

What Every PA should know about
HIV Prevention & Preexposure Prophylaxis
Clinical Resource Guide

[CDC December 2021 PrEP Guidelines](#)

CDC resources: [PrEP](#), [PEP \(Postexposure prophylaxis\)](#), [Antiretroviral Therapy \(U=U\)](#)

PrEP provider locators: [PrEP Locator](#), [Greater Than Directory](#), [GLMA Provider Directory](#)

Professional organizations: [LGBT PA Caucus](#), [GLMA: Health Professionals Advancing LGBTQ Equality](#)

Significant changes to CDC PrEP guidelines (2017 - 2021)		
	2017	2021
Populations	Specific populations identified	"all sexually active adult and adolescent patients should receive information about PrEP."
Adolescents	Data insufficient	PrEP recommended in adolescents over 35 kg
Drugs	Only daily F/TDF approved	F/TDF 200/300 PO QD F/TAF 200/25 PO QD* CAB-LA 600mg IM Q2 months 2-1-1 F/TDF discussed**
Monitoring	Every Visit: Risk reduction support, prevention services, monitor adherence and desire to continue PrEP	
Frequency	F/TDF Q 3 months	F/TDF and F/TAF Q3 mo CAB-LA Q 2 months
HIV	HIV Ag/Ab Q3 mo	HIV Ag/Ab/RNA Q2-3 mo
Renal Function	Renal Function Q6 mo	eCrCl Q12 mo eCrCl Q6 mo (>50yo, or eCrCl 90ml/min) No eCrCl monitoring for CAB-LA
Bacterial STIs	STI screening Q6 mo	All patients: syphilis Q 6 mo MSM, TGWSM: syphilis, gc/Ct 3 sites Q3-4 mo Heterosexual men and women: genital gc Q6 mo; genital Ct Q12 mo Women who engage in Receptive Anal Intercourse (RAI): rectal gc/Ct Q6 mo
Lipid Profile	None	F/TAF Users: Q12 mo weight, triglycerides, cholesterol levels
Hepatitis B	Prior to initiation and at the time of discontinuation for F/TDF or F/TAF	
Additional Information	DEXA scans not indicated	DEXA scans, LFTs, hematologic assays not indicated
*F/TAF is not approved for individuals at risk through vaginal exposure		

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HIV PrEP Quick Prescribing Chart			
	F/TDF	F/TAF	CAB-LA
Population considerations	Considered at first line PrEP for most patients eCrCl \geq 60 May consider 2-1-1 dosing in MSM	Consider in patients at risk of renal disease (ie HTN or DM) or patients unable to swallow a large pill (ie F/TDF) eCrCl \geq 30 Should not be used in individuals at risk through vaginal exposure	Consider patients unable to tolerate or adhere to oral PrEP or who prefer IM PrEP. Patients with severe renal disease. Requires adherence to Q2 month visits.
Adult Dose (Maintenance)	200mg/300mg PO QD*	200mg/25mg PO QD*	600mg IM Q2 mo (gluteal site)
Initiation Dose	N/A	N/A	2 doses CAB-LA 1 month apart with optional 4 week oral lead in dose
Side effects	Headache, abdominal pain, weight loss	Diarrhea, possible weight gain, elevated triglycerides	Injection site reaction , headache, pyrexia, fatigue, back pain, myalgia, and rash
	A "start-up syndrome" of gastrointestinal side effects and headache typically resolves within 1 week-1 month		
Initiation	HIV Ag/Ab (Laboratory confirmed is preferred and POC must be confirmed) Bacterial STI Screening (syphilis and gc/Ct at sites of exposure)		
	Creatinine/eCrCl	-	
Monitoring**	Every 3 months	Every 2 months	
	-Routine HIV Ag/Ab/RNA, STI screening, adherence and risk reduction support -Cr, lipid panel, and HBV evaluation depending on regimen***		
Discontinuation	HIV Ag/Ab/RNA and HBV evaluation		HIV Ag/Ab/RNA Q3 mo for 12 months
Cost	All costs for medication, medical visits, and laboratory fees should be covered for insured patients without copay; programs available for uninsured patients		
	\$35-\$1000/month Typically does not require prior authorization	~\$2000/month May require prior authorization	~\$3700/2 month May require prior authorization
<p>*A 90-day single prescription is recommended **Oral PrEP monitoring may include telehealth visits; CAB-LA requires in person visits for drug administration ***See above chart (Column "2021") for specific monitoring recommendations per regimen</p>			

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