IAS-USA Guidelines: Prevention of HIV Infection 2022 Update JAMA (published online December 1, 2022)

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Disclosures

Only FTC/TDF (Truvada), FTC/TAF (Descovy), and CAB-LA (Apretude) are approved by the U.S. Food and Drug Administration (FDA) and only for use in some, but not all, populations. This talk will include discussion of non-FDA approved strategies for HIV prevention.

Disclaimer

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Who should be prescribed PrEP

	IAS-USA (2022)	HHS/CDC (2021)
Sexually active adults and adolescents	Discuss without criteria for risk behavior or screening tools. Encourage consideration if: - MSM/TGPSM - young adult/adolescent - partner from generalized epidemics - exchange sex for $ - partners are incarcerated - recent bacterial STI	Everyone should receive info. Recommended for persons at substantial ongoing risk. - HIV positive sex partner - Bacterial STI last 6 months - h/o inconsistent condom use
Persons with substance use disorders	Discuss without criteria for risk behavior or screening tools.	Recommended for persons at substantial ongoing risk
At-risk individuals who are pregnant or breastfeeding	Recommended	Discuss PrEP

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Adolescents

- Prescription of PrEP for adolescents should be done with:
  - attention to support and adherence needs and
  - care around disclosure of sexual behaviors and gender identity to parents or guardians.

What to prescribe as PrEP

	IAS-USA (2022)	HHS/CDC (2021)
FTC/TDF	All persons at risk from sexual or injection exposures.	All persons at risk from sexual or injection exposures.
FTC/TAF	- Preferred if eCrCl 30-60 mL/min or known osteoporosis - Limited to anyone whose risks do not include receptive vaginal or neovaginal sex or exclusive IDU	- Preferred if eCrCl 30-60 mL/min or known osteoporosis - Recommended for men and TGW who have sex with men.
CAB	All persons at risk from sexual exposures and PWID with sexual risk.	All persons at risk from sexual exposures.

IAS-USA: The optimal PrEP regimen for a given person is the one most acceptable to that person and congruent with their sexual behavior, ability to take medications reliably, likelihood of anticipating sexual activity, and adverse effect profile.

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2-1-1 dosing (FTC/TDF only)

	IAS-USA (2022)	HHS/CDC (2021)
Cisgender men	Recommended regardless of sexual orientation	For adult MSM who have sex less than 1x/week and can anticipate sex
Transgender women	Use with caution in TGW receiving hormone therapy	
Cisgender women, transgender men, PWID	Insufficient data	

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Baseline testing

	IAS-USA (2022)	HHS/CDC (2021)
HIV Ag/Ab testing	Lab based test should be performed even if PrEP started based on POC.	Lab based test should be performed even if PrEP started based on POC. Oral fluid tests should not be used.
HIV RNA testing	Recommended if: - high risk exposure in last 4 wks - Signs/sx acute HIV infection - CAB	Recommended for CAB
Serum creatinine	For oral PrEP only	For oral PrEP only
Lipid panel	Not mentioned	For persons receiving FTC/TAF
Hepatitis serologies	HAV Ab for MSM/PWID if not immune HBV sAg and sAb HCV Ab	Oral PrEP: HBV testing Others: not indicated* (but follow primary care guidelines)
STI screening	Genital/non-genital GC/CT, syphilis	Genital/non-genital GC/CT, syphilis
Pregnancy testing	If relevant	If relevant

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Monitoring

	IAS-USA (2022)	HHS/CDC (2021)
HIV Ag/Ab testing	Month 1 for everyone Q3 mo for oral PrEP, Q4 mo for CAB	Oral PrEP: Q3mo CAB: Q2mo
HIV RNA testing	For CAB only: Month 1, then Q4 mo	Oral PrEP: Q3mo CAB: Q2mo
Serum creatinine	Month 3 for oral PrEP Q 3-6 mo for >50 or eCrCl<90 baseline Or Annually	Month 3 for everyone Q 3-6 mo for >50 or eCrCl<90 baseline Or Annually
Lipid panel	Not mentioned	Annual
Hepatitis serologies	HCV Ab annually, Q3-6 months for MSM, people who use drugs, or abnl LFT	
STI screening	Q3-4 months	Oral PrEP: every 3 months for MSM CAB: every 4 months for MSM/TGW, Q6mo hetero
Pregnancy testing	Q3-4 months	

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Prescribing CAB

	IAS-USA (2022)	HHS/CDC (2021)
Oral lead in	Limited to severe atopic histories or concerns.	Optional for patients worried about side effects.
Tail	If continuing risk, prescribe oral PrEP.	If ongoing risk, prescribe oral PrEP within 8 weeks after last injection.

