

February 25, 2019

Dear Colleagues,

Antiretroviral therapy is a powerful tool for preventing HIV transmission among people living with HIV as well as preventing acquisition of HIV infection among people with a negative HIV status.

The Texas Department of State Health Services (DSHS) encourages healthcare providers throughout Texas to learn more about antiretroviral therapy for HIV prevention and to consider prescribing it as pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) for their patients who are at elevated risk of acquiring HIV.

PrEP and nPEP are globally-recognized prevention methods supported by the [National Institutes of Health](#) and the [U.S. Centers for Disease Control and Prevention](#). Burgeoning [research](#) shows that antiretroviral therapy, when taken as prescribed, can be highly effective as PrEP and nPEP. When taken as prescribed, PrEP reduces the risk of HIV acquisition by up to 92 percent.

Please speak to your patients about sexual health and the opportunities that PrEP may provide depending on their situation. If your patients are living with HIV, talk to them about discussing PrEP with their partners and how to access it.

See the information below about the indicated uses of PrEP and nPEP.

Daily PrEP is taken to prevent acquiring HIV **before** a potential exposure. Currently, the only medicine currently approved by the Food and Drug Administration for PrEP is the fixed-dose combination drug [Truvada®](#) (emtricitabine/tenofovir disoproxil fumarate 200mg/300mg). Truvada is indicated for both adults and [adolescents weighing more than 35 kilograms \(77 lbs.\)](#).

Healthcare providers must confirm the patient's HIV-negative status prior to initiating PrEP. PrEP is recommended as part of a comprehensive prevention package that includes counseling on safer sex practices, regular HIV and STD testing, and access to condoms.

For more information on prescribing PrEP, please see the [Clinical Practice Guidelines](#) and [Provider Supplement](#).

nPEP is taken **within 72 hours** of a potential exposure to prevent acquiring HIV. The regimen for adults commonly includes the fixed-dose combination drug Truvada® (emtricitabine/tenofovir disoproxil fumarate 200mg/300mg) in addition to another HIV drug, such as raltegravir or dolutegravir. People taking nPEP are required to complete the full 28-day course of medicine before either discontinuing nPEP or starting on PrEP.

Healthcare providers must confirm the patient's HIV-negative status prior to initiating nPEP and after the course is complete to confirm efficacy. For patients receiving nPEP, it is recommended that the provider discusses PrEP, safer sex practices, regular HIV and STD testing, and access to condoms.

For more information on prescribing nPEP, please see the [Updated Guidelines for Antiretroviral Post-Exposure Prophylaxis](#).

To learn more about how to prescribe PrEP and nPEP or for support for your clinical practice, visit [Prescribe HIV Prevention](#) or call the [National Clinical Consultation Center](#) directly at (855) 448-7737 for PrEP consultations and (888) 448-4911 for nPEP consultations.

Sincerely,

John Hellerstedt, M.D.