

# **HIV Prevention and Care for People Assigned Female at Birth**

**PrEP for People Assigned Female at Birth**  
--Kevin L. Ard, MD, MPH--

**HIV Prevention for Black Cisgender Women in the  
US**  
--Whitney Irie, PhD, MSW--

**11/7/24**



**NATIONAL LGBTQIA+ HEALTH  
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# Our Roots

## Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

## The Fenway Institute

- Research, Education, Policy



# The National LGBTQIA+ Health Education Center

- Training and Technical Assistance
- Grand Rounds
- Online Learning
  - CE and HEI Credit
- Environmental Influences On Child Health Outcomes (ECHO) Programs
- Publications and Resources



Learning Module



Publication



Toolkit



Video



Webinar

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# PrEP for People Assigned Female at Birth

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# Disclosures

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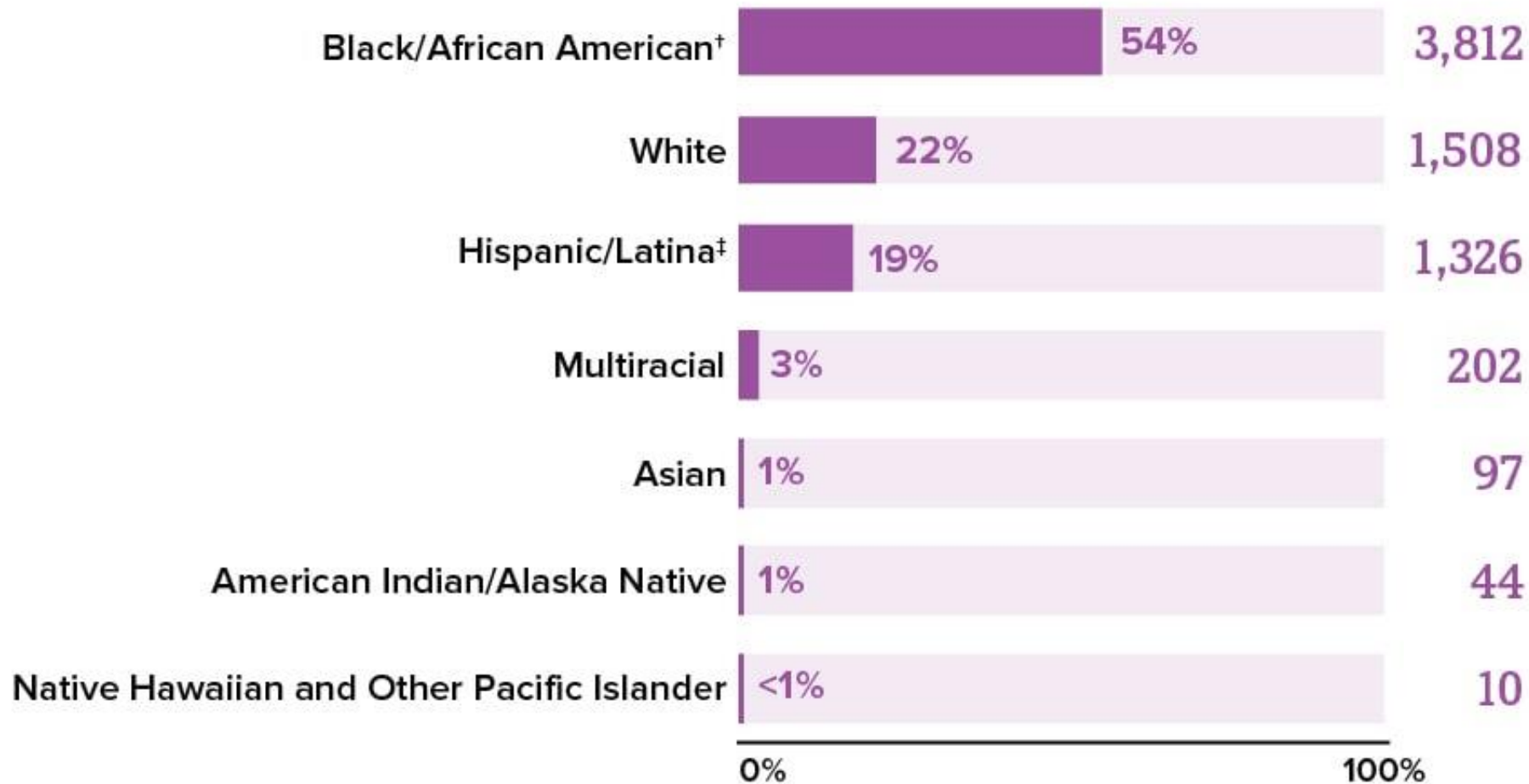


