

Dominic Chow, MD, PhD, MPH, Hawaii Center for AIDS
Kunane Dreier, Prevention, Life Foundation
Kekoa Kealoha, Hawaii Island HIV/AIDS Foundation
Alexis Charpentier, Harm Reduction Services Branch, Hawaii Department of Health
Melvin McCready Jadulang, PrEP Consumer

## Disclosures

Speaker have no disclosures

### Can a Pill Prevent HIV?

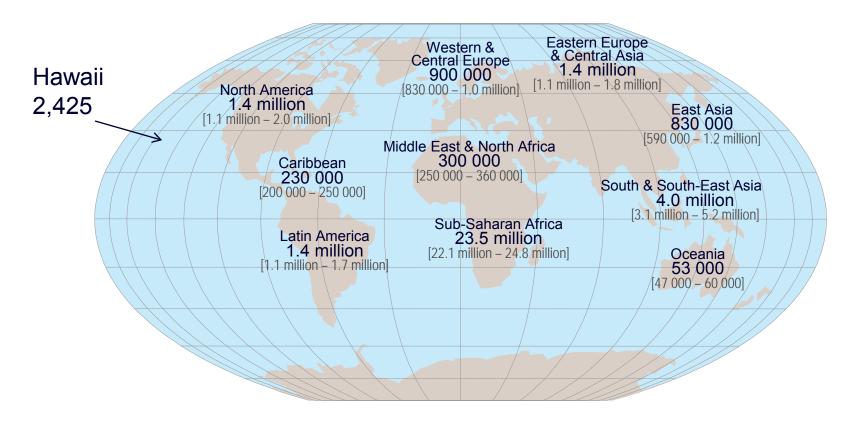




## Objective

- To discuss the magnitude of HIV infections in Hawaii and the number of at-risk individuals in our community
- To discuss the role of Pre-Exposure Prophylaxis (PREP) as HIV Prevention
- Understand how to identify at-risk individuals and how to prescribe PREP
- Learn about issues surrounding PREP from a PREP consumer

### Adults and children estimated to be living with HIV



Total: 34.0 million [31.4 million – 35.9 million]

# Estimated Incidence of HIV Infection, Overall, and by Sex, 2007-2010 — United States

2007 2008 2009 2010



- Approximately 100 New HIV infections reported to the State of Hawaii Department of Hawaii
- 50 are locally detected
  - Majority had contact with a known HIV infected individual

**Total** 

**53,200** (47,000–59,400)

**47,500** (42,000–53,000)

**45,000** (39,900–50,100)

**47,500** (42,000–53,000)

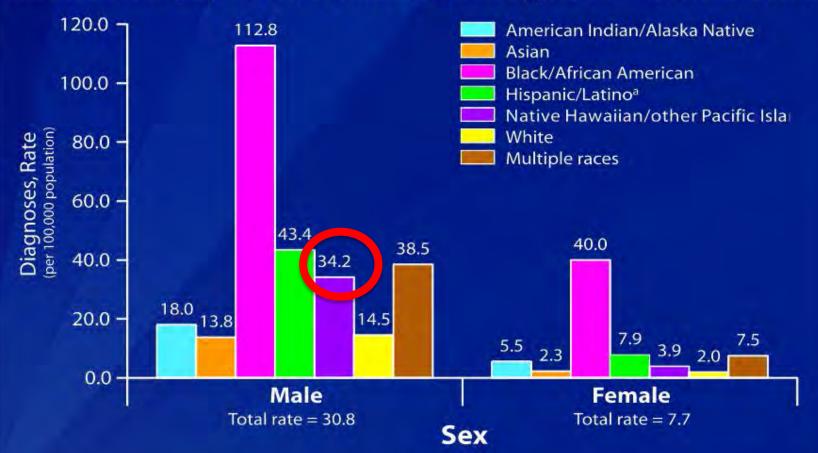
Note: Because column totals for estimated numbers were calculated independently of the values for the subpopulations, the values in each column may not sum to the column total.

<sup>a</sup>CI = Confidence Interval. Confidence intervals reflect random variability affecting model uncertainty but may not reflect model-assumption uncertainty; thus, they should be interpreted with caution.

