

PrEP Updates Newsletter

Volume 4, Issue 2, April 2024

Infectious Diseases Group Practice (IDGP) PrEP Clinic

Editors:

[Katherine Frasca, MD](#)

[Donna McGregor, NP](#)

[Lisa Lawrence, MSW](#)

[Sara Smith](#), PrEP Coordinator

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Available PrEP Medications, Financial Assistance Programs & EPIC tools

- PrEP is Pre-Exposure Prophylaxis, medication to prevent HIV acquisition before an exposure
- There are three FDA approved medications for PrEP with Grade IA recommendation by the CDC:
 - Daily oral PrEP
 - **Emtricitabine 200mg/tenofovir disoproxil fumarate 300mg, F/TDF, Truvada®**
 - FDA approved for all genders at risk of sexually acquired HIV and also for HIV risk related to use of injection drugs
 - Available as a generic medication with no copay under most plans
 - **Emtricitabine 200 mg/tenofovir alafenamide 25 mg, F/TAF, Descovy®**
 - FDA approved for cisgender men & transgender women, not approved for cisgender women/vaginal sex/injection drug use
 - Brand only, copay assistance cards available
 - Injectable long acting PrEP
 - **Cabotegravir 600 mg, Apretude®**, long acting, gluteal IM injection
 - FDA approved for all genders at risk of sexually acquired HIV
 - Dosing: 600 mg IM, repeat in one month then every 2 months
 - Brand only, variable insurance coverage and clinic availability, must be given by trained provider in clinic with labs: HIV VL/aby/ag every visit
- [PrEP is a Grade A recommendation](#) by the USPSTF for at-risk populations for HIV prevention
 - PrEP is required to be covered as a preventative care under most insurance plans
- PrEP and associated medical costs can be covered, even for uninsured patients, in Colorado
 - [Colorado PHIP Program](#) can cover medical visits, labs, STI testing
 - [Gilead Advancing Access Program](#) & [Viiv Patient Assistance Program](#) for medications
- [IDGP TelePrEP Program](#): virtual clinic visits with free home testing kits for Colorado residents
 - If interested contact our IDGP PrEP coordinator Sara Smith at **303-724-8245**
- **UCHealth EPIC tools**: Did you know we have **PrEP SmartSets** w/diagnosis codes, medications, labs per CDC guidelines, sexual health vaccines and follow up?
 - Find the *SmartSet* icon directly under the Plan tab in a visit encounter or under the Triage tab in telephone encounter (note this is not located in the usual orders tab)
 - Search “*Oral or Injectable PrEP for HIV Prevention*”, right click to favorite

CDPHE Updated Syphilis Screening Guidance for Colorado

- Colorado continues to experience a sharp rise in syphilis rates over the past few years:
 - Three-fold increase in incidence of all stages of syphilis from 2018 to 2023
 - Seven-fold increase in incidence of congenital syphilis from 2018 to 2023
- Colorado is considered an area of increased incidence of syphilis at this time
 - CDPHE has issued new screening recommendations in response, see table below
- Screening requires use of a [standardized algorithm](#)
- Treatment per the [2021 CDC STI Treatment Guidelines](#), due to current national Bicillin shortage, contact [CDPHE’s Access Program](#) if this agent is needed

New Colorado Syphilis Screening Recommendations	
Sexually active people aged 15-44 years	<ul style="list-style-type: none"> • Screen all sexually active people between the ages of 15 and 44 years.
Those who are pregnant	<ul style="list-style-type: none"> • All pregnant people should be screened for syphilis three times: at the first prenatal visit, early in the third trimester (28-32 weeks gestation), and at delivery. • All pregnant people who present to an urgent care center or an emergency room if the patient has not received prior prenatal care or lacks documentation of a syphilis screening test during their current pregnancy. • Syphilis testing of people with an intrauterine fetal demise. • Syphilis testing for all pregnant people as described above includes testing in correctional facilities, such as prisons, jails, and juvenile detention centers.
Any person being evaluated for a sexually transmitted infection	<ul style="list-style-type: none"> • For any patient being evaluated for sexually transmitted infections, testing should include: syphilis, HIV, gonorrhea, and chlamydia.
Men who have sex with men (MSM)	<ul style="list-style-type: none"> • At least annually for sexually active MSM • Every 3 to 6 months if at increased risk. CDC considers increased risk to include history of incarceration or transactional sex work.
Transgender and gender-diverse people	<ul style="list-style-type: none"> • Consider screening at least annually based on reported sexual behaviors and exposure.
People living with HIV	<ul style="list-style-type: none"> • For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter. • More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology.
Neonates	<ul style="list-style-type: none"> • Infants born to any person who did not have prenatal care or syphilis screening prior to delivery should be screened prior to discharge from the newborn nursery. • All infants born to a birth parent who tested positive for syphilis during pregnancy should be evaluated.

