VMG HIV Pre-Exposure Prophylaxis (PrEP) Guidelines 2023

1. Assess Risk for HIV Infection

Sexually Active Adults and Adolescents

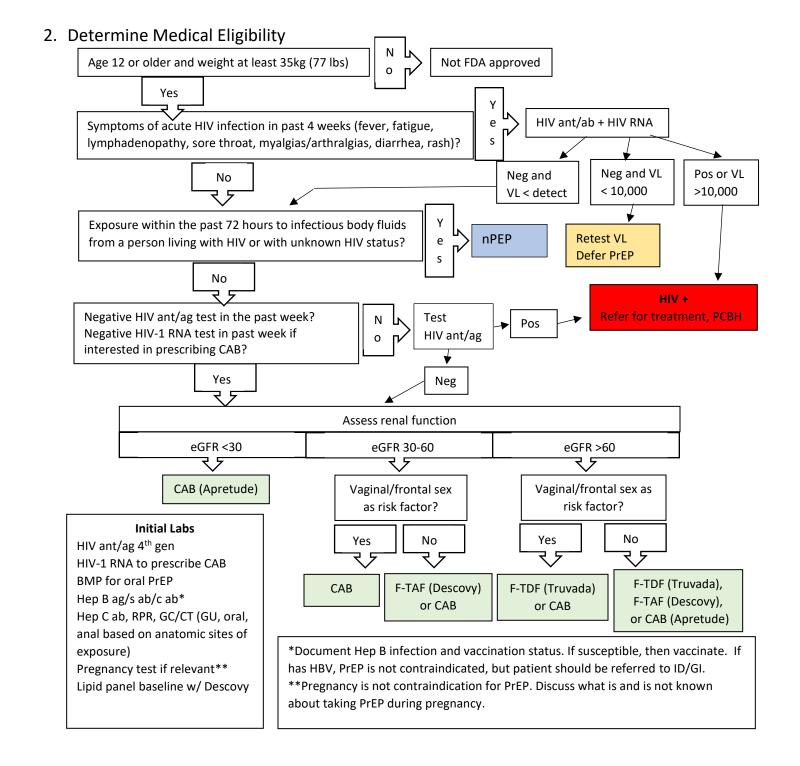
- Anal or vaginal sex in the past 6 months; and
- HIV-positive sexual partner (especially if partner has unknown or detectable viral load); *or*
- Recent bacterial STI (past 6 months); or
- History of inconsistent or no condom use with sexual partner(s)

*sero-discordant couples where partner undetected may not need PrEP. U=U

Persons Who Inject Drugs (PWID)

- HIV positive injection partner
- Sharing of drug injection or preparation equipment in the past 6 months

USE CLINICAL JUDGEMENT! Consider high risk behaviors (transactional sex, potential future condom-less sex)



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3. Prescribe

Diagnostic Codes:

Visits	Z20.6	Contact with and (suspected) exposure to HIV	
	Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of	
		transmission	
	F19.2	Injection drug use exposure	
Initial Tests	Z01.812	Encounter for pre-procedural laboratory examination (Applicable to blood and urine tests prior	
		to treatment or procedure)	
	Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission	
	Z11.4	Encounter for screening for human immunodeficiency virus	
	Z11.59	Encounter for screening for other viral diseases	
Subsequent	Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of	
Tests	transmission		
	Z11.4	Encounter for screening for human immunodeficiency virus	
	Z79.899	Other long term drug therapy	
	Z20.5	Contact with and (suspected) exposure to viral hepatitis	

Medications:

F/TDF - brand name Truvada®

Emtricitabine (F) 200 mg in combination with tenofovir disoproxil fumarate (TDF) 300 mg FDA approved for adults and adolescents >35kg who are deemed to be at substantial risk for HIV *Sig:* Take one tab by mouth daily *Dispense*: 30 tablets 2 refills *or* 90 tablets 0 refills

