

## Optimizing HIV Preexposure Prophylaxis

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### Financial Relationships With Ineligible Companies (Formerly Described as Commercial Interests by the ACCME) Within the Last 2 Years:

Dr Smith has no relevant financial affiliations to disclose.  
(Updated 04/01/22)

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## Learning Objectives

After attending this presentation, learners will be able to:

- Identify patient populations with greatest need for PrEP
- Identify processes that can optimize PrEP initiation and persistence
- Identify implementation issues for delivering cabotegravir injections for PrEP

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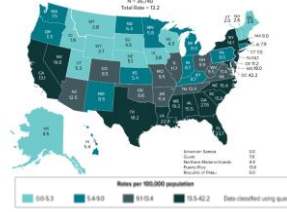
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## 1.2 Million People in the U.S. have HIV and Health Disparities Persist

### Snapshot of Disparities

- Higher HIV Incidence:**
  - Gay and Bisexual Men
  - Black/African American Persons
  - Hispanic/Latino Persons
- Larger Gaps in PrEP Coverage:**
  - Black/African American Persons
  - Hispanic/Latino Persons
- Lower Rates of Viral Suppression:**
  - American Indian/Alaskan Native Persons
  - Black/African American Persons
- Higher HIV Prevalence:**
  - MSM
  - Transgender Women

### Rates of Diagnoses of HIV Infection are Highest in the South (More than 50% of all new HIV diagnoses in 2019)



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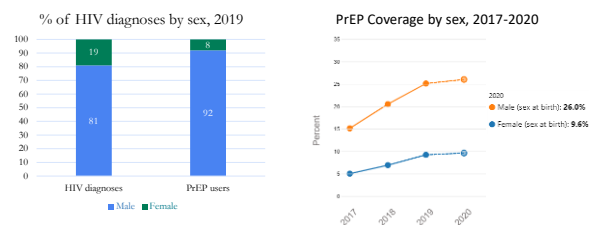
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## PrEP Disparities by Sex



Slide 5 Sources: <https://www.cdc.gov/hiv/library/reports/surveillance-data-tables/index.html>, <https://ahead.hiv.gov/>

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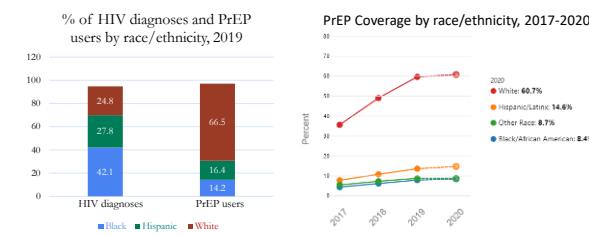
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## PrEP Disparities by Race/Ethnicity



Slide 6 Sources: <https://www.cdc.gov/hiv/library/reports/surveillance-data-tables/index.html>, <https://ahead.hiv.gov/>

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## Optimize Identification of Patients Who Need PrEP

- **Educate all patients about PrEP to**
  - Increase community awareness
  - Increase patient-generated requests
- **Offer to all patients with evidence of HIV acquisition risk**
  - Use EMR CDS or visit intake checklists
  - Diagnosis of gonorrhea or syphilis
  - Sexual partners of PLWH who have not yet achieved sustained viral suppression

### Missed Opportunities

- In NYC, among seroconverters 2012-2017
  - **42%** had a prior negative HIV test visit without provision of PrEP
- In SC, among seroconverters 2013-2016
  - **25%** had a diagnosis of gonorrhea or syphilis at a prior healthcare visit without provision of PrEP
- In AL, among adolescents at a primary care center
  - **44%** had a PrEP indication. None were offered/prescribed PrEP

Zucker et al., AIDS Patient Care STDS 2018; Smith et al., CID 2019; Hill et al., Sex Transm Dis 2020

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## Poll Case Study

- 45-year-old male with HIV (and an undetectable viral load for the last 4 years, on DTG/TDF/FTC) presents to your clinic for a routine follow up visit
- He reports that he is in a new monogamous relationship with a male partner who has tested HIV-negative
- They are worried that he might transmit HIV and he asks about PrEP for his partner

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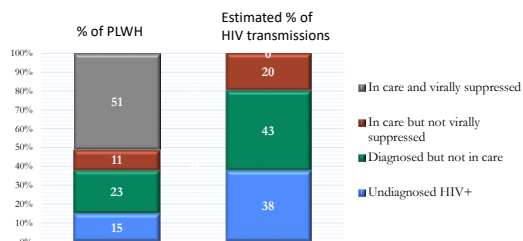
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## What About U=U?



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Source Li Z. et al. Morbidity and Mortality Weekly Report. 2019.

