“I talk to all of my patients about sexual health, because it’s such an **important part of overall health**. Some of my patients have **questions or concerns** about their sexual health, so I want to make sure I understand what your **questions or concerns might be** and provide whatever information or other help you might need.”*
- “Gonorrhea and chlamydia can also live in our rectums and throats, so it’s important for me to test anywhere you might have had an exposure.”

The Sexual History

- “Tell me about your sex life.”
- “About how many partners have you had in the past 6 months?”
 - OR “Tell me about your sexual partners”
- “Do you have sex with men, women or both?”
- “Are you a top, bottom, or vers?”
 - Top = anal insertive
 - Bottom = anal receptive
 - Vers/versatile = both insertive and receptive
- “Do you have oral sex?”
- “What do you do to prevent STDs?”
- “How do you prevent pregnancy?”
- “Do you use condoms? What percentage of the time would you say you use condoms?”

The Sexual History

- “Are any of your partners HIV-positive?”
 - If so, “do you know if they’re undetectable?”
- “Have any of your partners recently had an STD?”
- “Have you ever had an STD?”
- “Have you ever had HIV or STD testing?”

The Sexual History

- “Do you ever use drugs, like poppers or meth, when you have sex?”
- “Do any of your partners make you scared or feel unsafe?”
- “Do you ever have to use sex for things you need, like food or to pay pills?”

The Sexual History

- Also a great time to discuss travel!
- Many people meet sexual partners, or have sex with partners other than long-term partner, during travel





Pre-Exposure Prophylaxis for HIV

Sean Kelly, MD
Vanderbilt Division of Infectious Diseases
October 30, 2020

Objectives

- Background of PrEP
- Importance of PrEP in the Southeast
- Provider and patient barriers to PrEP
- PrEP eligibility
- Taking a sexual history
- PrEP prescribing
 - Counseling
 - Adverse effects
 - Lab monitoring
- PrEP options in Nashville

Secondary Objectives

- Increase your confidence in providing PrEP!
- Provide PrEP!




What is PrEP

PrEP is primary prevention

It is intended to PREVENT the onset of a disease in those who are AT RISK

It is a concept, fulfilled by medication that has been FDA-approved for this purpose

But what is PrEP, really?

- Truvada® 
 - Fixed dose combination of tenofovir disoproxil fumarate (TDF) 300mg/emtricitabine (FTC) 200mg
 - Developed by Gilead
 - FDA-approved for use as PrEP for adults on June 6, 2012
 - FDA-approved for use as PrEP for adolescents on May 15, 2018
- Generic TDF/FTC approved June 2017 (now available! Starting September 2020)

And now also...



- Descovy®
 - Similar to Truvada®
 - Truvada® = tenofovir **disoproxil fumarate** (TDF) + emtricitabine
 - Descovy® = tenofovir **alafenamide** (TAF) + emtricitabine
 - Approved for PrEP October 2, 2019 for non-vaginal sex
 - TAF achieves high intracellular concentrations, but lower (>10-fold) plasma and tissue concentrations than TDF
 - Lower risk of BMD loss and reduced creatinine clearance
 - Can be used in chronic kidney disease (CrCl >30 mL/min)

Primary Prevention

	HIV	Myocardial infarction or Stroke
Assess risk	Take a sexual history	Take a past medical, family, social history, check cholesterol and screen for diabetes, calculate 10-year ASCVD risk by 2013 ACC/AHA guidelines
Laboratory evaluation	Serum creatinine, HIV screen	Comprehensive metabolic panel, cholesterol profile, hemoglobin a1c
Further risk reduction	Condom use, sexual health and substance use counseling, STI screening	Lifestyle and diet modification counseling, treat comorbid conditions (hypertension, diabetes), smoking cessation
Medication options	Truvada® Descovy®	Atorvastatin Rosuvastatin Pravastatin Pitavastatin Simvastatin Fluvastatin Aspirin

Primary Prevention

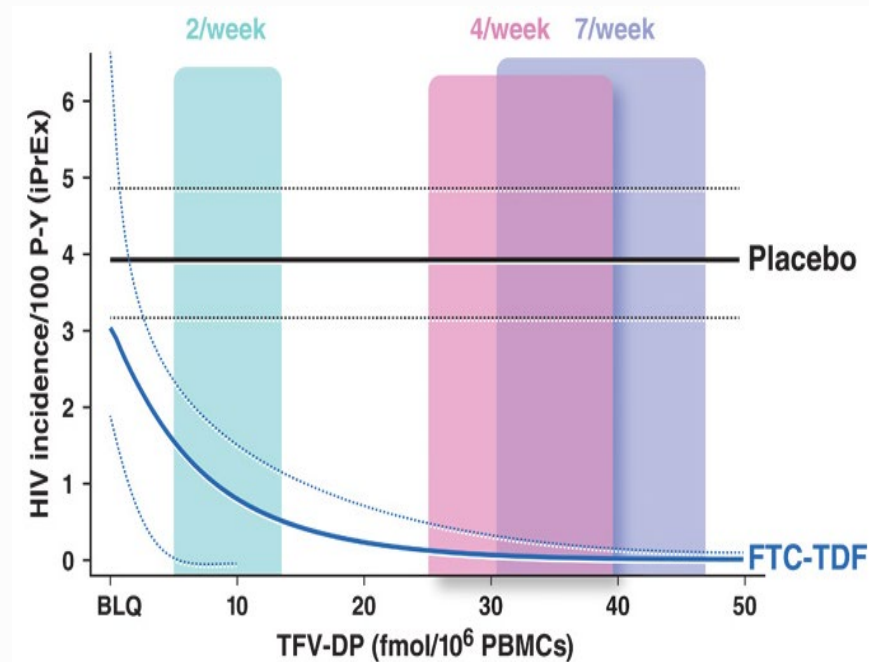
	HIV	Myocardial Infarction
Assess risk	Take a sexual history	Take a family history, assess for the 10-year ASCVD risk by 2013 guidelines
Laboratory evaluation	Serum creatinine	Comprehensive metabolic panel, cholesterol profile, hemoglobin a1c
Further risk reduction	Counseling	Lifestyle and diet modification counseling, treat comorbid conditions (hypertension, diabetes), smoking cessation
Medication options	Truvada®	Atorvastatin Rosuvastatin Pravastatin Pitavastatin Simvastatin Fluvastatin Aspirin

PREP IS EASY

Efficacy studies summary

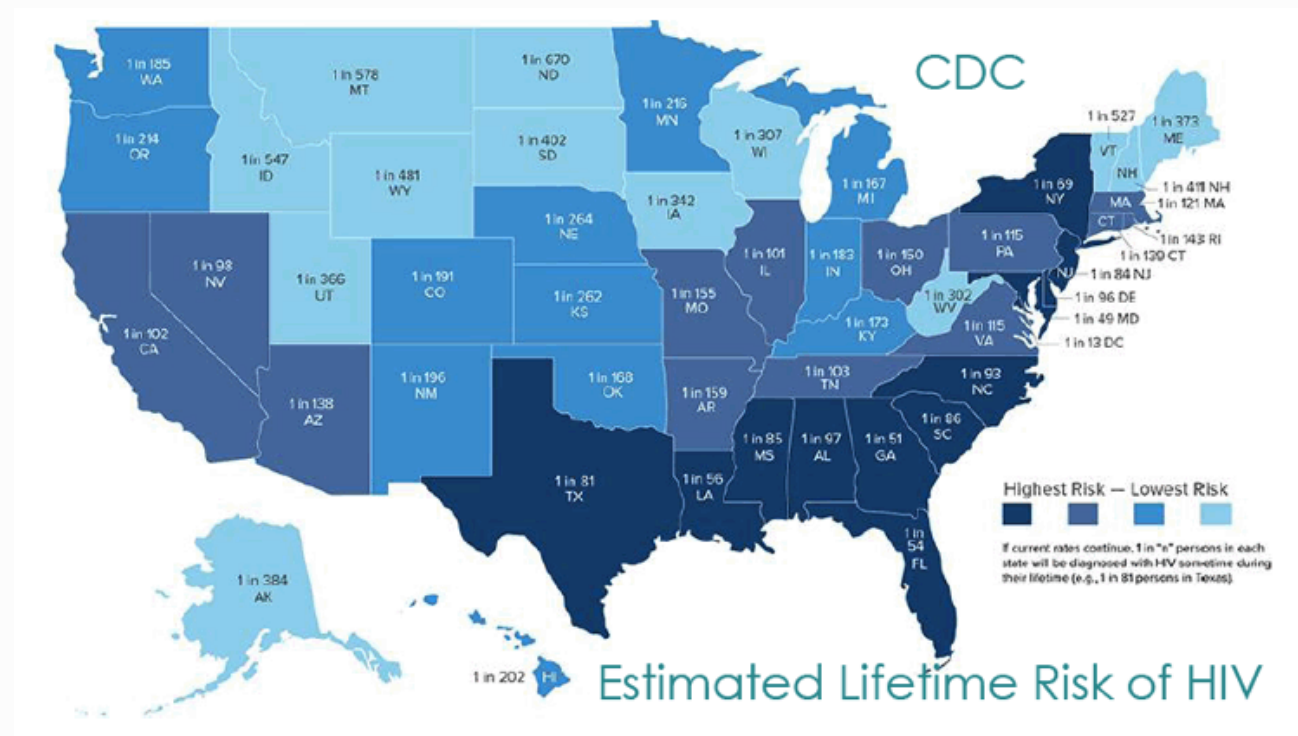
Study	Population	Dosing	Risk Reduction
iPrEX	MSM	Daily	44% (92% with ideal adherence)
TDF2	Heterosexual men and women	Daily	62.2% (100% in open-label extension with regular follow-up)
Partners	Sero-discordant heterosexual couples	Daily	75% (90% with ideal adherence)
Bangkok Tenofovir Study Group	Intravenous drug users	Daily	48.9% (74% with ideal adherence)
IPIRGAY	MSM	On-demand	86%

Dosing matters



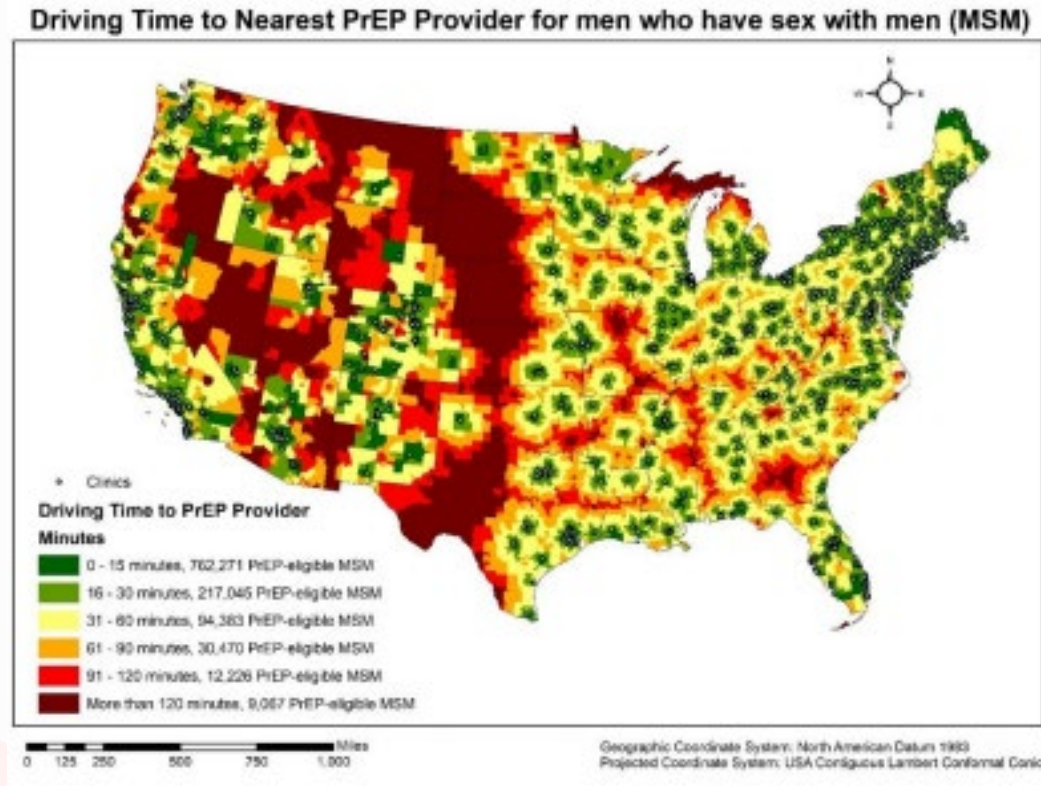
- Using drug concentrations in iPrEX and STRAND, pharmacokinetic models predict:
 - **76%** risk reduction with 2 doses/week
 - **96%** with 4 doses/week
 - **99%** with 7 doses/week.

