



MidAtlantic AIDS Education and Training Center

Use of Oral PrEP for HIV Prevention



*PrEP (pre-exposure prophylaxis):
Daily use of daily antiretroviral medication for HIV prevention*

Key Points for Clinicians: Prior to Initiation

- PrEP is a highly effective biomedical prevention option for patients experiencing ongoing HIV risk and should be prescribed to any patient who requests it and is clinically eligible.
- Taking daily oral PrEP medication prevents HIV from replicating in the body, thereby preventing infection
- PrEP for HIV prevention should be discussed in clinical visits with all sexually active individuals and persons who inject IV drugs.
- Prior to initiation of PrEP, assessment for signs and symptoms of acute HIV infection is essential for discussion of PrEP for HIV prevention (*CDC HIV PrEP Guidelines 2021, p 29*)
- Prior to initiating PrEP, a clinician should assess for drug-drug interactions and discuss potential side effects (*CDC HIV PrEP Guidelines 2021- on page 39- table 4*)
- Use of PrEP medications can attenuate or delay HIV seroconversion diagnostic assays (*CDC HIV PrEP Guidelines 2021- p 29-31 figure 4a-4b*)
- While on PrEP, condoms are still recommended to reduce risk of other STIs (*CDC HIV PrEP Guidelines 2021- on page 26*)
- Sexually transmitted disease testing and treatment is recommended every 3-months as clinically appropriate (*CDC HIV PrEP Guidelines 2021, p. 31-32*)
- Include discussion about safer sex practices and contraception with patients while they are on PrEP
- F/TAF is not a recommended option for sexually active persons at risk through receptive vaginal sex (especially those at risk for kidney dysfunction, osteopenia, or osteoporosis) (*CDC HIV PrEP Guidelines 2021, p. 37-38, IAS HIV Treatment Guidelines 2021, p. E11*)

Oral PrEP associated baseline HIV testing and other testing needed prior to the initiation of PrEP therapy (*CDC HIV PrEP Guidelines 2021, p. 15-16*):

- Combination HIV antibody/antigen assay (HIV RNA assay if clinical suspicion of acute HIV)
- Estimated creatinine clearance
- Syphilis testing
- Genital and non-genital gonorrhea and chlamydia testing by nucleic acid amplification test (NAAT)
- Hepatitis A, B and C serology
- Lipid panel (if using F/TAF) (*CDC HIV PrEP Guidelines 2021- pages 44*)

Awareness

- ❖ Planning and implementing strategies, programs, and services
- ❖ Educating populations and providers
- ❖ Identifying and engaging individuals at increased risk of HIV infection

Uptake

- ❖ Linking to PrEP care
- ❖ Prescribing PrEP
- ❖ Initiating PrEP

Adherence & Retention

- ❖ Adherence
- ❖ Retaining in care (staying on PrEP)

Key Points for Clinicians: Ongoing Management

PrEP works

- After contact with the virus, tenofovir and emtricitabine block the enzyme needed by the virus to replicate
- PrEP (F/TDF) reaches maximum protection from HIV for receptive anal sex (bottoming) at about 7 days of daily use.
- PrEP reaches maximum protection for receptive vaginal sex and injection drug use at about 20 days of daily use.
- No data are available for insertive anal sex (topping), insertive vaginal sex, or for F/TAF use (CDC HIV PrEP Guidelines 2021, p 42-43)

PrEP Interruption

- At cessation, PrEP should be continued for 7 days after the last at-risk exposure (CDC HIV PrEP Guidelines 2021, p. 46-47).
- For individuals who have stopped PrEP for 7 or more consecutive days, the combined HIV antibody and antigen test is recommended prior to restarting PrEP (IAS HIV Treatment Guidelines 2021, p. 1662).
- An abrupt discontinuation of oral PrEP in an individual with chronic active Hepatitis B infection may be at a higher risk for hepatitis flares (CDC HIV PrEP Guidelines 2021, p. 47).
- Patients who wish to discontinue PrEP should have a follow-up conversation about risk vs benefits with their clinician, as they are at a higher risk of HIV acquisition (IAS HIV Treatment Guidelines 2021).

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Special Population Considerations

- For MSM, 2-1-1 “on demand” off-label dosing is an option (reference CDC HIV PrEP Guidelines 2021) utilizing the off-label 2-1-1 “on demand” can be an additional protective tool when the person will have “situational high-risk” behavior.
- Daily tenofovir disoproxil fumarate/emtricitabine is safe and recommended for at-risk individuals who are peri-conception, pregnant and/or breastfeeding in cisgender women (reference CDC HIV PrEP Guidelines 2021, p 60-62, DHHS Perinatal HIV Guidelines)
- For adolescents seeking PrEP, special attention is recommended to protect confidentiality since they may not wish to disclose to parents/guardians. Consider using patient medication assistance programs when insurance billing could risk treatment disclosure.

Oral PrEP-associated testing with recent/ongoing therapy (taken within the past 3 months):

- Combination HIV antibody/antigen assay + HIV-1 RNA assay (every 3 months)
- Estimated creatinine clearance every 6 months (age ≥ 50 or eCrCl < 90) or every 12 months (age < 50 and eCrCl ≥ 90)
- Syphilis testing every 3 months (MSM/TGW), otherwise every 6 months
- Genital and non-genital gonorrhea and chlamydia testing by NAAT every 3 months (MSM/TGW), otherwise every 6 months
- Hepatitis C serology every 12 months (MSM/TGW/PWID)
- Lipid panel (if using F/TAF) every 12 months

(CDC HIV PrEP Guidelines 2021- p. 44 table 5)

REFERENCES

- Centers for Disease Control and Prevention. (2022, March 28). Learn about prep. Centers for Disease Control and Prevention. Retrieved March 31, 2022, from <https://www.cdc.gov/hiv/clinicians/prevention/prep.html>
- Preexposure prophylaxis for the prevention of HIV infection in the united states (2021 update) - clinical practice guidelines. Centers for Disease Control and Prevention. Retrieved March 31, 2022, from <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>
- Saag, M. S., Gandhi, R. T., Hoy, J. F., Landovitz, R. J., Thompson, M. A., Sax, P. E., Smith, D. M., Benson, C. A., Buchbinder, S. P., Del Rio, C., Eron, J. J., Jr, Fätkenheuer, G., Günthard, H. F., Molina, J. M., Jacobsen, D. M., & Volberding, P. A. (2020). Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults: 2020 Recommendations of the International Antiviral Society-USA Panel. JAMA, 324(16), 1651–1669. <https://doi.org/10.1001/jama.2020.17025>
- What's new in the guidelines: NIH. What's New in the Guidelines. NIH. (2022, March 17). Retrieved March 31, 2022, from <https://clinicalinfo.hiv.gov/en/guidelines/perinatal/whats-new-guidelines>