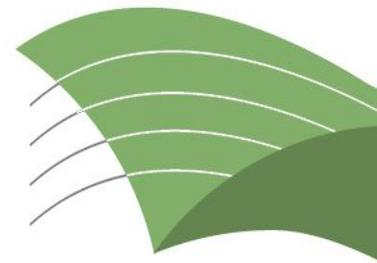


# Australian PrEP Guidelines Update 2019

Dr Darren Russell  
Cairns Sexual Health Service, and  
James Cook University

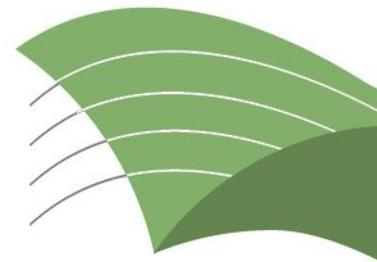
Based on a presentation by Dr Vincent Cornelisse



# PrEP in Australia

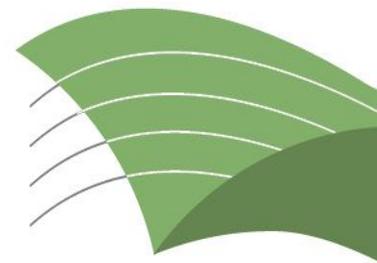
- Over 16,000 people on PrEP as at 1 April 2018
- 3 brands of TD\*/FTC are now listed on the PBS
  - *“The treatment must be for patients at medium to high risk of HIV infection, as defined by the ASHM Guidelines”*
  - Streamlined Authority (Code 7580) – 30 tablets + 2 repeats
- Effectively available for all at-risk Australians
- Available under CTG (Closing the Gap)





# ASHM PrEP Guidelines Panel

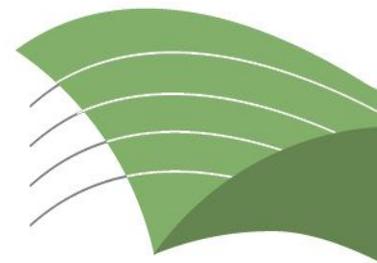
- Chair: A/Prof Edwina Wright
- Dr Charlotte Bell
- Dr Vincent Cornelisse
- Prof Andrew Grulich
- Jessica Michaels
- Prof Darren Russell
- Bill Whittaker
- A/Prof Iryna Zablotska-Manos
- ASHM Secretariat: Zindia Nanver



## Guidelines review process

- 9 month process commenced at end of 2018
- Each chapter reviewed and re-written by a small group of subject matter experts, to update according to latest evidence
- Each re-written chapter then reviewed by the broader guidelines panel who comprised:
  - Clinicians
  - Researchers
  - Representatives of relevant community organisations and priority groups

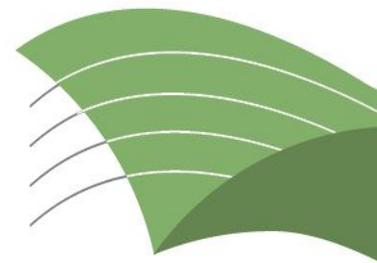




# HIV risk stratification

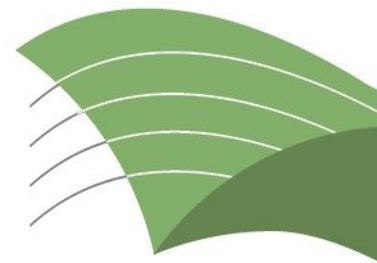
- The 2019 ASHM PrEP guidelines no longer stratify a person's risk of HIV acquisition as high or medium, instead collapsing these into a simplified "HIV risk"
- As previously, individuals may be suitable for PrEP if they report risk in the previous 3 months and perceived risk in future 3 months
- Now recommend offering PrEP to people who only report perceived future HIV risk in the future 3 months
  - e.g., people who normally have low HIV risk but are about to go travelling
- Now strengthened the previous recommendation that PrEP is recommended for people whose quality of life is likely to improve if they are offered PrEP
  - e.g. people with high anxiety about HIV acquisition