Why PrEP Matters



The Southeast remains the region with the highest HIV incidence, which can be markedly reduced with widespread use of pre-exposure prophylaxis (PrEP) among high-risk individuals.

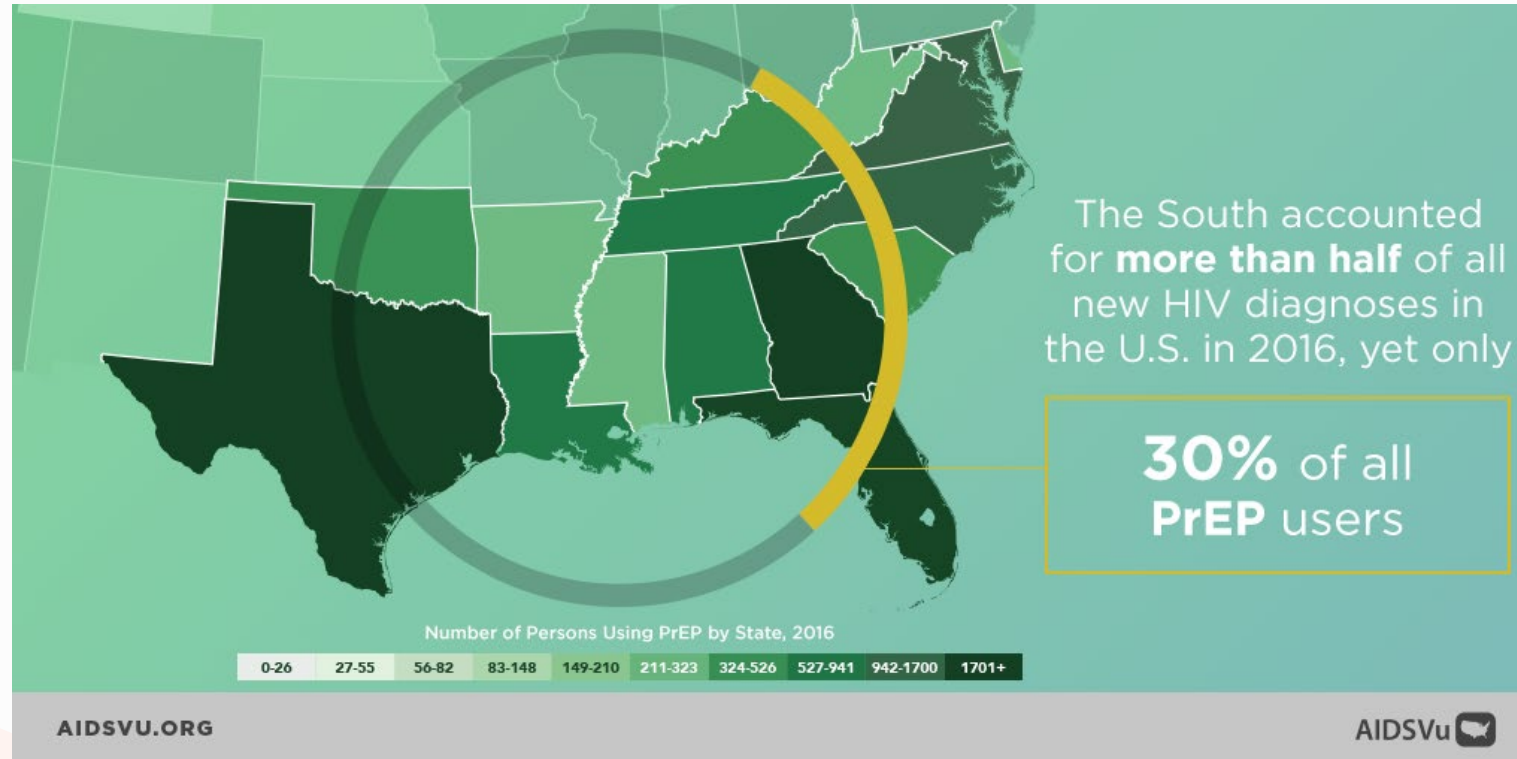
PrEP Deserts



- Most MSM with reduced geographic access to PrEP providers (“PrEP deserts”) reside in the South.
- Over 50% of MSM in the South must drive >60 minutes to a PrEP provider.
- PrEP deserts are generally non-urban areas.

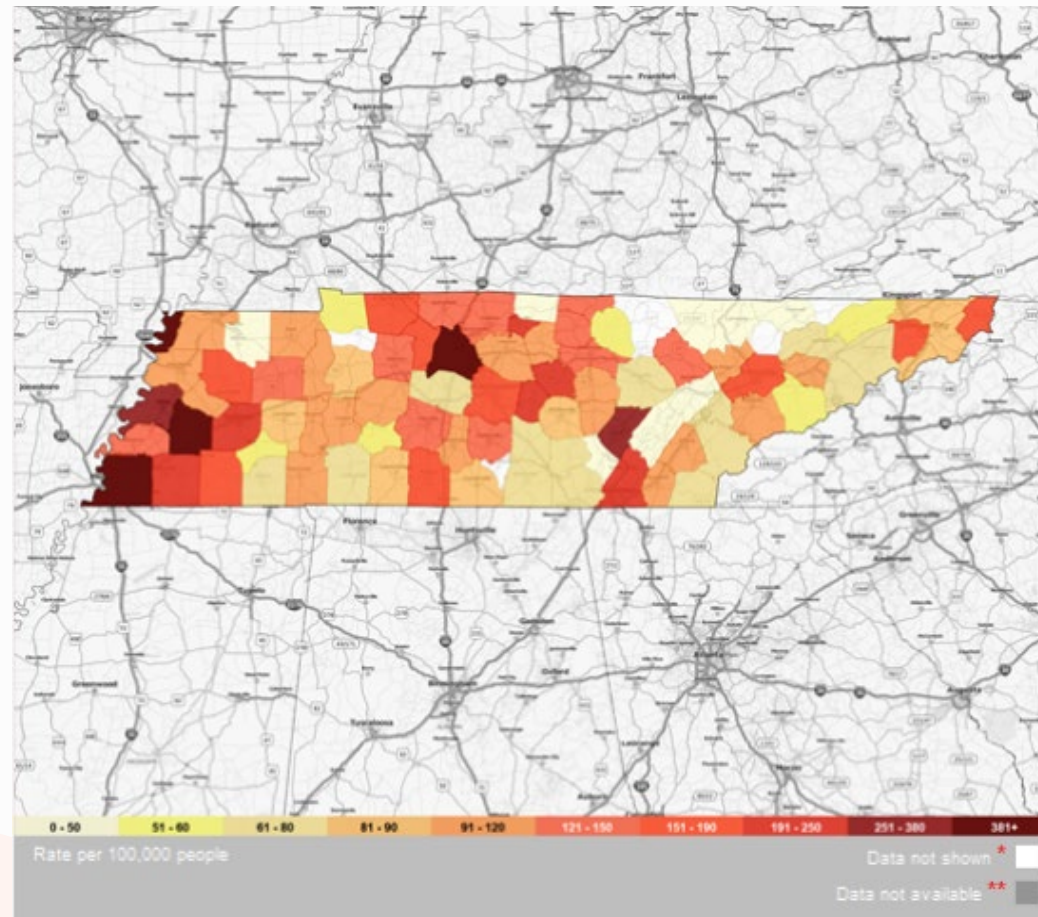
Weiss K, et al. Access to PrEP clinics among US MSM: documenting PrEP deserts. Conference on Retroviruses and Opportunistic Infections, Abstract 1006; March 4–7, 2018, Boston, Massachusetts

