ANMC HIV Pre-exposure Prophylaxis (PrEP) – Adults and Adolescents

Oral Pre-exposure Prophylaxis (PrEP)

Recommended Populations

- Sexually-active adult men who have sex with men (MSM)
- Sexually-active transgender women (TGW)
- Adult heterosexually-active men and women who are at substantial risk of HIV acquisition
  - HIV-positive sexual partner
  - Recent sexually transmitted infection (STI)
  - High number of sex partners
  - Inconsistent or no condom use
  - Transactional/Survival sex
- Adult persons who inject drugs (PWID) and share injection equipment

Timing of Oral PrEP-associated Laboratory Tests

Test	Screening Baseline Visit	Every 3 months	Every 6 months	Every 12 months	When stopping PrEP
HIV Ag/Ab & Viral Load	X*	X			X*
Serum Creatinine	X		Age ≥50 or eCrCl < 90	Age <50 or eCrCl ≥ 90	X
Syphilis	X	MSM/TGW	X		MSM/TGW
Gonorrhea^	X	MSM/TGW	X		MSM/TGW
Chlamydia^	X	MSM/TGW	X		MSM/TGW
Lipid Panel (TAF/FTC)	X			X	
Hep B surface antigen, surface antibody, core antibody#	X				
Hep C Antibody	MSM, TGW, and PWID			MSM, TGW, and PWID	

*Assess for acute HIV infection (flu-like symptoms, rash, swollen lymph nodes)
^Test all anatomical sites of exposure (pharyngeal, rectal, vaginal, urine)
#Vaccination should be offered if not immune and no documented history of completing a vaccine series

Treatment Options

Preferred therapy for all	Alternate (if CrCl <60mL/min) therapy for MSM population at risk through sex (excludes people assigned female at birth)
Truvada- Tenofovir (TDF)/Emtricitabine (FTC)** 300mg/200mg PO daily	**Descovy- Tenofovir (TAF)/Emtricitabine (FTC)** 25mg/200mg PO daily

Considerations

- * Acute HIV syndrome mimics other acute viral syndromes and symptoms may include sore throat, papular rash, headache, fever, fatigue, myalgias, and lymphadenopathy
- ** Do not use if CrCl <60mL/min, discuss with Early Intervention Services team if questions arise.
- If planning to stop oral PrEP, patients should continue for 28 days after last potential HIV exposure
- If planning to stop injectable PrEP and ongoing risks for HIV infection, patients should switch to oral PrEP medications beginning within 8 weeks after last injection. Injection has a long half-life and acquisition of HIV resistance is possible if HIV acquired.

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Injection Pre-exposure Prophylaxis (PrEP)

Recommended Population for Cabotegravir

- Barriers to compliance with daily oral therapy
- Sexually-active adult men who have sex with men (MSM)
- Sexually-active transgender women (TGW)
- Adult heterosexually-active men and women who are at substantial risk of HIV acquisition
  - HIV-positive sexual partner
  - Recent sexually transmitted infection (STI)
  - High number of sex partners
  - Inconsistent or no condom use
  - Transactional/Survival sex
- Adult persons who inject drugs (PWID) and share injection equipment
- Those who can maintain compliance with injection appointments within the target date(s)
- Patients who prefer a bimonthly schedule for their PrEP medication versus daily oral therapy
- Significant Renal Disease (CrCl <30 but >15ml/min)

Timing of Injectable PrEP-associated Laboratory Tests

Test	Screening Baseline Visit	1 month visit	Every 2 months	Every 4 months^	Every 12 months	When stopping CAB
HIV Ag/Ab & Viral Load	X*	X	X			X*
Syphilis	X			X		MSM/TGW
Gonorrhea^	X			X		MSM/TGW
Chlamydia^	X			X		MSM/TGW
Hep B surface antigen, surface antibody, core antibody#	X					
Hep C Antibody	MSM, TGW, and PWID				MSM, TGW, and PWID	

*Assess for acute HIV infection (flu-like symptoms, rash, swollen lymph nodes)
^Test all anatomical sites of exposure (pharyngeal, rectal, vaginal, urine)
#Vaccination should be offered if not immune and no documented history of completing a vaccine series

Referral to EIS team prior to initiation of injectable PrEP therapy is recommended

Treatment Options

Alternate therapy for MSM population at risk through sex, cisgender women, and TGW

Apretude- Cabotegravir (CAB)

600mg IM once monthly for 2 doses, then 600mg IM every 2 months

Considerations

- * Acute HIV syndrome mimics other acute viral syndromes and symptoms may include sore throat, papular rash, headache, fever, fatigue, myalgias, and lymphadenopathy
- ^Beginning in month 3, the 1st maintenance injection and then every 4 months thereafter.
- Do not use cabotegravir if CrCl <15mL/min.
- If planning to stop oral PrEP, patients should continue for 28 days after last potential HIV exposure.
- If planning to stop injectable PrEP and ongoing risks for HIV infection, patients should switch to oral PrEP medications beginning within 8 weeks after last injection. Injection has a long half-life and acquisition of HIV resistance is possible if HIV acquired.

ANMC Associated Powerplans: AMB HIV Pre-exposure Prophylaxis (PrEP) *Antimicrobial Stewardship Program Updated: August 2024*

References: *https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf. Accessed July 02, 2024.*
FDA Medication label- https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/215499s000lbl.pdf. Accessed July 02, 2024.