

# **An Update on PrEP in Adolescence**

November 14th 2023



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\*No disclosures to report\*

# Agenda

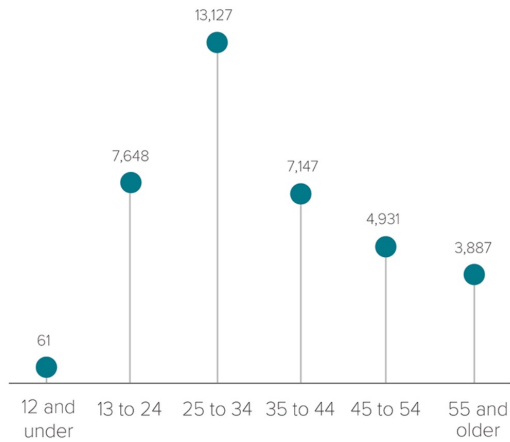
- Agenda
  - HIV Epidemiology for Adolescents
  - What is PrEP?
  - Screening Patients for PrEP
  - How to Provide PrEP
  - Follow Up Schedule for PrEP Patients
  - PrEP On-Demand
  - Long Acting Cabotegravir Injections
  - Questions? Follow Up?



# HIV Epidemiology and Adolescents

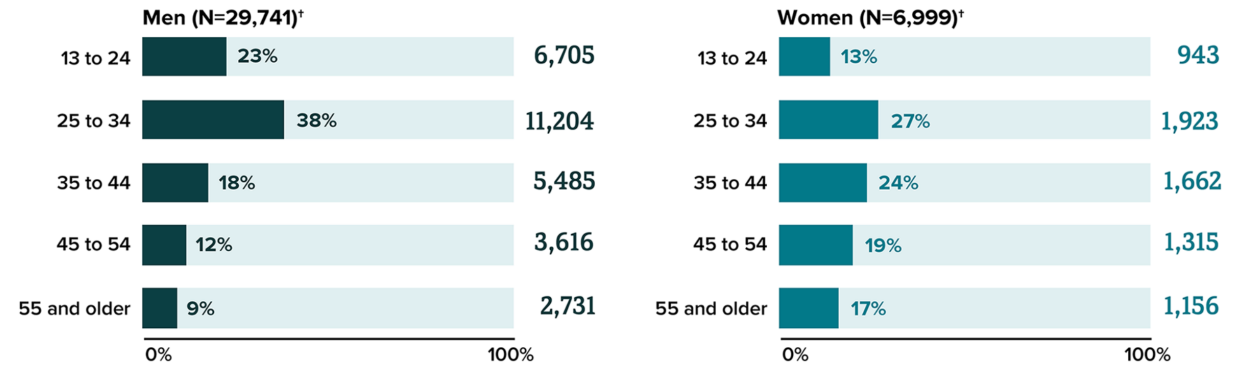
## New HIV Diagnoses in the US and Dependent Areas by Age, 2019

The number of new HIV diagnoses was highest among people aged 25 to 34.



Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021:32.

## New HIV Diagnoses in the US and Dependent Areas by Sex and Age, 2019\*



\* Children aged 12 and under accounted for 61 new HIV diagnoses in 2019. Data not available by sex assigned at birth.  
<sup>†</sup> Based on sex assigned at birth and includes transgender people. For more information about transgender people, visit CDC's HIV and Transgender People web content.

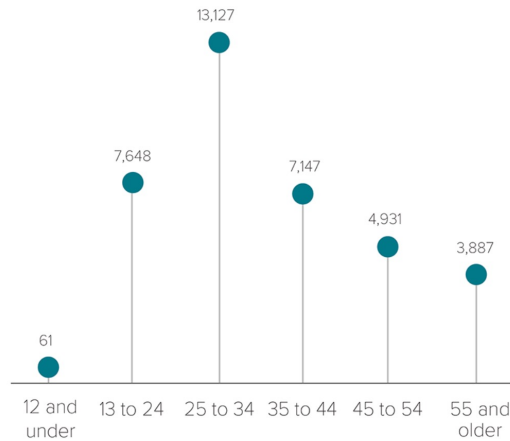
Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021:32.

- In 2019, there were 36,801 new HIV diagnoses in the United States

# HIV Epidemiology and Adolescents

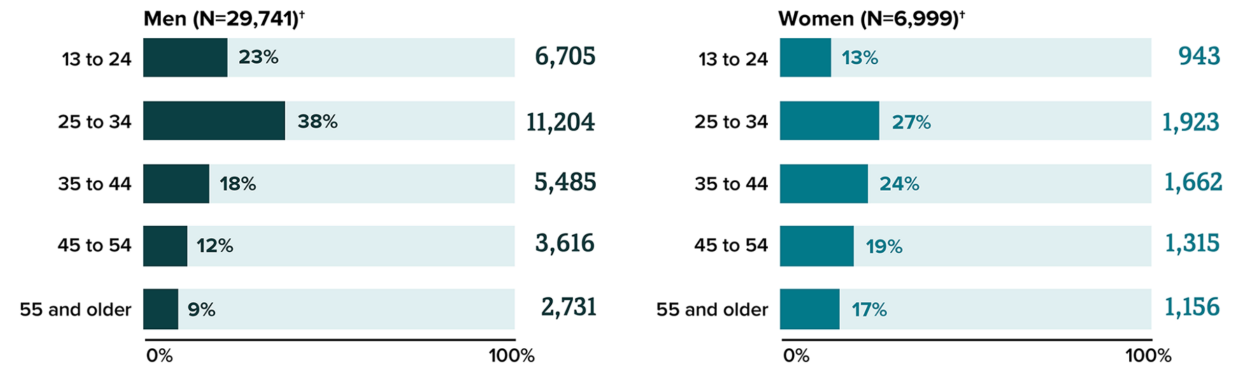
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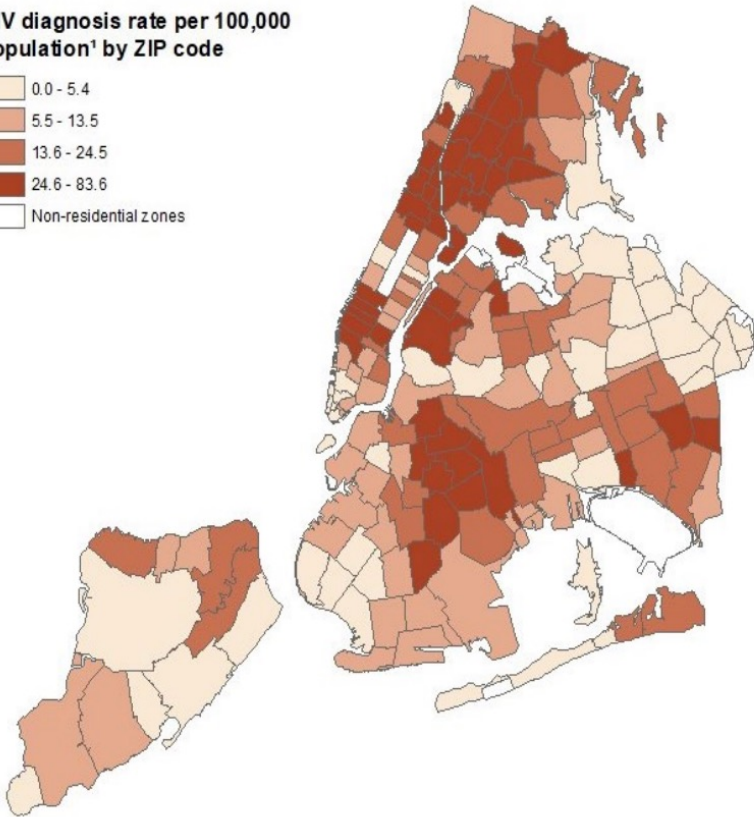
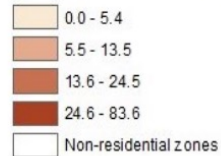
Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021:32.

- In 2019, there were 36,801 new HIV diagnoses in the United States
- **13,127 were 25-34 years old** when they were **diagnosed with HIV**.  
If we had provided this group with PrEP before their 25th birthday, we could have prevented these infections

# HIV Epidemiology and Adolescents

Figure 4.2. HIV diagnosis rates in NYC in 2021

HIV diagnosis rate per 100,000 population<sup>1</sup> by ZIP code



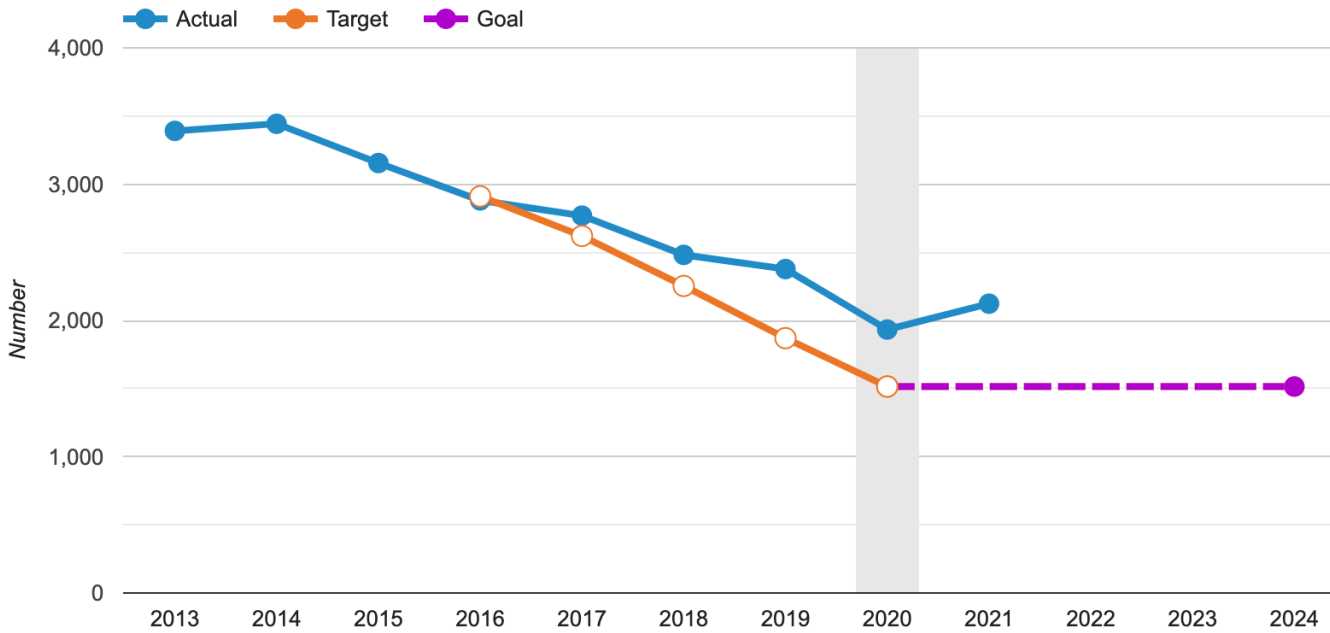
- In New York City in 2021, there were **594 (37.2%) New HIV diagnoses in the age group 13-29 years old.**
  - Total NYC dx = 1594
- There was an **14% increase** in the annual number of new HIV diagnoses in NYC from 1,396 cases in 2020 to 1,594 cases in 2021
- 55 New HIV diagnoses were ages 13-19 years old
- 539 New HIV diagnoses were ages 20-29 years old

# HIV Epidemiology and Adolescents

## New HIV Diagnoses

Reduce the number of new HIV diagnoses by **55% to 1,515**

2021 Actual **2,123** | Goal **1,515**



- There were 2,123 new HIV diagnosis in 2021 in New York State

### Chart notes:

- Source: NYS HIV Surveillance System
- Number of persons newly diagnosed with HIV.

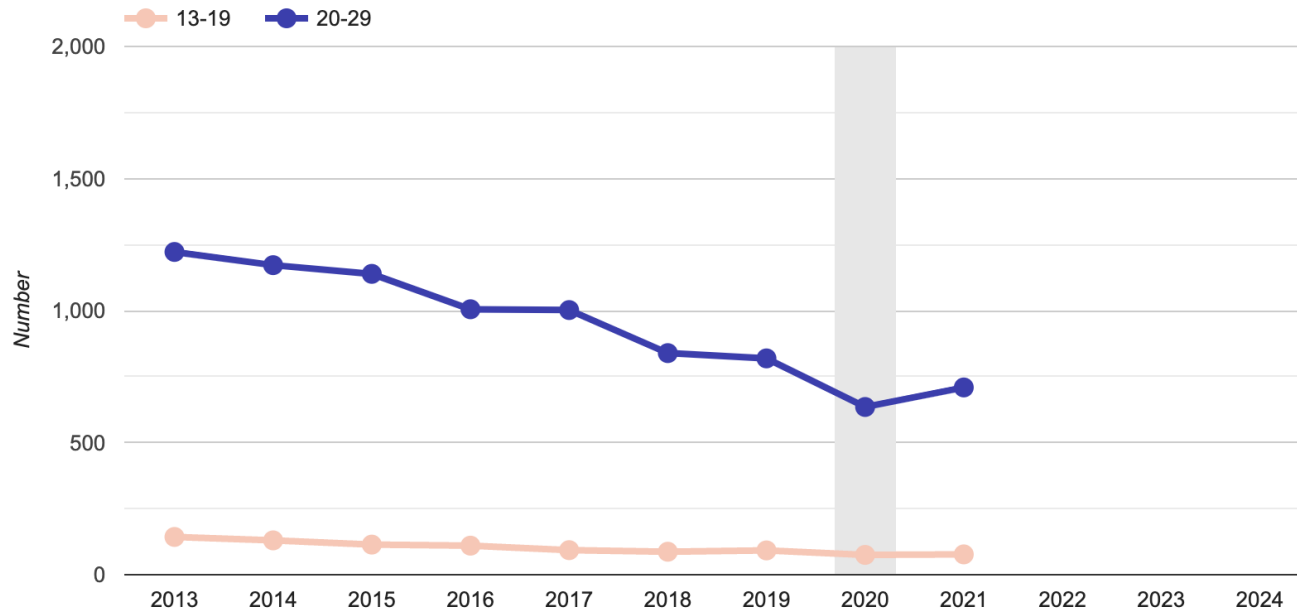


# HIV Epidemiology and Adolescents

## New HIV Diagnoses

Reduce the number of new HIV diagnoses by **55% to 1,515**

2021 Actual **2,123** | Goal **1,515**



- There were 2,123 new HIV diagnosis in 2021 in New York State
- 736 were under 29 years old

### Chart notes:

- Source: NYS HIV Surveillance System
- Number of persons newly diagnosed with HIV.