PrEP use



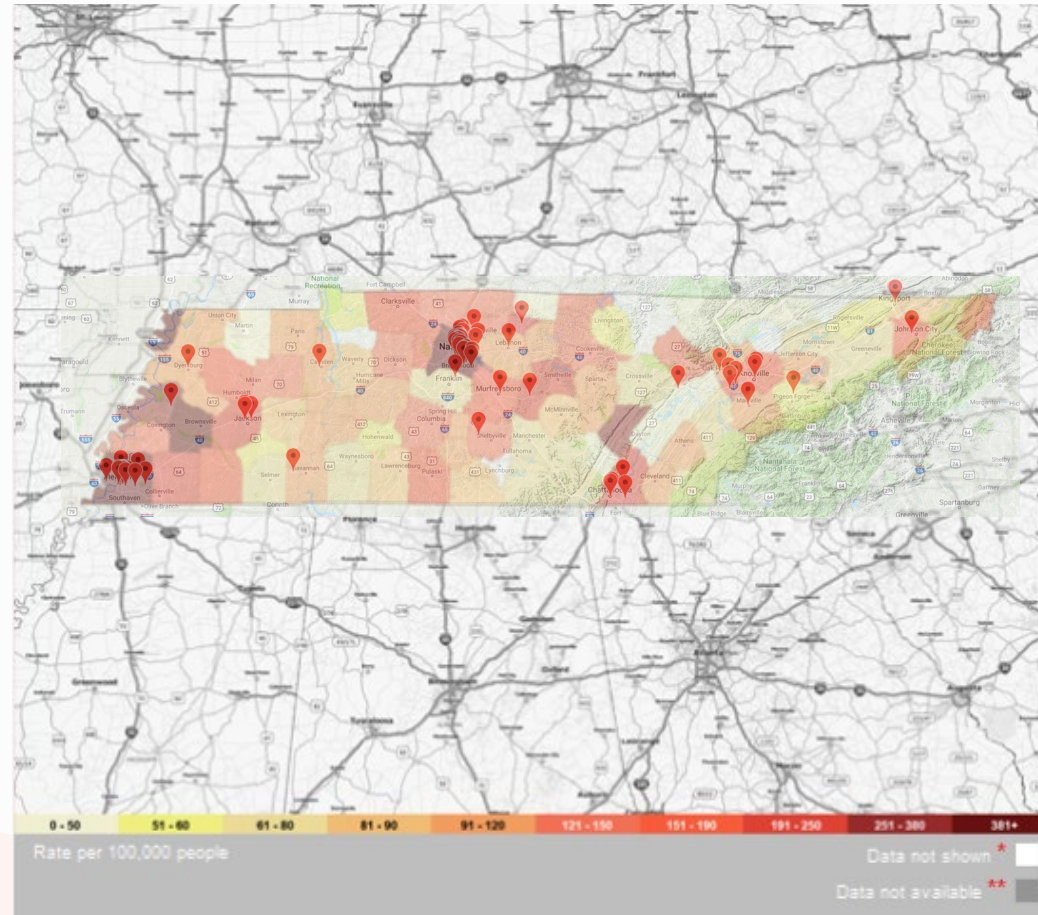
Tennessee

HIV risk and location of PrEP providers



Tennessee

HIV risk and location of PrEP providers



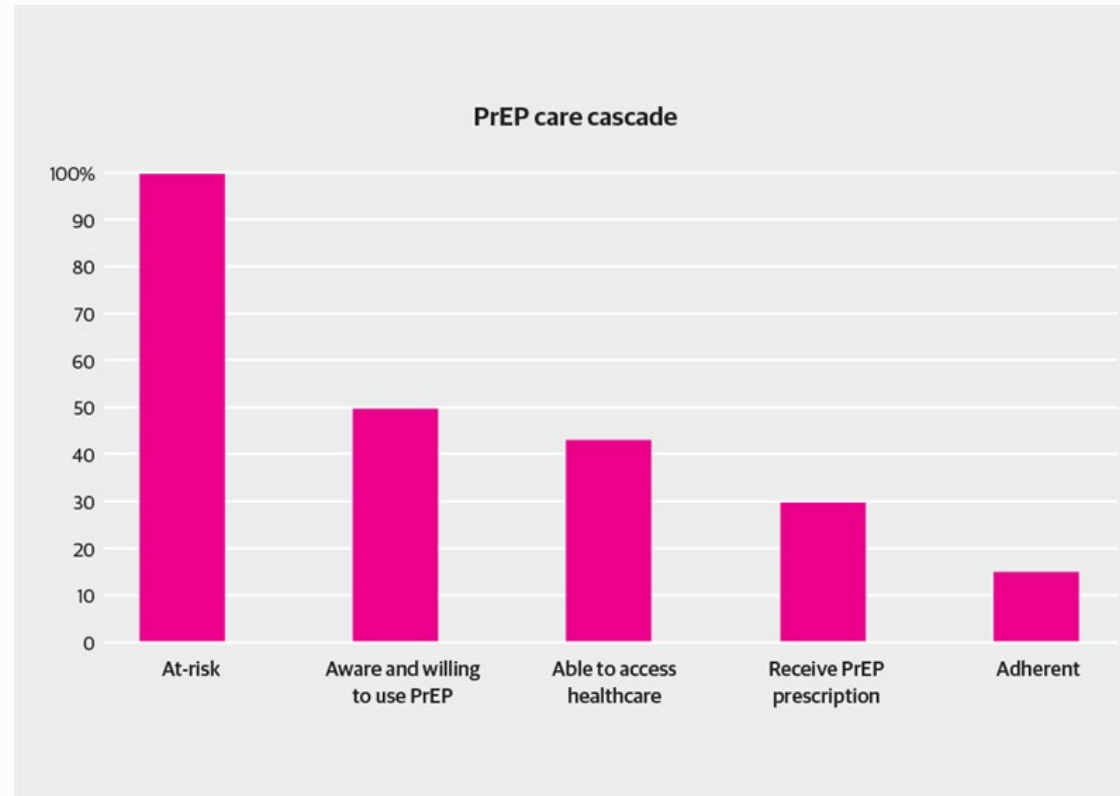
Barriers to PrEP

PrEP sounds amazing!

So why aren't we using it?



PrEP barriers



<https://www.aidsmap.com>. Sept 9, 2016 [Accessed April 9, 2018]

Stigma

A preventative measure against the consequences of sexual activity

... *condones* sexual activity

... *promotes* sexual activity

... *causes* sexual activity

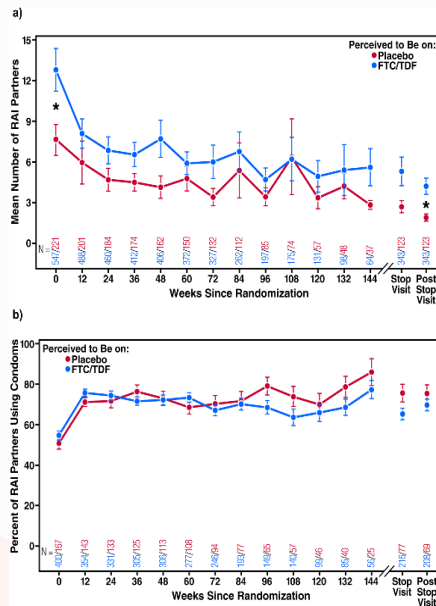


Sexual risk compensation

- PrEP users will engage in higher risk sex than they previously had.
- This increased unsafe sex will undermine prevention efforts.
- Higher rates of bacterial STIs diagnosed among PrEP users may falsely support this.
 - PrEP users are screened for bacterial STIs frequently due to follow-up requirements.
- On a population level, sexual risk compensation is a fallacy.

Sexual Risk Compensation

iPrex



For patients believing they were on PrEP, the number of receptive anal intercourse partners decreased.

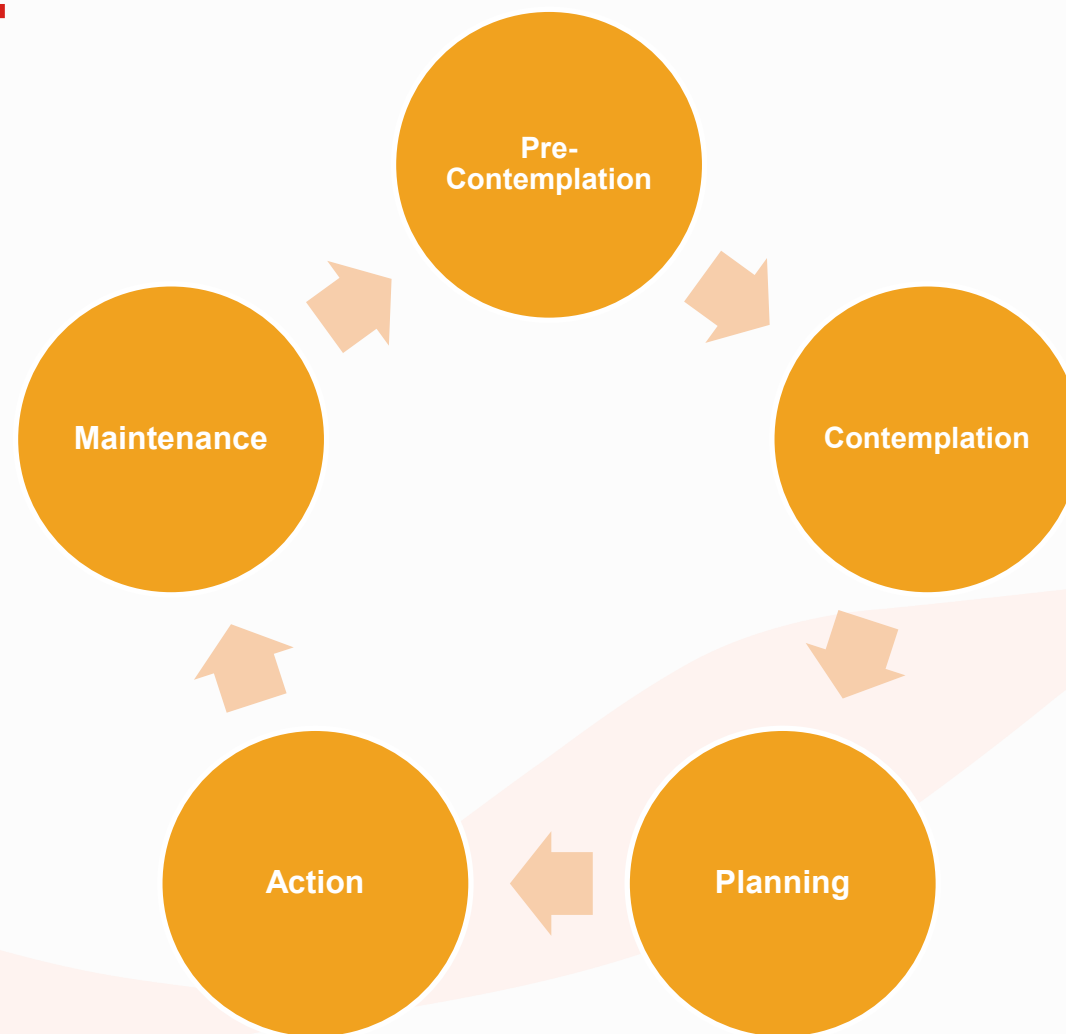
Syphilis incidence also decreased in both study arms

For patients believing they were on PrEP, condom use increased.

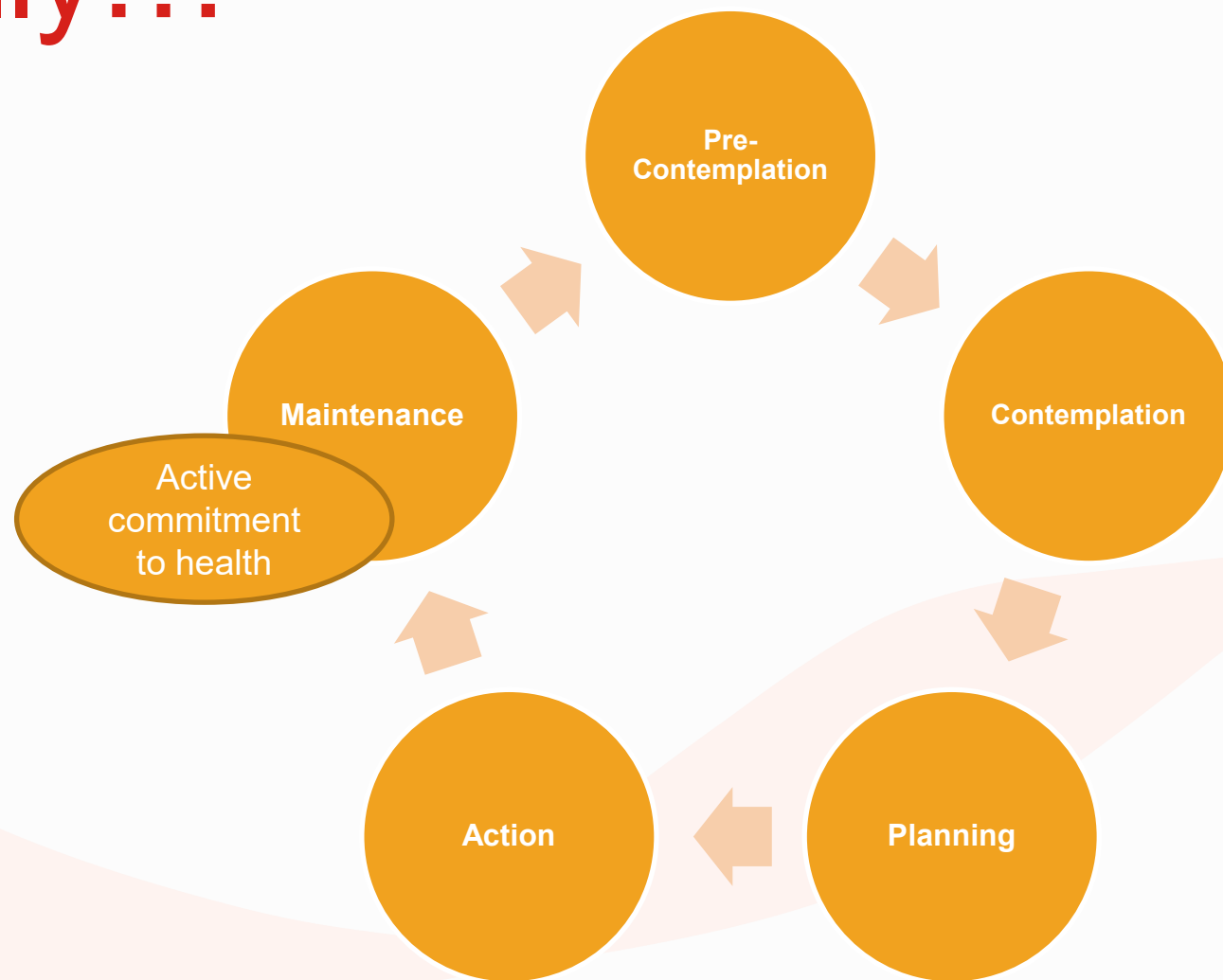
PROUD

- Pre-exposure prophylaxis to prevent the acquisition of HIV-1 infection
 - UK randomized, open-label study
 - 275 MSM to start TDF/FTC immediately
 - 269 MSM to start TDF/FTC after 1 year
 - 86% HIV risk reduction
 - No difference between groups in STI incidence

