



# MidAtlantic AIDS Education and Training Center Use of Oral PrEP for HIV Prevention



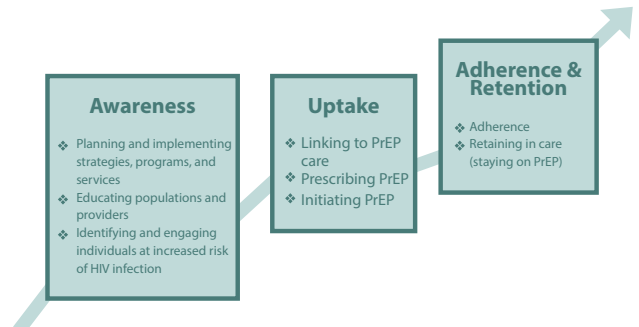
*PrEP (pre-exposure prophylaxis):  
Daily use of daily antiretroviral medication for HIV prevention*

## 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 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*)



\*Modified from Nunn, et al. Defining the HIV pre-exposure prophylaxis care continuum, *AIDS* 2017, 31(5): 731-734

## 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- on pages 55-57- figure 8*) 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  $\geq 50$  or eCrCl  $< 90$ ) or every 12 months (age  $< 50$  and eCrCl  $\geq 90$ )
- 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*)

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