# Learning objectives

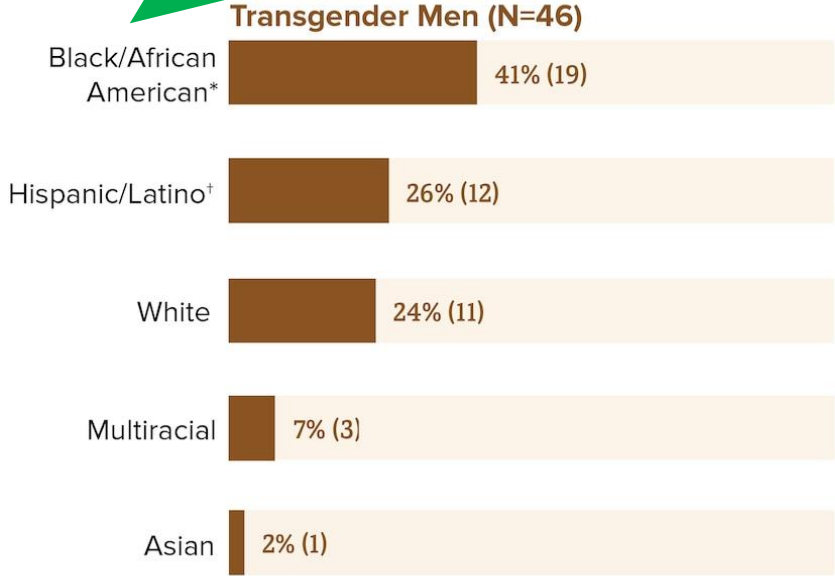
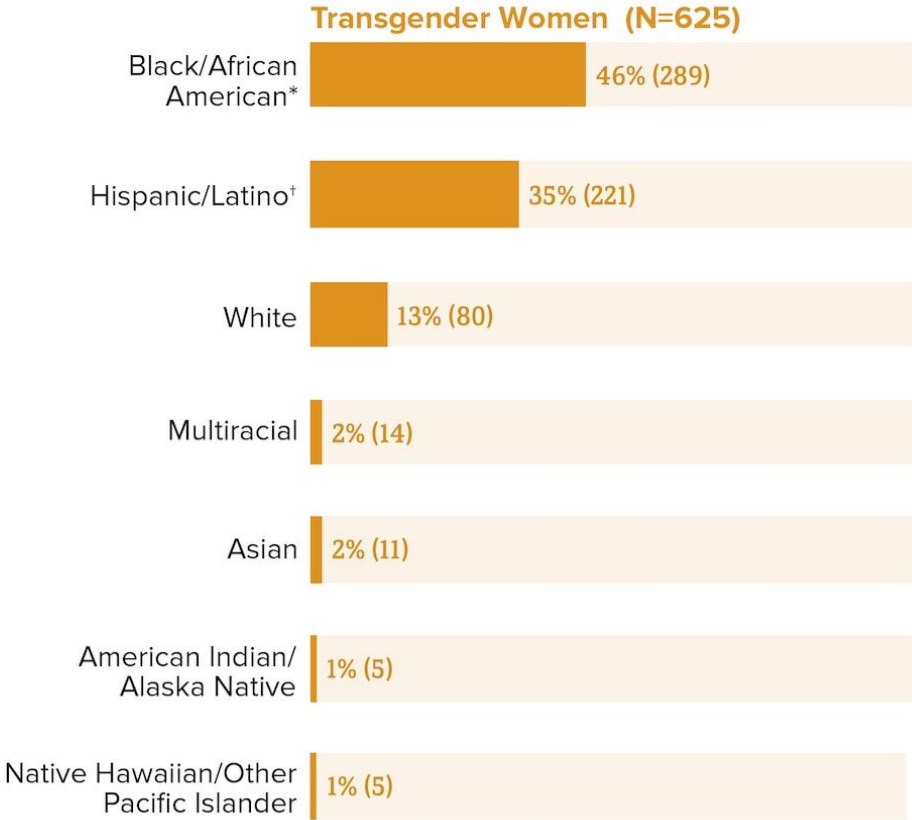
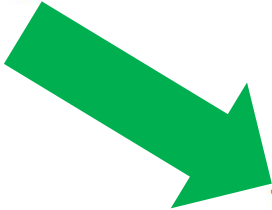
1. Describe the epidemiology of PrEP for people assigned female at birth, including missed opportunities for HIV prevention.
2. Summarize the evidence for PrEP among people assigned female at birth.