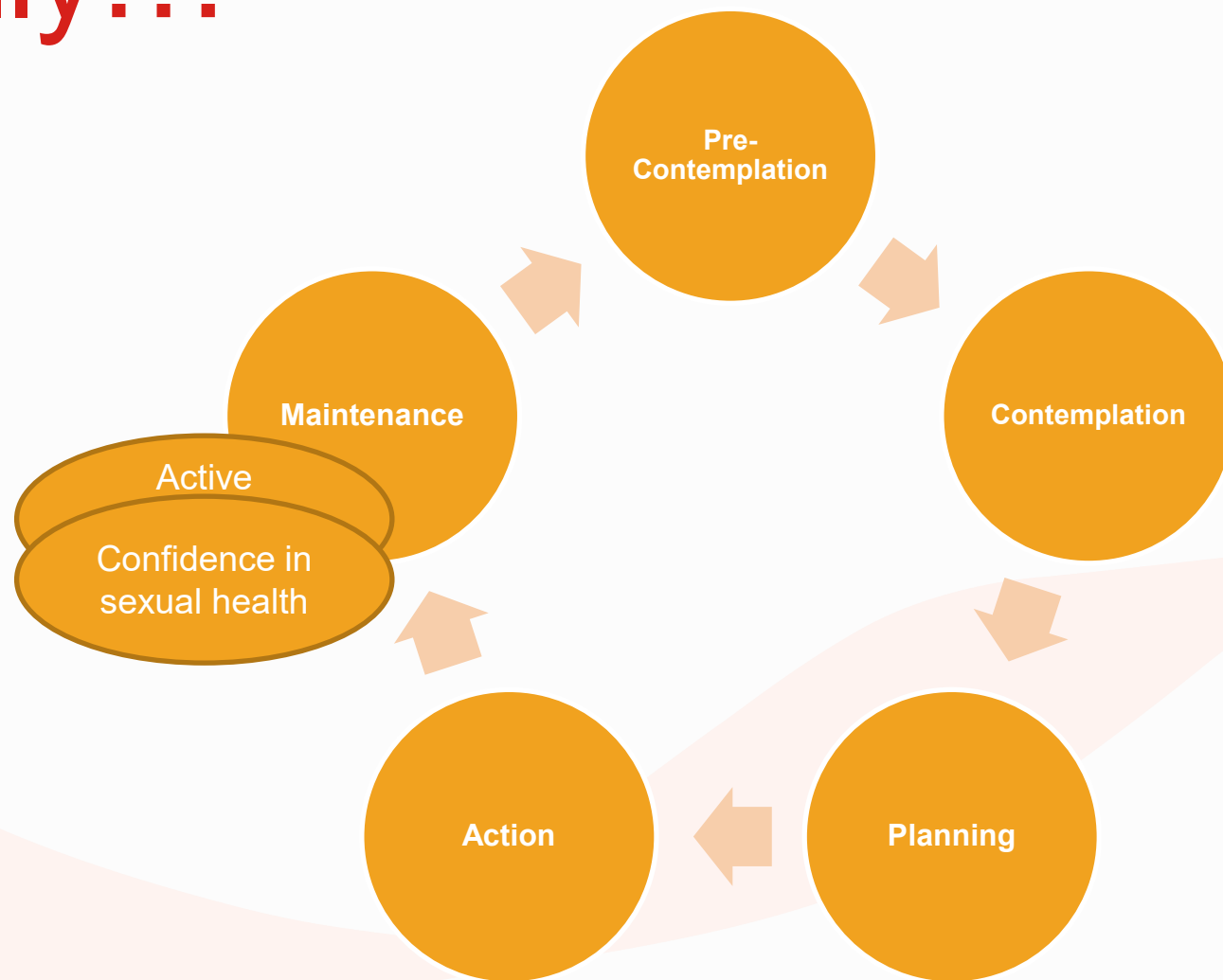
Actually...



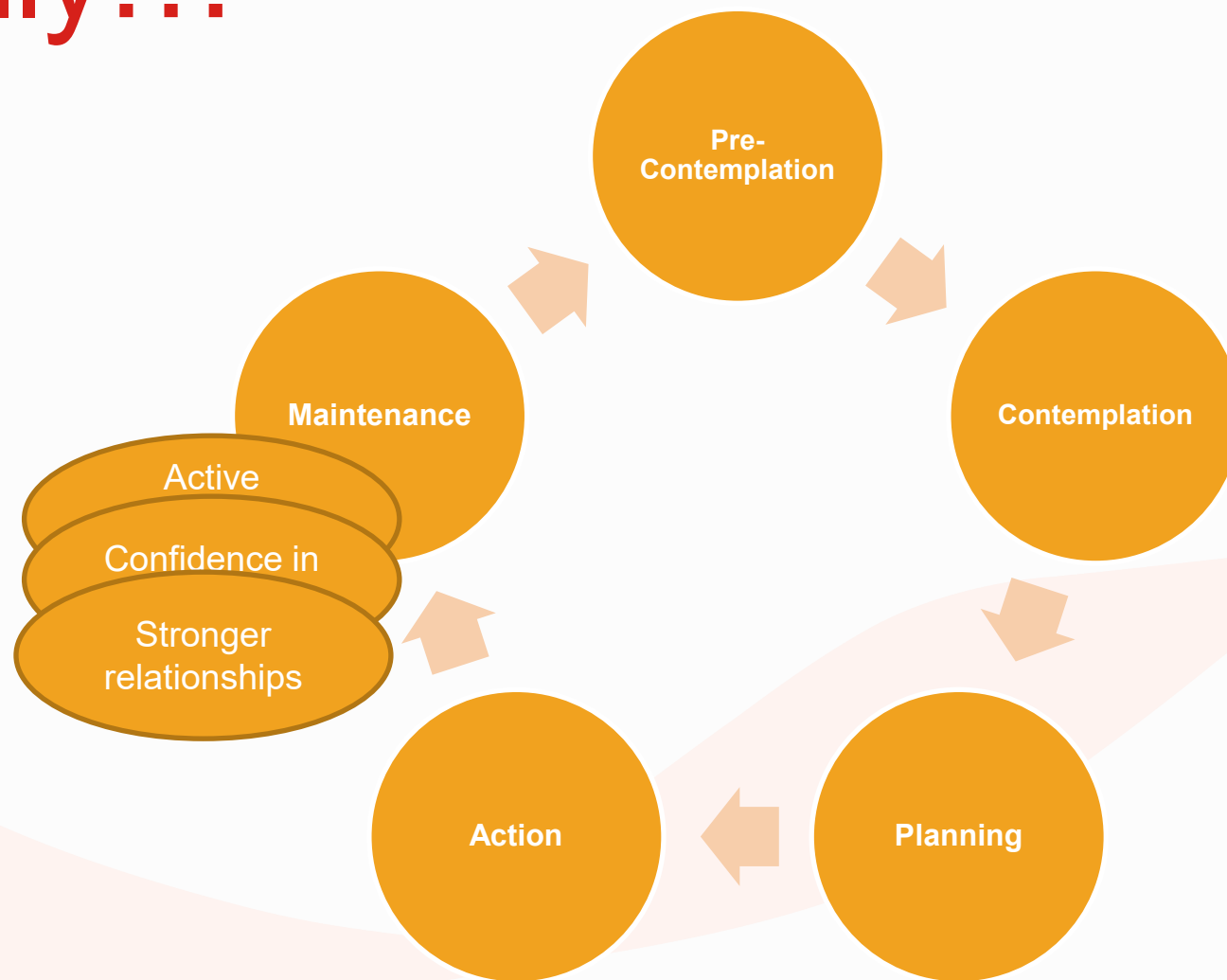
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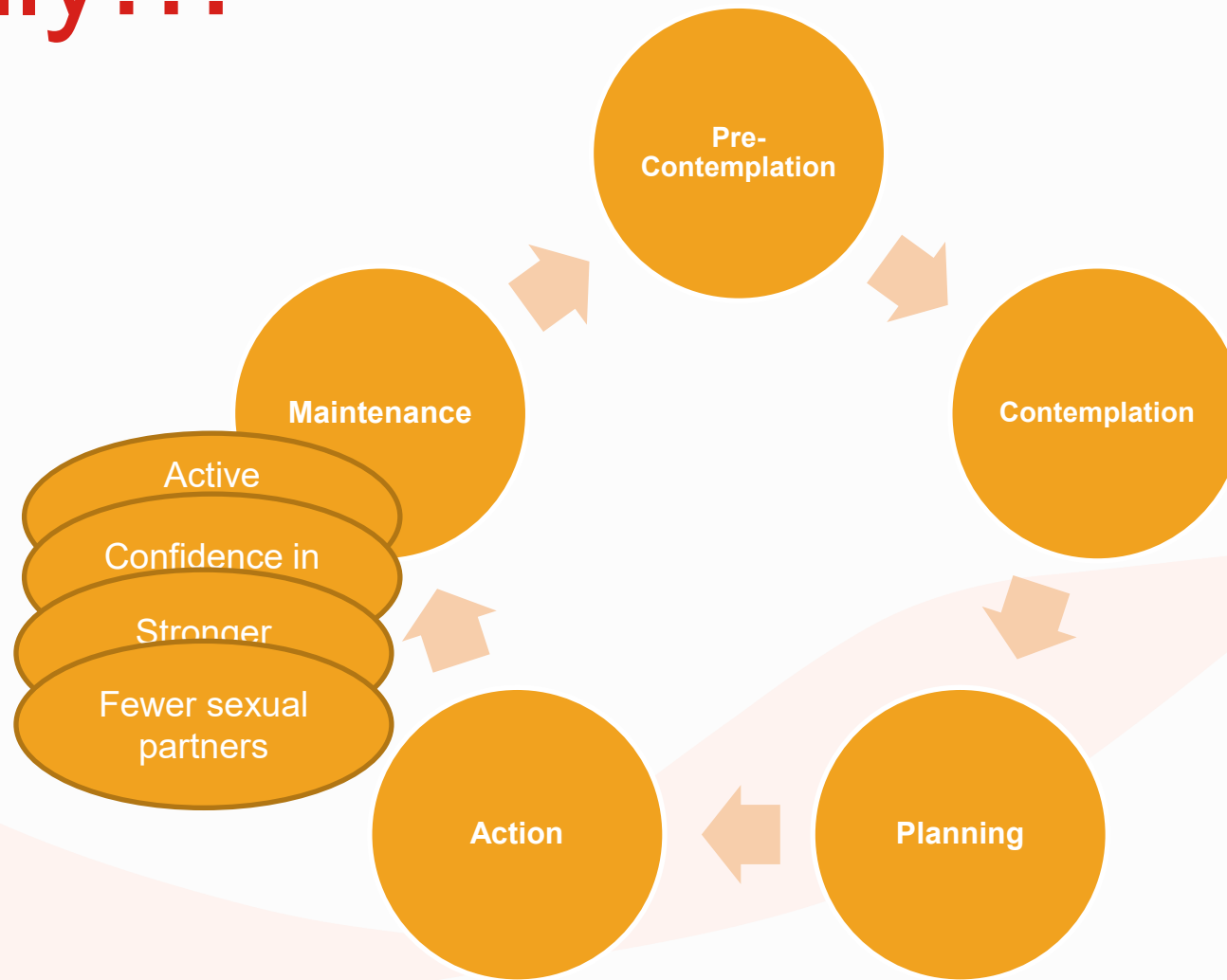
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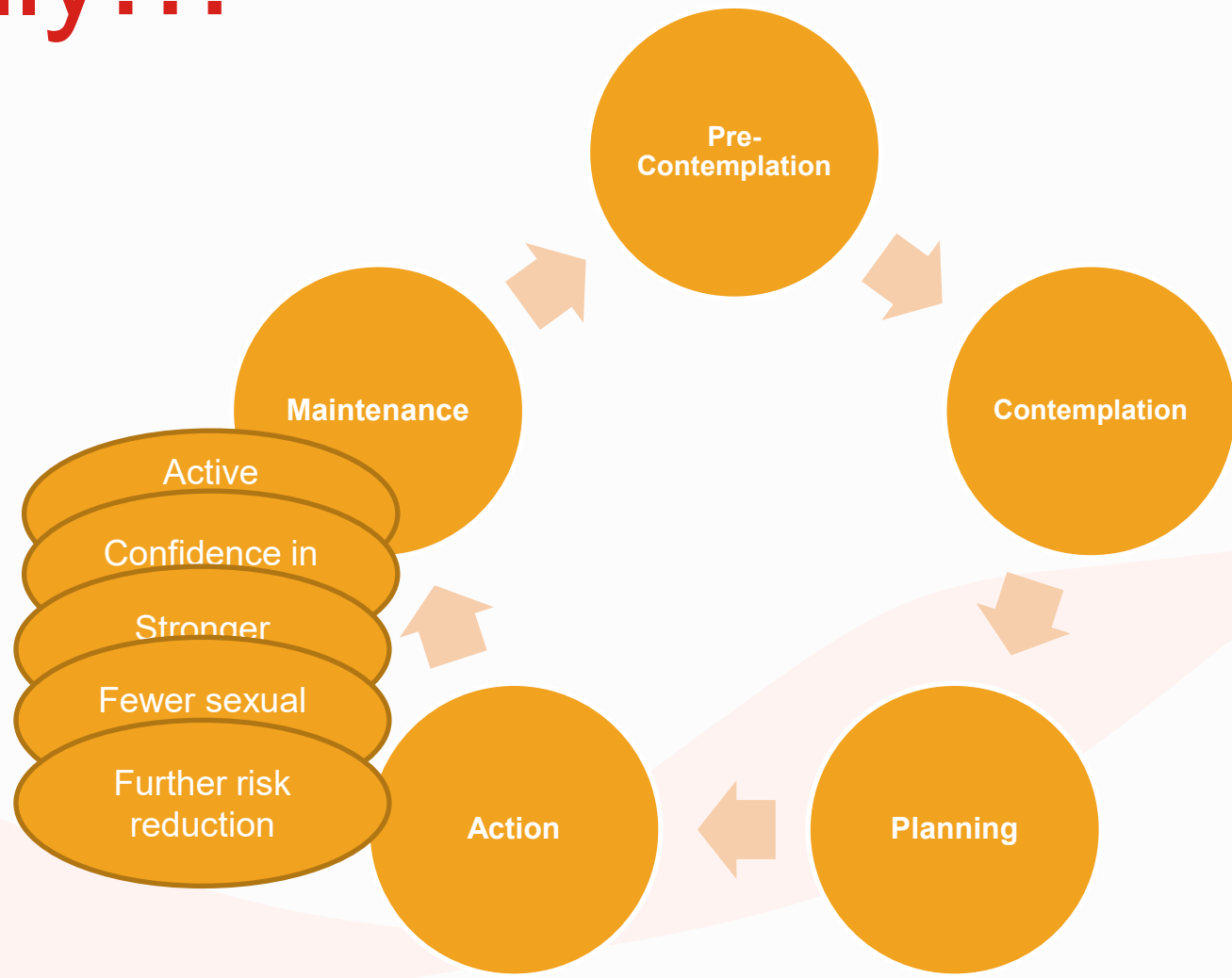
Actually...