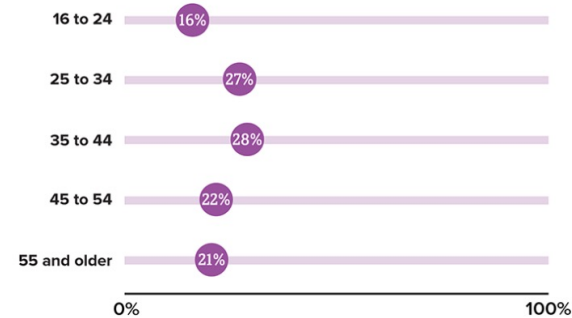


# HIV Epidemiology and Adolescents

PrEP Coverage in the US by Age, 2019\*

PrEP is highly effective for preventing HIV from sex or injection drug use.

Overall, 23% of people who could benefit from PrEP were prescribed PrEP in 2019.

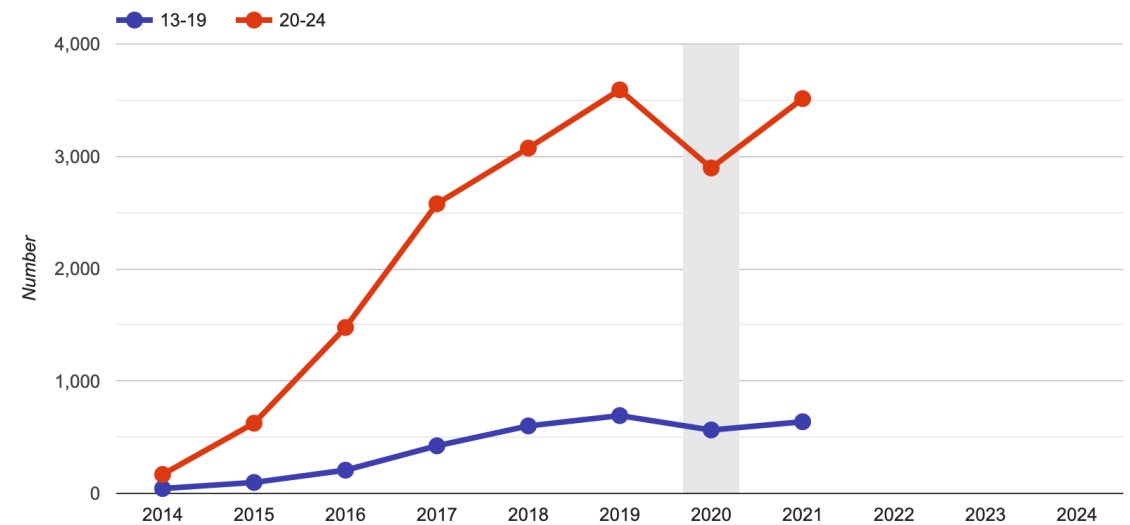


\*Data not available for people aged 15 and under.

PrEP Utilization

Increase the number of individuals filling prescriptions for PrEP to **65,000**

2021 Actual **40,046** | Goal **65,000**



- NYS Department of Health reported last December on 2021 PrEP uptake persons who filled at least one PrEP prescription during a 6 month period
- 13-19 year olds remain underserved in the provision of PrEP in NYS

# What is Pre-Exposure Prophylaxis or PrEP?



# Choosing an Oral Regimen for Adolescents

## Truvada (TDF/FTC)

- Brand and Generic
- Available for MSM, Cis-Women and IVDU
- Daily or On-Demand



## Descovy (TAF/FTC)

- Only Brand
- Available for only MSM
- Only Daily
- Smaller pill

- ❖ **Both approved for adolescents and adults**
- ❖ Both are effective after 7 days in protecting against HIV for anal sex (Truvada – 21 days for vaginal sex)
- ❖ Both need a patient to follow up quarterly for testing with a provider

# Choosing an Oral Regimen for Adolescents

Both are 99% effective in preventing HIV transmission if taken correctly!



# Choosing an Oral Regimen for Adolescents



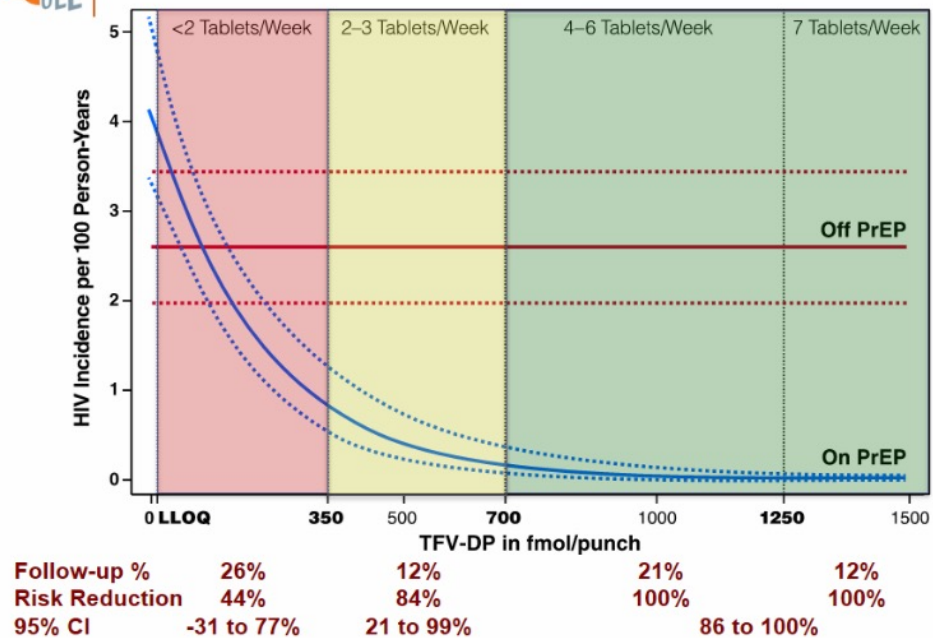
- **PrEP Side effects**

- “Start-Up Syndrome” (RARE)
  - 1-2 weeks after initiation
  - Nausea, vomiting, fatigue, dizziness
- Long Term side effects (EVEN MORE RARE)
  - Truvada (TDF/FTC)
    - Decline in kidney functioning
    - Decline in accumulation of bone mass
  - Descovy (TAF/FTC)
    - Weight gain
    - Lipid/Cholesterol Increases

# Choosing an Oral Regimen for Adolescents



## HIV Incidence and Drug Concentrations



- Consider Adolescents and adherence to daily regimen
  - Truvada (TDF/FTC) continues to provide protection with 4-5 doses per week
  - If there are concerns about a patient adhering to a daily regimen, TDF/FTC can provide a high of protection if doses are missed

# Choosing an Oral Regimen for Adolescents



- Consider Cost and Need for Prior Authorization
  - TDF/FTC offers a generic option (retail cost for bottle ~\$20-40) and usually no prior authorization
  - Descovy may trigger a prior authorization/appeal through patient's parents insurance

# Screening For Pre-Exposure Prophylaxis



# Screening for HIV Prevention Services

- Screening for PrEP Initiation
  - Prevention Navigators, Disease Intervention Specialists, Coordinators, Nurses, Medical Assistants, Social Workers, and Medical Providers can **all participate in screening for HIV Prevention Services**

# Screening for HIV Prevention Services

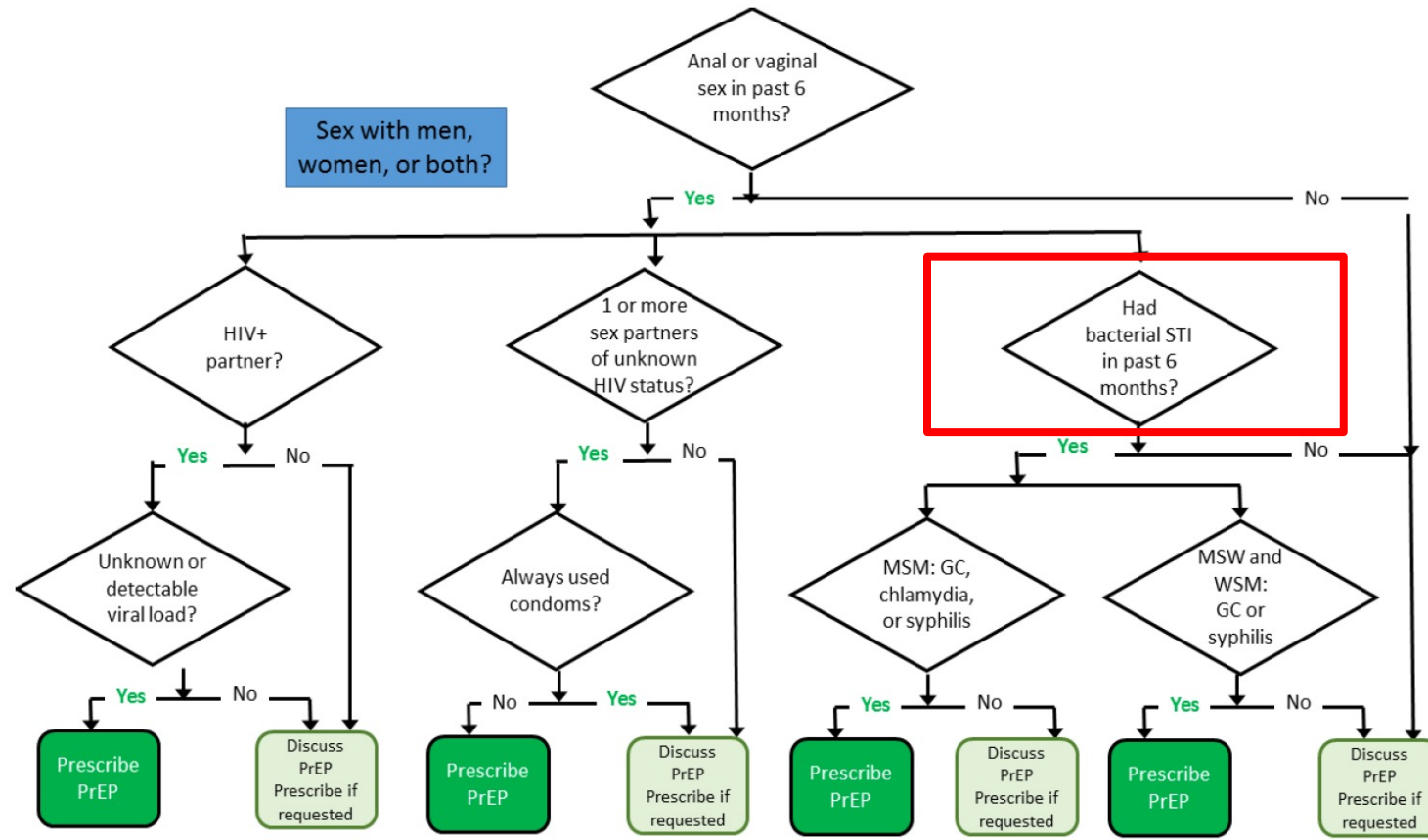
- Who should receive information about PrEP during their medical or outreach visits?
  - The new Updated CDC PrEP Guidelines state that:



**NEW RECOMMENDATION: All sexually active adult and adolescent patients should receive information about PrEP**

# Screening for HIV Prevention Services

## PrEP Indications for Sexually Active Persons



- Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>. Published December 2021.