# The Current PrEP Landscape

# Black/African American women continue to be disproportionately affected by HIV.



Most new HIV diagnoses among transgender people were among Black/African American people.



ONLY



of women who could benefit from PrEP were prescribed PrEP in the US in 2019.

Ending  
the  
HIV  
Epidemic

**Overall Goal:** Increase the estimated percentage of people with indications for PrEP classified as having been prescribed PrEP to at least 50% by 2025 and remain at 50% by 2030.



# PrEP Use is Not Commensurate With Need Among Transgender Men

In one national survey including 157 transgender men:

- 51% were eligible for PrEP
- 26% had been prescribed PrEP



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# PrEP Medication Selection and Management



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# Case

- A 27-year-old cisgender woman presents requesting PrEP.
- She is overweight (BMI 29.4) but has no other chronic medical problems.
- She has had condomless anal sex with two cisgender men in the past 6 months. She injects fentanyl, sharing needles.
- Three months ago, she was treated for vaginal gonorrhea.



# Question

Which PrEP medication would you recommend for her?

- A. Tenofovir disoproxil fumarate/emtricitabine (TDF/FTC)
- B. Tenofovir alafenamide/emtricitabine (TAF/FTC)
- C. Long-acting injectable cabotegravir (CAB)
- D. Any of the above
- E. Something else



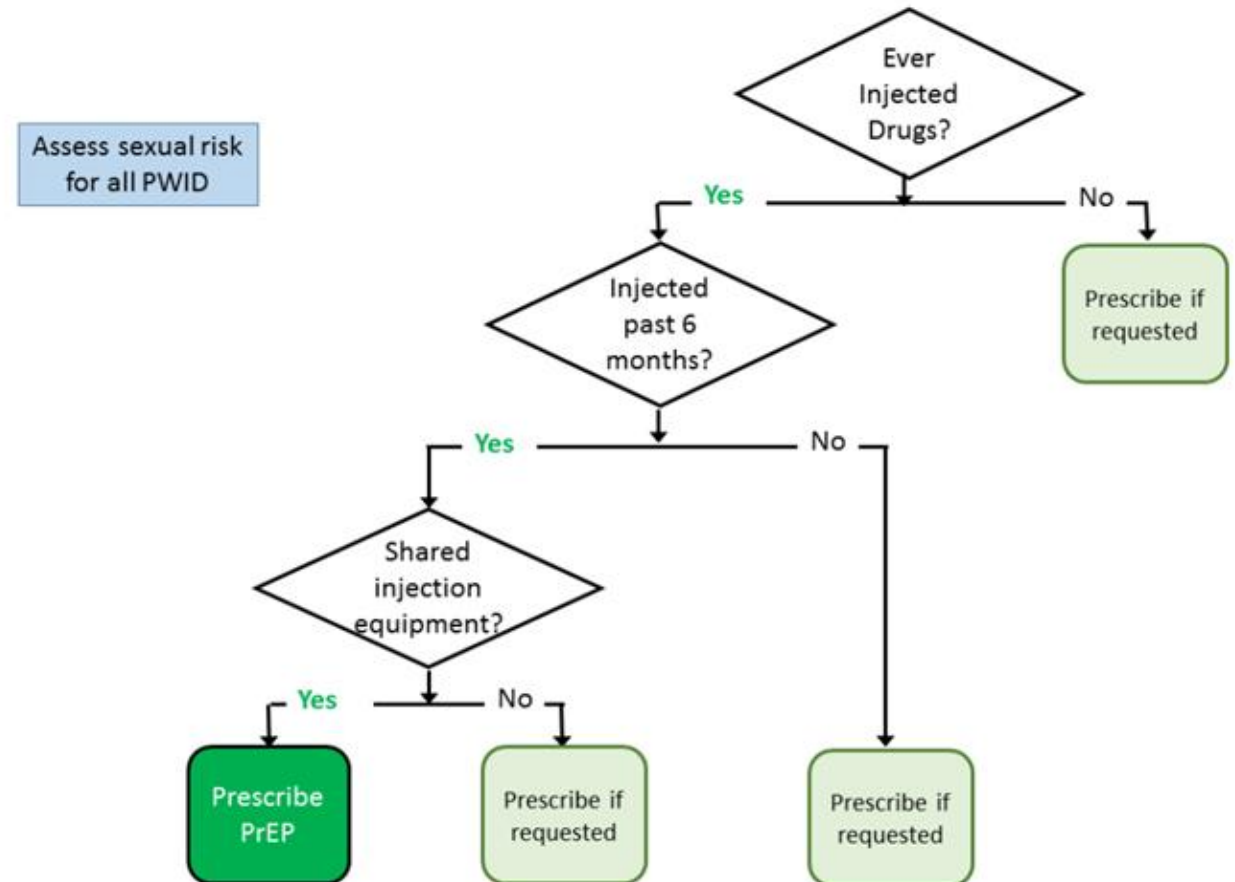
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# PrEP Indications for People Who Inject Drugs