Actually...



Actually...



As a society, we treat HIV-related health care activities differently.

As healthcare providers, we need to accept our responsibility to protect our patients.

PrEP barriers – Providers

- Insufficient evidence of efficacy
- Too harmful/risk of adverse events
- Inexperience with Truvada/lack of knowledge
- PrEP is cost-prohibitive
- PrEP is not a primary care activity (“not me”)
- Unfamiliarity with PrEP candidates; inability to assess high HIV risk
- Sexual risk compensation
- Patients perceived as non-adherent, and risk HIV resistance mutation development
- Personal ideology

Blumenthal J, et al. *AIDS Behav* 2015,19:802-810.

Karris MY, et al. *Clin Infect Dis* 2014,58:704-712.

Sharma M, et al. *PLoS One* 2014,9:e105283.

Hakre S, et al. *Medicine (Baltimore)* 2016,95:e4511.

Clement ME, et al. *AIDS Care* 2017:1-6.

Martin J, et al. Abstract # 1447. IDWeek, San Diego, October 4-8, 2017.

Imp B, et al. Abstract # 879, IDWeek, San Diego, October 4-8, 2017.

Blackstock OJ, et al. *J Gen Intern Med* 2017,32:62-70.

Moore E, et al. Healthcare Provider Attitudes and Knowledge Around Pre-Exposure Prophylaxis (PrEP) for the Prevention of HIV-Infection in Tennessee. IDWeek 2019

PrEP barriers in TN – Providers

- Barriers cited by providers (prescribers vs non-prescribers)
 - Cost (26% vs 51%)
 - Need for administrative support (26% vs 49%)
 - Sexual risk compensation (22% vs 25%)
 - Suboptimal adherence (17% vs 27%)
 - Serious adverse events (0% vs 8%)

PrEP eligibility

PrEP eligibility

Summary of Guidance for PrEP Use			
	Men Who Have Sex With Men	Heterosexual Women and Men	Injection Drug Users
Detecting substantial risk of acquiring HIV infection:	<ul style="list-style-type: none"> Sexual partner with HIV Recent bacterial STD High number of sex partners History of inconsistent or no condom use Commercial sex work 	<ul style="list-style-type: none"> Sexual partner with HIV Recent bacterial STD High number of sex partners History of inconsistent or no condom use Commercial sex work Lives in high-prevalence area or network 	<ul style="list-style-type: none"> HIV-positive injecting partner Sharing injection equipment Recent drug treatment (but currently injecting)
Clinically eligible:	<ul style="list-style-type: none"> Documented negative HIV test before prescribing PrEP No signs/symptoms of acute HIV infection Normal renal function, no contraindicated medications Documented hepatitis B virus infection and vaccination status 		
Prescription	Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90 day supply		
Other services:	<ul style="list-style-type: none"> Follow-up visits at least every 3 months to provide: <ul style="list-style-type: none"> HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STD symptom assessment At 3 months and every 6 months after, assess renal function Every 6 months test for bacterial STDs 		
	<ul style="list-style-type: none"> Do oral/rectal STD testing 	<ul style="list-style-type: none"> Assess pregnancy intent Pregnancy test every 3 months 	<ul style="list-style-type: none"> Access to clean needles/syringes and drug treatment services

Source: US Public Health Service. Preexposure prophylaxis for the prevention of HIV infection in the United States—2014: a clinical practice guideline.

<https://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>
http://www.gilead.com/~media/Files/pdfs/medicines/hiv/truvada/truvada_medication_guide.pdf

PrEP eligibility

Summary of Guidance for PrEP Use													
	Men Who Have Sex With Men	Heterosexual Women and Men	Injection Drug Users										
Detecting substantial risk of acquiring HIV infection:	<ul style="list-style-type: none"> Sexual p Recent b High nu partners History c no cond Commer 	HIRI-MSM Risk Index*											
Clinically eligible:	<ul style="list-style-type: none"> Do No No Do 	1 How old are you today (yrs)? <table border="0"> <tr><td><18 years</td><td>score 0</td></tr> <tr><td>18–28 years</td><td>score 8</td></tr> <tr><td>29–40 years</td><td>score 5</td></tr> <tr><td>41–48 years</td><td>score 2</td></tr> <tr><td>≥49 years</td><td>score 0</td></tr> </table>	<18 years	score 0	18–28 years	score 8	29–40 years	score 5	41–48 years	score 2	≥49 years	score 0	
<18 years	score 0												
18–28 years	score 8												
29–40 years	score 5												
41–48 years	score 2												
≥49 years	score 0												
Prescription		2 How many men have you had sex with in the last 6 months? <table border="0"> <tr><td>>10 male partners</td><td>score 7</td></tr> <tr><td>6–10 male partners</td><td>score 4</td></tr> <tr><td>0–5 male partners</td><td>score 0</td></tr> </table>	>10 male partners	score 7	6–10 male partners	score 4	0–5 male partners	score 0					
>10 male partners	score 7												
6–10 male partners	score 4												
0–5 male partners	score 0												
Other services:	<ul style="list-style-type: none"> Foll HIV side At 3 Eve 	3 In the last 6 months, how many times did you have receptive anal sex (you were the bottom) with a man? <table border="0"> <tr><td>1 or more times</td><td>score 10</td></tr> <tr><td>0 times</td><td>score 0</td></tr> </table>	1 or more times	score 10	0 times	score 0							
1 or more times	score 10												
0 times	score 0												
	<ul style="list-style-type: none"> Do oral/re 	4 How many of your male sex partners were HIV positive? <table border="0"> <tr><td>>1 positive partner</td><td>score 8</td></tr> <tr><td>1 positive partner</td><td>score 4</td></tr> <tr><td><1 positive partner</td><td>score 0</td></tr> </table>	>1 positive partner	score 8	1 positive partner	score 4	<1 positive partner	score 0					
>1 positive partner	score 8												
1 positive partner	score 4												
<1 positive partner	score 0												
		5 In the last 6 months, how many times did you have insertive anal sex (you were the top) with a man who was HIV positive? <table border="0"> <tr><td>5 or more times</td><td>score 6</td></tr> <tr><td>0 times</td><td>score 0</td></tr> </table>	5 or more times	score 6	0 times	score 0							
5 or more times	score 6												
0 times	score 0												
		6 In the last 6 months, have you used methamphetamines such as crystal or speed? <table border="0"> <tr><td>Yes</td><td>score 5</td></tr> <tr><td>No</td><td>score 0</td></tr> </table>	Yes	score 5	No	score 0							
Yes	score 5												
No	score 0												
		7 In the last 6 months, have you used poppers (amyl nitrate)? <table border="0"> <tr><td>Yes</td><td>score 3</td></tr> <tr><td>No</td><td>score 0</td></tr> </table>	Yes	score 3	No	score 0							
Yes	score 3												
No	score 0												
		Add down entries in right column to calculate total score <table border="0"> <tr><td>Total score†</td><td></td></tr> </table>	Total score†										
Total score†													
<p>*To identify sexually active MSM in their practice, we recommend clinicians ask all their male patients a routine question: "In the past (time) have you had sex? (if yes), with men, women, or both?"</p> <p>†If score is 10 or greater, evaluate for PrEP or other intensive HIV prevention services; If score is 9 or less, provide indicated standard HIV prevention services.</p>													

Source: US Public Health Service. Preexposure prophylaxis for HIV infection among men who have sex with men.

<https://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>
http://www.gilead.com/~media/Files/pdfs/medicines/hiv/truvada/truvada_medication_guide.pdf

PrEP eligibility

Summary of Guidance for PrEP Use		
	Men Who Have Sex With Men	Heterosexual Women and Men
Detecting substantial risk of acquiring HIV infection:	<ul style="list-style-type: none"> Sexual p Recent b High nu partners History o no cond Commer 	
Clinically eligible:	<ul style="list-style-type: none"> Do No No Do 	
Prescription		
Other services:	<ul style="list-style-type: none"> Foll HIV side At 3 Eve 	

HIRI-MSM Risk Index*		
	Heterosexual Women and Men	Injection Drug Users
1 How old are you today	<18 years	score 0
2 How many you have had sex with in the last 12 months		
3 In the last 12 months, how many times did you have sex with a partner who did not use a condom		
4 How many partners did you have in the last 12 months		
5 In the last 12 months, how many times did you have sex with a partner who was not on HIV prevention		
6 In the last 12 months, how many times did you have sex with a partner who was not on PrEP		
7 In the last 12 months, how many times did you have sex with a partner who was not on PrEP and was not on HIV prevention		

Medication Guide

TRUVADA® (tru-VAH-dah)
(emtricitabine and tenofovir disoproxil fumarate) tablets

Read this Medication Guide before you start taking TRUVADA and each time you get a refill. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or your treatment.

This Medication Guide provides information about two different ways that TRUVADA may be used (see the Medication Guide section **"What is TRUVADA?"** for important information about how TRUVADA may be used):

- to treat Human Immunodeficiency Virus-1 (HIV-1) infection, and
- to reduce the risk of getting HIV-1 infection in adults who are HIV-negative

HIV is the virus that causes AIDS (Acquired Immune Deficiency Syndrome).

What is the most important information I should know about TRUVADA?

If you also have hepatitis B virus (HBV) infection and take TRUVADA, your hepatitis B may become worse if you stop taking TRUVADA.

- Do not stop taking TRUVADA without first talking to your healthcare provider.
- Do not run out of TRUVADA. Refill your prescription or talk to your healthcare provider before your TRUVADA is all gone.
- If your healthcare provider stops TRUVADA, your healthcare provider will need to watch you closely for several months to check your hepatitis B infection, or give you a medication to treat hepatitis B.

Tell your healthcare provider about any new or unusual symptoms you may have after you stop taking TRUVADA. For more information about side effects, see the section **"What are the possible side effects of TRUVADA?"** in this Medication Guide.

