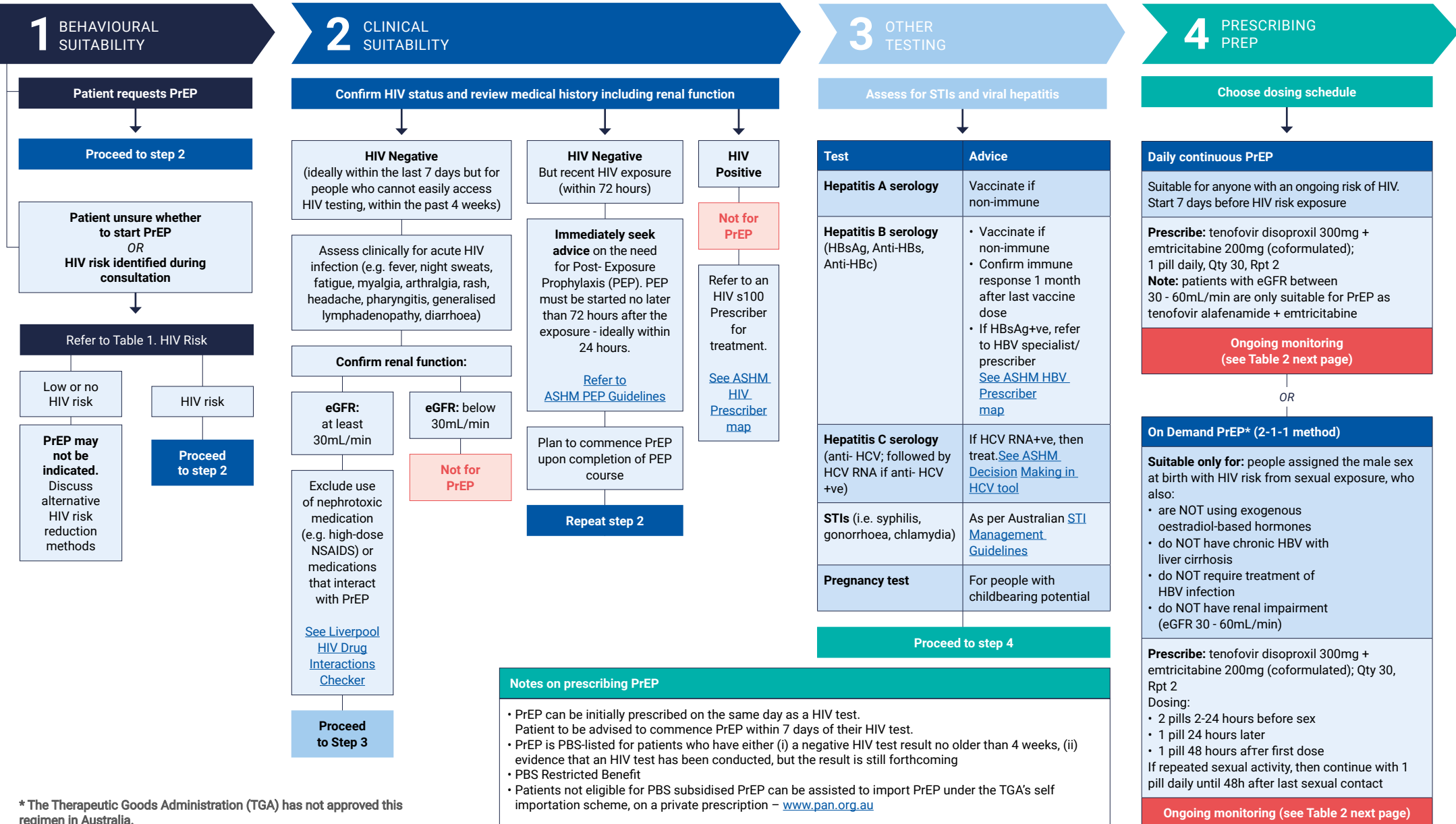


# Prescribing Oral HIV Pre-Exposure Prophylaxis (PrEP) in Australia

PrEP can be prescribed by all medical practitioners and nurse practitioners using PBS scripts. No specialist training is required.



#### Notes on prescribing PrEP

- 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 who have either (i) a negative HIV test result no older than 4 weeks, (ii) evidence that an HIV test has been conducted, but the result is still forthcoming
- PBS Restricted Benefit
- 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)

\* The Therapeutic Goods Administration (TGA) has not approved this regimen in Australia.

TABLE 1. HIV RISK

<p>A person is considered to be at risk of HIV if they had <u>any</u> of these risks in the past 3 months, or if they foresee these risks in the upcoming 3 months.</p> <p>However, this list is not exhaustive, and patients who do not report these circumstances may still benefit from PrEP.</p> <p>If a partner is known to be living with HIV, on antiretroviral treatment and has an undetectable viral load, then there is no risk of sexual HIV transmission from this partner.</p>	<p><b>Men who have sex with men (MSM) and trans &amp; gender diverse people</b></p> <ul style="list-style-type: none"> <li>• Receptive condomless intercourse with any casual male partner</li> <li>• Regular condomless intercourse with a person living with HIV who is not on treatment and/or has a detectable viral load</li> <li>• Rectal gonorrhoea, rectal chlamydia or infectious syphilis</li> <li>• Shared injecting equipment with with a person living with HIV or with MSM of unknown HIV status</li> </ul>	<p><b>Heterosexual people</b></p> <ul style="list-style-type: none"> <li>• Receptive condomless intercourse with any casual MSM partner</li> <li>• Regular condomless intercourse with a person living with HIV who is not on treatment and/or has a detectable viral load - this includes planned natural conception</li> <li>• Shared injecting equipment with with a person living with HIV or with MSM of an unknown HIV status</li> </ul>
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PATIENT EDUCATION

- Discuss:**
- The role of condoms and regular STI testing in STI prevention
  - Safer injecting practices, if applicable PrEP adherence at every visit
  - The requirement for ongoing monitoring every 3 months
  - Potential side effects, early (e.g. headache, nausea) and longer term (e.g. renal toxicity, lowered bone density)
  - Nephrotoxic medications, e.g. NSAIDs

STOPPING PrEP

- Only cisgender men and other people assigned male at birth not taking exogenous oestradiol-based hormones, taking daily or on-demand PrEP, can stop 48 hours after last exposure
- Other patients on daily PrEP should continue PrEP for 28 days after last exposure
- Patients who stop PrEP need a plan to restart PrEP if their HIV risk increases again

ONGOING MONITORING  
TABLE 2: CLINICAL FOLLOW-UP OF PATIENTS WHO ARE PRESCRIBED PrEP

Test	Approx. 30 days after PrEP initiation (optional but recommend in some jurisdictions)	90 days after initiating PrEP	Every subsequent 90 days on PrEP	Other frequency
HIV testing & assessment for signs or symptoms of acute infection	✓	✓	✓	
Assess PrEP side effects	✓	✓	✓	
eGFR		✓		✓ at least every 6 months or according to risk of CKD
Urine protein creatinine ratio (PCR) baseline		✓		✓ every 6 months
Hepatitis C serology				✓ 12 monthly but, more frequently if ongoing risk e.g. non-sterile injection drug use and MSM with sexual practices that predispose to anal trauma
Hepatitis B serology				✓ if patient required hepatitis B vaccine at baseline, confirm immune response 1 month after last vaccine dose
STI testing (i.e. syphilis, gonorrhoea, chlamydia)		✓	✓	
Pregnancy test (for people with childbearing potential)		✓	✓	