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. 2021. Available at: <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>.

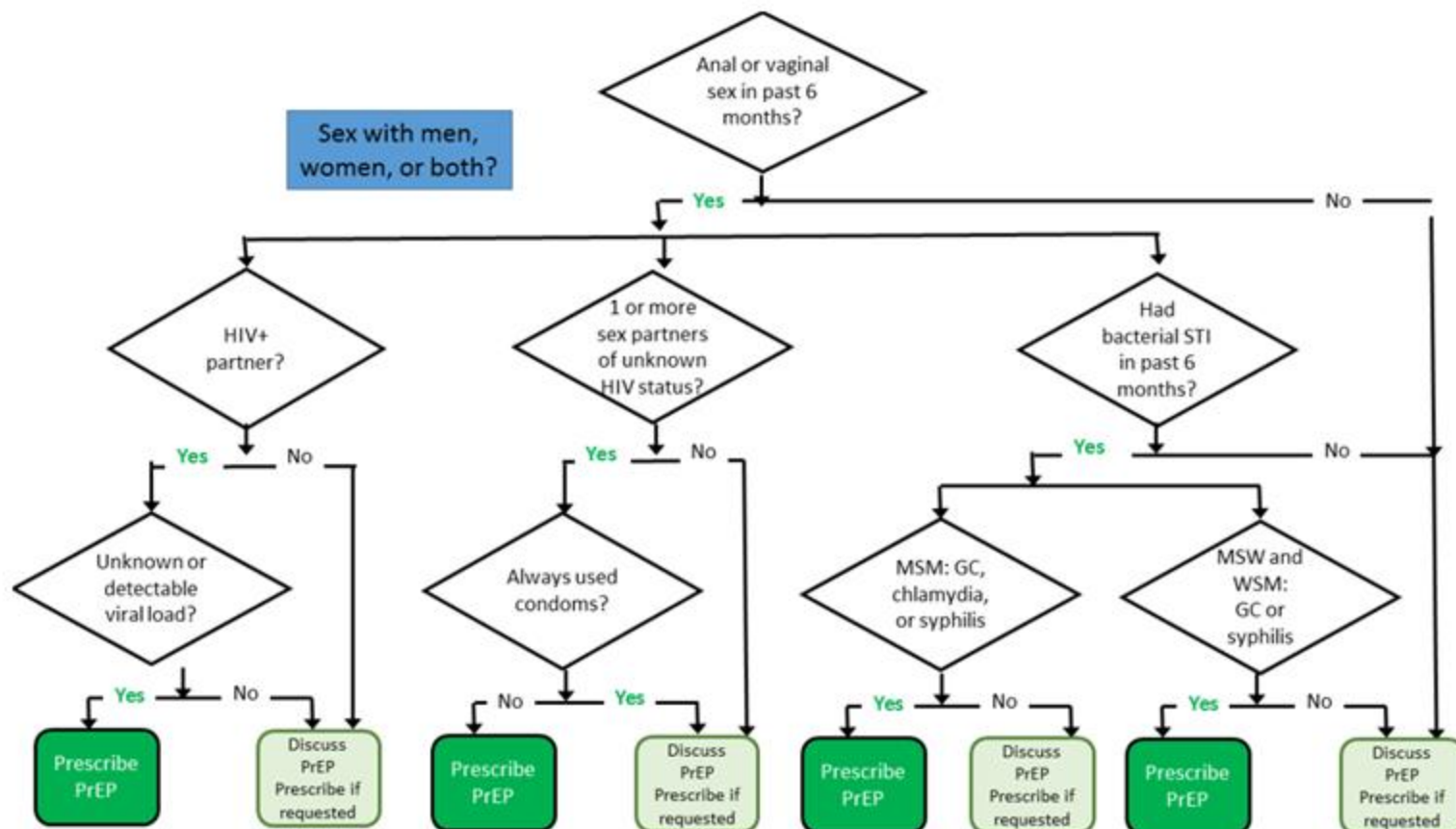
Figure 3 Assessing Indications for PrEP in Persons Who Inject Drugs