Other important information for people who take TRUVADA to help reduce their risk of getting HIV-1 infection:

Before taking TRUVADA to reduce your risk of getting HIV-1 infection:

- You must be HIV-negative to start TRUVADA. You must get tested to make sure that you do not already have HIV-1 infection.**
- Do not take TRUVADA to reduce the risk of getting HIV-1 unless you are confirmed to be HIV-negative.**
- Many HIV-1 tests can miss HIV-1 infection in a person who has recently become infected. If you have flu-like symptoms, you could have recently become infected with HIV-1. Tell your healthcare provider if you had a flu-like illness within the last month before starting TRUVADA or at any time while taking TRUVADA. Symptoms of new HIV-1 infection include:
 - tiredness
 - fever
 - joint or muscle aches
 - sore throat
 - vomiting or diarrhea
 - rash

*To identify their male patients, women, or injection drug users

†If score is 10 or greater, evaluate for PrEP or other intensive HIV prevention services; If score is 9 or less, provide indicated standard HIV prevention services.

Source: US Public Health Service. Preexposure prophylaxis to prevent HIV infection in men who have sex with men, women, or injection drug users.

<https://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>
http://www.gilead.com/~media/Files/pdfs/medicines/hiv/truvada/truvada_medication_guide.pdf

PrEP eligibility

Summary of Guidance for PrEP Use		
	Men Who Have Sex With Men	Heterosexual Women and Men
Detecting substantial risk of acquiring HIV infection:	<ul style="list-style-type: none"> Sexual p Recent b High nu partners History c no cond Commer 	
Clinically eligible:	<ul style="list-style-type: none"> Do No No Do 	
Prescription		
Other services:	<ul style="list-style-type: none"> Foll HIV side At 3 Eve 	

HIRI-MSM Risk Index*		
	Men Who Have Sex With Men	Heterosexual Women and Men
1	How old are you today	<18 years score 0
2	How many you have had in the last 12 months	
3	In the last 12 months, how many times did you have anal sex with a partner whose HIV status is unknown	
4	How many times in the last 12 months have you had sex with a partner whose HIV status is unknown	
5	In the last 12 months, how many times have you had sex with a partner whose HIV status is unknown and who is at high risk (e.g., a person who injects drugs or is a bisexual partner)	
6	In the last 12 months, how many times have you had sex with a partner whose HIV status is unknown and who is at high risk (e.g., a person who injects drugs or is a bisexual partner)	
7	In the last 12 months, how many times have you had sex with a partner whose HIV status is unknown and who is at high risk (e.g., a person who injects drugs or is a bisexual partner)	

Medication Guide	
TRUVADA® (tru-VAH-dah)	
(emtricitabine and tenofovir disoproxil fumarate) tablets	
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<ul style="list-style-type: none"> to treat Human Immunodeficiency Virus-1 (HIV-1) infection, and to reduce the risk of getting HIV-1 infection in adults who are HIV-negative 	
HIV is the virus that causes AIDS (Acquired Immune Deficiency Syndrome).	
What is the most important information I should know about TRUVADA?	
If you also have hepatitis B virus (HBV) infection and take TRUVADA, your hepatitis B may become worse if you stop taking TRUVADA.	
<ul style="list-style-type: none"> The USPSTF recommends the following persons be considered for PrEP: 	
<ol style="list-style-type: none"> Men who have sex with men, are sexually active, and have one of the following characteristics: <ul style="list-style-type: none"> A serodiscordant sex partner (i.e., a sex partner living with HIV) A recent sexually transmitted infection (STI) with syphilis, gonorrhea, or chlamydia Inconsistent use of condoms during receptive or insertive anal sex Heterosexual women and men who are sexually active and have one of the following characteristics: <ul style="list-style-type: none"> A serodiscordant sex partner (i.e., a sex partner living with HIV) Inconsistent use of condoms during sex with a partner whose HIV status is unknown and who is at high risk (e.g., a person who injects drugs or is a bisexual partner) A recent STI with syphilis or gonorrhea Persons who inject drugs and have one of the following characteristics: <ul style="list-style-type: none"> Share drug injection equipment Are at risk of sexual acquisition of HIV (see above) 	

*To identify their male patients, women, or...
 †If score is 10 or greater, consider PrEP; If score is 9 or greater, consider PrEP.

Source: US Public Health Service. Preexposure prophylaxis to prevent HIV infection in men who have sex with men, women, and transgender people.

<https://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>
http://www.gilead.com/~media/Files/pdfs/medicines/hiv/truvada/truvada_medication_guide.pdf

PrEP eligibility

Summary of Guidance for PrEP Use			
	Men Who Have Sex With Men	Heterosexual Women and Men	Injection Drug Users
Detecting substantial risk of acquiring HIV infection:	<ul style="list-style-type: none">- Sexual p- Recent b- High nu- partners- History o- no cond- Commer	HIRI-MSM Risk Index*	
		1 How old are you today	<18 years
		2 How many you have in the	

Anyone with high risk for HIV acquisition, as determined by the patient's and/or provider's assessment, in which the risk of Truvada[®] does not outweigh the benefit.

- *To identify their male patient, men, women, or
- †If score is 10 or more; If score is 9 or more
- A recent STI with syphilis or gonorrhea
3. Persons who inject drugs and have one of the following characteristics:
- Share drug injection equipment
 - Are at risk of sexual acquisition of HIV (see above)

<https://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>

http://www.gilead.com/~media/Files/pdfs/medicines/hiv/truvada/truvada_medication_guide.pdf

Recommendation comparisons

- 300 high risk young, black MSM (age 16-29) in Chicago
- 33 HIV acquisitions over 3 years
 - 52% met CDC eligibility for PrEP
 - 85% met HIRI-MSM eligibility for PrEP
 - 94% met drug company eligibility for PrEP
- CDC guidelines: Low sensitivity, specificity (52%)
- Drug company guidelines: High sensitivity, low specificity (15%)

Lancki N et al. AIDS, 2018

Special considerations

- **Pregnant or breastfeeding women**
 - Pregnancy Category B (No known risk)
 - Minimally secreted in breastmilk, not contraindicated in breastfeeding
- **Chronic HBV**
 - TDF/TAF and FTC are active against HBV
 - Abrupt withdrawal could cause HBV flare
 - Stopping requires careful monitoring and observation
- **Chronic Renal Failure (CrCl <60mL/min)**
 - Don't use TDF/FTC; safety has not been adequately determined
 - Can use TAF/FTC for CrCl >30mL/min

PrEP medication counseling

PrEP Medication Counseling

- Dosing
 - One tab daily, with or without food
- Adherence, and its relationship to efficacy
- Time to effectiveness
 - 7-10 days for men, 21 days for women
 - Barrier protection especially needed during that time
- Adverse effects
 - Nausea, vomiting, diarrhea, loss of appetite, weight loss
 - Fatigue, headache
- Requirements for monitoring
- Refill process
 - “Call when you have 7-10 days left”

Adverse Events

Table 2. Adverse Events, According to Treatment Group.*

Adverse Event	TDF-FTC (N = 611)		Placebo (N = 608)		P Value†
	no. of participants (%)	no. of events	no. of participants (%)	no. of events	
Any	557 (91.2)	4357	536 (88.2)	4390	0.003
Any serious	63 (10.3)	68	66 (10.9)	79	0.90
Grade 3 or 4 only	19 (3.1)	21	29 (4.8)	32	0.17
At least possibly related to study drug	20 (3.3)	21	27 (4.4)	29	0.35
Upper respiratory tract infection	231 (37.8)	385	241 (39.6)	439	0.84
Headache	227 (37.2)	390	226 (37.2)	411	0.73
Dizziness	92 (15.1)	109	67 (11.0)	82	0.03
Abdominal pain	155 (25.4)	215	156 (25.7)	217	0.78
Nausea	113 (18.5)	132	43 (7.1)	48	<0.001
Vomiting	69 (11.3)	87	43 (7.1)	47	0.008
Diarrhea	76 (12.4)	93	65 (10.7)	76	0.22
≥5% Weight loss	75 (12.3)	113	61 (10.0)	72	0.13
Back pain	57 (9.3)	72	68 (11.2)	90	0.37
Rash	39 (6.4)	44	42 (6.9)	48	0.81
Fracture	7 (1.1)	7	6 (1.0)	8	0.74
Elevated creatinine	1 (0.2)	1	0	0	1.00
Hypophosphatemia	142 (23.2)	219	159 (26.2)	245	0.65
Hyperamylasemia	315 (51.6)	997	302 (49.7)	1017	0.45
Elevated AST	36 (5.9)	43	38 (6.2)	42	0.90
Elevated ALT	38 (6.2)	48	43 (7.1)	66	0.57
Death‡	2 (0.3)	2	4 (0.7)	4	0.45

* ALT denotes alanine aminotransferase, and AST aspartate aminotransferase.

† All P values were calculated with the use of a time-to-first-event analysis (regression analysis of survival data on the basis of the Cox proportional-hazards model), with the exception of the P values for weight loss of 5% or more and death, which were calculated with the use of Fisher's exact test.

‡ The causes of death in the TDF-FTC group were motor vehicle accident (one participant) and suicide (one); the causes of death in the placebo group were motor vehicle accident (two), homicide (one), and cerebrovascular accident (one).