# HIV Risk Stratification - Parallel Chapter 4

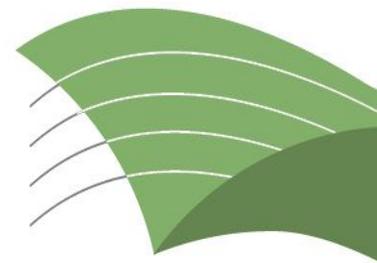


- ASHM 2019 PrEP guidelines provide a parallel chapter to assess PrEP suitability that is written for clinicians who are knowledgeable about transgender terminology and concepts
  - This chapter hopes to foreshadow a future where sexual health guidelines do not need to provide separate advice for trans and gender diverse people
- For example Parallel Chapter 4 discusses PrEP suitability for MSM and includes trans-gender MSM in this section
  - Hence MSM section discusses both anal and vaginal sex

# PrEP suitability

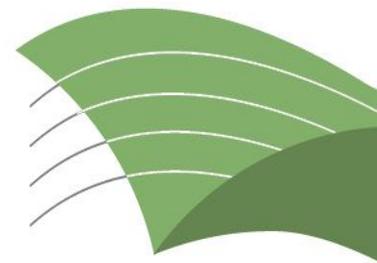


- 2019 guideline update aimed to further remove barriers to PrEP access
- Language changed from “PrEP *eligibility*” to “PrEP *suitability*”
- People who request PrEP are typically at high risk of HIV, and they should not be dissuaded from using PrEP
- PrEP suitability criteria are not intended to limit or deny access to PrEP to any person who seeks it. Instead, they are intended to assist clinicians in their discussions about PrEP with patients who are not certain about whether to commence PrEP
- All clinicians should routinely take a sexual history, and should actively recommend PrEP if this history indicates a HIV risk



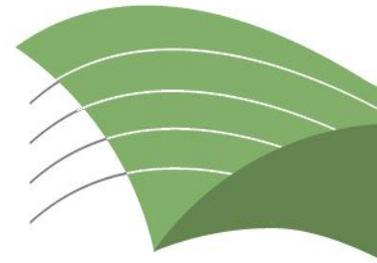
## PrEP for Adolescents

- PrEP medications are approved in Australia for those aged 18 and older (the PBS mirrors this)
  - Truvada is approved for use in adolescents in the USA, however
- Guideline highlights that PrEP can be prescribed off-label to adolescents, after obtaining informed consent, and they can then import PrEP using the Personal Importation Scheme
- Adolescents may need more intensive support to maintain PrEP adherence
  - This may require more frequent clinical visits



# Indications for PrEP

- Overall, epidemiological data highlight the need to strengthen the current strategies for HIV prevention especially in:
  - Indigenous populations
  - Overseas-born MSM
  - Heterosexuals
  - Transgender men and women
  - Adolescent MSM
- Public health effort needed to promote PrEP uptake in these populations.



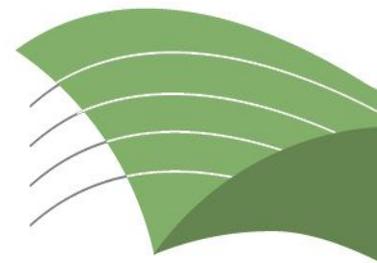
Are you having unprotected sex?

Are you worried about getting HIV?

Have you been on PEP more than once?