# So.... I should talk to EVERYONE about PrEP?



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**NEW RECOMMENDATION: All sexually active adult and adolescent patients should receive information about PrEP**

# So.... I should talk to EVERYONE about PrEP?

**NEW RECOMMENDATION: All sexually active adult and adolescent patients should receive information about PrEP**

**But how can I tell if they are “at-risk” for HIV? Shouldn’t I only talk to patients who are at risk about PrEP?**

Discuss/Educate all sexually active clients about PrEP

# Strategy – GOALS Framework



## GOALS Framework for Sexual History Taking in Primary Care

Developed by Sarit A. Golub, PhD, MPH, Hunter College and Graduate Center, City University of New York, in collaboration with the NYC Department of Health and Mental Hygiene, Bureau of HIV, July 2019

**BACKGROUND:** Sexual history taking can be an onerous and awkward task that does not always provide accurate or useful information for patient care. Standard risk assessment questions (e.g., *How many partners have you had sex with in the last 6 months?*; *How many times did you have receptive anal sex with a man when he did not use a condom?*) may be alienating to patients, discourage honest disclosure, and communicate that the number of partners or acts is the only component of sexual risk and health.

In contrast, the GOALS framework is designed to streamline sexual history conversations and elicit information most useful for identifying an appropriate clinical course of action.

The GOALS framework was developed in response to 4 key findings from the sexual health research literature:

1. Universal HIV/STI screening and biomedical prevention education is more beneficial and cost-effective than risk-based screening [Wimberly, et al. 2006; Hoots, et al. 2016; Owusu-Edusei, et al. 2016; Hull, et al. 2017; Lancki, et al. 2018].
2. Emphasizing benefits—rather than risks—is more successful in motivating patients toward prevention and care behavior [Weinstein and Klein 1995; Schuz, et al. 2008; ...].

- Enhance the patient-care provider relationship, making it a lever for sexual health specifically and overall health and wellness in general.

### THE GOALS FRAMEWORK INCLUDES 5 STEPS:

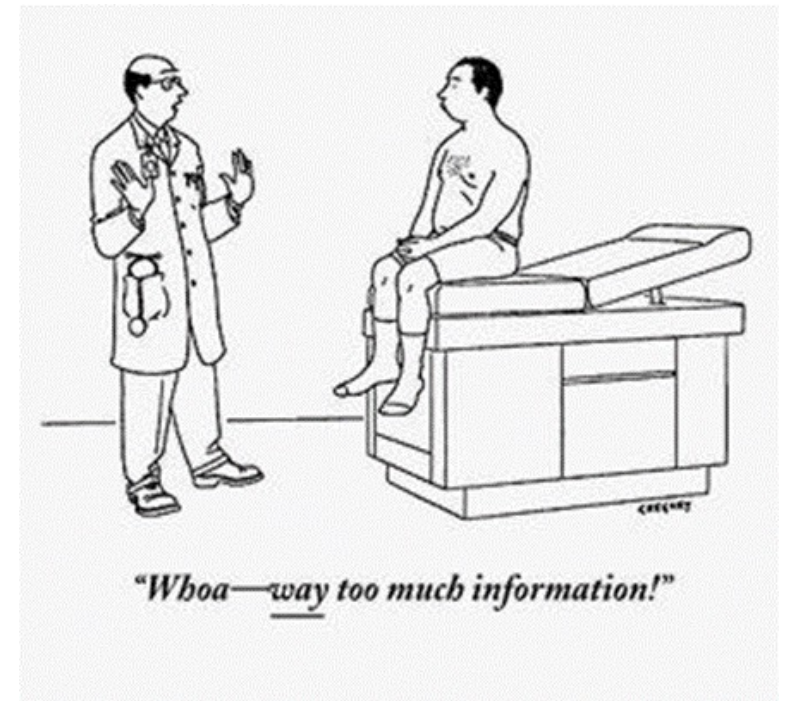
1. **Give a preamble that emphasizes sexual health.** The healthcare provider briefly introduces the sexual history in a way that de-emphasizes a focus on risk, normalizes sexuality as part of routine healthcare, and opens the door for the patient's questions.
2. **Offer opt-out HIV/STI testing and information.** The healthcare provider tells the patient that they test everyone for HIV and STIs, normalizing both testing and HIV and STI concerns.
3. **Ask an open-ended question.** The healthcare provider starts the sexual history taking with an open-ended question that allows them to identify the aspects of sexual health that are most important to the patient, while allowing them to hear (and then mirror) the language that the patient uses to describe their body, partner(s), and sexual behaviors.
4. **Listen for relevant information and fill in the blanks.** The healthcare provider asks more pointed questions to elicit information that might be needed for clinical decision-making (e.g., 3-site versus genital-only

1. Universal screening is more beneficial and cost-effective than risk-based screening
2. Emphasizing **benefits, rather than risks**, is more successful in motivating patients
3. **Positive interactions** with healthcare providers **promote engagement** in prevention and care
4. Patients want their healthcare providers to talk with them about sexual health

• <https://www.hivguidelines.org/hiv-care/selected-resources/goals-framework/>

# Screening for HIV Prevention Services

- Sexual History Taking Tips
  - Check in on your own implicit biases
  - Open- Ended Questions
    - “Tell me about your sex life...”
  - Use your own voice
  - Avoid the why?
  - What is the *clinical* purpose behind the question you are asking?





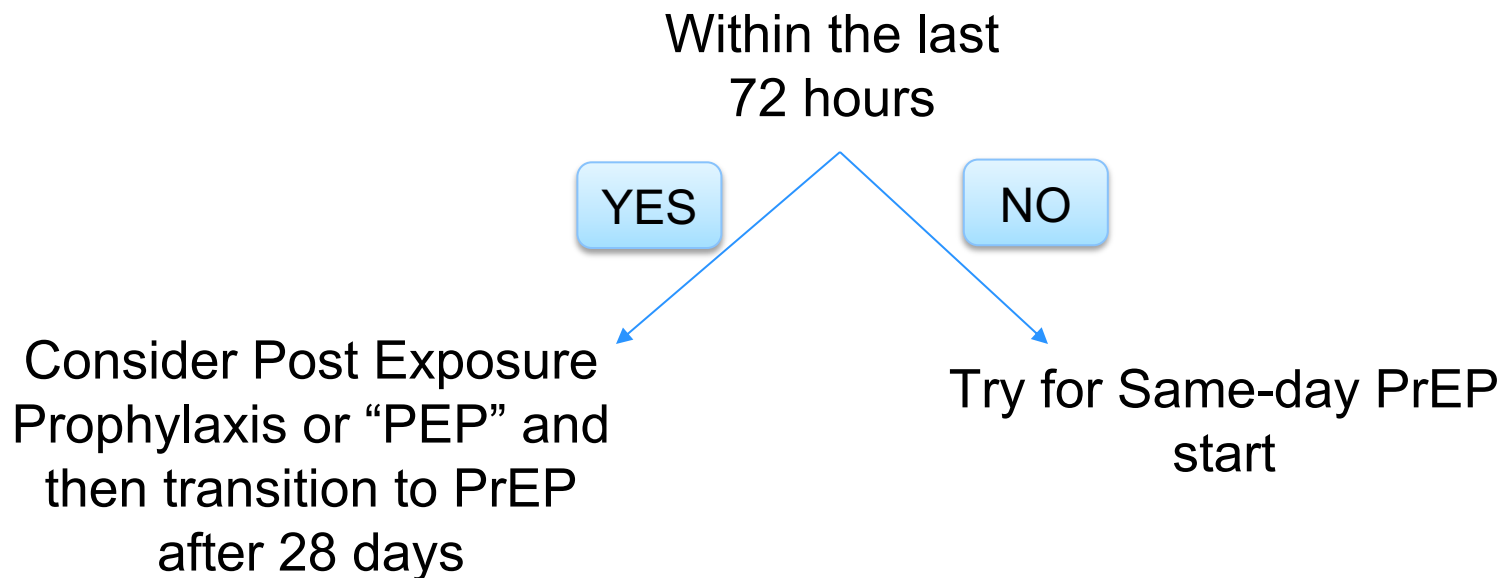
# Screening for HIV Prevention Services

- Initial Clinical Assessment
  - When was the ***last time the patient had sex without a condom*** (while not on PrEP)?
  - When was the patient's ***last HIV test?***
  - Past medical history (any history renal disease or Hepatitis B)



# Screening for HIV Prevention Services

- Initial Clinical Assessment
  - When was the ***last time the patient had sex without a condom*** (while not on PrEP)?



# Post Exposure Prophylaxis

- **Post Exposure Prophylaxis “PEP”**
  - A three-four drug combination therapy given to a patient for 28 days after an HIV exposure, i.e.:
    - Needlestick
    - Sexual encounter (consensual or non-consensual)
    - Significant contact with Blood products that penetrates skin or mucous membrane
  - **Must start within 72 hours of HIV exposure and complete the entire 28 days for medications to be effective**

**Exposed to HIV?** The clock is ticking!



To be effective, **PEP** must begin **within 72 hours** of exposure

# Post Exposure Prophylaxis

**Tenofovir + Emtricitabine** 200/300mg (once a day)

AND

**Dolutegravir** 50mg (once a day)

Taken for 28 days

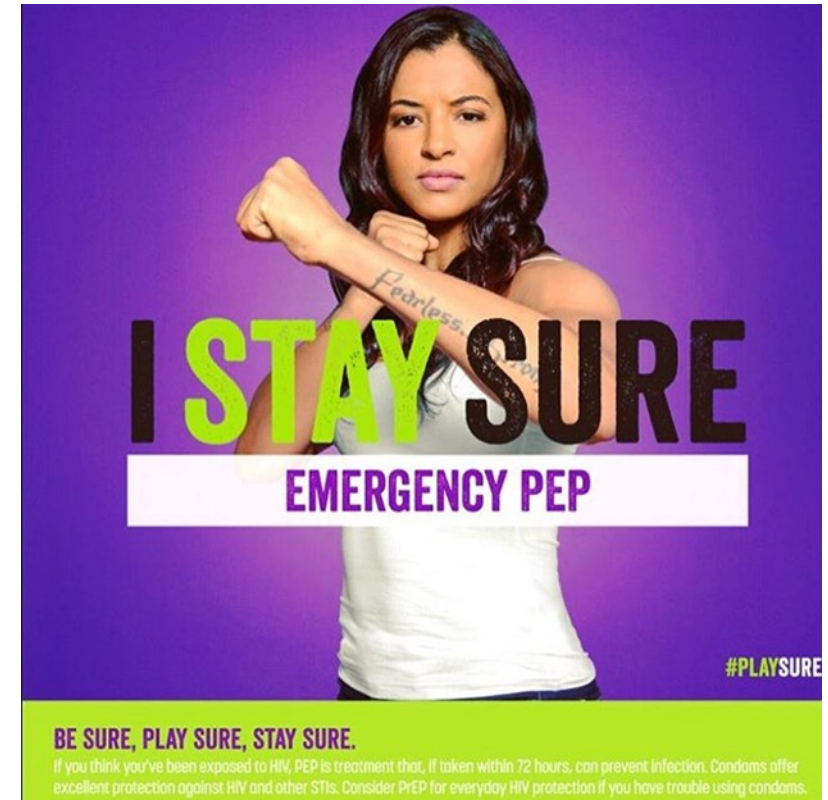


**Tenofovir + Emtricitabine** 200/300mg (once a day)

AND

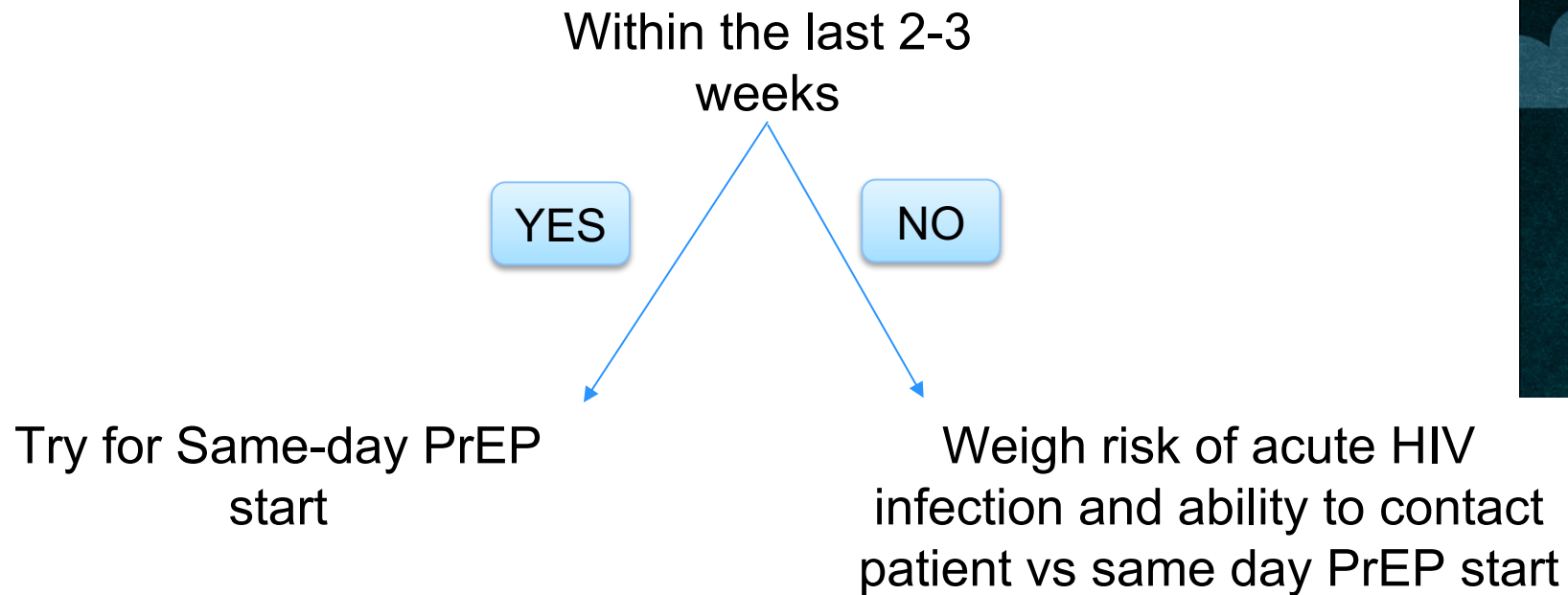
**Raltegravir** 400mg (twice a day)

