HIV Pre-Exposure Prophylaxis (PrEP)
ART for Prevention: 2024 IAS/USA Recommendations

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Disclosures

December 2024: 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.

Lenacapavir is approved for HIV treatment as Sunlenca.

This talk will include discussion of non-FDA approved strategies for HIV prevention.

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Disclaimer

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AETC AIDS Education & Training Center Program Mountain West

Review: Rating Scales

Strength of Recommendation	Definition
A	Strong panel support
B	Moderate panel support
C	Limited or weak support

Quality of Evidence	Definition
Ia	Evidence from published randomized clinical trial (RCT)
Ib	Evidence from RTC presented at peer-reviewed scientific meeting
IIa	Evidence from published non-randomized trial, cohort, or case-control study
IIb	Evidence from non-randomized trial presented at scientific meeting
III	Expert opinion of the panel

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Key Recommendations

Box 6. Recommendations for HIV and Sexually Transmitted Infection Prevention[a]

Generally Recommended HIV Prevention Approach

- Adopt a serostatus-neutral approach to reduce HIV stigma, ensuring rapid care linkage for individuals diagnosed and PrEP navigation for those who test negative (evidence rating: AIIa).
- Offer PrEP to all sexually active individuals, anyone requesting it, and those using nonprescription drugs or substances, without specific risk criteria or screening tools (evidence rating: AIII).
- Offer PrEP to all sexual partners of individuals with HIV and to those who share injection drug works with individuals with HIV or of unknown HIV status (evidence rating: AIa). For monogamous sexual partners of persons with HIV who are known to be receiving ART and have viral loads below 200 copies/mL, it is a reasonable and appropriate decision to defer PrEP; if such a patient requests PrEP; however, it is also reasonable to provide it because of the possibility that there are undisclosed exposures occurring.
- Condoms are recommended for all penetrative sexual acts (evidence rating: AIII).

Rapid PrEP Start

- If HIV test results from within the past 7 days are negative, initiate PrEP while awaiting further diagnostics and safety assessments (evidence rating: AIIa).
- If no recent HIV test result is available, conduct testing and initiate PrEP once results are negative, assuming good remote communication (evidence rating: BIII).
- For substantial HIV exposure within 72 hours, initiation of a 3-drug PEP regimen is recommended (evidence rating: AIIa).
  - Transition to PrEP after PEP completion if HIV test results are negative is recommended (evidence rating: AIIa).

Laboratory Testing

- At initiation or after a long hiatus, HIV screening should include an HIV RNA test and a laboratory-based antigen-antibody test (evidence rating: AIIa).
  - If RNA testing is unavailable, initiation of PrEP after a rapid HIV antibody test and while awaiting a laboratory-based antigen/antibody test result is recommended (evidence rating: BIII).
- For long-acting cabotegravir PrEP follow-up, a rapid HIV antibody test and laboratory-based antigen/antibody test, not routine RNA testing, is recommended (evidence rating: AIIb).
- If RNA testing is not available, repeat antigen/antibody testing 1 month after starting or resuming tenofovir-based oral PrEP (evidence rating: AIII).

Bacterial STI Prevention[b]

- DoxyPEP (doxycycline [200 mg]) is recommended within 72 hours after condomless sex for cisgender men who have sex with men and transgender women, regardless of HIV status (evidence rating: AIa).
  - Dosing is recommended no more frequently than daily (evidence rating: BIa).
- Pharmacokinetic modeling suggests that doxyPEP is effective for vaginal exposures and is recommended on a case-by-case basis for cisgender women at risk (evidence rating: BIII).
- Prescribe 30 doses (60 tablets or capsules) of doxyPEP at a time (evidence rating: BIII).
- Quarterly STI screening of contact sites and blood syphilis testing is recommended (evidence rating: AIa).

ART indicates antiretroviral therapy; PEP, postexposure prophylaxis; PrEP, preexposure prophylaxis; STI, sexually transmitted infection.

[a] See text for recommended PrEP regimens.

[b] See text for details.

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Who should be prescribed PrEP

IAS-USA (2024)	IAS-USA (2022)	HHS/CDC (2021)
Discuss and offer to all sexually active persons, PWID, uses substances (alcohol, stimulants, opioids) or with SUD without risk criteria or screening tools (AIII). Encourage (AIIa) - MSM/TG/NBPSM - Young adults/adolescents - Partner from high incidence area - Report transactional sex - PWID - Pts or partners are incarcerated - STI in past year	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

What to prescribe as PrEP

	IAS-USA (2022 and 2024)	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 (2024: or osteopenia) - 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 routes of potential exposure, ability to take medications reliably, ability to plan sexual or IDU activity, and adverse effect profile.