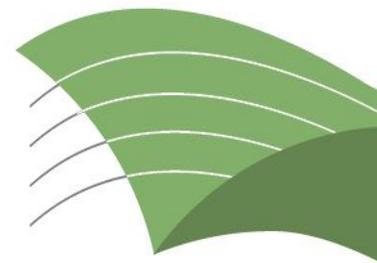
**Ask your doctor or Health Worker about PrEP today**





# On-demand PrEP

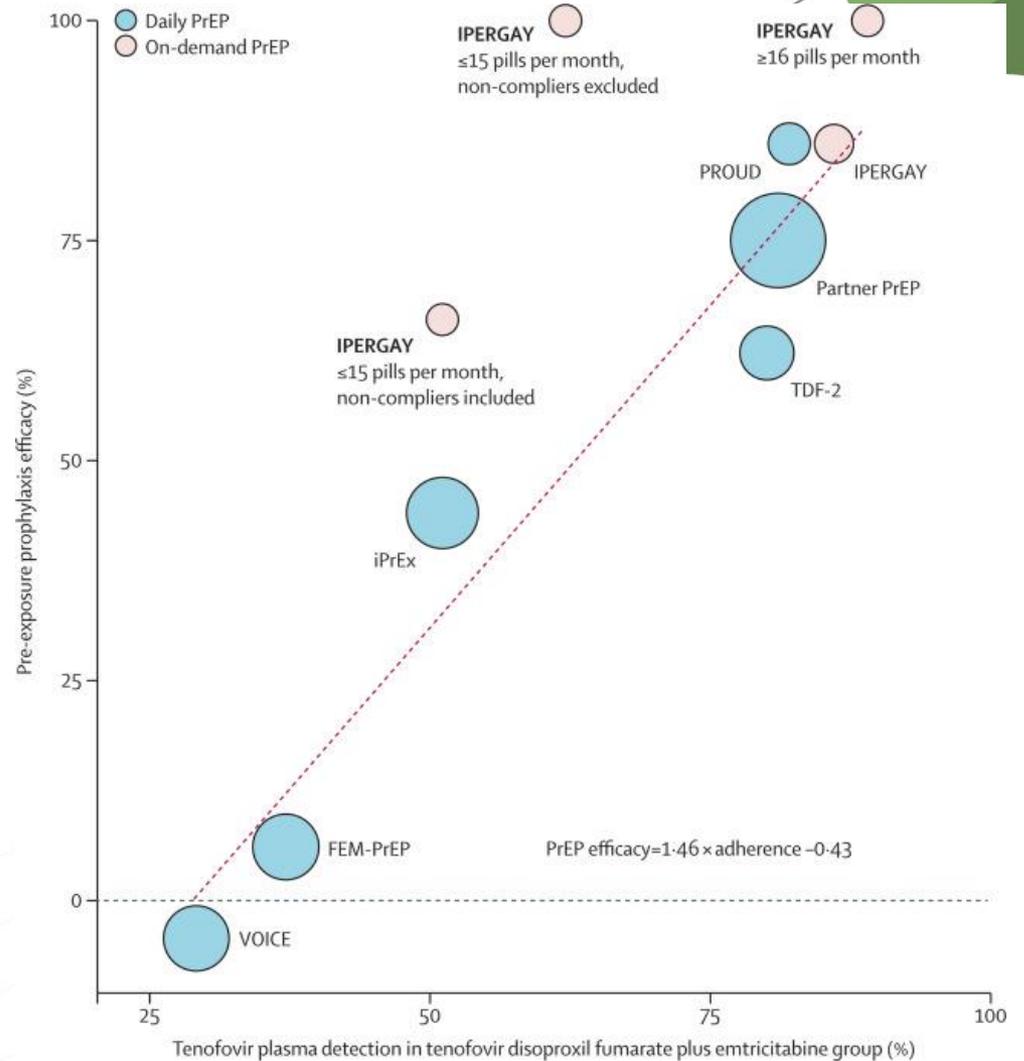
- Strong interest in on-demand PrEP among Australian PrEP users (**48%** in recent survey data)
- The 2019 ASHM PrEP Guidelines Panel endorses WHO's recommendation that on-demand PrEP should be offered to cis-gender MSM
- On-demand PrEP is suitable for cis-gender MSM who:
  - Have a preference for this regimen
  - Have at-risk sex less than twice per week
  - Can predict when they may have at-risk sex, or can delay at-risk sex for two hours