# PrEP Indications for Sexually Active People

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. 2021. Available at: <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>.

Figure 2 Assessing Indications for PrEP in Sexually Active Persons



# TDF/FTC (Truvada)

- **Evidence:** Prevents HIV acquisition through sex and injection drug use; efficacy has been demonstrated among cisgender women
- **Dosing:** One tablet (emtricitabine [FTC] 200 mg and tenofovir disoproxil fumarate [TDF] 300 mg) once daily
- **Advantages:**
  - Longest clinical experience among PrEP agents, including in pregnancy
  - Available as a generic
- **Disadvantages:**
  - Renal toxicity and decreased bone mineral density
  - Baseline hepatitis B testing is recommended



# TAF/FTC (Descovy)

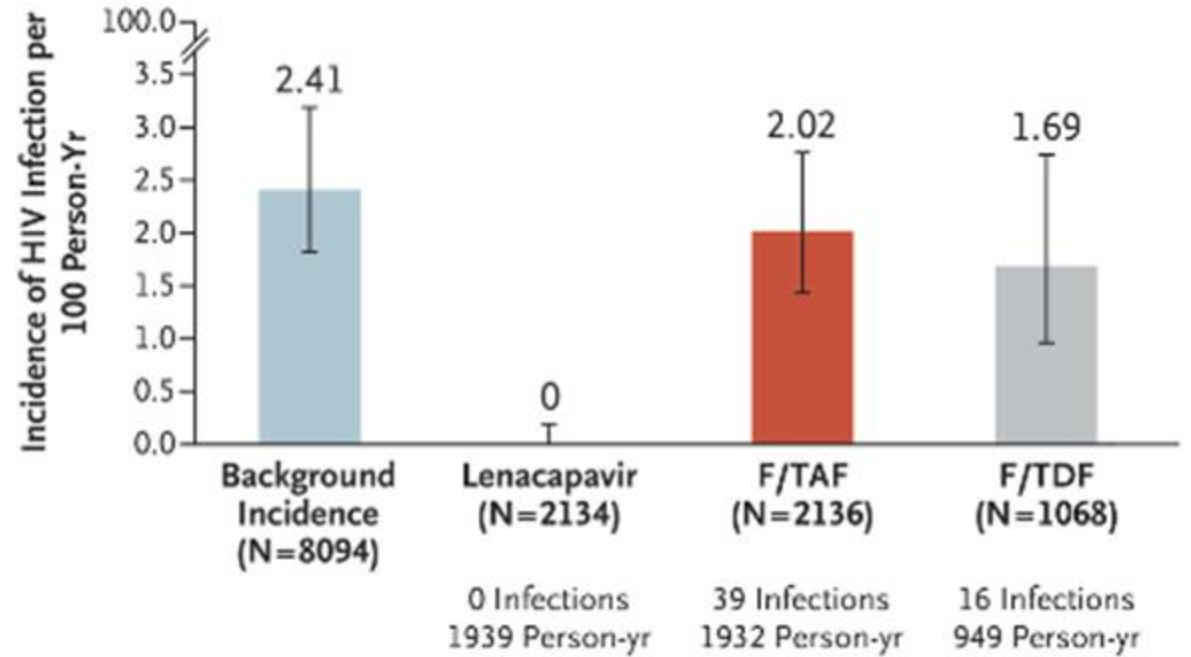
- **Evidence:** Prevents HIV acquisition through sex; non-inferior to TDF/FTC among MSM and transgender women
- **Dosing:** One tablet (emtricitabine [FTC] 200 mg and tenofovir alafenamide [TAF] 25 mg) once daily
- **Advantages:**
  - Fewer renal and bone effects in comparison to TDF/FTC
- **Disadvantages:**
  - Efficacy for people whose HIV risk arises from receptive vaginal/frontal sex may be poor
  - Has mild deleterious effects on lipids and weight
  - Baseline hepatitis B testing is recommended