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

IAS-USA (2024)	IAS-USA (2022)	HHS/CDC (2021)
- Recommended for cisgender men (AIa). - Recommended for others having planned RAI (AIII). - TGW on hormone tx should take with food. - Insufficient data for PWID or persons at risk through vaginal exposures.	- Recommended for cisgender men regardless of sexual orientation. - Use with caution in TGW receiving hormone therapy. - Insufficient data in other populations.	- For adult MSM who have sex less than 1x/week and can anticipate sex.

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Time to protection with oral PrEP

IAS-USA (2024)	IAS-USA (2022)	HHS/CDC (2021)
All persons starting FTC/TDF should take initial 2-pill dose.	MSM, 2 pills provides protection within 24 hours Others: 7 days of daily PrEP	Time to protection is unknown.
MSM: Continue 2 days after last exposure Others: Continue 7 days after exposure	MSM: Continue 2 days after last exposure Others: Continue 7 days after exposure	

Prescribing CAB

IAS-USA (2024)	IAS-USA (2022)	HHS/CDC (2021)
Oral lead-in recommended for pts with severe atopic histories or concerns (BIII). Overlap of an oral regimen is recommended for 7 days after the first injection (BIII).	Oral lead in limited to severe atopic histories or concerns.	Optional for patients worried about side effects.
Patients on injectable PrEP should have a 1 month supply of oral PrEP in hand for bridging injection delays (BIII). If patients dose is >8 weeks late, a reloading 4 week interval is recommended (AIa).	If continuing risk after d/c CAB, prescribe oral PrEP.	If ongoing risk, prescribe oral PrEP within 8 weeks after last injection.

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Baseline HIV testing

IAS-USA (2024)	IAS-USA (2022)	HHS/CDC (2021)
Lab based Ag/Ab test recommended (AIIa).	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 (AIIa) If RNA not available, repeat Ag/Ab at month 1 (AIII).	HIV RNA testing recommended if: - high risk exposure in last 4 wks - Signs/sx acute HIV infection - CAB	HIV RNA testing recommended for CAB

Monitoring - HIV testing

IAS-USA (2024)	IAS-USA (2022)	HHS/CDC (2021)
POC plus Ag/Ab testing recommended.	Ag/Ab at Month 1 for everyone. Q3 mo for oral PrEP, Q4 mo for CAB	Ag/Ab Oral PrEP: Q3mo CAB: Q2mo
HIV RNA testing is not recommended for either oral PrEP or CAB (AIIb).	RNA for CAB only: Month 1, then Q4 mo	RNA: Oral PrEP: Q3mo CAB: Q2mo

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26,528
Visits with an RNA screening test at sites

73 (One or more reactive/positive HIV test result)