Taken for 28 days



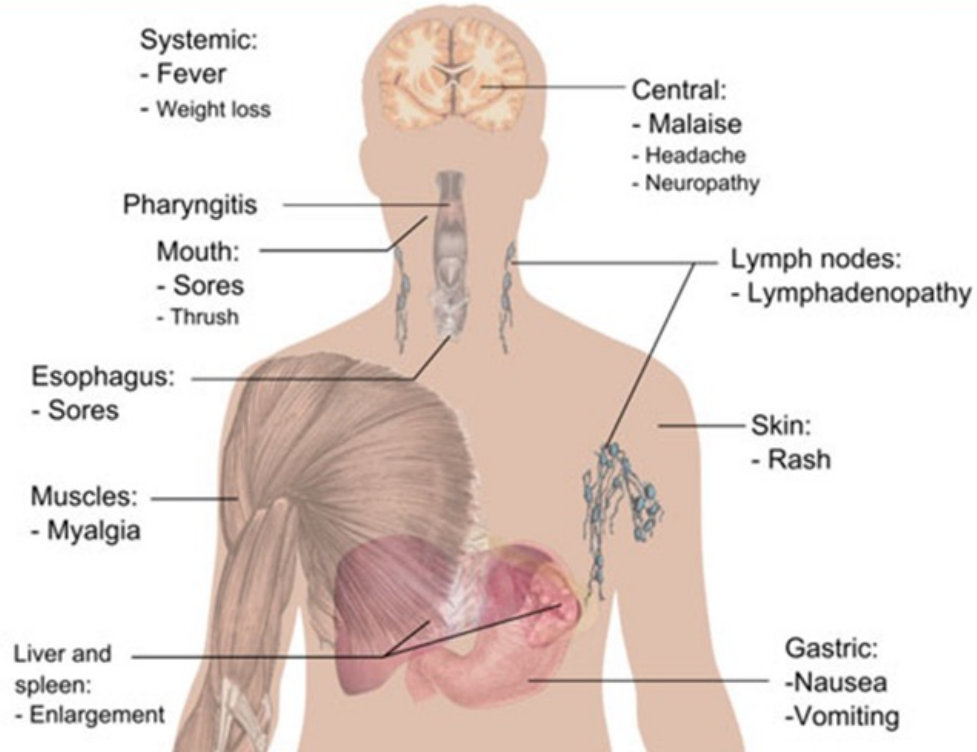
# Screening for HIV Prevention Services

- Initial Clinical Assessment
  - When was the patient's ***last HIV test?***



# Screening for HIV Prevention Services

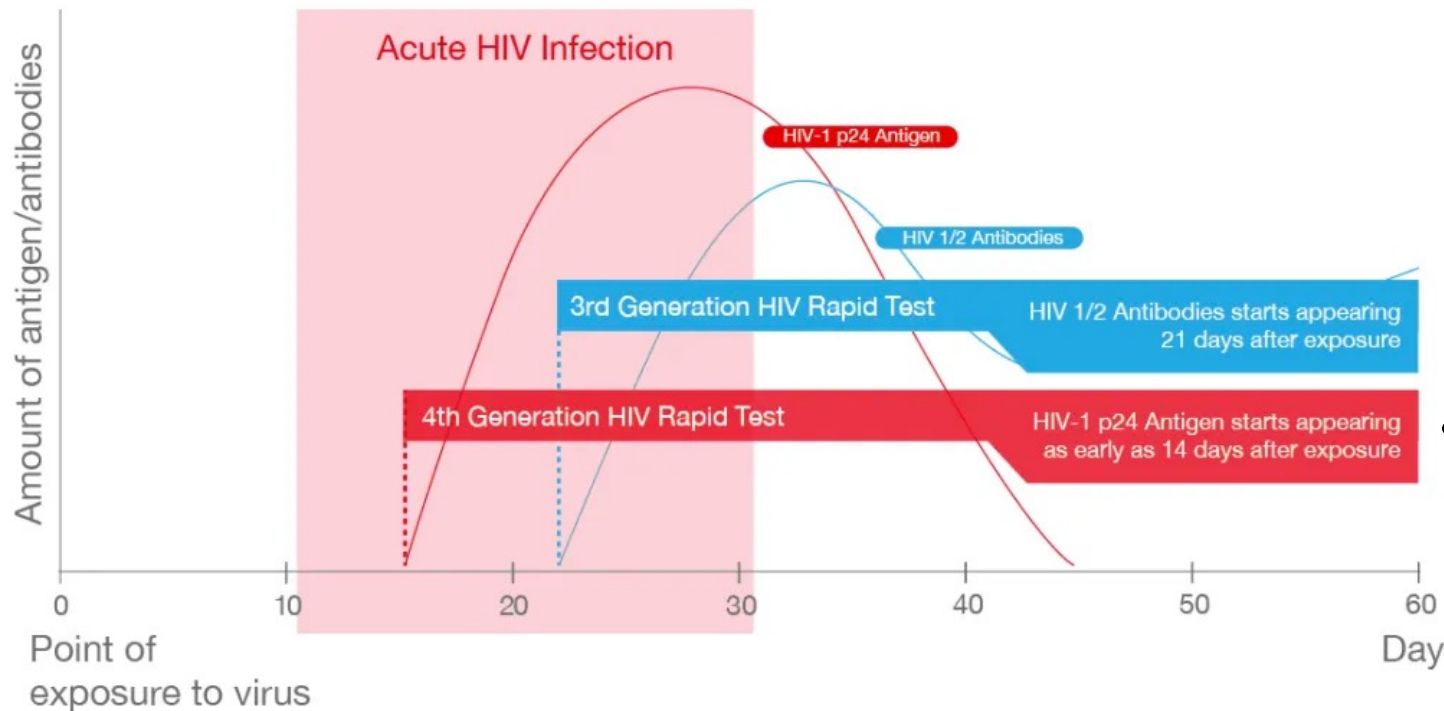
## Main Symptoms of Acute HIV Infection



- Within 2 to 4 weeks after infection with HIV, about two-thirds of people will have symptoms of a flu-like illness
- With 4<sup>th</sup> generation HIV tests being widely available, someone may present with these symptoms and test positive for HIV

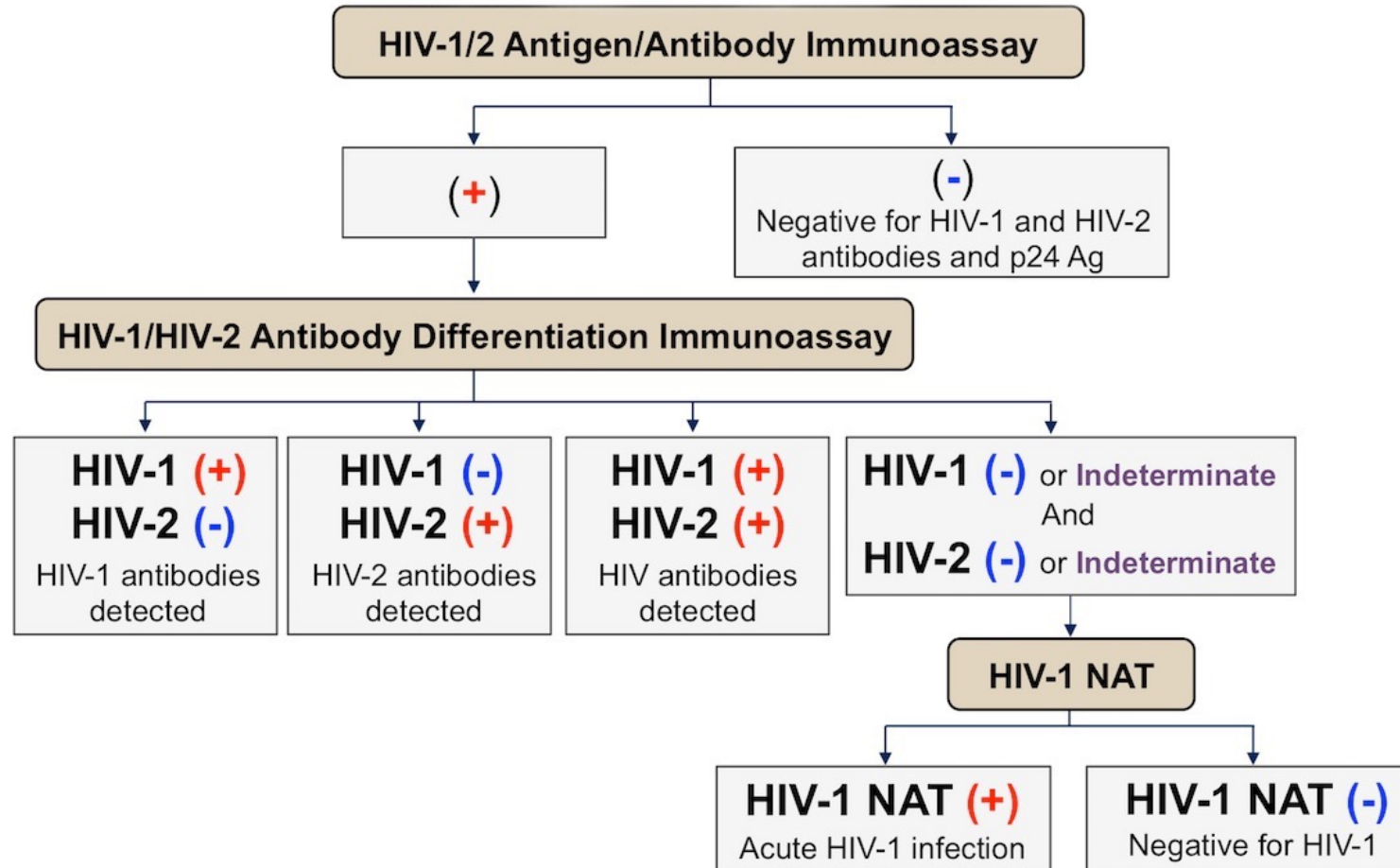
# HIV Test Counseling

Immune response of HIV infection



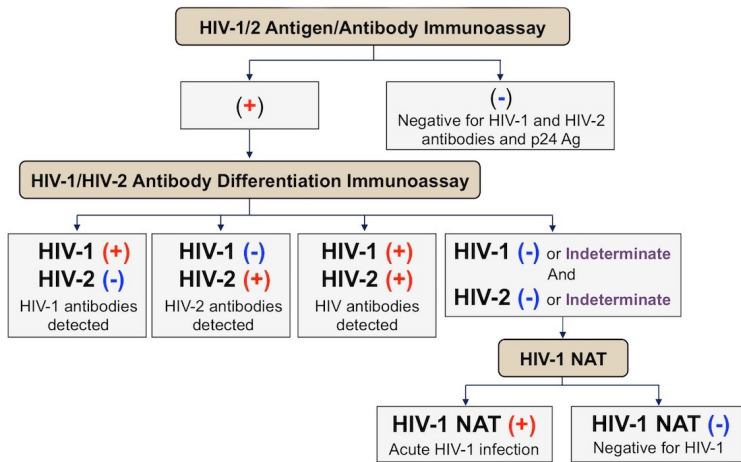
- **Fourth-generation testing** incorporates HIV-1/HIV-2 antibody and p24 antigen detection; therefore, the window period can be as **early as 14 to 17 days** since exposure
  - Patients at risk should be retested 3-4 weeks after exposure for a definitive negative test
- **Third generation testing** incorporates HIV-1/HIV-2 and starts appearing **between 21- 60 days after exposure**
  - Over the counter tests are 3<sup>rd</sup> Generation (Orasure/Oraquick)

# HIV Testing Algorithm





# HIV Testing Algorithm



## ! HIV 1/2 AG/AB COMBINATION SCREEN

Status: **Final result** Connect: **Auto-Release Prevented**

	Value	Range
HIV Ab/Ag Screen	<b>Reactive (A)</b>	Nonreactive
HIV Ab/Ag Screen Interp	Presumptive evidence for HIV-1 antigen or HIV-1/HIV-2 antibodies. This result is preliminary. Reflex testing for HIV-1/2 Antibody Supplemental testing has been initiated. Results from this confirmatory testing must be considered in making a diagnosis related to HIV infection.	
Comments:	RRT@PAGED@1/20/2023 12:55:33 AM EST	

## HIV 1/2 SUPPLEMENTAL AB (REFLEX TEST)

Status: **Final result** Connect: **Auto-Release Prevented**

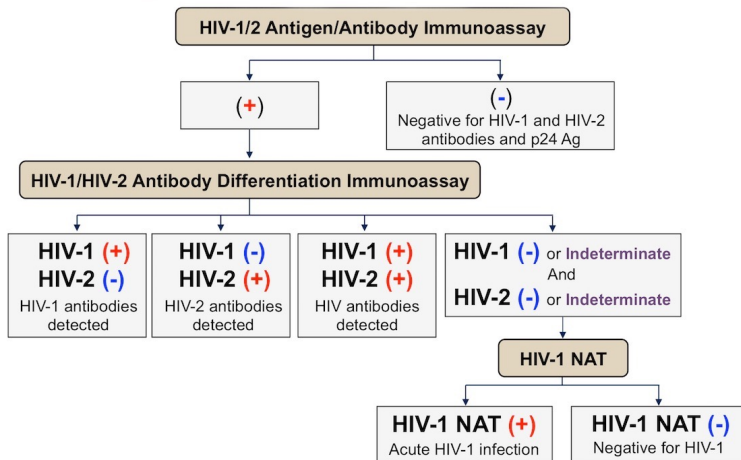
[Newer results are available. Click to view them now.](#)


	Value	Range
HIV-1 Antibody	<b>Nonreactive</b>	Nonreactive
HIV-2 Antibody	<b>Nonreactive</b>	Nonreactive
HIV-1/2 Supplemental Interp	<b>HIV Ab NEGATIVE</b>	HIV Ab NEGATIVE
Performing Lab:	NYP_Columbia	
Director:	HOD, M.D., ELDAD A.	
CLIA:	33D0664187	
Address:	622 West 168th Street New York NY 10032	

### Narrative


Ordered due to positive HIV Ab/Ag result.