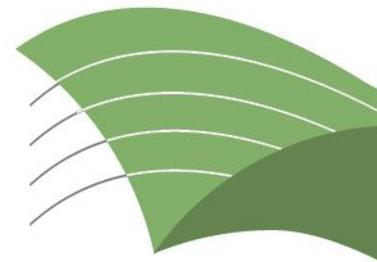
## Not suitable for On-demand PrEP

- Efficacy of on-demand PrEP not yet determined in other populations (cis-gender and transgender women, transgender men who have vaginal sex, men who have sex with women)
- Caution to be used in recommending on-demand PrEP to adolescent cis-MSM because there have been no trials of on-demand PrEP in adolescent MSM and because adherence rates to daily PrEP have been consistently low in studies of adolescent MSM
- On-demand PrEP is contraindicated in people with chronic hepatitis B infection

Efficacy of PrEP with differing adherence  
 Circles indicate previous studies. The size of the circle indicates the number of participants



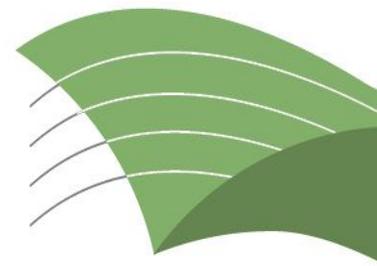
Parienti JJ. Lancet HIV  
 November 2019



# Initiation of PrEP

- Cis-MSM can initiate with a double dose 2-24 hours before sex, either for on-demand or daily dosing, in line with WHO recommendation
- Ongoing recommendation that other PrEP-users should be advised that high-level protection is achieved after 7 daily PrEP doses



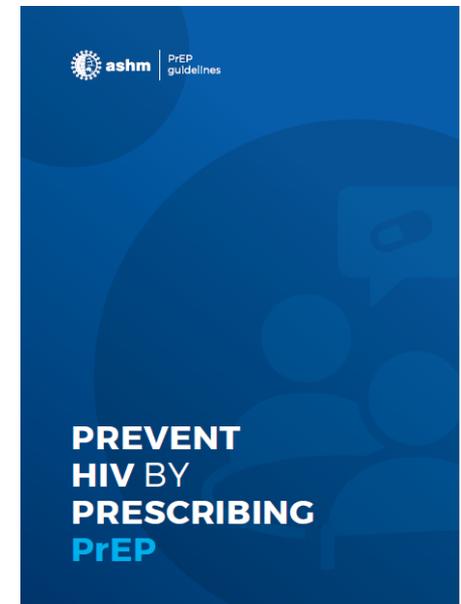


## Cessation of PrEP

- Agree with the WHO's recent recommendation that cis-MSM who take either daily or on-demand PrEP can safely cease PrEP by taking a dose of PrEP 24 and 48 hours after their last at-risk sexual exposure
- For all other PrEP users, continue to recommend that they take 28 days of PrEP after their last at-risk sexual exposure
- During discussion of PrEP cessation, clinicians must also advise patients how to safely re-commence PrEP if their HIV risk increases

# ASHM PrEP guidelines

- New ASHM PrEP Guidelines launched at HIV conference
- 96-page document
- URL; <https://ashm.org.au/resources/hiv-resources-list/>

