**Daily Oral PrEP**
- Tenofovir disoproxil fumarate/emtricitabine (TDF/FTC, Truvada, or generic equivalent)
  - 300 mg/200 mg, 1 tab orally (PO) daily, #30, 2 refills for a total supply of not more than 90 days
  - **OR**
  - Tenofovir alafenamide/emtricitabine (TAF/FTC, Descovy)
    - 25 mg/200 mg, 1 tab PO daily, #30, 2 refills for a total supply of not more than 90 days
    - Not recommended as PrEP by those at risk from receptive vaginal sex

**On-Demand or 2-1-1 Oral PrEP: Alternative for men who have sex with men (MSM) who have sex infrequently**
TDF/FTC (Truvada or generic equivalent)
- 300 mg/200 mg, #30 with 0 refills (test for HIV before refill)
- 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

**Injection PrEP**
- Cabotegravir (CAB, Apretude) 600 mg IM (gluteal muscle)
  - initial dose, 2nd dose 1 month after 1st dose, then every 2 months
  - optional: CAB 30 mg PO daily x 30 days as oral lead-in before 1st injection

**POSSIBLE SIDE EFFECTS**
- 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. *(PEPline: 888-448-4911)*

**WHAT TO PRESCRIBE**

**PrEP INDICATIONS**
Discuss PrEP with all sexually active adults and adolescents. Prescribe if requested, even if person denies HIV risk factors (unless contraindicated).

PrEP is recommended for anyone with:
- Condomless vaginal or anal sex with a partner of unknown HIV status
- HIV-positive sex partner (especially if partner’s HIV viral load is detectable or unknown)
- A recent bacterial sexually transmitted infection (STI) (gonorrhea/chlamydia/syphilis)
### CAUTIONS

- Symptoms of possible acute HIV (e.g., flu-like illness); defer PrEP and evaluate immediately for acute HIV, including HIV RNA testing
- Be aware of local policies related to minors and HIV prevention/treatment
- Drug interactions: See product Prescribing Information

### Oral PrEP (TDF/FTC, TAF/FTC)

- Hepatitis B (HBV) infection can flare after stopping PrEP medications; check for HBV infection before starting PrEP
- Chronic kidney disease (CKD) or significant risk of CKD
- Osteoporosis

### Injection PrEP (CAB)

- Not studied for persons age < 18, not recommended
- Pregnancy/breastfeeding: discuss benefits/possible risks

### LAB SCREENING AND VISITS

**Assessment and counseling:** At each follow up visit: assess for signs/symptoms of acute HIV; assess and support adherence and HIV risk and risk-reduction behaviors; assess and manage adverse effects; conduct contraception/conception counseling as appropriate.

**Baseline labs**

- **All:** HIV test within 1 week before starting PrEP (ideally HIV Ag/Ab)
- HIV RNA (if possibly infected within the past 2-4 weeks)
- STI testing: gonorrhea/chlamydia (throat, rectum, and genital/urine screening according to sites of exposure), syphilis, hepatitis C (HCV) Ab, consider hepatitis A IgG.

**Oral PrEP:** creatinine (for estimated CrCl), hepatitis B (HBV) sAb/cAb/Ag. For TAF/FTC: cholesterol and triglycerides.

**Laboratory tests: Oral PrEP**

- 1 month (appropriate in some cases to ensure patient is still HIV uninfected), then at least every 3 months: HIV Ag/Ab, HIV RNA, screen for STIs (see Baseline list), pregnancy test
- Every 6 months: CrCl for persons age ≥ 50 or eCrCl < 90
- Every 12 months: cholesterol and triglyceride levels. HCV Ab for MSM, transgender women, people who inject drugs.

**Laboratory tests: Injection PrEP**

- 1 month: HIV RNA
- Every 2 months: HIV Ag/Ab and HIV RNA. Pregnancy test as appropriate
- Every 4 months: HIV RNA, STI testing (see Baseline list)

**Follow up visits: Oral PrEP**

- 1 week: Call, check if prescription filled, assess adherence and side effects
- 1 month (optional)
- At least every 3 months

**Follow up visits: Injection PrEP**

- 1 month (at time of 2nd injection)
- Every 2 months (timed with subsequent injections)

### COUNSELING TOPICS

- Importance of close adherence
- 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 (e.g., HIV infection) and cautions for restarting (need for HIV testing, risk of inadequate treatment if HIV infected). For oral PrEP: flare of HBV (if infected). For CAB: slow decline in CAB levels after stopping (risk of CAB resistance if infected with HIV during this time).
- CAB: see product Prescribing Information for management of planned or unplanned late injections
- Insurance/medication assistance
- Procedures for refills

### KEY MESSAGES

- When used as directed and with close adherence, PrEP is highly effective for preventing HIV (> 90%).
- With daily TDF/FTC, maximum blood and rectal tissue drug levels are reached after 7 days and in vaginal tissue after 20 days. For TAF/FTC and CAB, no data on time to protective drug levels are available.
- 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 AND REFERENCES

- **National Clinician Consultation Center PrEPline**
  (855) 448-7737 or https://nccc.ucsf.edu
  Monday – Friday, 9:00 a.m.– 8:00 p.m. ET
- **AETC Program PrEP Toolkit:** https://aidsetc.org/prep