SUMMARY OF GUIDANCE FOR
RECOMMENDING PrEP USE

In December 2021, the U.S. Centers for Disease Control and Prevention issued thoroughly revised and updated PrEP guidelines. The guidelines include important new information on the use of oral PrEP (TDF/FTC and TAF/FTC) and recommendations on the use of injectable cabotegravir (CAB) as PrEP.

KEY UPDATES INCLUDE THE FOLLOWING INSTRUCTIONS:

Provide information about PrEP to all adults and adolescents who are sexually active or engaging in sharing needles for drug use.

Recommend PrEP for all adults and adolescents with sexual or injection risks for HIV exposure.

Prescribe PrEP if it is requested, even if the person denies HIV risk factors.

FOR ORAL PrEP (TRUVADA AND DESCOVY):

- F/TDF (Truvada) is recommended for HIV Prevention for all persons including women and other persons at risk through receptive vaginal sex.
- F/TAF (Descovy) is recommended for MSM and Transgender women but it is not recommended for women or other persons at risk through vaginal sex.
- Information on intermittent/event-driven (2-1-1) TDF/FTC as a PrEP option for some MSM
- Monitoring for acute infection. For oral PrEP, use an antigen-antibody test. For injectable PrEP, test for HIV RNA.
- Changes to frequency of CrCl and other lab monitoring
- Information on same-day prescribing
- Use of Telehealth for provision of PrEP
- Recommendation to prescribe a total oral PrEP supply of <=90 days (to test for HIV before further refills)

FOR CAB (CABETEGRAVIR APPRETUDE):

- CAB is a long-lasting injectable for sexually active men, women, and transgender persons with indications for PrEP use.
- CAB may be right for patients:
  - Who had problems taking oral PrEP as prescribed.
  - Who prefer getting a shot every 2 months instead of taking oral PrEP.
  - Who have serious kidney disease that prevents use of other PrEP medications.
- 600 mg of cabotegravir injected into gluteal muscle every 2 months is recommended for PrEP in adults at risk of acquiring HIV. A 30 mg daily oral cabotegravir is optional for a 4-week lead-in prior to injections

HIV TESTING

- For patients who are starting or restarting PrEP after a long stop, test using an HIV antigen/antibody test (a laboratory-based test is preferred).
- For patients who are taking or have recently taken PrEP (including patients who have taken oral PrEP in the last 3 months and patients who had a CAB injection in the last 12 months), test using an HIV antigen/antibody test and a qualitative or quantitative HIV-1 RNA test.

WHO IS CLINICALLY ELIGIBLE FOR PrEP?

- Individuals with a documented negative HIV test before prescribing
- No signs or symptoms of acute HIV infection
- Normal renal function, no contraindicated medications

PRESCRIBING CONSIDERATIONS:

- Review patient's medical conditions, medications, and kidney function before prescribing PrEP
- Test for HIV and STDs before prescribing PrEP
- While hepatitis B is not a criterion for inclusion or exclusion, patients who have hepatitis B that are given PrEP may have a flare-up

RECOMMENDING PEP USE

WHAT IS PEP?

PEP (post-exposure prophylaxis) means using antiretroviral medications to prevent HIV after a possible exposure.

HOW DOES PEP WORK?

PEP must be prescribed and started within 72 hours of possible exposure to HIV through:

- condomless sex,
- sharing needles, syringes, or other equipment to inject drugs, or
- sexual assault.

The sooner a patient starts PEP, the better. Every hour counts. An average PEP regimen is 28 days.

WHEN IS PEP USED?

- PEP is for emergency situations.
- PEP is given after a possible exposure to HIV.
- PEP is not a substitute for regular use of other HIV prevention methods.
- PEP is not the right choice for people who may be exposed to HIV frequently.
- If patients report ongoing risk for HIV, they may be a candidate for PrEP (pre-exposure prophylaxis).

HOW WELL DOES PEP WORK?

If taken within 72 hours after possible exposure, PEP is highly effective in preventing HIV. Patients should be advised to take other actions to protect partners while taking PEP, including always using condoms, and not sharing needles, syringes, or other equipment to inject drugs.

ARE THERE ANY SIDE EFFECTS?

- PEP is safe but may cause side effects, like nausea, in some people.
- In almost all cases, these side effects can be treated and aren't life-threatening.

HOW CAN THE COST OF PEP BE COVERED?

Depending on the reason a patient is prescribed PEP, they may qualify for free or low-cost PEP medicines.

PAYING FOR PEP AFTER A SEXUAL ASSAULT

- Patients may qualify for partial or total reimbursement for medicines and clinical care costs.

PAYING FOR PEP AFTER AN EXPOSURE AT WORK

- Workplace health insurance or workers' compensation will usually pay for PEP.

PAYING FOR PEP FOR ANOTHER REASON

- If patients cannot get insurance coverage, health care providers can apply for free PEP medicines through the medication assistance programs run by the manufacturers.
- These requests for assistance can be handled urgently in many cases to avoid a delay in getting medicine.
- Enrollment applications, such as Gilead's Advancing Access form or NASTAD's Patient Assistance tool, can be completed online, over the phone, or by fax.