

Philadelphia Board of Health
Resolution on Pre-Exposure Prophylaxis (PrEP) to prevent HIV
May 14, 2015

Whereas, the Philadelphia Board of Health hosted an informational hearing on March 12, 2015, on the public health benefits and implications of pre-exposure prophylaxis (PrEP) to prevent HIV;

Whereas, a combination pill containing tenofovir and emtricitabine received approval from the Food and Drug Administration (FDA) in July 2012 as an effective form of PrEP;

Whereas, PrEP is up to 92% effective in preventing HIV when used as prescribed;

Whereas, PrEP is a powerful HIV prevention tool, particularly when used as part of a comprehensive prevention strategy emphasizing condom use, risk reduction, universal testing, and treatment with anti-retroviral therapy;

Whereas, new federal health guidelines recommend PrEP for people at high risk for HIV, including anyone who: 1) is not in a mutually monogamous relationship with a partner who recently tested HIV-negative, and is a gay or bisexual man who has had anal sex without a condom or been diagnosed with an STD in the past 6 months; or a heterosexual man or woman who does not regularly use condoms during sex with partners of unknown HIV status who are at substantial risk of HIV infection (e.g., people who inject drugs or have bisexual male partners); or 2) have injected illicit drugs in past 6 months and who have shared injection equipment or been in drug treatment for injection drug use in the past 6 months;

Whereas, PrEP should be used according to FDA indications and under the supervision of a medical provider;

Whereas, side effects of PrEP are minimal and often short-lived and the risk of long-term side effects is minimized by fact that people might use PrEP during a “season” in their lives when they are at greatest risk;

Whereas, current evidence does not indicate that use of PrEP is accompanied by an increase in risk behaviors;

Whereas, most insurance programs, including Medicaid, cover PrEP, but access remains limited for those without insurance;

Whereas, awareness of PrEP is limited among people who could potentially benefit from it and among clinical providers;

Whereas, the Philadelphia Department of Public Health (PDPH) has developed a plan to increase awareness of, access to, and use of PrEP as part of a comprehensive HIV prevention strategy;

Now, therefore, the Board of Health recommends the following actions:

1. PDPH should continue to implement its PrEP coordination plan with its key activities: clinical provider education and support, prevention workforce development, community outreach, and evaluation.
2. Primary care providers—in addition to HIV specialists—should seek appropriate education and/or training to effectively prescribe PrEP and monitor its use among eligible patients in order to maximize access to this therapy.
3. The Pennsylvania Medicaid program should maintain its commitment to provide PrEP on its formulary.
4. The Pennsylvania Department of Health should seek additional funding to expand its Special Pharmaceutical Benefits Program to fund PrEP for uninsured persons at high risk, while balancing the need to ensure access to anti-retroviral therapy for HIV+ persons.
5. PDPH and clinical providers should collect surveillance data to evaluate the incidence of HIV infection and occurrence of viral resistance in newly diagnosed persons who have been on PrEP.