# HIV Testing Algorithm




 **HIV-1 VIRAL LOAD, REAL-TIME PCR**  
 HIV-1 RNA, PCR Not Detected  
 HIV 1 RNA LOG COPIES Not Detected


Collected 1/19/2023

 **HIV 1/2 AG/AB COMBINATION SCREEN**  
 HIV 1/2 AB & HIV1 P24 AG **Reactive !**  
 HIV AB/AG SCREEN INTERP Presumptive evidence for HIV-1 antige...

Collected 1/19/2023

 **HIV-1 QUALITATIVE BY NAAT**  
 HIV 1 RNA, BLD, QL, NAAT Not Detected

Collected 1/19/2023

 **HIV 1/2 SUPPLEMENTAL AB (REFLEX TEST)**  
 HIV-1 AB, EIA Nonreactive  
 HIV-2 AB Nonreactive  
 HIV-1/2 AB INTERP HIV Ab **NEGATIVE**  
 Includes: Narrative

Collected 1/19/2023

# HIV Testing

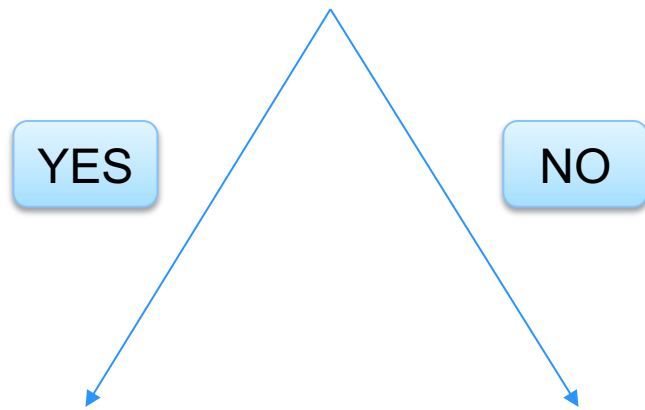
- Take Away Notes about 4<sup>th</sup> generation HIV testing
  - Always **ask when their last unprotected/condomless sexual encounter** was (provides you with a window period about the test). If within the last two weeks = consider viral load testing (NAAT/PCR) if you are able to order
  - False positives are a definite possibility
- (Ab/Ag= Positive; Supplemental Ab = Negative)
  - 20 out of 10,000 4<sup>th</sup> Generation HIV tests will be a “false positive” in a high prevalence area
  - **Order the test!** Identify an “expert” at your institution and call them if you need them

- <https://www.cdc.gov/hiv/pdf/testing/cdc-hiv-factsheet-false-positive-test-results.pdf>

# Screening for HIV Prevention Services

- Initial Clinical Assessment

- Does patient have a history of renal disease?



Ensure that CrCl is  $\geq 60$  mL/minute before initiating F/TDF as PrEP, or  $\geq 30$  mL/minute before initiating F/TAF as PrEP

Try for Same-day PrEP start



# Screening for HIV Prevention Services

- Initial Clinical Assessment
  - Does patient have a history of Chronic Hepatitis B?
    - TDF/FTC & TAF/FTC are active against HIV and HBV
    - Those who test positive for hepatitis B surface antigen (HBsAg) should be co-managed by a specialist in infectious or hepatic disease.
    - **BEFORE** PrEP is prescribed be sure to test HBV DNA to determine the quantitative level of viral replication

# Essentials to PrEP Clinic Implementation

## Medical Visit

- Initial Labs
  - **HIV Test (4<sup>th</sup> generation if available) – required**
    - HIV Ab/Ag (and HIV viral load test)
  - **Basic Metabolic Panel (Creatinine) – required**
  - Serology for Viral Hepatitis A, B, and C
  - 3 site Gonorrhea/Chlamydia Testing
  - Syphilis Testing
  - Pregnancy Test



# Which medication should I prescribe for daily PrEP?

## TDF/FTC (Truvada)

FDA approval: 2012



19 mm



### EFFECTIVENESS

- ✓ for multiple populations

### SAFETY

- Small ↓ in eGFR and BMD

### COST

- \$1,845/month in 2019
- Generic in 2020

-2.0

-0.99%

-6.5

+0

100

0

### EFFECTIVENESS\*

MSM & TRANS WOMEN

HETEROSEXUALS

PWID

### SAFETY / 48 WKS

eGFR (mL/min)

HIP BMD

LDL (mg/dL)

BODY WEIGHT (kg)



12.5 mm

## TAF/FTC (Descovy)

FDA approval: 2019



### EFFECTIVENESS

- ✓ for MSM and transwomen
- ? for other populations

### SAFETY

- Small ↑ in LDL and weight

### COST

- \$1,845/month in 2019

+2.0

+0.18%

+1.0

+1.1

0

100

# Essentials to PrEP Clinic Implementation

## Follow up Medical Visit Support

PreExposure Prophylaxis Follow Up Visit Lab Schedule					
	Baseline	(1 month)	every 3 Months	every 6 months	every 12 months
Clinic Visit	X	X	X		
HIV Testing	X	X	X		
STI Testing (3 site GC/CT and Syphilis testing)	X	X	X		
Pregnancy Test	X	X	X		
Lipid Panel (TAF/FTC or "Descovy" only)	X				X
BMP (Serum Creatinine and estimated eCrCL)	X	X		Age >/50 <b>or</b> eCrCl <90 ml/min at baseline	Age <50 or eCrCl <90 ml/min at baseline
Hepatitis A & B serology (including: HepA IgG, Hepatitis B surface antigen, Hepatitis B surface antibody)	X	provide appropriate immunization			
Hepatitis C antibody test	X				X

() = outside of CDC recommendations

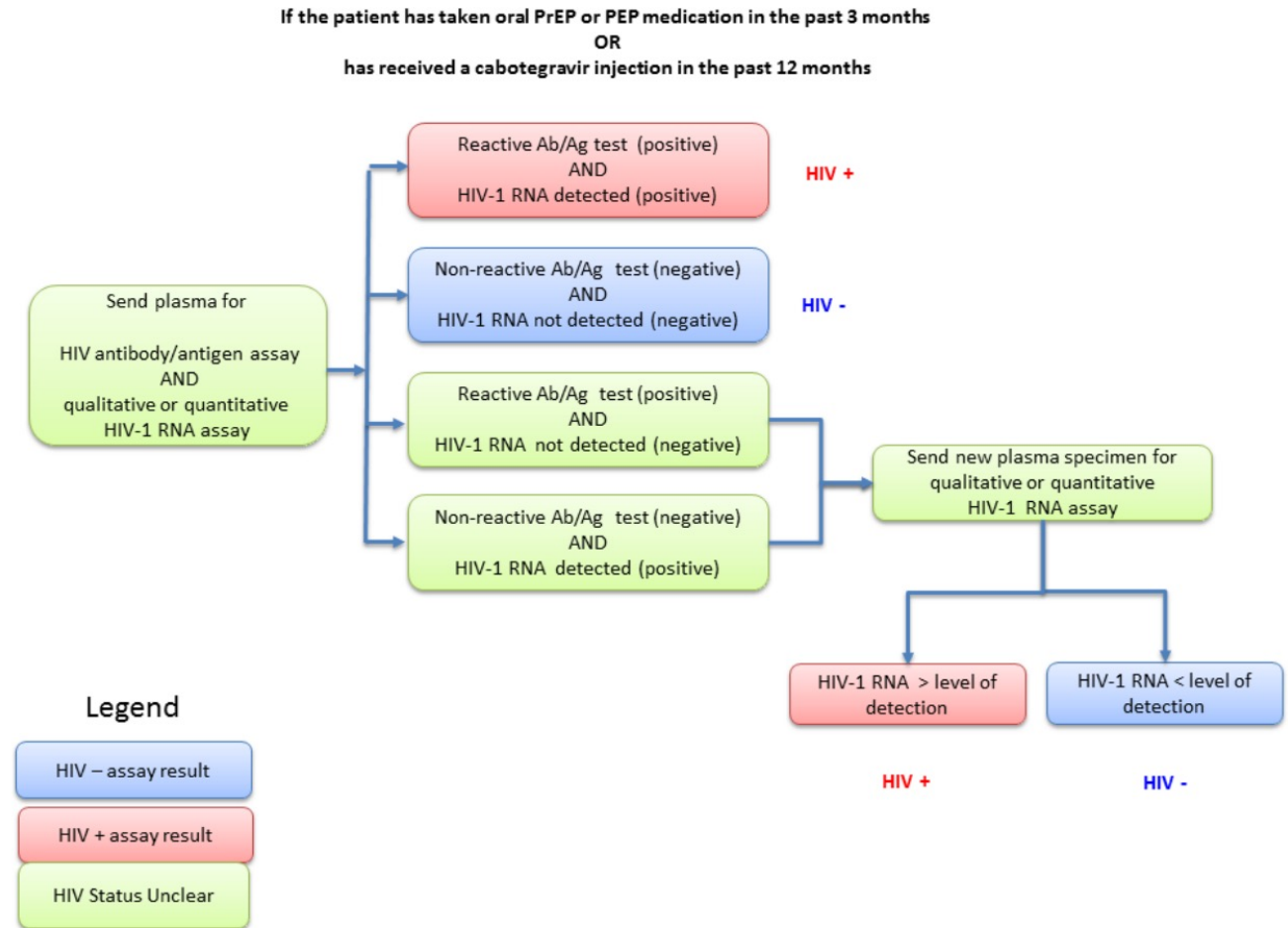
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# Essentials to PrEP Clinic Implementation

## Follow up Medical Visits

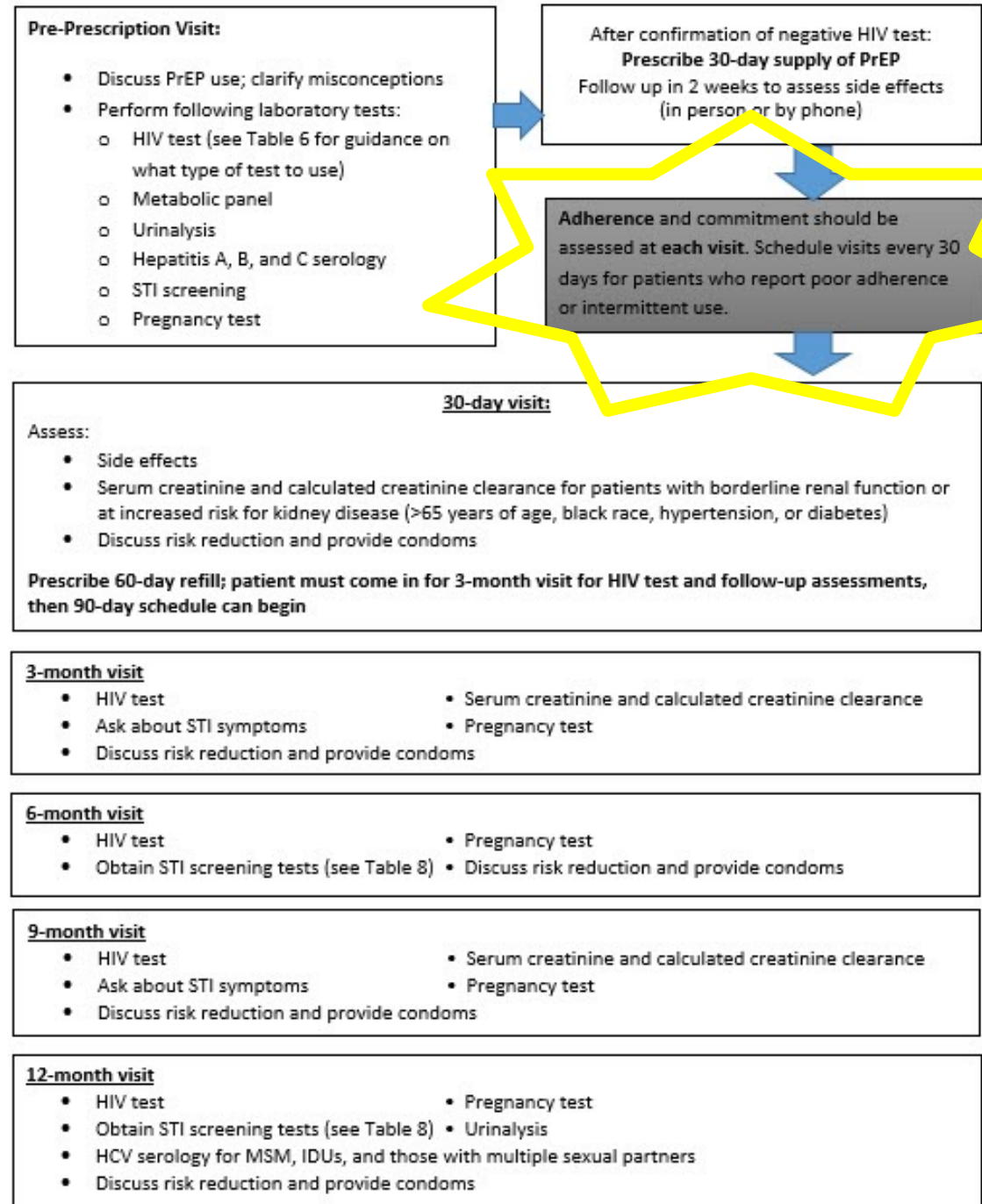
- New CDC PrEP Guidelines
  - HIV-1 RNA quantitative or “Viral Load” test
  - Sent with every HIV antibody/antigen test to confirm negativity while taking PrEP



- Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>. Published December 2021

# Essentials to PrEP Clinic Implementation

- Medical Visit Support
  - At each visit...
    - Ask, “How is your sex life?”
    - Assess Adherence
    - Screen for symptoms of Acute HIV Syndrome
    - Risk Reduction Counseling – Provide Condoms
    - Discuss and Manage Side Effects



# **On Demand Dosing for Adolescents?**

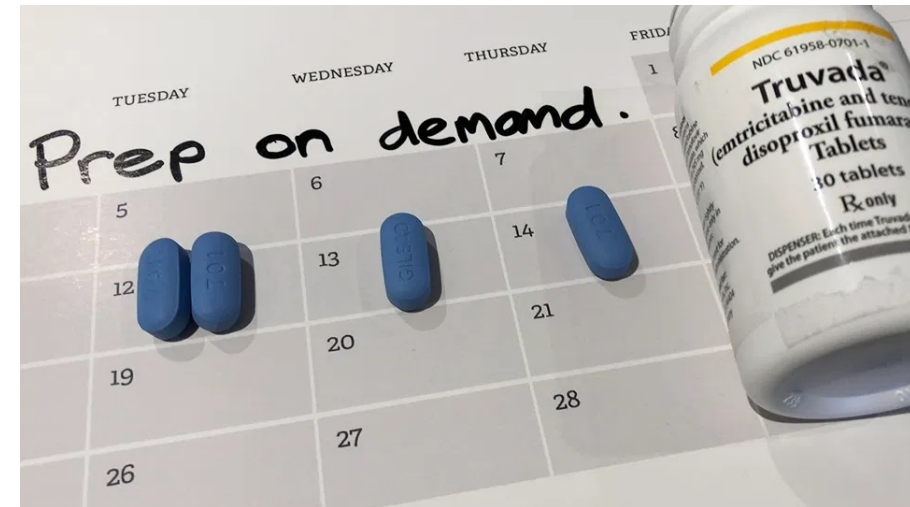
# PrEP On-Demand

- Definition
  - “*On-Demand*” or “*Event-Based*” or “*2:1:1*” or “*Intermittent*” or “*Peri-coital*” or “*Vacation*” PrEP
    - Any dosing schedule variation that is not “Daily Dosing”
  - Taking PrEP, specifically Truvada (TDF/FTC), around the time of a sexual encounter(s) or “riskier” periods
    - Truvada is the only pre-exposure prophylaxis medication recommended for On-Demand at this time



# PrEP-On-Demand: Patient Evaluation

- Screening for On-Demand Dosing
  - Men who have sex with Men (MSM)
  - Has sex *less than* twice a week
  - Patient able to adhere to quarterly visits/STI screening in the absence of a quarterly prescription trigger
  - Expressed understanding of dosing schedule

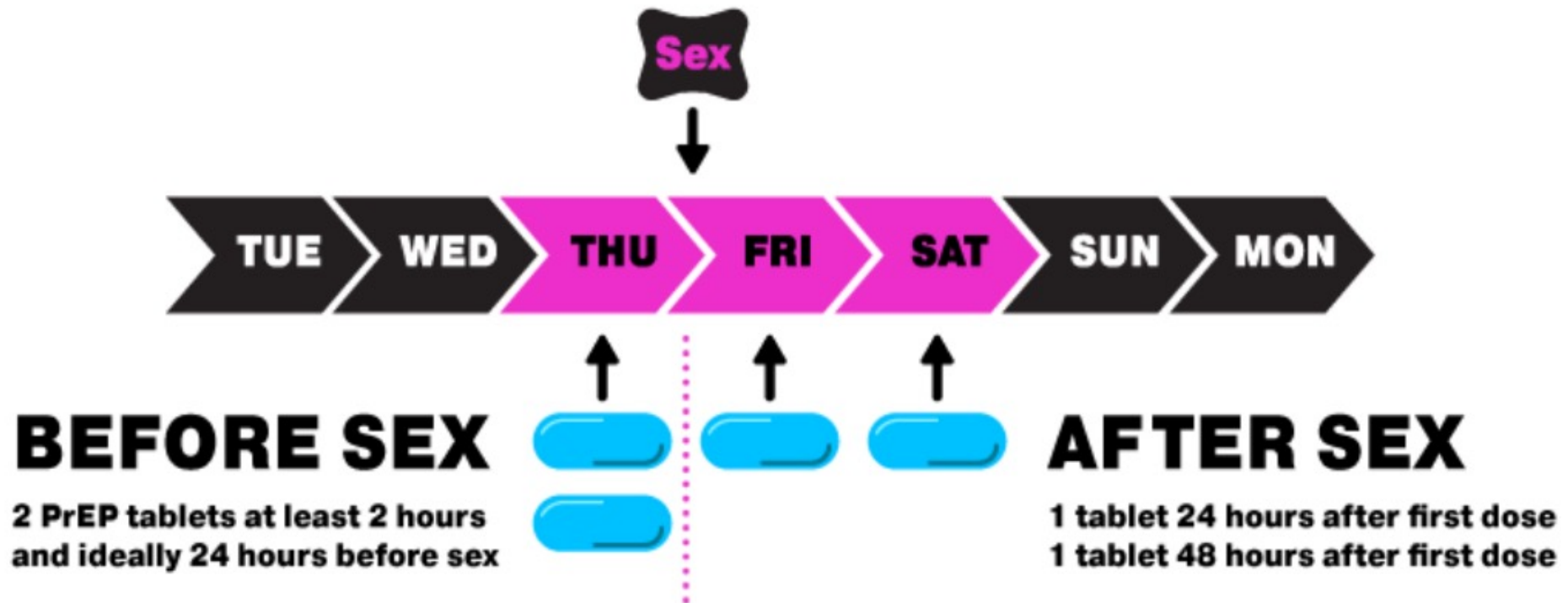


# PrEP-On-Demand: Patient Evaluation

- Exclusion Criteria
  - Individuals engaging in vaginal sex
  - IV Drug users
  - Adolescents (due to documented hx of adherence difficulties in ATN studies)
  - Individuals engaging in sex more than twice a week
  - Individuals taking TAF/FTC or *Descovy*

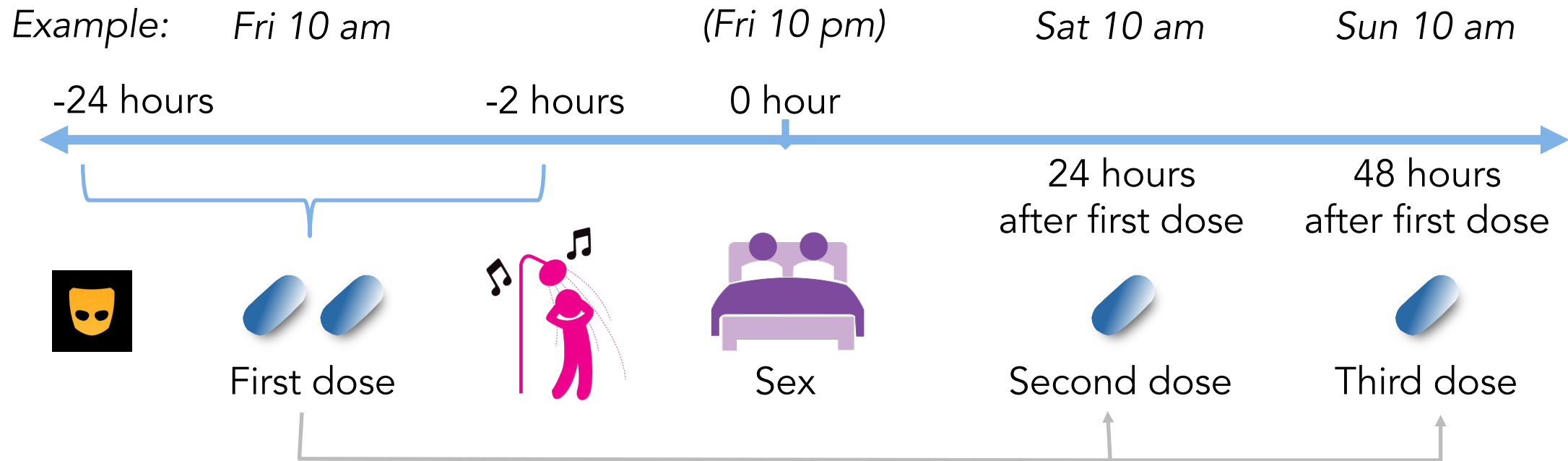


# PrEP On Demand: Dosing Schedules



If sexual activity continues, take 1 PrEP tablet every 24 hours until 48 hours after last sex. (Adapted from i-Base.info.)