Adverse Events

Table 2. Adverse Events, According to Treatment Group.*

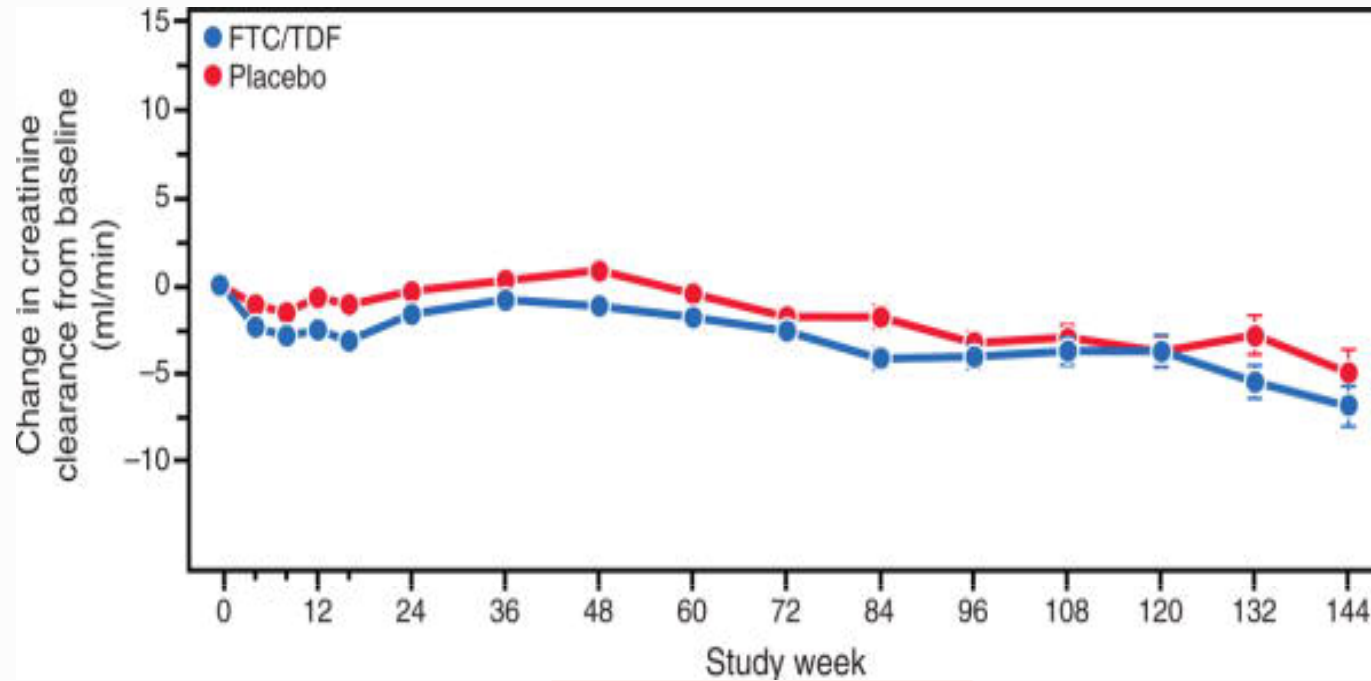
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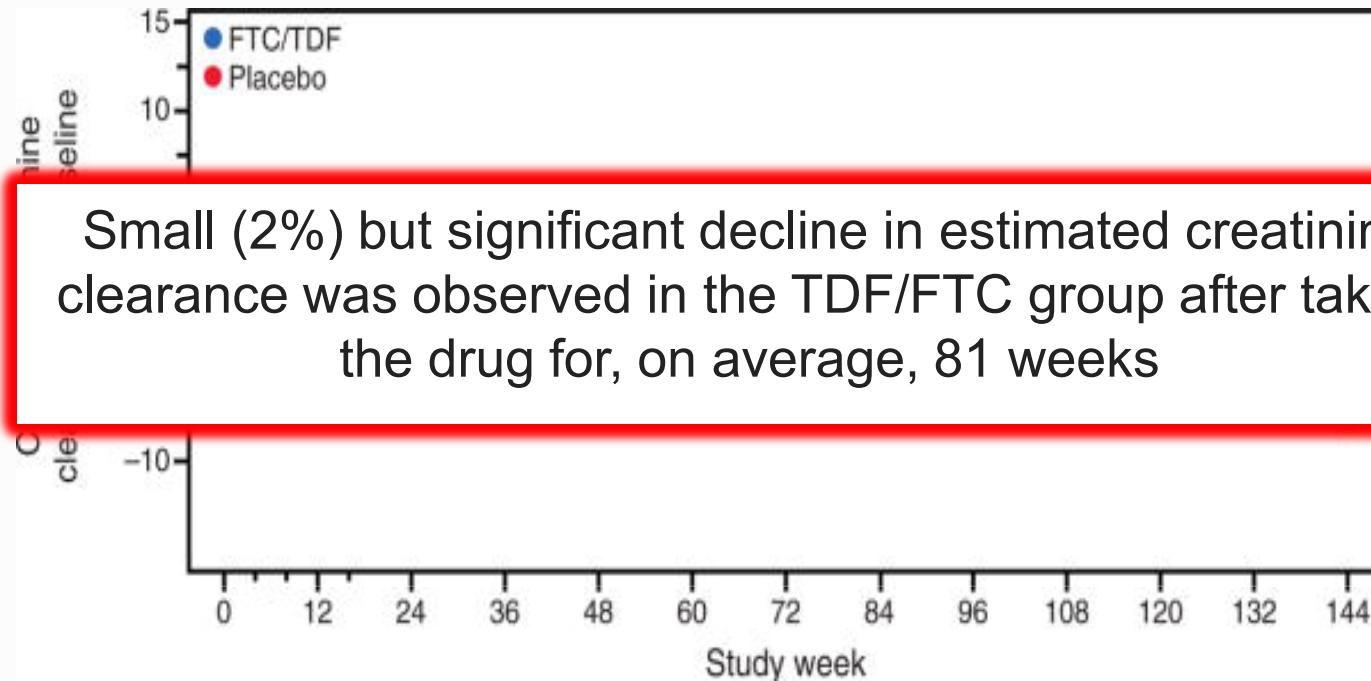
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Adverse Events



iPrEX, 2013

Adverse Events



Small (2%) but significant decline in estimated creatinine clearance was observed in the TDF/FTC group after taking the drug for, on average, 81 weeks

iPrEX, 2013

Adverse Events

Table 3. Bone Mineral Density Scores.*

Assessment	Forearm			Hip			Lumbar Spine		
	TDF-FTC (N=109)	Placebo (N=112)	P Value	TDF-FTC (N=109)	Placebo (N=112)	P Value	TDF-FTC (N=109)	Placebo (N=112)	P Value
T score			0.004			<0.001			<0.001
Enrollment	-0.75	-0.58		0.44	0.53		-0.72	-0.59	
6 mo	-0.77	-0.50		0.33	0.57		-0.84	-0.45	
12 mo	-0.79	-0.48		0.33	0.54		-0.77	-0.56	
18 mo	-0.93	-0.27		0.17	0.77		-0.92	-0.43	
24 mo	-0.92	-0.13		0.21	0.74		-1.11	-0.37	
z Score			0.004			<0.001			<0.001
Enrollment	-0.70	-0.54		0.45	0.54		-0.67	-0.54	
6 mo	-0.73	-0.45		0.35	0.58		-0.80	-0.41	
12 mo	-0.72	-0.42		0.34	0.55		-0.74	-0.53	
18 mo	-0.88	-0.21		0.18	0.78		-0.88	-0.41	
24 mo	-0.87	-0.13		0.20	0.76		-1.09	-0.28	

* In the TDF-FTC group, 58 participants completed bone mineral density testing at the 6-month visit, 45 at the 12-month visit, 36 at the 18-month visit, and 23 at the 24-month visit. In the placebo group, 66 participants completed bone mineral density testing at the 6-month visit, 44 at the 12-month visit, 33 at the 18-month visit, and 35 at the 24-month visit.

TDF2 Study Group, 2012

Grant RM, et al. Recovery of bone mineral density after stopping oral HIV pre-exposure prophylaxis. CROI 2016 Feb 20-24 Boston

Adverse Events

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6 mo	-0.77	-0.50		0.33	0.57		-0.84	-0.45	

Significant decline in T scores and z scores for BMD at the forearm, hip, and lumbar spine in participants who received TDF/FTC, as compared with those who received placebo

24 mo	-0.87	-0.13	0.20	0.76	-1.09	-0.28
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Adverse Events

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T score			0.004			<0.001			<0.001

BUT THIS CAN RECOVER!

Bone mineral density recovered after 6 months of stopping TDF/FTC in both young and older adults.

visit, 44 at the 12-month visit, 55 at the 18-month visit, and 55 at the 24-month visit.

TDF2 Study Group, 2012

Grant RM, et al. Recovery of bone mineral density after stopping oral HIV pre-exposure prophylaxis. CROI 2016 Feb 20-24 Boston

STOP PrEP

- The patient doesn't want it
- Behavior or life situations have changed that lower risk for HIV infection
- Intolerable adverse events/toxicities
- Nonadherence despite attempted interventions to improve
- HIV-infection



PrEP laboratory monitoring

The First Visit

- Labs:
 - HIV Ag/Ab (but if symptoms of acute HIV, get HIV RNA)
 - Basic Metabolic Panel
 - Hepatitis B sAg, sAb
 - Hepatitis C Ab
 - Treponemal IgG
 - Gonorrhea/chlamydia PCR (oral, rectal and urethral)
 - *Consider Hepatitis A IgM/IgG given recent outbreak*

A year of PrEP

Encounter	To do
Month 0	<ul style="list-style-type: none">• Screen for HIV• Confirm HBV and HCV status• Check serum creatinine• Screen for STIs• Counseling• Prescribe
Month 3	<ul style="list-style-type: none">• Screen for HIV• Check serum creatinine• Counseling• Prescribe
Month 6	<ul style="list-style-type: none">• Screen for HIV• Screen for STIs• Counseling• Prescribe
Month 9	<ul style="list-style-type: none">• Screen for HIV• Check serum creatinine• Counseling• Prescribe
Month 12	<ul style="list-style-type: none">• Screen for HIV• Screen for STIs• Counseling• Prescribe

Labs:

- HIV screen: 5
- Serum creatinine: 3
- STI screen: 3

Prescriptions/Refill authorizations: 5

Discussions: 5+

Financial aspects of PrEP

PrEP coverage

- Actually, Truvada® and Descovy® are very affordable for most patients
- All insurance plans cover TDF/FTC, most cover TAF/FTC
 - Variable copays
- Medicare/Medicaid cover PrEP
- Gilead Advancing Access Program – Copay Assistance
 - \$7,200/calendar year of copay assistance
 - No income limitation
- Gilead Advancing Access Program – Medication Access
 - Full drug coverage if income <500% federal poverty level
 - Primary option for uninsured patients

Copay Assistance

ADVANCING ACCESS[®]	FINANCIAL SUPPORT	INSURANCE SUPPORT
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Get Started with the Gilead Advancing Access[®] program

Advancing Access can provide you with information to help you find financial and insurance support every step of the way.

Support by Phone
Call **1-800-226-2056** to speak to an Advancing Access counselor directly. You can also leave a confidential message any time and day of the week.
Hours: Monday-Friday / 9am to 8pm ET

Enroll Today
The form requires some information from your healthcare provider, so you may want to fill it out with them. [Download the Advancing Access Enrollment Form](#) or [Enroll Online](#)



Medication Assistance Program

ADVANCING ACCESS[®] ENROLLMENT FORM PAGE 1 OF 3
PHONE: 1-800-226-2056 FAX: 1-800-216-6857

1. REQUESTED PATIENT SUPPORT REQUIRED CHECK ALL BOXES THAT APPLY

Benefits Investigation Prior Authorization and Appeals Information Co-pay Coupon Program Enrollment
Patient Assistance Program (PAP) or Medication Assistance Program (MAP) Eligibility Screening

2. GILEAD MEDICATION PRESCRIBED (REQUIRED)

Product Name: mg
If requesting TRUVADA, please indicate for: Treatment PEP/Prevention

3. PATIENT INFORMATION (REQUIRED)

First Name: Last Name: MI: Preferred Language:
Address: Apt./Unit # City:
State: Zip Code: Phone #: SSN# (Last 4 digits):
Email: DOB:
Alternate Contact Name: Phone #: Relationship:

CONTACT AUTHORIZATION

I authorize Advancing Access to leave a detailed message, including the name of my prescriber, if I am unavailable when they call. Yes No

4. INSURANCE INFORMATION (REQUIRED) PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF INSURANCE CARDS

Patient is insured (Please fill out all of the applicable insurance information below. Attach copy - front and back - of patient card) Patient is uninsured (ie, no health insurance through any public or private employer) SEE OPTIONAL "PATIENT FINANCIAL INFORMATION" SECTION 5 BELOW

Primary Insurance: Is this a Medicare Part D plan? Yes No
Plan Name: Insurance Policy Number:
Subscriber Name: Policy Holder Name: Relationship to Patient:
Policy #: Group #: Rx Bin #: Rx PCN #:
 Check box if patient has secondary insurance coverage and fax a copy of insurance cards, if available.

5. PRESCRIBER INFORMATION (REQUIRED)

Prescriber Name: Facility Name:
Address: City:
State: Zip Code: Office Contact:
Phone #: Fax #: NPI #:
Tax ID #: State License #:

6. DIAGNOSIS/MEDICAL INFORMATION MUST BE COMPLETED BY HEALTHCARE PROVIDER

Diagnosis (Please include ICD code):

7. PRESCRIBER CERTIFICATION AND STATEMENT OF MEDICAL NECESSITY

By signing this form, I certify that I am prescribing Gilead medication for the patient identified in Section 3. I certify that the prescription medication is medically necessary for the patient and that it will be used as directed. I certify that I will be supervising the patient's treatment and verify that the information provided is complete and accurate to the best of my knowledge. I agree that all my fees are reimbursed for any Gilead medication dispensed to the patient through the Patient Assistance Program/Medication Assistance Program (PAP/MAP) from any government program or third-party insurer.

If prescribing TRUVADA for PEP, I certify that the patient has been tested for HIV infection and found to be HIV negative, and require HIV testing will be conducted as part of the patient's care plan, as part of my patient's regular, ongoing or periodic monitoring and care of Gilead medication and required current prescription.

I certify that I have received the appropriate written authorization from the patient, in accordance with the Health Insurance Portability and Accountability Act of 1996, applicable state health information privacy laws, and any other applicable requirements, in order to request the patient's personal and medical information to Gilead and its agents and contractors for the analysis, processing, and use of the patient's insurance coverage and eligibility for services, including state and federal resources to assist the patient in obtaining, support and when of support as needed. By facilitating the provision of the patient's prescription medication to the patient, I am certifying that I am providing medical assistance, support and when of support as needed. By facilitating the provision of the patient's prescription medication to the patient, I am certifying that I am providing medical assistance, support and when of support as needed. By facilitating the provision of the patient's prescription medication to the patient, I am certifying that I am providing medical assistance, support and when of support as needed.