\* Indicates significantly different (p<0.05) from the 2008 estimate for the same group.



## Rates of Diagnoses of HIV Infection among Adults and Adolescents, by Sex and Race/Ethnicity, 2011—United States



Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting. Rates are per 100,000 population.



2 Hispanics/Latinos can be of any race.

#### What is PrEP?

- A prevention strategy in which a high-risk individual takes medication regularly to prevent infection
- Tenofovir-emtricitabine (Truvada) approved for HIV PrEP by the FDA in July 2012

Added benefits: provides some protection against HSV and

hepatitis B

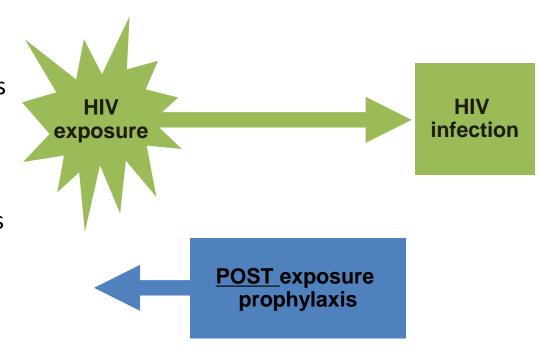


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## Pre- vs Postexposure Prophylaxis

- After exposure to HIV, infection may become established
- Postexposure prophylaxis (initiated soon after exposure) reduces the chance of infection
- Pre-exposure prophylaxis begins treatment earlier (before exposure)



PRE-exposure Prophylaxis

# PrEP Trials Have Shown Efficacy in MSM, Heterosexual Men and Women, and IDUs

Trial	Population/Setting	Intervention	HIV Infections, n Reduction in		
			PrEP	Placebo	HIV Infection Rate, % (95% CI)
iPrEX <sup>[1]</sup> (N = 2499)	MSM, transgender women, 11 sites in US, South America, Africa, Thailand	TDF/FTC	36	64	44 (15-63)
Partners	Serodiscordant couples	TDF	17	<b>5</b> 2	67 (44-81)
PrEP <sup>[2]</sup> (N = 4747)	in Africa	TDF/FTC	13	52	75 (55-87)
TDF2 <sup>[3]</sup> (N = 1219)	Heterosexual males and females in Botswana	TDF/FTC	9	24	62 (21-83)
Thai IDU <sup>[4]</sup> (N = 2413)	Volunteers from 17 drug Thai treatment centers	TDF	17	33	49 (10-72)

<sup>1.</sup> Grant RM, et al. N Engl J Med. 2010;363:2587-2599. 2. Baeten JM, et al. N Engl J Med. 2012;367:399-410. 3. Thigpen MC, et al. N Engl J Med. 2012;367:423-434. 4. Choopanya K, et al. Lancet. 2013;381:2083-2090. 5. Van Damme L, et al. N Engl J Med. 2012;367:411-422. 6. Marrazzo J, et al. CROI 2013. Abstract 26LB.

# Disappointing Results of PrEP in Women: FEM-PrEP and VOICE

- FEM-PrEP: Study of oral TDF/FTC for 3900
   high-risk women in Africa (2120 randomized)
  - Study ended early by DSMB due to lack of efficacy
  - 35 vs 33 new HIV infections in the placebo and TDF/FTC arms<sup>[1]</sup>
  - TDF blood levels show that adherence was too low (< 40%)</li>

- VOICE: Phase IIB placebo-controlled trial of > 5000 women in South Africa, Uganda, and Zimbabwe<sup>[2]</sup>
  - Daily oral TDF; daily oral TDF/FTC; daily vaginal TFV 1% gel
  - DSMB stopped the daily oral TDF arm and daily vaginal gel arm for lack of efficacy
  - Daily oral TDF/FTC arm continued but recently shown to have low efficacy due to poor treatment adherence

- 1. Van Damme L, et al N Engl J Med. 2012 Jul 11. [Epub ahead of print].
- 2. Marrazzo J, et al. CROI 2013. Abstract 26LB.

