

PRESCRIBING

PrEP

Pre-Exposure Prophylaxis (PrEP) with daily tenofovir/emtricitabine is recommended as one HIV prevention option for all with risks of acquiring HIV infection through sex or drug use.



PrEP INDICATIONS

Consider offering PrEP to HIV-negative adults and adolescents who are at risk of HIV, including:

- Any sex partner with HIV or HIV risk factors
- Condomless vaginal or anal sex with a partner of unknown HIV status who is at risk of HIV infection
- A recent bacterial sexually transmitted infection (gonorrhea/chlamydia/syphilis)
- Injection drug use with sharing of needles/equipment
- Any survival/transactional sex
- Desire to conceive with a partner who is HIV-positive

CONTRAINDICATIONS

- HIV infection
- Weight < 77 lbs

- Estimated creatinine clearance (eCrCl) < 60 mL/min for TDF/FTC or < 30 mL/min for TAF/FTC
- Possible HIV exposure within the past 72 hours, instead offer nPEP, then consider PrEP.
Clinician PEline: (888) 448-4911

CAUTIONS

- Symptoms of possible acute HIV (e.g., flu-like illness); defer PrEP and evaluate immediately for acute HIV, including HIV RNA testing
- Hepatitis B (HBV) infection can flare when stopping PrEP medications; check for HBV infection before starting PrEP
- Chronic kidney disease (CKD) or significant risk of CKD
- Osteoporosis
- Pregnancy or breastfeeding; discuss risks/benefits
- Be aware of any local policies related to minors and HIV prevention/treatment

WHAT TO PRESCRIBE

Daily PrEP

- Tenofovir disoproxil fumarate/emtricitabine (TDF/FTC, Truvada, or generic equivalent)
 - 300 mg/200 mg, 1 tab PO daily, #30, 2 refills for a total 90-day supply

OR

- Tenofovir alafenamide/emtricitabine (TAF/FTC or Descovy)
 - 25 mg/200 mg, 1 tab PO daily, #30, 2 refills for a total 90-day supply
 - Not to be used as PrEP by those at risk from receptive vaginal sex (e.g., cisgender women and some transgender people)

On-Demand or 2-1-1 PrEP: Alternative for MSM who have sex infrequently (not FDA approved for vaginal receptive sex)

Truvada or generic equivalent (TDF/FTC)

- 300 mg/200 mg, #30, 2 refills for a total 90-day supply
- 2-1-1 PrEP dosing:
 - 2 tabs PO taken 2-24 hours prior to having sex, then
 - 1 tab PO 24 hours after first 2 tabs taken, then
 - 1 tab PO 48 hours after first 2 tabs taken
 - Continue 1 tab PO daily until 48 hours after last sexual encounter

SIDE EFFECTS

- 10% of patients experience nausea, diarrhea, or headache; these are usually mild and resolve within 1 month
- Small risk of renal dysfunction; typically reversible if PrEP is stopped (risk greater with TDF than with TAF)
- PrEP associated with 1% loss of bone mineral density over 1 year; no increased risk of fractures (less risk with TAF)
- TAF is associated with weight gain

LAB SCREENING AND VISITS

- **Initial visit:** HIV test (ideally 4th generation HIV Ag/Ab), HIV RNA (if possibly infected within the past 2-3 weeks), creatinine, gonorrhea/chlamydia (include throat, rectum, and genital/urine screening according to sites of exposure), syphilis, hepatitis A (HAV) Ab, HBV sAb/cAb/Ag, hepatitis C (HCV) Ab; pregnancy and trichomonas tests as appropriate
- **Week 1:** Call, check if prescription filled, assess adherence and side effects.
- **Month 1:** (optional) Consider HIV test (ideally 4th generation HIV Ag/Ab), assess adherence and side effects
- **At least every 3 months:** HIV test (ideally 4th generation HIV Ag/Ab), pregnancy test, assess adherence, evaluate the need to continue PrEP, provide 3-month refill
- **At least every 6 months:** Gonorrhea/chlamydia (throat, rectum, and genital/urine screening), and syphilis. Trichomonas if appropriate. Test more frequently if at higher risk
- **Renal function:** Creatinine at baseline, at 3 months, and at least every 6 months, more frequent if risk factors for kidney disease
- **At every visit:** Assess for signs/symptoms of acute HIV infection; provide risk reduction counseling
- **Provide vaccination** for HAV, HBV, Human papillomavirus (HPV) as recommended

COUNSELING TOPICS

- Importance of close adherence, link dosing to routine
- STI and HIV prevention, i.e., condom use/risk reduction
- Safer injection drug use practices
- Need for regular follow-up visits and lab tests
- Reproductive goals/contraception
- Symptoms of acute HIV infection
- Risks of stopping (HIV infection; flare of HBV if infected with HBV) and cautions for restarting (need for HIV testing, risk of inadequate treatment if HIV infected)
- Insurance/medication assistance
- Procedures for refills

EFFICACY KEY MESSAGES

- When taken daily with excellent adherence, PrEP is highly effective for preventing HIV (> 90%)
- With daily TDF/FTC, maximum drug levels are reached in rectal tissues after 7 days and in blood and vaginal tissues after 20 days
- If planning to stop daily PrEP, continue for 28 days after last potential HIV exposure
- PrEP does not prevent infection with gonorrhea, chlamydia, syphilis, genital warts, herpes, or hepatitis A, B, C viruses
- PrEP does not prevent pregnancy
- If a potential high-risk HIV exposure occurs while NOT on PrEP, start nPEP (within 72 hours) for 28 days, then restart PrEP if still HIV Ag/Ab negative

RESOURCES

- **Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States – 2017 Update: a clinical practice guideline.** Published March 2018. (<https://clinicalinfo.hiv.gov/en/guidelines>)
- **Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2017 Update – Clinical Providers' Supplement** (<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-provider-supplement-2017.pdf>)
- **Preexposure Prophylaxis for Prevention of HIV Acquisition Among Adolescents: Clinical Considerations, 2020.** MMWR Recomm Rep 2020;69(No. RR-3):1–12. DOI: <http://dx.doi.org/10.15585/mmwr.rr6903a1>

MEDICATION ASSISTANCE

- **Ready, Set, PrEP.** Federal program to make all PrEP medication available at no cost. (<https://www.getyourprep.com/>)

FREE PHONE CONSULTATION

National Clinician Consultation Center provides clinical consultation for PrEP decision making, from determining when PrEP is appropriate to understanding screening procedures and follow-up tests.

(855) 448-7737 or <https://nccc.ucsf.edu>
Monday – Friday, 9:00 a.m.– 8:00 p.m.

Visit the AETC National Coordinating Resource Center at aidsetc.org/prep for additional resources, references, and provider assistance links.