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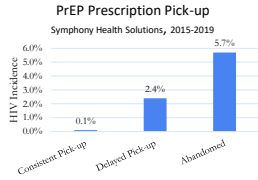
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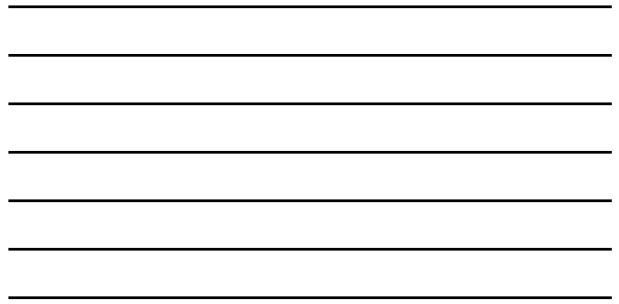
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## Optimize Initiation of PrEP

- Initiation**
  - Offer choices
  - Implement rapid start protocols
  - Early check-in on dosage initiation and possible challenges
    - Co-pays/insurance issues
    - Side effects
    - New questions/concerns
  - If unable to provide PrEP
    - Refer to telemedicine services
    - Warm hand off to community providers
- In the VA, among patients with indications for PrEP,
  - 35% experienced delays receiving PrEP ranging from 6 weeks to 16 months. 94% of conversations initiated by veterans

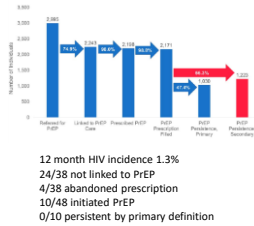


Slide 12 Sources: Skolnik et al., JGIM 2020; Dean LT et al. AIDS. 2021;



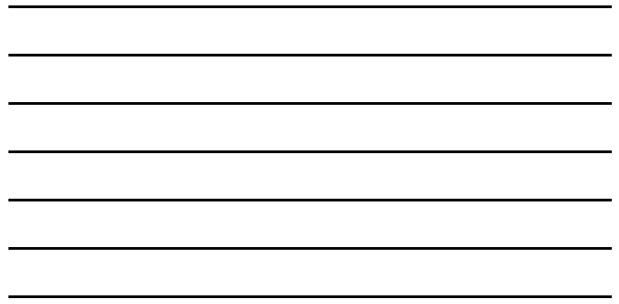
## Optimize Continued PrEP Use

- Persistence**
  - Emphasize benefits (less anxiety)
  - Offer active follow-up for missed visits
  - Anticipate stopping and restarting
  - Support method change/choice
  - Assist with insurance/financial coverage

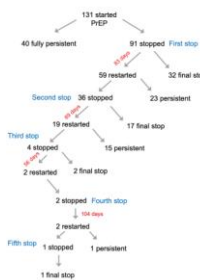
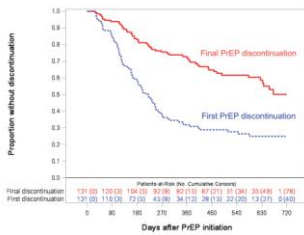


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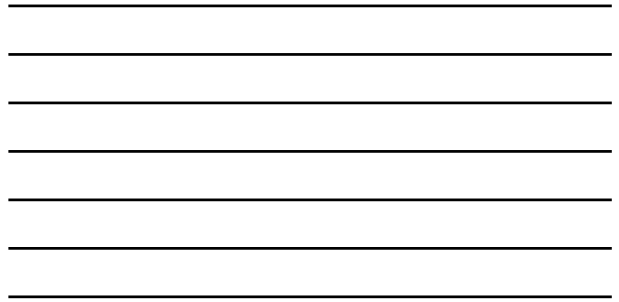
Source: Bruxvoort KJ, et al. AIDS. 2021



## Stopping and Restarting PrEP



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## Reasons for Not Using PrEP

- **Decline PrEP offer**
- **Ottawa STD clinic**
  - 42% not at sufficient HIV risk, current risk is atypical
  - 26% not interested or wanted to think about it (or mistimed offer)
  - 14% other life issues preclude use
  - 10% negative beliefs about PrEP
- **Discontinue PrEP use**
- **Atlanta PrEP clinic**
  - 31% not currently at risk
  - 13% logistical problems attending appointments
  - 10% side effects intolerable
  - 8% positive HIV test
  - 4% dislike taking pills
  - 35% no reason given

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Sources: O'Byrne P et al. AIDS and Behavior: 2020; Serota DP et al, CID, 2020

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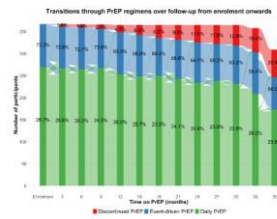
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## Switching PrEP Regimens



- Switches from event-driven to daily PrEP were 2.18 times (95% CI 1.67–2.85) more likely than the reverse.