## PrEP Works, but Adherence Is Critical

Study	Efficacy Overall, %	Blood Samples With TFV Detected, %	Efficacy By Blood Detection of TFV, %
iPrEx <sup>[1]</sup>	44	51	92
iPrEx OLE <sup>[2]</sup>	49	71	NR
Partners PrEP <sup>[3]</sup>	67 (TDF) 75 (TDF/FTC)	81	86 (TDF) 90 (TDF/FTC)
TDF2 <sup>[4]</sup>	62	80	85
Thai IDU <sup>[5]</sup>	49	67	74
Fem-PrEP <sup>[6]</sup>	No efficacy	< 30	NR
VOICE <sup>[7]</sup>	No efficacy	< 30	NR

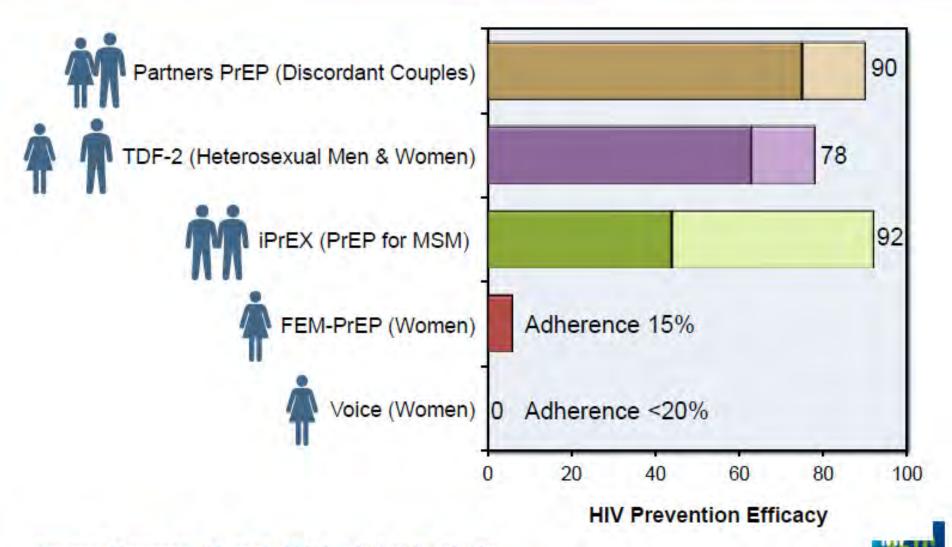
Among those who took PrEP (confirmed by tenofovir detection in blood) efficacy was 74-92%!

<sup>1.</sup> Grant RM, et al. N Engl J Med. 2010;363:2587-2599. 2. Grant RM, et al. Lancet Infect Dis. 2014; 14:820-829. 3. Baeten JM, et al. N Engl J Med. 2012;367:399-410. 4. Thigpen MC, et al. N Engl J Med. 2012;367:423-434. 5. Choopanya K, et al. Lancet. 2013;381:2083-2090. 6. Van Damme L, et al. N Engl J Med. 2012;367:411-422. 7. Marrazzo J, et al. CROI 2013. Abstract 26LB.

# Why poor results in VOICE and FEM-PrEP?

- Why were there differences between these studies and the other TDF-based studies?
  - Very poor adherence.
  - Poor adherence in MSM may be more forgiving due to high TDF concentration in rectal tissue.

### The Importance of Adherence

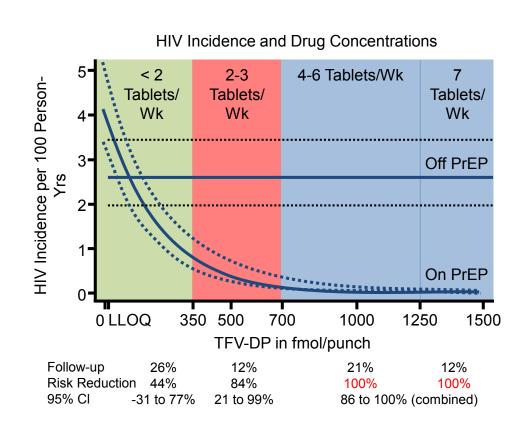


Source: Marrazzo JM, et al. JAMA. 2014;312:390-409.