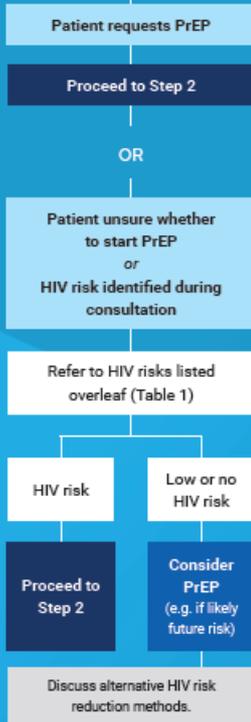




# PRESCRIBING HIV PRE-EXPOSURE PROPHYLAXIS (PrEP) IN AUSTRALIA

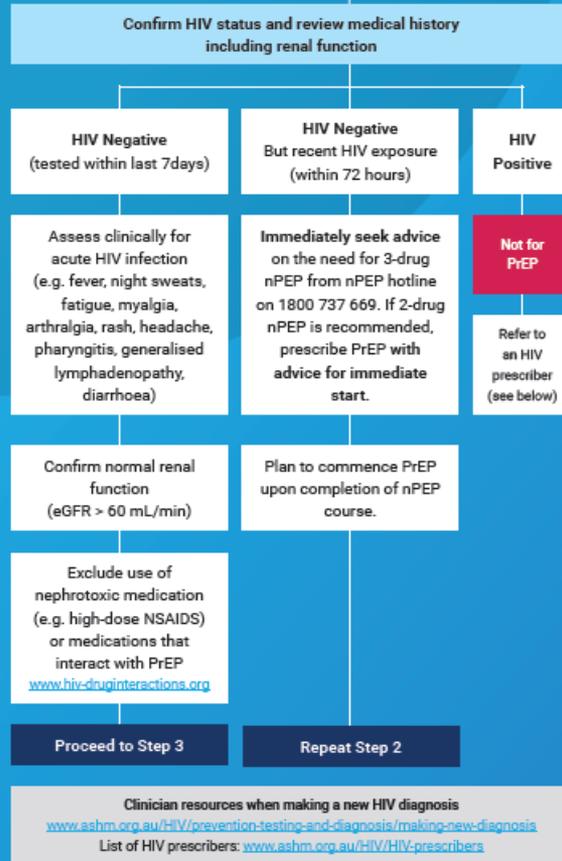


## 1 BEHAVIOURAL SUITABILITY

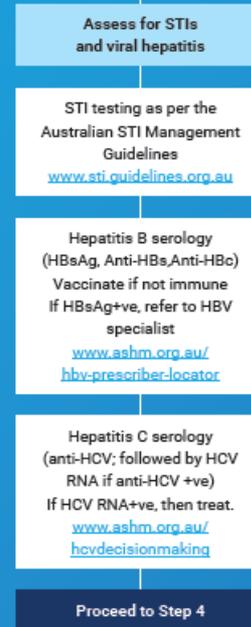


## 2 CLINICAL SUITABILITY

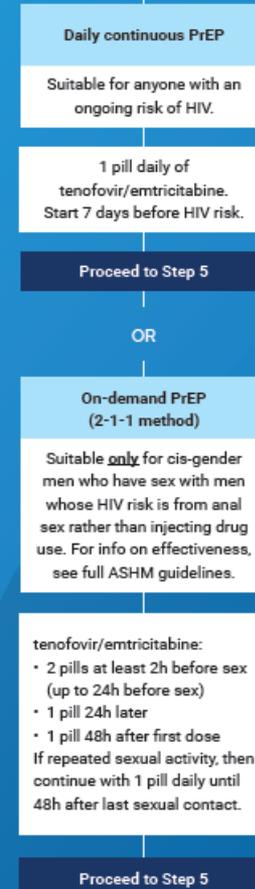
Note: Steps 1,2,3 & 4 are usually completed at the same visit



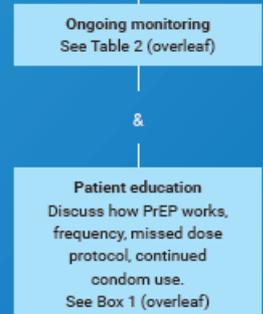
## 3 OTHER TESTING



## 4 PRESCRIBING PrEP



## 5 ONGOING MONITORING



### Notes on prescribing PrEP:

- Prescribe: tenofovir 300mg + emtricitabine 200mg (coformulated); 1 tablet daily, Qty 30, Rpt 2.
- PrEP can be initially prescribed on the same day as a HIV test. Patient to be advised to commence PrEP within 7 days of their HIV test.
- PrEP is PBS-listed for patients at medium- to high-risk of HIV.
- PBS streamlined authority: 7580
- Patients not eligible for PBS subsidised PrEP can be assisted to import PrEP under the TGA's self importation scheme, on a private prescription – [www.pan.org.au](http://www.pan.org.au)