



Prescribing Injectable HIV PrEP

Updated February 2023

Efficacy Key Messages:

- PrEP is highly effective for preventing HIV infection when used as prescribed ($\geq 99\%$ for sexual transmission, 74% for IDU transmission).
- PrEP prevents HIV only; use other methods to prevent pregnancy and STDs.

Indications (recent history):

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

Contraindication:

- HIV positive

Patient Eligibility:

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

Considerations:

- HIV exposure < 72 hours: 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 risk 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 1 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.

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- 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: Contact with and (suspected) exposure to HIV

Prescription:

- Cabotegravir injection: one 600 mg IM gluteal injection (ventrogluteal preferred) at baseline, 1 injection 4 weeks later, 1 injection every 8 weeks thereafter (+/-7days).
- 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 injection: 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 STD 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.

Need Help?

National PrEPline: 855-448-7737