# Oral PrEP Reduces HIV Incidence in MSM, Even With Incomplete Adherence

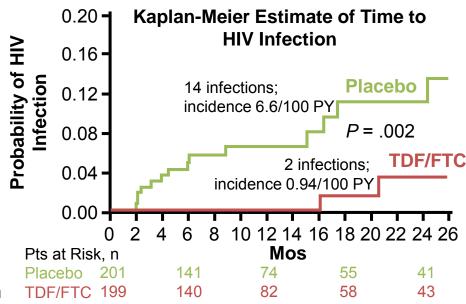
- iPreX OLE: open-label extension of iPrEX trial of daily TDF/FTC oral PrEP in MSM and transgender women (N = 1603)
- 100% adherence was not required to attain full benefit from PrEP
  - Benefit of 4-6 tablets/wk similar to 7 tablets/wk
  - 2-3 tablets/wk also associated with significant risk reduction

Higher levels of sexual risk taking at baseline associated with *increased* adherence to PrEP



# Ipergay: "On-Demand" Oral PrEP in High-Risk MSM

- Randomized double-blind trial of oral TDF/FTC\* (n = 199) vs placebo (n = 201) in France
  - 2 tablets taken 2-24 hrs before sex
  - 1 tablet 24 hrs after sex
  - 1 tablet 48 hrs after sex
- Primary endpoint: HIV seroconversion
- 86% reduction in risk seen in PrEP arm (95% CI: 40% to 99%, P = .002)
  - Number needed to treat for 1 yr to prevent 1 infection: 18
  - Median of 16 pills taken per mo in each arm



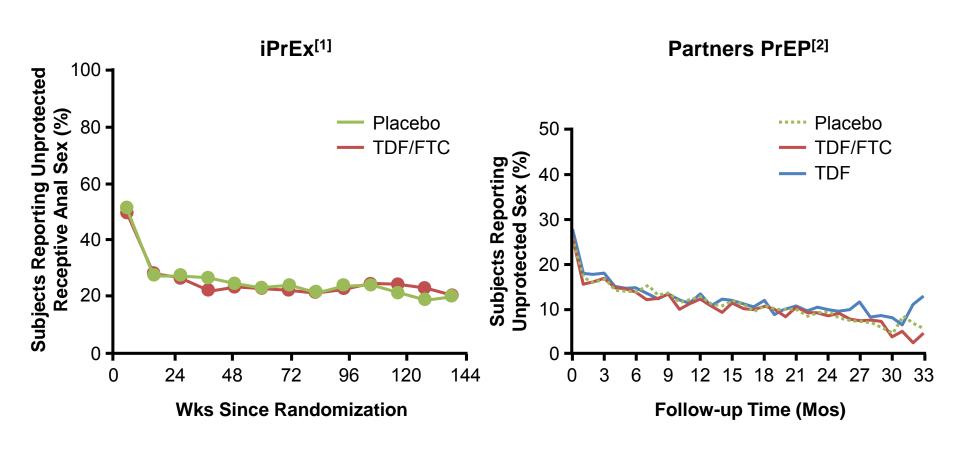
- In pts with infection, no tenofovir found in serum in last 2 visits
- 4 cases of acute HCV infection noted among lab abnormalities
- DSMB stopped trial early and recommended all participants start PrEP

<sup>\*</sup>On-demand PrEP strategy not FDA approved.

