

Key Efficacy Messages:

- PrEP is highly effective for preventing HIV infection when used as prescribed (>99% for sexual transmission).
- PrEP prevents HIV only; use other methods to prevent pregnancy and STIs.

Indications (recent history):

- Inform all patients who are sexually active about PrEP.
- Prescribe for patients: who request PrEP; with any sex partner with untreated HIV or HIV risk factors; who report an STI, condomless anal, vaginal, or front hole sex, or transactional sex; or who used PEP in past year.

Contraindications:

1. HIV positive.

Patient Eligibility

- FDA approved for adults and adolescents weighing ≥ 77 lbs (35 kg); protective for receptive and insertive vaginal, front hole, and anal sex.

Considerations:

- HIV exposure <72hrs: evaluate/prescribe PEP (*post-exposure prophylaxis*), then consider PrEP.
- Acute HIV symptoms (order venous draw Ag/Ab test, consider HIV treatment, or delay PrEP).
- Pregnancy or breast-/chestfeeding (discuss risks and benefits).

Side Effects:

- Injections: pain, tenderness, nodules, hardening, swelling, itching; usually resolves within a few days; treat with over-the-counter meds.
- Injections/pills: about one in 20 may have side effects (nausea, vomiting, abdominal pain, headache, fever, fatigue, dizziness); treat with over-the-counter meds.

Lab Screening & Visits:

- INITIAL LABS: HIV test result within 7 days before PrEP start (Ag/Ab, RNA result pending); HCV antibody; gonorrhea/chlamydia (oral, urine, vaginal, front hole, anal sites as applicable); syphilis; pregnancy. Consider: HAV, HBV, and HPV vaccines.

- **BASELINE:** Administer 1 injection; OR prescribe oral pills.
- **MONTH 1:** Administer 1 injection; HIV tests (RNA and Ag/Ab); start injections if pills used at baseline.
- **Q2 MONTHS:** Administer 1 injection; HIV tests (RNA and Ag/Ab); review PrEP care visit history, adherence, and PrEP indications.
- **Q4 MONTHS:** gonorrhea/chlamydia (3 sites) and syphilis for MSM and transgender women; pregnancy.
- **Q6 MONTHS:** gonorrhea/chlamydia and syphilis for heterosexually active women and men.
- **Documentation:** ICD-10 Z20.6: HIV Exposure.

Prescription:

- Cabotegravir injection: one 600 mg IM gluteal injection (ventrogluteal preferred) at baseline, 1 injection 4 weeks later, 1 injection every 8 weeks thereafter (+/-7 days).
- Optional oral cabotegravir start: 30 mg pill once daily for 28 days* before 1st injection, 1st injection on last day of oral lead-in (or <3 days after), continue injection protocol; OR prescribe up to 8 weeks around missed injection.
- Missed injections: Administer injection 4 weeks later if >7 days late for 2nd dose or >1 month late for 3rd or later dose.

Adherence Counseling:

- Appointment reminders and other tools to keep PrEP care appointments.
- Plan for STI prevention and contraception or safer conception.
- Encourage patient to report if they want to stop or have stopped PrEP.
- Support additional prevention methods when needed.

* Oral cabotegravir has not been FDA-approved for PrEP, efficacy for preventing HIV transmission is unknown.

ABBREVIATIONS:

Ag/Ab: antigen/antibody. CAB: cabotegravir. MSM: men who have sex with men

Adapted from a resource created by Lauren Wolchok & Robert Grant, available at www.getSFcb.org.