- eGFR must be >60
- Consider alternative if bone issues (osteoporosis). If osteoporosis / high risk obtain DEXA at time of prescription and repeat in 1-2 years
- Generic available

or

F/TAF – brand name Descovy®

Emtricitabine (F) 200 mg in combination with tenofovir alafenamide (TAF) 25 mg FDA approved for adults and adolescents >35kg who are deemed to be at substantial risk for HIV *Sig:* Take one tab by mouth daily *Dispense*: 30 tablets 2 refills *or* 90 tablets 0 refills

- eGFR must be >30
- Not approved for those whose HIV risk is from receptive vaginal sex as has not been studied in people with a vagina
 / neovagina
- Eval lipid panel at baseline and then annually.

Counseling points oral meds:

- Common side effects oral meds: nausea, flatulence, diarrhea, fatigue, headache. Usually resolves in 2-4 weeks.
- 99% risk reduction with daily use. Counsel on importance of adherence!
- Oral PrEP reaches maximum protection from HIV for receptive anal sex at about 7 days of daily use. For receptive vaginal sex and injection drug use, PrEP reaches maximum protection at up to about 21 days of daily use.
- Document: negative HIV ant/ag test within the past week, Hep B infection and vaccine status, renal function, counseling regarding adherence, side effects, and follow up monitoring parameters

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Cabotegravir LA – brand name Apretude®

FDA approved for adults and adolescents >35kg who are deemed to be at substantial risk for HIV

Sign Inject 600 mg cabotegravir (3ml.) by intramuscular route into gluteal muscle. Second dose administered of

Sig: Inject 600 mg cabotegravir (3mL) by intramuscular route into gluteal muscle. Second dose administered 4 weeks after first dose. Subsequent dosing every 8 weeks thereafter

- Common side effects Cabotegravir LA: pain/tenderness at injection site (can pre-treat w APAP or NSAIDS, apply heat pack after injection),
- Risk of resistance, "tail" if missed or discontinued, need to transition to oral PrEP / fully avoid risk of HIV for a year after discontinuing
- Need to be seen in office every 2 months for labs, visit with provider, injection
- Unclear timing to maximal protection. Counsel patients to avoid behaviors that put them at increased risk of HIV for minimum of 1 week, conservative approach 1 month.
- Document: negative HIV ant/ag test and HIV-1 RNA test within the past week, Hep B infection and vaccine status, counseling regarding adherence, side effects, follow up monitoring parameters, transitioning off of Cab LA

Paying for PrEP: Covered by insurance. If no insurance or difficulty paying copays see below resources:

- o Patient assistance program: https://readysetprep.hiv.gov/
- O Co-pay assistance program: https://www.gileadadvancingaccess.com/
- O MA PrEP drug assistance program: https://crine.org/prepdap

4. Monitor:

a. F/TDF or F/TAF: Visits and labs every 3 months

Labs	Counseling points q 3 months	
Every 3 months	Screen for side effects	
 HIV ant/ag 4th gen 	Provide medication adherence and behavioral risk	
 Pregnancy test if relevant 	reduction support	
 STI testing if high-risk sex (MSM, trans women) 	Assess for side effects	
Every 6 months	PWID: assess access to sterile needles/syringes and to	
Serum Cr	drug treatment services.	
 STI testing non high risk sex behavior 		
Every 12 months		
 HCV ab for PWID, MSM, or trans women 		
 Lipids if on F/TAF 		

a. Cabotegravir LA: Follow up visit 1 month then every 2 months.

Labs	Counseling points q 2 months
Every 2 months	Screen for side effects
 HIV RNA and HIV ant/ag 4th gen 	Provide medication adherence and behavioral risk
 Pregnancy test if relevant 	reduction support
Every 4 months	Assess for side effects
 STI testing if high-risk sex (MSM, trans women) 	 PWID: assess access to sterile needles/syringes and to
Every 6 months	drug treatment services.
 STI testing non high risk sex behavior 	
Every 12 months	
HCV ab for PWID. MSM. trans women	