#### **Adverse Events**

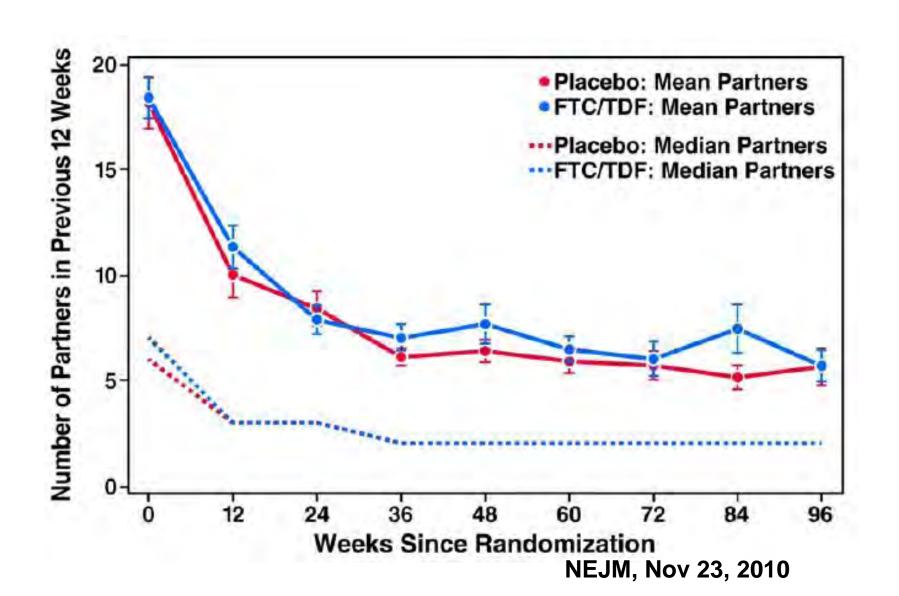
- Very few and mild AEs observed in PrEP trials<sup>[1]</sup>
  - iPrEx: small but significant early nausea and weight loss<sup>[2]</sup>
- Potential bone and renal toxicity
  - Known risk associated with TDF
- Potential for drug-resistant HIV infection
  - Infrequent in clinical trials but must exclude HIV infection

# PrEP Trials Found *Decreasing* Risk Behavior Over Time

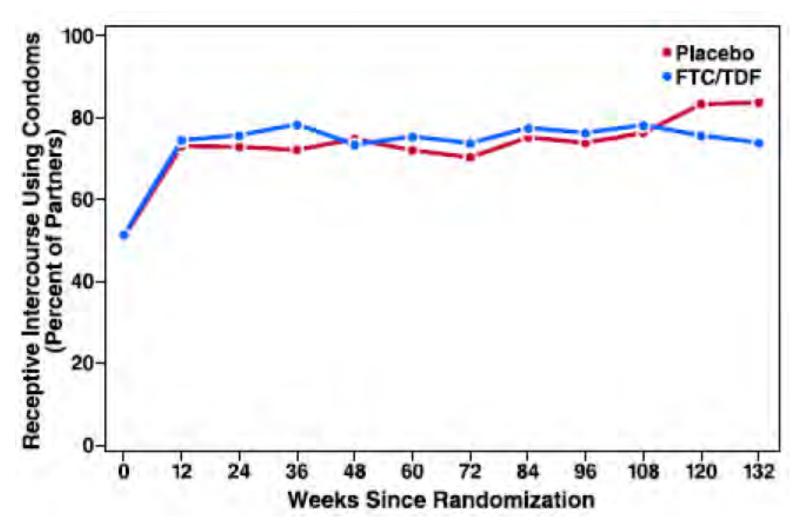


- 1. Grant RM, et al. N Engl J Med. 2010;363: 2587-2599.
- 2. Baeten JM, et al. N Engl J Med. 2012;367:399-410.

### Risk Behavior: Partners decreased



### Risk Behavior: Condom use increased



# CDC PrEP Guideline: For Which Patients Is PrEP Recommended?

- PrEP is recommended as one prevention option for the following adults at substantial risk of HIV acquisition
  - Sexually active MSM
  - Heterosexually active men and women
  - Injection drug users

#### **MSM Heterosexual Women and Men Injection Drug Users** HIV-positive sexual HIV-positive sexual partner HIV-positive injecting Recent bacterial STI partner partner Recent bacterial STI High number of sex partners Sharing injection **Potential** High number of sex History of inconsistent or no condom equipment indicators of Recent drug treatment partners use substantial History of inconsistent or Commercial sex work (but currently injecting) risk of acquiring no condom use ■ In high-prevalence area or network **HIV** infection Commercial sex work

