Clinical PrEP Essentials





Efficacy key messages:

- PrEP is highly effective for preventing HIV infection when taken daily (>99% for sexual transmission):
- Full protection after 7 daily doses for anal sex and after 20 daily doses for vaginal sex;
- PrEP does not prevent other STIs like GC/CT/syphilis/genital warts/HSV/HCV.

Side Effects:

- 1 in 10 may have GI side effects (N/V/abd pain) or headache; usually resolves by 1 month,
- TDF/FTC (generic or Truvada): 1 in 200 may have renal dysfunction (typically reversible if d/c PrEP),
- TDF/FTC: 1% average loss of bone mineral density; reversible if d/c PrEP; no increased risk of fx,
- TAF/FTC (Descovy): small increases in cholesterol, small increases in body weight.

Recommended Lab Screening & Visits:

Initial Labs: HIV test within 7 days before PrEP start (recommend Ag/Ab 4th gen); HIV RNA (If possible); HBsAg; HCV Ab; Cr; 3 site GC/CT; syphilis test; Upreg. Consider: HAV, HBV, & HPV vaccines. Week 1: Call, check if prescription was filled, adherence, and cost.

Month 1: If HIV test at screening was not Ag/Ab or RNA, consider repeat HIV test; adherence check. Q 3 Months: HIV Ag/Ab, GC/CT (3 sites), syphilis test, Upreg; Cr (q 6-12 mos), check adherence & PrEP indications. Documentation: ICD-10 Z20.6: HIV Exposure.

Need Help? U.S. PrEPline, 855-448-7737

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Indications (by history in the past 6 months):

Asking for PrEP, OR any sex partner with untreated HIV or HIV risk factors, OR reporting an STI, condomless anal/vaginal sex, or transactional sex, OR injection drug use and sharing needles/works, OR used PEP in the past year, OR using stimulants like methamphetamine with sex.

Caution:

- 1. Acute viral syndrome (send HIV RNA, consider full ART regimen or delay PrEP),
- 2. HBV infection and ALT >2 X ULN (continue HBV treatment if PrEP is stopped),
- Age >50 or eGFR <90 (check Cr q6mo); other risks for CKD, i.e. DM or HTN (consider more frequent checks),
- 4. Osteoporosis or h/o non-traumatic fracture (consider use of TAF/FTC, check Vit D, DXA),
- 5. Pregnancy or breastfeeding (discuss risks/benefits),
- TAF/FTC (Descovy) was only studied in MSM & trans women, not approved for PrEP w/ vaginal sex.

Contraindications:

1. eGFR < 60 for TDF/FTC or <30 for T AF/FTC, 2. HIV+, 3. HIV exposure < 72hrs (PEP, then consider PrEP). Rx: Emtricitabine/tenofovir DF 200mg/300mg (generic or Truvada) dispense 30 tabs plus 2 refills, OR emtricitabine/tenofovir AF 200/25mg (Descovy) dispense 30 tabs plus 2 refills.

Counseling: Link dosing to a daily habit; develop plans for STI prevention and contraception or safer conception; notify if PrEP is stopped more than 7 days.

Updated August 2021 by SF CBA