



## Prescribing Oral HIV PrEP

Updated February 2023

### Efficacy Key Messages:

- PrEP is highly effective for preventing HIV infection when used as prescribed (99% for sexual transmission, 74% for IDU transmission).
- Full protection after 7 daily doses for anal sex; after 20 daily doses for vaginal or front hole sex or sharing needles.
- PrEP prevents HIV only; use other methods to prevent pregnancy and STDs.
- Off-label use of 2-1-1 PrEP for anal sex is highly effective in MSM and transgender women.

### Indications (recent history):

- Inform all patients who are sexually active or inject drugs about PrEP.
- Prescribe for patients: who request PrEP; with any sex partner with untreated HIV or HIV risk factors; who report an STD, condomless anal, vaginal, or front hole sex, or transactional sex; or who used PEP in past year.

### Contraindications:

1. HIV positive;
2. eCrCl <60 mL/min for F/TDF or eCrCl <30 mL/min for F/TAF.

### Patient Eligibility:

- FDA approved for adults and adolescents  $\geq 77$ lbs (35kg).
- F/TDF: approved for cisgender women and men, transgender women; protective for receptive and insertive anal, vaginal, and front hole sex, sharing needles.
- F/TAF: approved for cisgender men, transgender women; protective for receptive and insertive anal sex, insertive vaginal and front hole sex.

### Considerations:

- HIV exposure <72 hours: evaluate/prescribe PEP (*post-exposure prophylaxis*), then consider PrEP.
- Acute HIV symptoms (order venous draw Ag/Ab test, consider HIV treatment, or delay PrEP).
- HBV infection and ALT >2 x upper limit of normal (continue HBV treatment if stopping PrEP).
- Age >50 years or eCrCl <90 mL/min (check creatinine every 6 mos); other risks for kidney disease such as diabetes or hypertension; consider frequent checks.
- Osteoporosis or history of non-traumatic fracture (consider F/TAF, cabotegravir; check vitamin D, DXA scan).
- Pregnancy or breast-/chestfeeding (discuss risk and benefits)



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### Side Effects:

- 1 in 10 patients may have side effects (nausea, vomiting, abdominal pain, headache); usually resolves by 1 month; treat with over-the-counter meds.
- F/TDF: 1 in 200 may have renal dysfunction (usually reversible if PrEP is stopped); 1% average BMD loss (reversible if PrEP is stopped, no increased risk of fractures).
- F/TAF: small increase in cholesterol, body weight.

### Lab Screening & Visits:

- INITIAL LABS: HIV test result within 7 days before PrEP start (Ag/Ab preferred, rapid blood Ag/Ab possible, RNA if needed); HBV serology; HCV antibody; creatinine; gonorrhea/chlamydia (oral, urine, vaginal, front hole, anal sites as applicable), syphilis; pregnancy; lipid panel (F/TAF only). Consider HAV, HBV, and HPV vaccines.
- WEEK 1 & MONTH 1: Check on prescription fill, adherence, education needs, cost, or other PrEP care issues.
- Q3 MONTHS: HIV tests (RNA and Ag/Ab); gonorrhea/chlamydia (3 sites) and syphilis for MSM/transgender women; pregnancy, check adherence and PrEP indications.
- Q6 MONTHS: gonorrhea/chlamydia and syphilis for heterosexually active women/men; eCrCl for >50yo or <90 mL/min at baseline.
- Documentation: ICD-10 Z20.6: Contact with and (suspected) exposure to HIV

### Prescription:

- T/TDF (generics, Truvada): 200 mg/300 mg once a day, prescribe 90-day supply.
- F/TAF (Descovy): 200 mg/25 mg once a day, prescribe 90-day supply.

### Adherence Counseling:

- Link dosing to routine or use adherence tools.
- Plan for STD prevention and contraception or safer conception.
- Encourage patient to report if they want to stop or have stopped PrEP.
- Support additional HIV/STD prevention methods when needed.

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**ABBREVIATIONS:** Ag/Ab: antigen/antibody. BMD: bone mineral density. F/TAF: emtricitabine/tenofovir alafenamide. F/TDF: emtricitabine/tenofovir disoproxil fumarate. MSM: men who have sex with men.

**Need Help?**

**National PrEPline: 855-448-7737**