# PrEP On Demand: Dosing Schedule

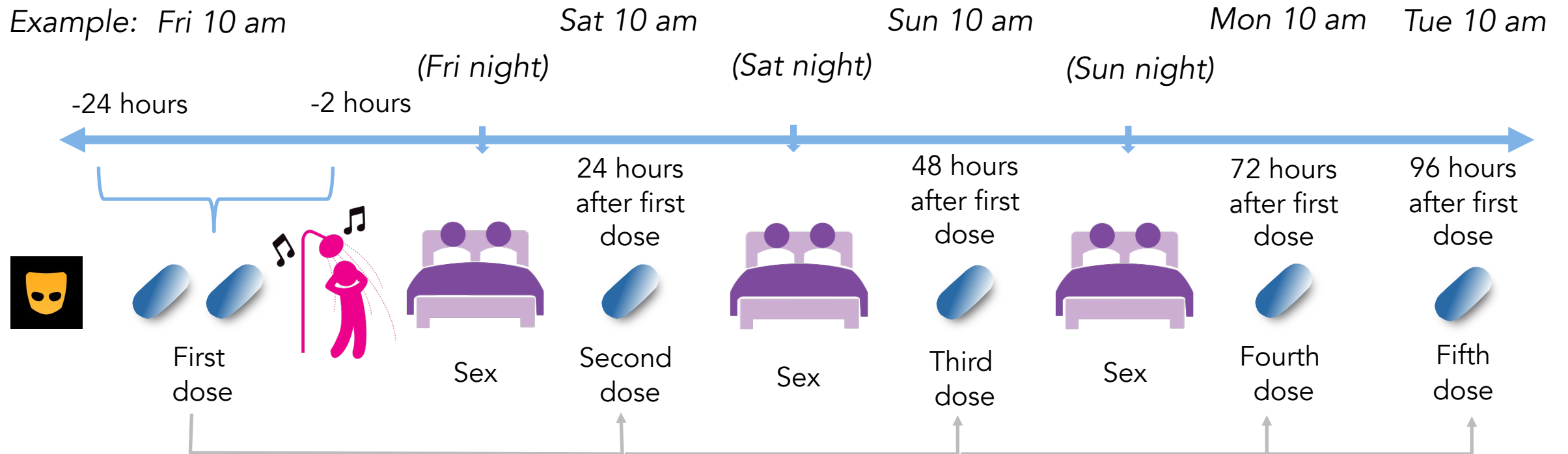




# PrEP On-Demand: Dosing Schedule

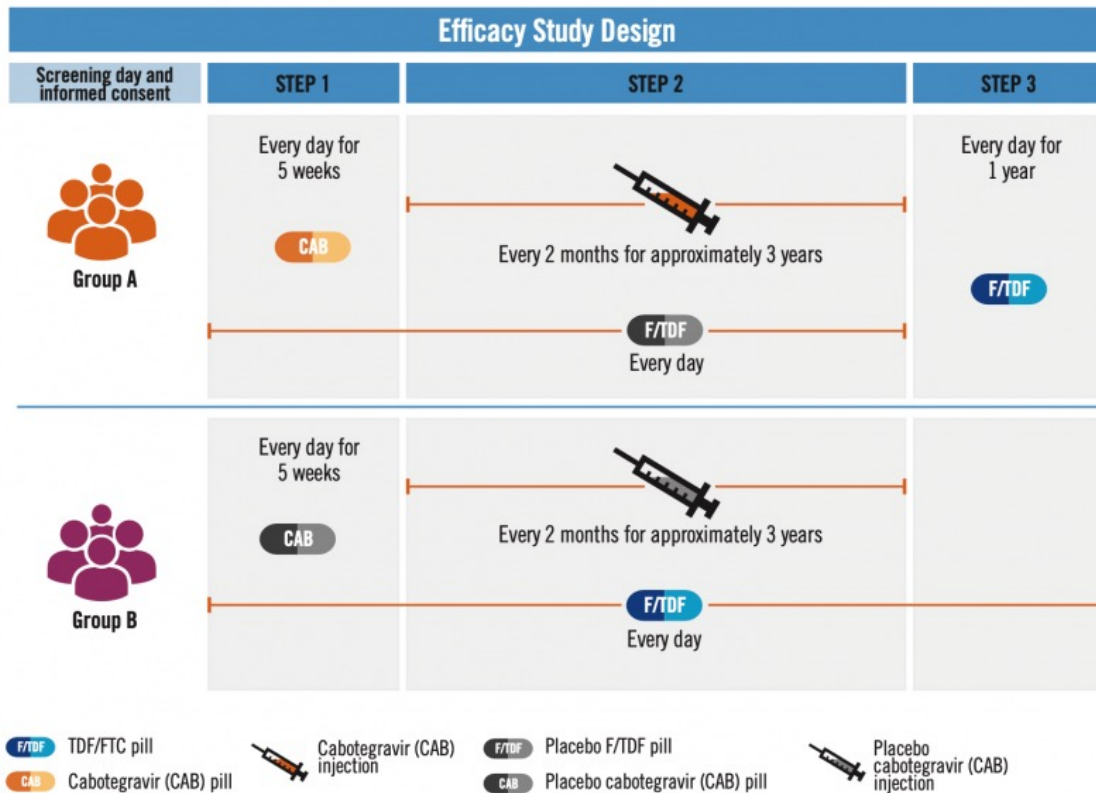
- Dosing Schedule Variations
  - Sexual experiences usually don't fit into a 2:1:1 format
  - First dose 2-24 hours before sex
  - 48 & 72 hour dose is based on first dose NOT when the individual has sex
  - If the individual keeps having sex make sure to take PrEP every 24 hours until 2 days after last sex

# PrEP On Demand: Dosing Schedule



# **Long Acting Injectable Cabotegravir or “Apretude” for Adolescents?**

# Long Acting Injectable Cabotegravir or “Apretude”

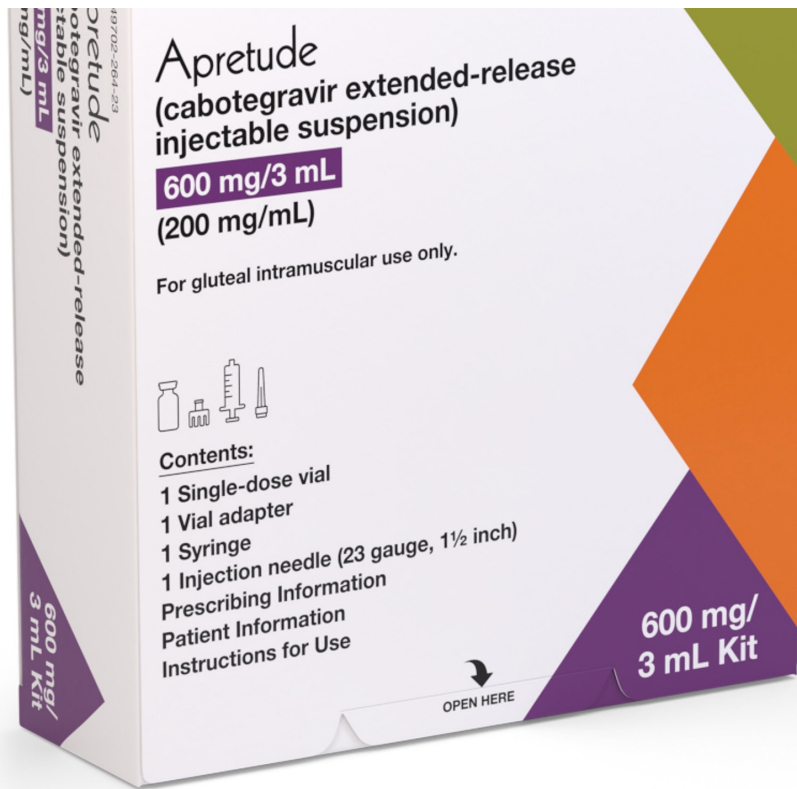


- Results from two large-scale efficacy trials (HPTN 083 and HPTN 084) found that injectable cabotegravir (CAB-LA), given every two months, was as effective as a oral form of pre-exposure prophylaxis (PrEP) in preventing HIV in:
  - Men who have sex with men
  - Transgender women who have sex with men
  - Cisgender women who have sex with men
- FDA approved “Apretude” in December 2021

Participants were randomized to either CAB-LA (Group A) or oral F/TDF (Group B) study arms. In Step 1, Group A received an active tablet of cabotegravir (CAB) and placebo tablet of F/TDF for the first five weeks to establish that cabotegravir was safe and well-tolerated. In Step 2, Group A participants received an active CAB injection and continued the F/TDF placebo pill. Group B received a placebo CAB tablet and active F/TDF for the first five weeks. Any participant who stopped CAB injections, either due to personal choice or at the end of the three-year follow-up period, was offered oral F/TDF for a year.

• <https://www.avac.org/primer-long-acting-injectable-prep>

# Long Acting Injectable Cabotegravir or “Apretude”



**Table 1. Recommended Dosing Schedule (with Oral Lead-in) for Pre-exposure Prophylaxis in Adults and Adolescents Weighing at Least 35 kg**

Oral Lead-in (at Least 28 Days)	Intramuscular (Gluteal) Initiation Injection (Month 2 and Month 3)	Intramuscular (Gluteal) Continuation Injection (Month 5 and Every 2 Months Onwards)
Oral cabotegravir 30 mg by mouth once daily for 28 days	APREUDE <sup>a</sup> 600 mg (3 mL)	APREUDE <sup>b</sup> 600 mg (3 mL)

<sup>a</sup> Should be administered on the last day of oral lead-in or within 3 days thereafter.

<sup>b</sup> Individuals may be given APREUDE up to 7 days before or after the date the individual is scheduled to receive the injections.

**Table 2. Recommended Dosing Schedule (Direct to Injection) for Pre-exposure Prophylaxis in Adults and Adolescents Weighing at Least 35 kg**

Intramuscular (Gluteal) Initiation Injection (Month 1 and Month 2)	Intramuscular (Gluteal) Continuation Injection (Month 4 and Every 2 Months Onwards)
APREUDE <sup>a</sup> 600 mg (3 mL)	APREUDE <sup>a</sup> 600 mg (3 mL)

<sup>a</sup> Individuals may be given APREUDE up to 7 days before or after the date the individual is scheduled to receive the injections.

# Cabotegravir Counseling

- Educational points to be covered with patients *prior to “ordering” and administering the medication*
  - Dosing schedule and the importance of the dose “window period”

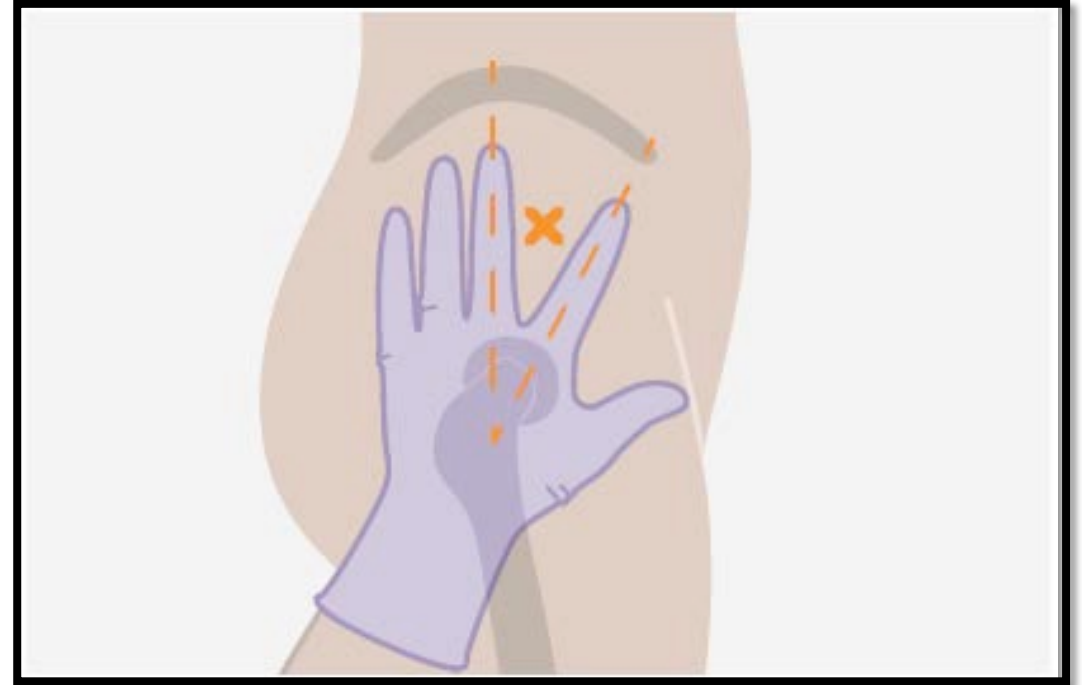
**Table 2. Recommended Dosing Schedule (Direct to Injection) for Pre-exposure Prophylaxis in Adults and Adolescents Weighing at Least 35 kg**

Intramuscular (Gluteal) Initiation Injection (Month 1 and Month 2)	Intramuscular (Gluteal) Continuation Injection (Month 4 and Every 2 Months Onwards)
APRETUDE <sup>a</sup> 600 mg (3 mL)	APRETUDE <sup>a</sup> 600 mg (3 mL)

<sup>a</sup> Individuals may be given APRETUDE up to 7 days before or after the date the individual is scheduled to receive the injections.

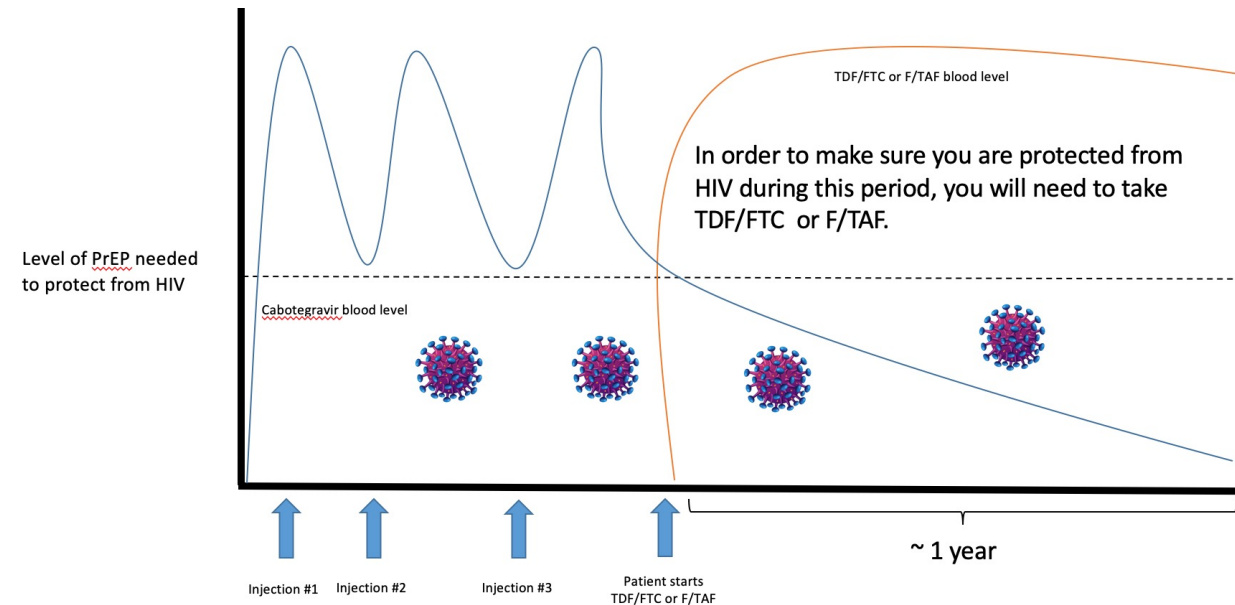
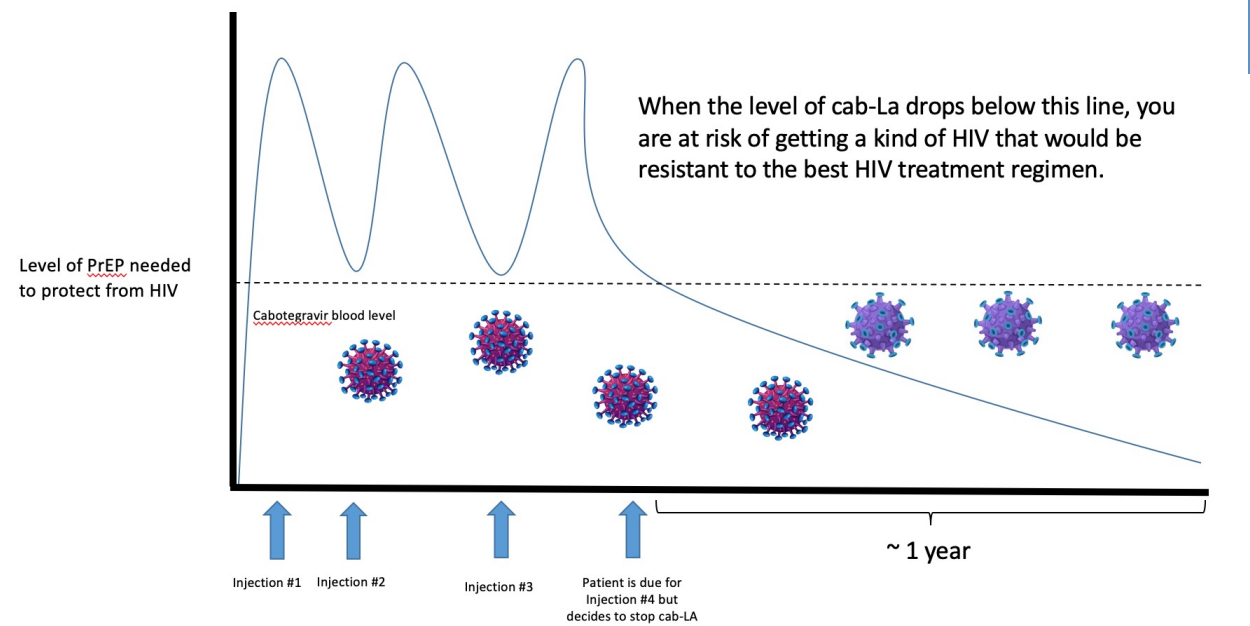
# Cabotegravir Counseling