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Source: Coyer L et al, EClinical Medicine, 2020

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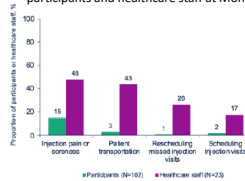
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## Optimizing Introduction of a New PrEP Option Patient Perspective

Perceived barriers to implementation among participants and healthcare staff at Month 12



- At month 12, the toolkit items most highly endorsed by participants as being very or extremely helpful were:
  - Verbal information (98%)
  - Information and resources (89%)
  - Reminder calls (88%)
  - Reminder text messages (80%)

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Source: Czarnogorski M, et al. Journal of the International AIDS Society, 2021 [54]

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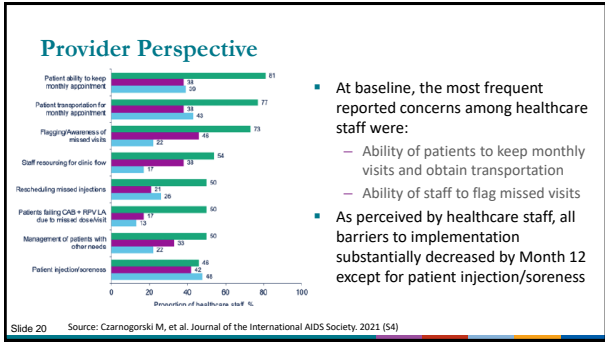
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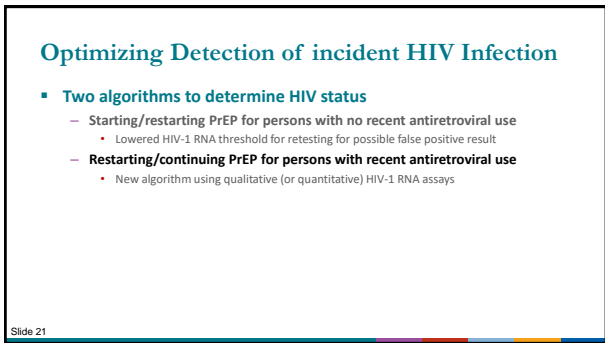
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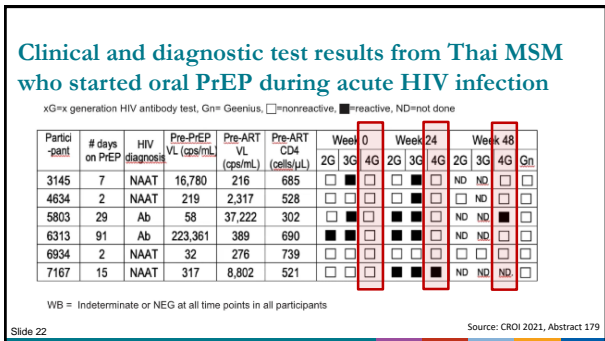
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## Delay between 1<sup>st</sup> reactive qualitative HIV-1 RNA test and 1<sup>st</sup> reactive Ag/Ab test (HPTN 083)

	Cabotegravir Arm			F/TDF Arm	
	Baseline n=4	Incident No CAB n=5	Incident On CAB n=7	Baseline n=3	Incident n=30
Participant number (%)	3 (75)	0	7 (100)	3 (100)	8 (21)
<b>Duration of delay, range, days</b> (among those with delayed Ag/Ab test result)	<b>14-60</b>	<b>NA</b>	<b>35-185</b>	<b>14-36</b>	<b>7-68</b>

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Extract from: Marzinke MA et al. JID. 2021;224(9):1581-1592

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## Resources for Clinicians

- **PrEPline 855-448-7737 (855-HIV-PrEP)**
- **NASTAD**
- Toll-free**
  - Clinical care questions
  - Access to advanced diagnostics for
    - Ambiguous test results
    - Person who acquire HIV while prescribed PrEP
- **PrEP clinical practice guideline 2021**
- **PrEP clinicians supplement 2021**
- Billing and coding guide
  - <https://www.nastad.org/resources/billing-coding-guide-hiv-prevention>
- PrEP healthcare coverage calculator
  - [NASTAD \(checkbookhealth.org\)](https://www.nastad.org/resources/coverage-calculator)
- **HIV Nexus**
  - <https://www.cdc.gov/hiv/clinicians/index.html>
  - Resources for clinicians and patients

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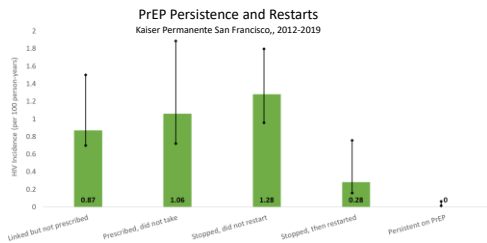
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## Individual Level Impact of PrEP Use



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Source: Hojilla JC et al. JAMA Network Open, 2021

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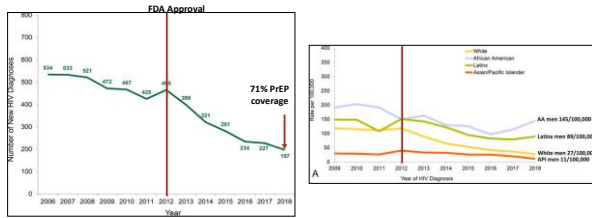
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## Population Level Impact of PrEP Use



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Sources: Buchbinder S, JAIDS 2019; Supplement 3

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## Optimizing PrEP To Maximize Impact

- **More choices, more complexity**
- **First optimize for the patient**
  - Provide whichever option offers the best available prevention care for a given patient
- **Then optimize for the provider/health care site**
  - Organize workflow to reduce burden for the staff

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## Questions?



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 Division of HIV/AIDS Prevention



The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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**Question-and-Answer Session**



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