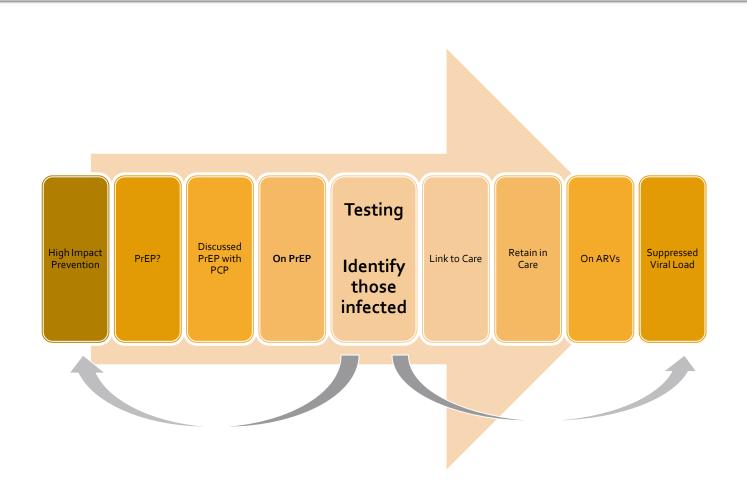
## Goal



#### **Epidemiologic Modeling**

- HIV risk
  - 1 in 4 sexually active gay and bisexual men
  - 1 in 5 people who inject drugs
  - 1 in 200 heterosexual adults
- Overall, an estimated 1.23 million adults in the US would be considered at substantial risk of HIV and potentially eligible for PrEP
- For PREP to get Hawaii to Zero, approximately 3,000 individuals in Hawaii need to be on PREP

#### **The HIV Neutral Continuum of Care**



## **PrEP Navigation Services**

- PrEP Education
- PrEP Screening
- PrEP Linkage to providers
- PrEP Ongoing Support (adherence, insurance, access, co-pay programs)
- Life Foundation's Goal: Link at least 100 new high-risk individuals to PrEP medication and support.

## **CDC PrEP Guidelines**

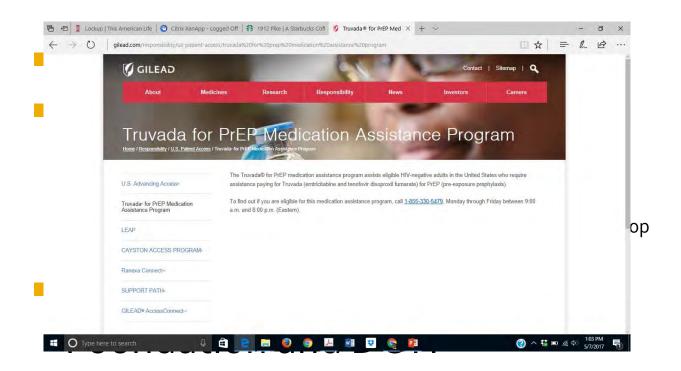
### Before initiating PrEP:

- Document that HIV test is negative
- Confirm patient has substantial ongoing high risk for HIV
- Check creatinine clearance (kidney function)
- Screen for hepatitis B
- Screen for pregnancy

#### After PrEP initiated:

- Stress adherence continuously
- Check HIV status q 2-3 months
- Check kidney function in 3 months, then yearly
- HIV and STD regular testing

## Who is Going to Pay for PrEP



## **PrEP**



PrEP - Pre-exposure Prophylaxis	
Need for Prophylaxis against STD	Z41.8
High risk sexual behavior	Z72.50
Exposure to HIV (suspected)	Z20.6
Exposure to STI (suspected)	Z20.2
High risk heterosexual behavior	Z72.51
High risk homosexual behavior	Z72.52
High risk bisexual behavior	Z72.53

#### Common PrEP-Related Billing Codes

ICD-9	Description	
V69.2	High-risk sexual behavior	
V01.79	Exposure to other viral diseases	
ICD-10	Description	
Z72.5	High-risk sexual behavior	
Z20.82	Contact with and (suspected) exposure to other viral communicable diseases	
CPT	Description	
99401	Preventive counseling (15 minutes)	
99402	Preventive counseling (30 minutes)	
99403	Preventive counseling (45 minutes)	
99404	Preventive counseling (60 minutes)	

## Challenges to Scale Up

- Education
  - Lack of public awareness
  - Lack of health promotion
  - Debunking stereotypes and myths
- Funding
  - Lack of incentives
- Manpower
  - Small number of PREP providers