Time to protection

	IAS-USA (2022)	HHS/CDC (2021)
Start up	MSM, 2 pills provides protection within 24 hours Others: 7 days of daily PrEP	Time to protection is unknown
Continuation	MSM: 2 days after last exposure Others: 7 days after exposure	

How to prescribe PrEP

	IAS-USA (2022)	HHS/CDC (2021)
Same day PrEP	Delaying PrEP is not recommended	
Prescriptions	30 days then 90 day prescription	90 days. Check in at 30 days is optional.

Same-day PrEP initiation **is not appropriate** for:

- Patients who express ambivalence about starting PrEP (e.g., need more time to think)
- Patients for whom blood cannot be drawn for laboratory testing
- Patients with signs/symptoms and sexual history indicating possible acute HIV infection
- Patients with history of renal disease or associated conditions (e.g., hypertension, diabetes)
- Patients without insurance or a means to pay when picking up the prescribed medication that day
- Patients who do not have a **confirmed** means of contact should laboratory test indicate a need to discontinue PrEP (e.g., HIV infection, unanticipated renal dysfunction)

Same-day PrEP initiation **may not be appropriate** for:

- Patients with a very recent possible HIV exposure but no signs and symptoms of acute infection (should be evaluated for nPEP before PrEP)
- Patients who may not be easily contacted for return appointments
- Patients with mental health conditions that are severe enough to interfere with understanding of PrEP requirements (adherence, follow-up visits)

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Adherence support

- Strategies to increase adherence/persistence include PrEP navigators, telehealth/phone checkins, reminders, SMS, and pillboxes.
- For CAB, strategies to optimize on-time injections may include reminders, clinic transportation support, or home visiting nursing services (AIII).

PEP and PrEP

- If a PrEP candidate reports a high risk, condomless exposure in <72 hours, a 3 agent course of PEP for 1 month is recommended, followed by seamless 2 agent PrEP.
- In patients on PrEP but non-adherent, a 28 day course of PEP is recommended.
- Nonadherence definitions

IAS-USA (2020)	HHS/CDC
MSM/TGW: <4 doses/week average Others: <6 doses in the last week	Report of sporadic adherence or did not take it within week of exposure

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ART after PrEP failure

- With “prior CAB”, INSTI genotyping should be sent prior to INSTI regimen.
- After oral PrEP, a TXF/XTC + DTG or BIC is recommended.
- The treatment regimen should be adjusted based on the genotype results obtained prior to ART initiation.

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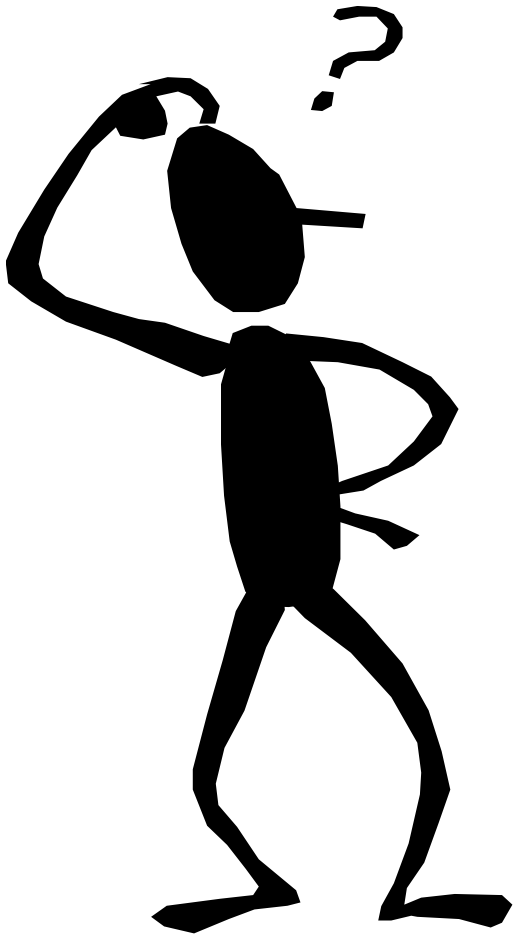
New sections

- DoxyPEP
- Expanded section on COVID-19
- Mpox
- Substance use disorders (screen and refer)
- Equity

Questions?



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