Source: <https://cdphe.colorado.gov/sti-hiv-vh/syphilis-in-colorado/provider>

Doxy PEP: Patient and Provider Resource Guide from Denver Doxy PEP Steering Committee

  	
Indications, Dosing, and Precautions	<p>Inclusion Criteria</p> <p><u>Counsel on and offer to the following populations using shared decision-making:</u></p> <ul style="list-style-type: none"> Cisgender men and women of trans experience whose sex partners were assigned male at birth (AMAB), are on PrEP or living with HIV, and had an STI in the past year* Any individual who was AMAB, with sex partners who were AMAB, who had a bacterial STI in the past year. Doxy PEP could be considered in patients without an STI diagnosis in the last year if significant risk factors for STIs and condomless sex are reported with careful counseling about the uncertain benefits in this setting. <p>*Populations included in published studies</p> <p>Dosing Instructions (for adults and adolescents >45kg)</p> <ul style="list-style-type: none"> Doxycycline 200mg orally x 1 dose, ideally taken ≤24 hours but no later than 72 hours after condomless sex. May be taken up to daily depending on frequency of sex, not to exceed 200mg in 24 hours. Provide enough doses to last until next visit based on individual assessment and shared decision-making. <p>Exclusion Criteria/Contraindications</p> <ul style="list-style-type: none"> Cisgender women—Not effective by current data Men of trans experience and non-binary individuals assigned female at birth —No data for use Contraindication to doxycycline including allergy or history of esophageal perforation <p>Precautions</p> <ul style="list-style-type: none"> Photosensitivity History of esophageal dysmotility or stricture Drug-drug interactions (e.g. avoid use with isotretinoin) History of <i>Clostridium difficile</i> <p>Special Considerations</p> <ul style="list-style-type: none"> All forms of doxycycline (hyclate or monohydrate as immediate or delayed release) can be used and are thought to be equally effective. A switch in formulation can be considered in patients reporting poor GI tolerance.
Initiation and Follow-Up Care	<p>Initiation & Follow-up</p> <ul style="list-style-type: none"> Counsel on appropriate dosing, benefits and risks of Doxy PEP. Counsel for HIV PrEP and ensure that people with HIV are in care. Screen at entry and as often as every 3 months for syphilis, HIV (as appropriate), and gonorrhea and chlamydia at all sites of exposure. Screen at entry for HBV and annually for HCV. Treat STIs and STI exposure by standard of care. Recommend and offer vaccines for mpox, hepatitis A, hepatitis B, and HPV. Encourage and counsel on condom use. Consider checking CBC, LFTs & Cr after 1 year. Suggested billing code: Z20.2—STI contact/exposure, Z11.3—STI screening, Z20.9—contact to unspecified communicable disease. Refer to primary care, mental health services, and substance use treatment as appropriate. <p>Resources and References Scan QR code or visit www.denverptc.org/doxy-pep-resources for updated provider guidance, references, client information & CDC recommendations.</p> 
Patient Counseling	<ul style="list-style-type: none"> Doxy PEP reduces the risk of chlamydia and syphilis and may also reduce the risk of gonorrhea. Take as soon as possible after condomless sex (including oral sex), ideally within 24 hours, but can be taken up to 72 hours later. Doxy PEP should not be taken more than once a day. Doxy PEP does not protect against viral infections including HIV, genital warts, herpes, and mpox. It is unknown if Doxy PEP increases the risk for resistant infections or could affect your health by changing the types of bacteria in your GI tract. Studies are ongoing. STI screening every 3 months is recommended. Talk to your healthcare provider if you have STI symptoms or you are exposed to an STI. Don't take extra doses of doxycycline. Don't share your medication. If you have friends who are interested in Doxy PEP, help them find a provider. Common side effects include GI upset (nausea, vomiting, diarrhea, heartburn), sun sensitivity, and rarely irritation of the esophagus. Drink a full glass of water and stay upright for 30 minutes after taking Doxy PEP. Avoid taking calcium or magnesium (antacids, vitamins, etc.) for 2 hours before or after taking Doxy PEP. Wear sunscreen while using Doxy PEP. Notify your provider of rash, pain or difficulty with swallowing, or if diarrhea occurs 3 or more times a day. Consider using condoms for STI prevention.
Implementation	<p>Considerations for Equitable Implementation</p> <p><u>General Principles</u></p> <ul style="list-style-type: none"> Normalize discussion of Doxy PEP by incorporating it into routine visits for HIV care, HIV PrEP or PEP, STI care, and for all other eligible patients. Consider outreach to medically underserved populations with information sheets, posters, or EHR messages. <p><u>Implementation Tools</u></p> <ul style="list-style-type: none"> EHR based tools: automated provider alerts, targeted secure messaging to patients, note templates, or order sets. Protocols: standing orders, Doxy PEP discussion included in HIV PrEP and PEP protocols. Clinic policies: standard operating procedures, triaging procedures for patient visits, telehealth Doxy PEP visit options.