## **Potential Solutions**

- DOH initiatives
- PREP focus among ASO's
  - Partnerships in delivering care
- Coming PREP Conference
- New meds coming
  - Rectal/vaginal gels
  - Availability of Tenofovir Alafenamide (TAF) → reduced risk of BMD and renal complications
  - Long-acting injectable PrEP (cabotegravir and rilpivirine injectables)

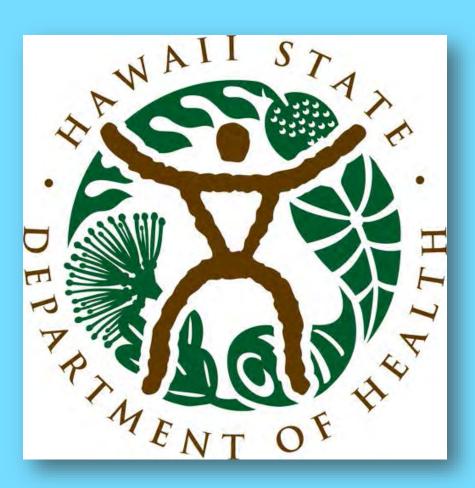




## Hawai'i PrEP Working Group

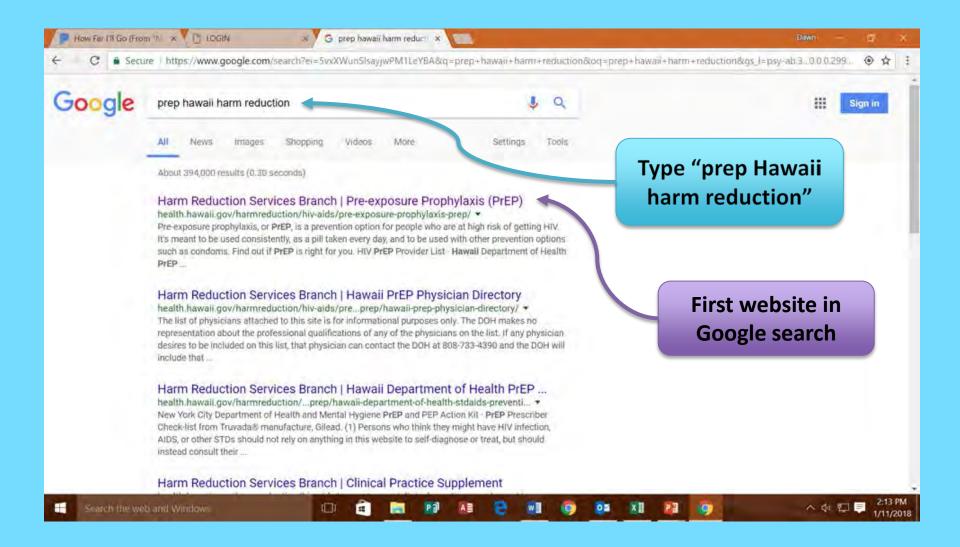
- Collaboration between 7 agencies to raise awareness of PrEP in Hawai'i in all four counties.
- Message unification
- Address focus populations
- Address stigma