- Educational points to be covered with patients ***prior to “ordering” and administering the medication***
  - Dosing schedule and the importance of the dose “window period”
  - Site of injection is gluteal



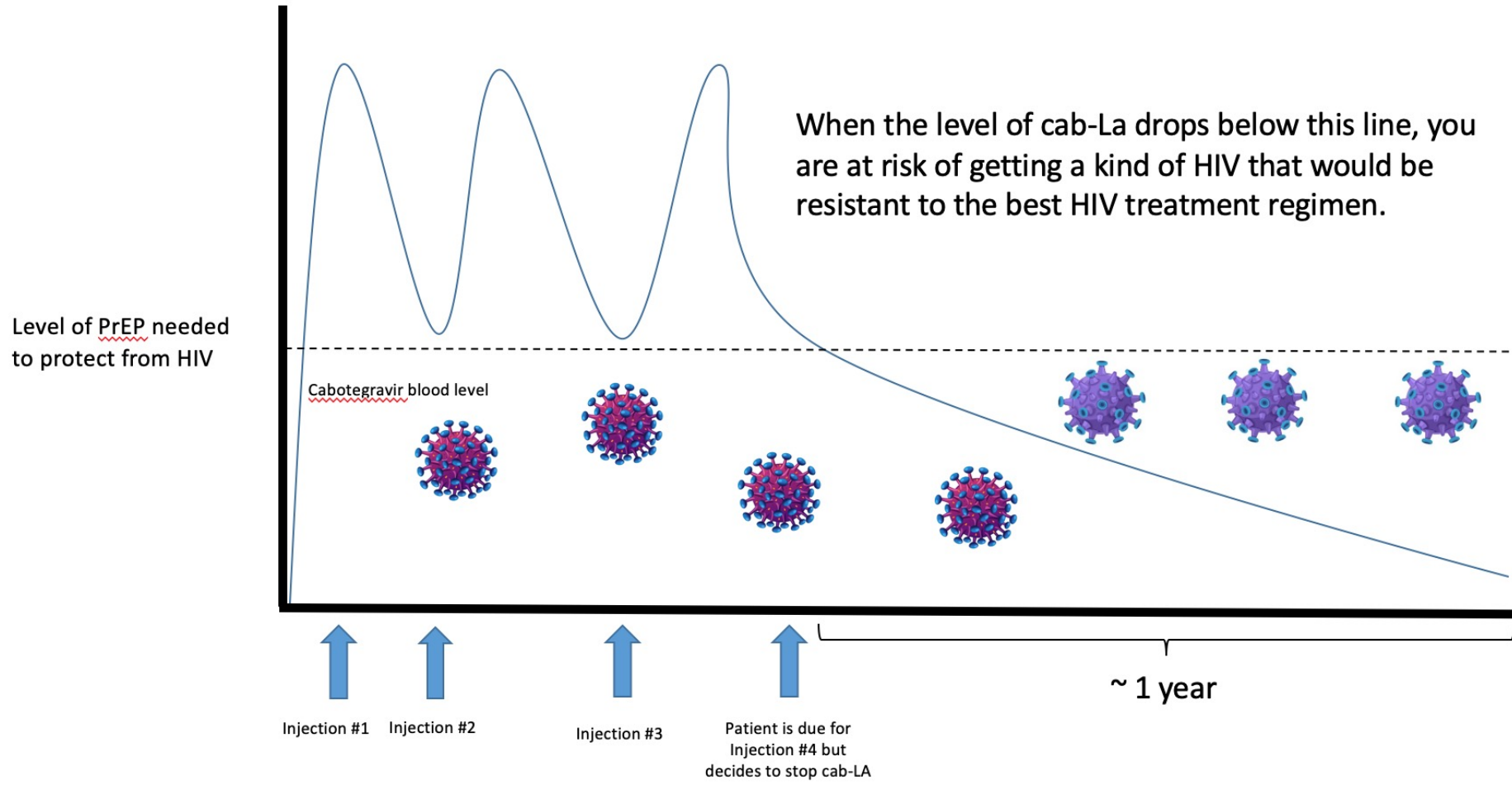
# Cabotegravir Counseling

- Educational points to be covered with patients *prior to “ordering” and administering the medication*
  - Dosing schedule and the importance of the dose “window period”
  - Site of injection is gluteal
  - “Medication Tail”

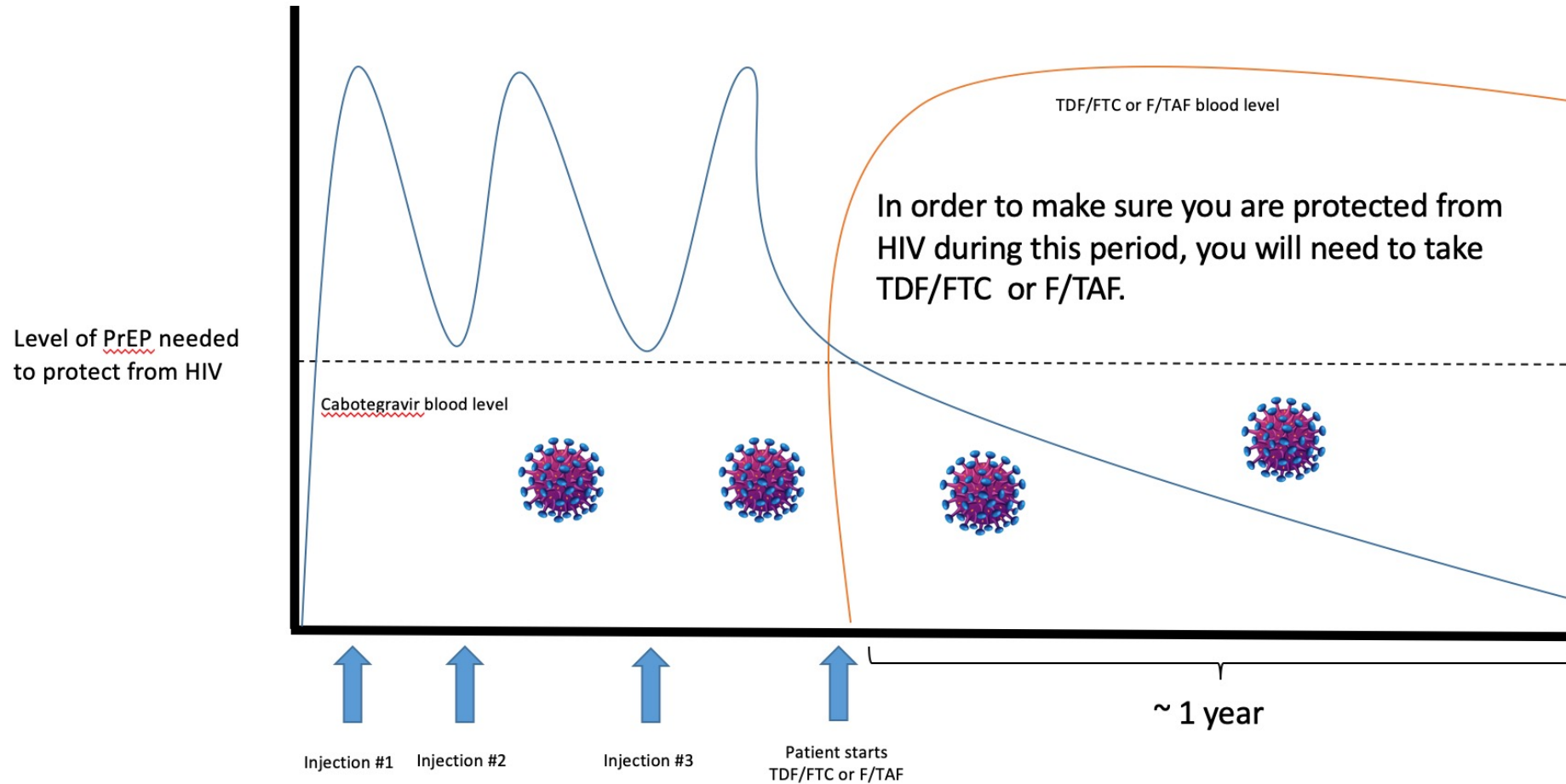




# Medication Tail Infographics



# Medication Tail Infographics



# Cabotegravir Counseling

- Educational points to be covered with patients ***prior to “ordering” and administering the medication***
  - Dosing schedule and the importance of the dose “window period”
  - Site of injection is gluteal
  - “Medication Tail”
  - Medication side effects
    - Plan for depressive symptoms

## 5.6 Depressive Disorders

Depressive disorders (including depression, depressed mood, major depression, persistent depressive disorder, suicide ideation or attempt) have been reported with APRETUDE [see *Adverse Reactions (6.1)*]. Promptly evaluate individuals with depressive symptoms to assess whether the symptoms are related to APRETUDE and to determine whether the risks of continued therapy outweigh the benefits.

# Long Acting Injectable Cabotegravir or “Apretude”



- Considerations for Adolescents
  - Every 8 week injections (summer breaks, away at college, etc)
  - Insurance Issues
  - Adherence Concerns
  - Reported Side Effect of Depressive Symptoms

# Overall Considerations for Adolescents

- Assume there may be an adherence concern with both tablets or injections.
- Always factor in payment and consider insurance obstacles when choosing a regimen.
- If possible, assign a care coordinator, patient navigator or a social worker to the client to help with keeping appointments
- Mental health services in combination with HIV preventative care has been shown to increase retention.

**I PLAY SURE**  
**PrEP + CONDOMS**

#PLAY SURE

**BE HIV & STI SURE**  
If you are HIV negative, PrEP is a daily pill that protects you from HIV. Condoms add more protection against HIV and help prevent other Sexually Transmitted Infections. Combine these tools to stay healthy and prevent the spread of HIV and other STIs.

PLAY SURE: Call 311 or visit [nyc.gov/health](http://nyc.gov/health) to design the right HIV and STI prevention combination for you.

**NYC** HEALTH

# NYC STD PREVENTION TRAINING CENTER (PTC)

The CDC-funded NYC STD Prevention Training Center at Columbia University provides a continuum of education, resources, consultation and technical assistance to health care providers, and clinical sites. [www.nycptc.org](http://www.nycptc.org)

## Didactic Presentations

Webinars, conferences, trainings and grand rounds presentations to enhance and build knowledge

## Technical Assistance

Virtual and on-site technical assistance regarding quality improvement, clinic implementation and best practices around sexual health provision

## Clinical Consultation Warmline

Clinical guidance regarding STD cases; no identifying patient data is submitted  
[www.stdccn.org](http://www.stdccn.org)

## Resources

Clinical guidance tools regarding the STD treatment guidelines, screening algorithms and knowledge books, such as the **Syphilis Monograph**. To download a copy please visit: <http://bit.ly/SyphilisMonograph2019PTC>



### The Diagnosis, Management and Prevention of Syphilis

An Update and Review

Produced by  
the New York City  
Department of Health and  
Mental Hygiene Bureau of  
Sexually Transmitted Infections  
and the New York City STD  
Prevention Training Center



NYC



March 2019

# Questions?