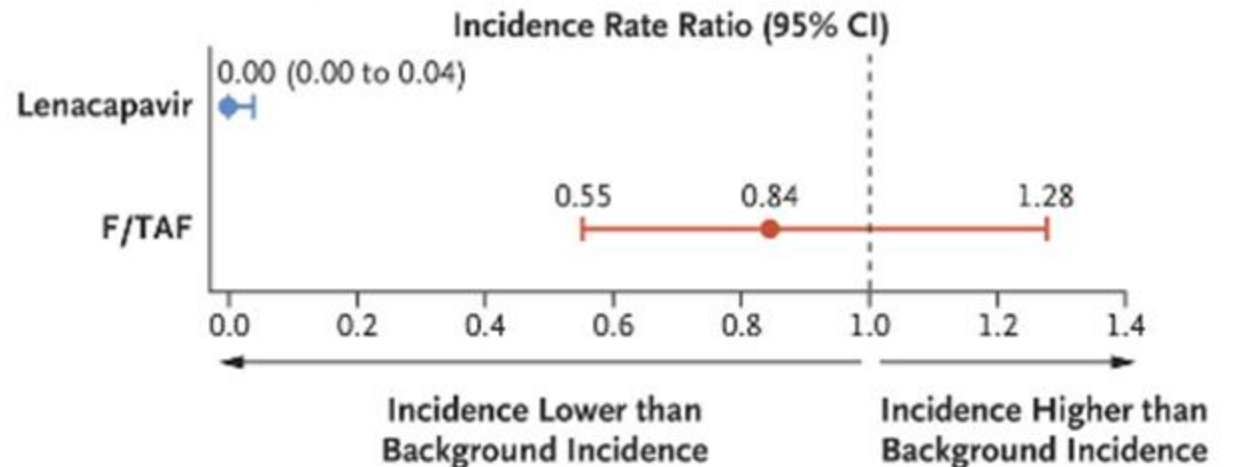
**TAF/FTC did not lower HIV incidence compared to baseline in a study of cisgender women.**

Bekker LG, N Engl J Med, 2024

**A** Background HIV Incidence and HIV Incidence in Lenacapavir, F/TAF, and F/TDF Groups



**B** Incidence Rate Ratio Comparing HIV Incidence in Lenacapavir and F/TAF Groups with Background HIV Incidence



# Cabotegravir (CAB, Apretude)

- **Evidence:** Prevents HIV acquisition through sex; superior to TDF/FTC for PrEP among MSM, transgender women, and cisgender women
- **Dosing:**
  - Cabotegravir 600 mg intramuscularly once monthly for 2 doses, then every 2 months
  - An oral lead-in phase of cabotegravir 30 mg once daily prior to the first injection is optional.
- **Advantages:**
  - Obviates the need for daily pill adherence
  - Superior to TDF/FTC for PrEP in a range of populations
- **Disadvantages:**
  - Injection site reactions are common, although often mild.
  - Benefits navigation may be time-consuming.
  - Same-day initiation may not be possible currently.
  - Implications of the medication's tail phase
  - If HIV occurs despite CAB, HIV test interpretation may be challenging.



# Considerations for Selecting a PrEP Agent With a Patient

What do they prefer?	Comorbidities	Nature of HIV exposure	Logistics
Which PrEP agent do they want, and why?	Renal or bone disease favors TAF/FTC or CAB	Concerns about TAF/FTC effectiveness among people assigned female sex at birth	A desire for telehealth/limited in-person visits favors oral PrEP
	Hepatitis B favors oral PrEP	TDF is the only agent studied among people who inject drugs	On-demand dosing favors TDF/FTC
	Hyperlipidemia, weight concerns favor TDF/FTC or CAB		Same-day initiation favors oral PrEP
			Insurance considerations may favor a specific agent



# Summary

- PrEP is a crucial component of efforts to end the HIV epidemic, but use is not commensurate with need among people assigned female at birth.
- Three medications are currently available for PrEP; two of these have been shown to prevent HIV among people assigned female at birth.
- Selection of a PrEP medication depends upon patient preference, comorbidities, the nature of HIV exposure, and logistical considerations.



# THANK YOU!

The National LGBTQIA+ Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

The Education Center is part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world's largest LGBTQIA+ focused health centers.

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