PRESCRIBER SIGNATURE (REQUIRED) **DATE**

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ADVANCING ACCESS ENROLLMENT FORM PHONE: 1-800-226-2056 FAX: 1-800-216-6857 PAGE 2 OF 3

PATIENT NAME: DATE OF BIRTH:

8. PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION (REQUIRED)

I understand that I must complete this enrollment form before I can receive assistance through Gilead Sciences, Inc.'s Advancing Access ("Program") and the Patient Assistance Program/Medication Assistance Program ("PAP/MAP"). As part of this process, Gilead and its agents and contractors (collectively, "Gilead") will need to obtain, review, use and disclose my personal and medical information as described below. I hereby authorize my healthcare providers and health plans to disclose my personal and medical information as described below to Gilead in connection with the Program and/or the PAP/MAP, all in accordance with this authorization, and I authorize Gilead to use and disclose the information in accordance with the authorization.

Information to Be Disclosed: Personal health information ("PHI"), including information about me (for example, my name, mailing address, financial information, and insurance information), my past, current and future medical condition (including information about my HIV-related status or treatment with this prescription medication and related medical condition), and all information provided on this enrollment form.

Purposes for Which the Disclosures are to Be Made: My healthcare providers, including any pharmacy that fills my prescription medication, and any health plans or programs that provide me healthcare benefits. I understand that my pharmacy providers may receive remuneration for disclosing my PHI pursuant to this authorization.

Purposes to Which My Information May Be Disclosed: Gilead, including the third party administrator responsible for the administration of the Program and the PAP/MAP.

Purposes for Which the Disclosures are to Be Made: Disclosures of PHI may be made to Gilead so that Gilead may use and disclose the PHI for purposes of: 1) completing the enrollment process and verifying my enrollment form; 2) establishing my eligibility for benefits from my health plan or other programs; 3) providing financial assistance, support, and referral support, and communicating with my healthcare providers, including, but not limited to, facilitating the provision of my prescription medication to me; 4) contacting me to evaluate the effectiveness of the Program and/or the PAP/MAP; 5) for Gilead's internal business purposes, including quality control and support enhancing surveys; and 6) to send me marketing information, offers, and educational materials related to my treatment and/or my prescription medication, including the customer relationship marketing program (this use of my personal information is optional and by checking the box under the signatures below, I may opt in).

I understand that once my PHI has been disclosed hereunder, federal privacy law may no longer restrict its use or disclosure. I understand further that I may refuse to sign this authorization and that if I refuse, my eligibility for health plan benefits or ability to obtain treatment from my healthcare providers will not change, but I will not have access to the support offered by Program and/or the PAP/MAP. I also understand that I may cancel this authorization at any time by notifying Gilead in writing at Advancing Access, PO Box 13185, La Jolla, CA 92039-3185. If I cancel, Gilead will stop using this authorization to obtain, use or disclose my PHI after the cancellation date, but the cancellation will not affect uses or disclosures of any PHI that have already been made pursuant to this authorization before the cancellation date. I am entitled to a copy of this signed authorization, which expires the earlier of two (2) years from the date it is signed by me or other time period required under the laws of the state in which I reside.

By checking this box, I agree to receive marketing information, offers and educational materials related to my medical condition, treatment, and/or my prescription medication, including the customer relationship marketing program.

SIGNATURE OF PATIENT OR PATIENT'S REPRESENTATIVE (REQUIRED) **DATE**

Patient Representative's Name (if signing for the patient):

Patient Representative's Relationship to Patient:

FAX COMPLETED FORM TO ADVANCING ACCESS AT 1-800-216-6857

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ADVANCING ACCESS ENROLLMENT FORM PHONE: 1-800-226-2056 FAX: 1-800-216-6857 PAGE 3 OF 3

PATIENT NAME: DATE OF BIRTH:

9. PATIENT FINANCIAL INFORMATION (REQUIRED ONLY IF APPLYING FOR THE PATIENT ASSISTANCE PROGRAM/MEDICATION ASSISTANCE PROGRAM (PAP/MAP))

Current Annual Household Income: \$

Number of People in Household supported by above income: 1 2 3 4 5 6 Other:

Please submit current documentation for all sources of income (eg, tax returns, W2, last 2 pay stubs, etc.). If there is no household income, indicate how the patient/household is being supported.

ADDITIONAL INSURANCE INFORMATION

Social Security Number:

Has the patient applied for ADAP? Yes No If Yes, date of application:

Has the patient applied for Medicaid? Yes No If Yes, date of application:

Is the patient eligible for Medicaid? Yes No If No, state reason:

Is the patient eligible for VA benefits? Yes No If Yes, has the patient tried to obtain the medication through the VA? Yes No

Has the patient applied for an insurance plan offered through a state insurance marketplace (also known as an exchange)? Yes No If Yes, date of application:

Is the patient eligible for an insurance plan offered through a state insurance marketplace (also known as an exchange)? Yes No If No, state reason:

APPLICANT DECLARATIONS AND AUTHORIZATIONS (REQUIRED ONLY IF APPLYING FOR THE PAP/MAP)

I certify that all of the information provided in this application, including household income, is complete and accurate. I understand that program assistance will terminate if Advancing Access becomes aware of any false or inaccurate information or if this medication is no longer prescribed for me. I understand that completing this application does not ensure that I will qualify for patient assistance. If I receive free product through the PAP/MAP, I certify that I will not seek reimbursement or credit for this medication from any insurance, health plan, or government program. If I am a member of a Medicare Part D plan, I will not have to pay for this medication or any cost for items associated with it counted as part of my out-of-pocket cost for prescription drugs. I understand that the PAP/MAP reserves the right to modify the application form, modify or discontinue this program, or terminate assistance at any time and without notice. I authorize the PAP/MAP and its administrator to forward my prescription to a dispensing pharmacy on my behalf. I authorize Gilead and its third party administrator to use the information provided on this form to obtain a personal credit report about me to verify the information on this form and determine my eligibility for the PAP/MAP.

SIGNATURE OF PATIENT/PATIENT REPRESENTATIVE (REQUIRED ONLY IF APPLYING FOR THE PAP/MAP) **DATE**

FAX COMPLETED FORM TO ADVANCING ACCESS AT 1-800-216-6857

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Ready, Set, PrEP

- US Dept. of Health and Human Services Program
 - No-cost PrEP provider if the patient:
 - Tests negative for HIV;
 - Has a valid prescription
 - Does not have health insurance coverage for outpatient prescription drugs
 - Does not cover costs of visits or labs
- Easy to apply:
 - Online: GetYourPrEP.com
 - By phone: 855.447.8410

PrEP Locator

PrEP Locator  Find Your Provider

[About Us](#) [About PrEP](#) [Locator Data](#) [FAQ](#) [Add Provider](#) [Add Locator To Your Site](#) [Contact](#)

Zip code or city & state, or full address 

PrEP for uninsured

PrEP access assistance

Vanderbilt Infectious Disease Clinic
1211 21st Avenue S
Medical Arts Building
Nashville, TN 37212
615-936-1174
Distance from your location: 0.3 miles

Planned Parenthood Nashville Health Center
412 Dr. D.B. Todd Jr. Blvd
Nashville, TN 37203
615-321-7216
Distance from your location: 1.4 miles

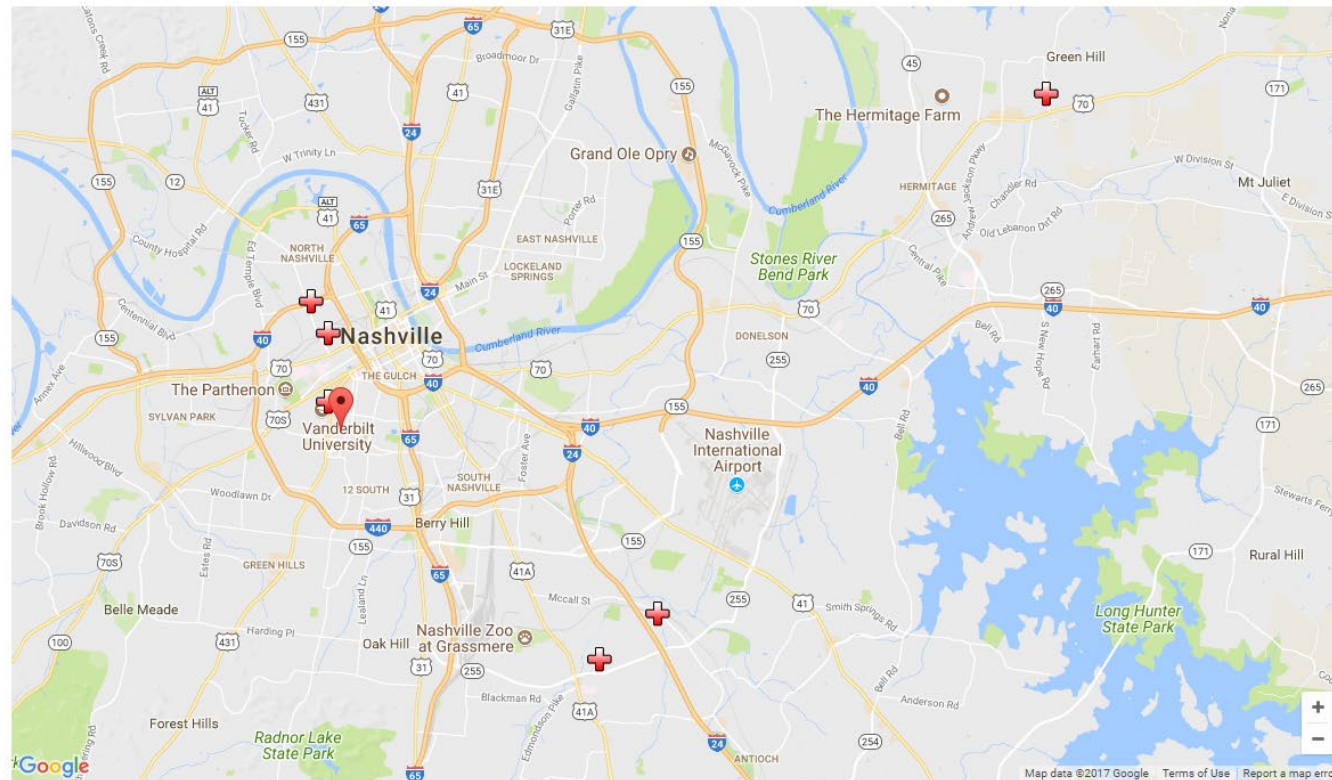
Meharry Community Wellness Center
1005 Dr. D.B. Todd Jr Blvd
Suite 333
Nashville, TN 37209
615-327-5788
Distance from your location: 2 miles

Middle Tennessee Internal Medicine Associates - Tracy Osbourne MD
510 Recovery Road
Suite 201
Nashville, TN 37212
615-833-7080
Distance from your location: 6 miles

Neighborhood Health @ MyHouse
42 Metroplex Drive
Building 4
Nashville, TN 37211

[Add PrEP Locator to Your Site](#)

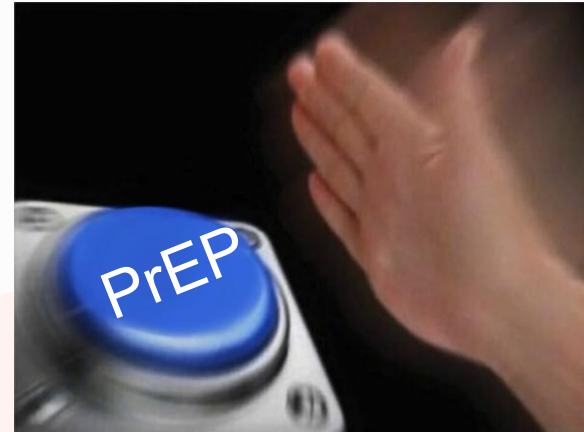
[Suggest a provider for the directory](#)



<https://prepolator.org>

Conclusion

- PrEP is a component of primary care
- PrEP is an extremely effective preventive strategy for both HIV and STIs
- Understand PrEP prescribing guidelines
- There are some adverse effects, but PrEP is generally very well-tolerated
- PrEP requires an ongoing patient-doctor relationship
- Sexual history is essential to comprehensive health care
- Ask for help! sean.g.kelly@vumc.org



Questions?