## PrEP in DOH

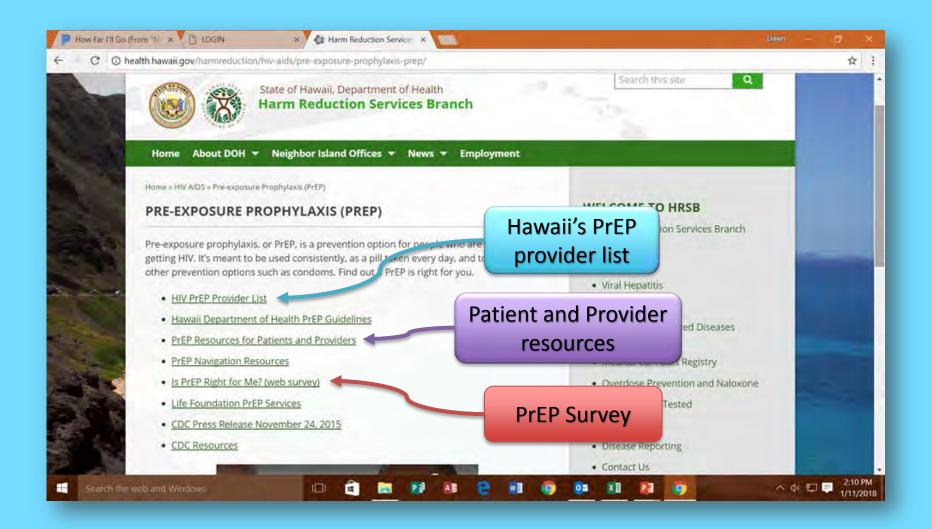


- PrEP webpage
- PrEP provider list
- ASOs (all counties)
- Community partners
- Goals
  - to increase awareness and uptake of PrEP to both patients and providers
  - to ease the process of accessing PrEP

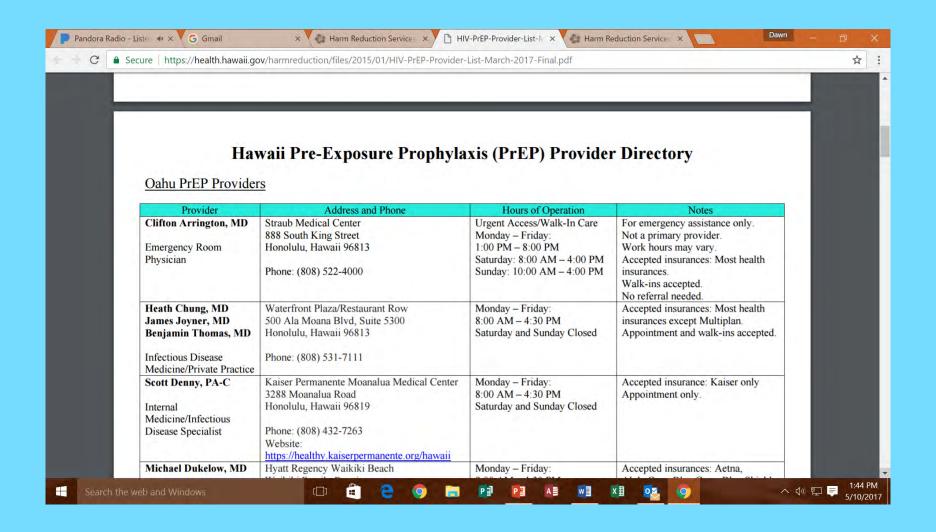
## Search "prep Hawaii harm reduction"



## PrEP DOH Webpage



## **PrEP Provider Directory**

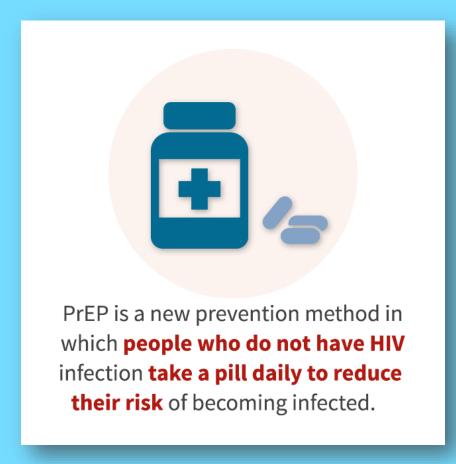


### PrEP in combination with ART



- PrEP for high risk individuals
- ART for HIV-infected individuals
- Need *everyone* in order to be successful in reducing HIV
- Together we can help our goal in achieving <u>zero</u> HIV transmissions!

### PrEP Consumer



Melvin McCready Jadulang

Dominic Chow, MD, PhD, MPH Professor, JABSOM dominicc@hawaii.edu

Kunane Dreier Prevention, Life Foundation kdreier@lifefoundation.org

Alexis Charpentier

Public Health Coordinator, DOH HRSB alexis.charpentier@doh.hawaii.org

Kekoa Kealoha, Community Health Outreach & PrEPatient Navigator & MSM Outreach, Hawai'i Island HIV/AIDS Foundation kkealoha@hihaf.org

#### Portions of Slides from:

- Carlos Malvestutto, MD, MPH; OSU Medical Center
- Katherine Marx, MS, MPH, FNP-BC; NY & NJ AIDS Education and Training Center
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