Healthcare Providers

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While the idea of Talk. Test. Treat. is simple, STI prevention and treatment are not one-size-fits-all. We encourage you, our nation's healthcare providers, to revisit the many ways that you can empower your patients to take charge of their sexual health.

Photo Source: <https://www.cdc.gov/std/saw/talktesttreat/providers.htm>

When discussing safe sex practices and sexually transmitted infection (STI) testing with patients, it is important to provide education around STI transmission and prevention using an inclusive, non-judgmental, harm reduction approach. This patient-centered approach allows patients to make their own decisions about STI testing and their sexual health based on their lifestyle and sex practices. With the rates of STI's increasing, it's vital that all people understand sexual health, the importance of regular STI testing and treatment, and feel empowered to talk to their providers about sexual health without embarrassment or shame.

Examples of STI prevention topics to consider covering with patients include:

- Many STI's can be asymptomatic so routine testing can help with both early diagnosis and treatment for the health of the patient and also to reduce spread to partners
 - Certain STI diagnoses indicate a risk factor for acquiring HIV and CDC recommends comprehensive testing for all the following: gonorrhea, chlamydia, syphilis and HIV
 - CDC recommendations for site-specific testing for chlamydia and gonorrhea (CT/GC) at all sites of sexual exposure (pharyngeal, rectal, urine and if applicable vaginal)
 - The importance of getting STI testing at the start of new relationships and testing together with partners
- Methods to prevent STIs (see next section) as well as how we test for the different STI's
 - Patients may not know that a blood draw doesn't test for things like chlamydia or gonorrhea and that swabs or urine testing don't test for HIV or syphilis
 - Often patients are only tested for chlamydia or gonorrhea when presenting with symptoms of urethritis or vaginitis without being tested for syphilis and HIV
- Window periods for accurate STI and HIV testing after a sexual exposure as well as empiric treatment options for known exposure to STIs

Helping patients tailor sexual healthcare to fit their needs:

Every patient is going to be different and it's important to provide several options when discussing safe sex practices with patients using an inclusive, non-judgmental, harm reduction approach. This way patients can make the best decision based on their lifestyle and can utilize preventions tools they are more likely to stick to. This means not just talking about condoms and limiting partners but other prevention methods as well, these can include:

- Using lube to prevent tearing
- Frequent testing for STIs including HIV and partners testing together
- PrEP and nPEP for HIV prevention
- U=U (undetectable = untransmittable, people living with HIV on treatment with a consistent, undetectable HIV viral load cannot transmit HIV to partners)
- Regularly cleaning sex toys and pairing the right lube with toys and condoms

Whenever discussing sexual health with your patients, a friendly reminder to use inclusive language and non-judgmental care: avoid assumptions, focus on individuals and anatomy rather than generalizing and be mindful of pronouns. This is important for all medical care but especially when discussing sexual health, topics that patients may be fearful of addressing due to prior stigmatizing experiences in the healthcare setting.

- **Information for Patients:**
 - <https://www.cdc.gov/std/prevention/default.htm>
 - <https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/safer-sex>
 - <https://www.iwannaknow.org/your-safer-sex-toolbox-its-more-than-just-condoms/>
- **Inclusive Care:**
 - <https://fenwayhealth.org/wp-content/uploads/Taking-a-Sexual-Health-History-Cavanaugh-1.pdf>
 - <https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/sexual-history.html>
- **Provider Training & References:**
 - <https://www.cdc.gov/std/saw/talktesttreat/providers.htm>
 - <https://www.cdc.gov/std/healthcare-providers/default.htm>
 - <https://healthhiv.org/>
 - <https://courses.denverptc.org/DMSC.html>



Photo Source: <https://www.cdc.gov/std/saw/index.htm>