or or

42

22

7
Subsequent CAB Delays
4 CAB-LA >70 days
2 Discontinued
1 26-day oral CAB gap

15
No CAB Delays

Negative Clinical Outcomes of false positive RNA testing

To date, none of these 7 individuals has evidence of HIV acquisition

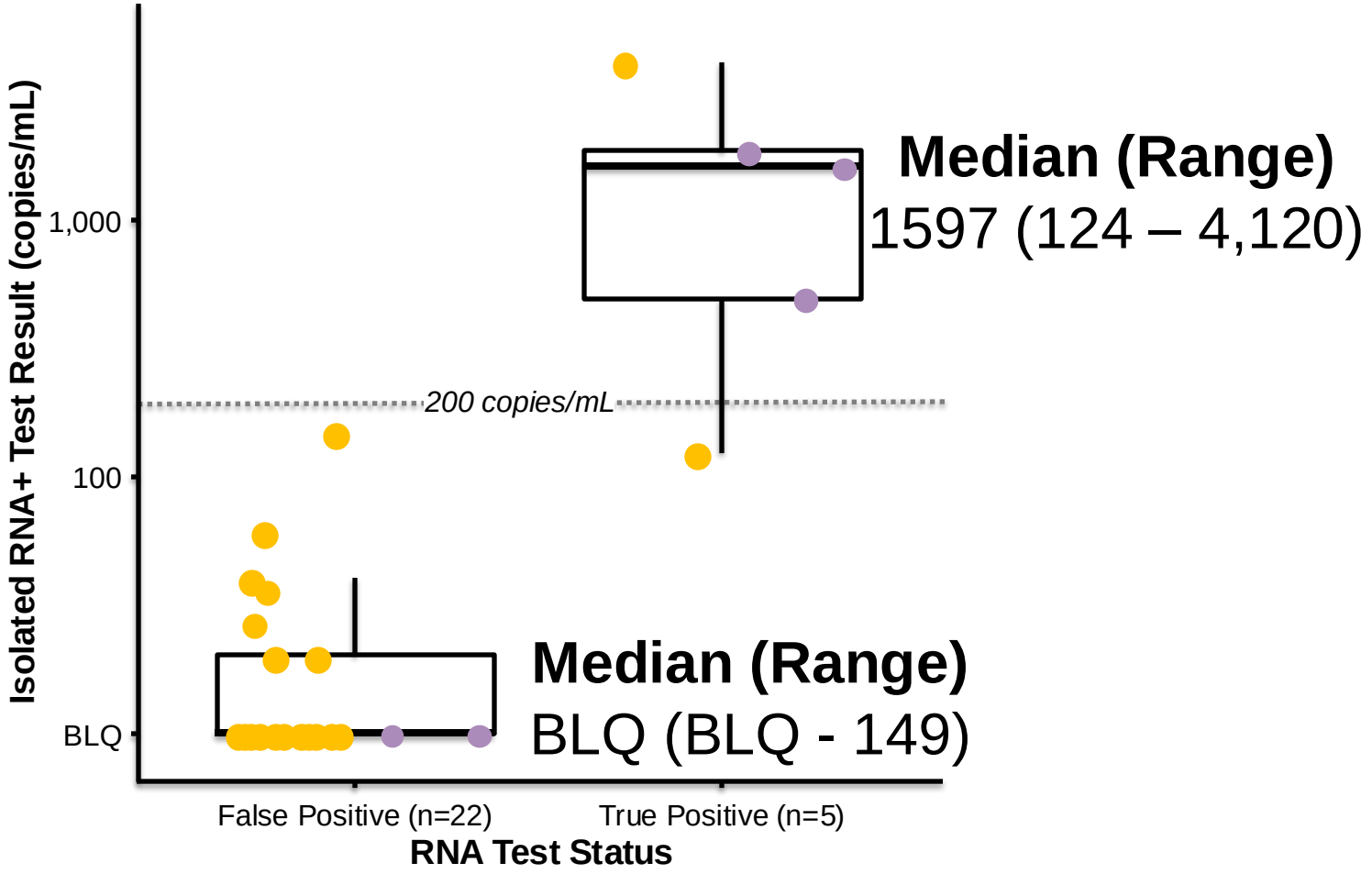
HPTN HIV Prevention Trials Network

HPTN 083 an HIV prevention clinical trial

Landovitz, 2024 International AIDS Conference (Munich)
Slide courtesy of Dr. Landovitz

ADJUDICATED NEGATIVE
ADJUDICATED POSITIVE
ADJUDICATION STATUS NOT DETERMINED
POSITIVE HIV RNA TEST
NEGATIVE HIV RNA TEST
POSITIVE NON-RNA HIV TEST
NEGATIVE NON-RNA HIV TEST
NO CAB-LA W/ IN THE LAST 6 MONTHS
CAB-LA W/ IN THE LAST 6 MONTHS

HIV viral load at isolated RNA-positive visits



Landovitz, 2024 International AIDS Conference (Munich)
Slide courtesy of Dr. Landovitz

≥6 No CAB-LA w/ in the last 6 months

<6 CAB-LA w/ in the last 6 months

HIV testing, per Apretude package insert

"Individuals must be tested for HIV-1 infection prior to initiating APRETUDE or oral cabotegravir, and with each subsequent injection of APRETUDE, using a test approved or cleared by the FDA for the diagnosis of acute or primary HIV-1 infection.

If an antigen/antibody-specific test is used and provides negative results, then such negative results should be confirmed using an RNA-specific assay, even if the results of the RNA-assay are available after APRETUDE or oral cabotegravir administration."

https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Apretude/pdf/APRETUDE-PI-PIL-IFU.PDF

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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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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 (not in more recent versions)

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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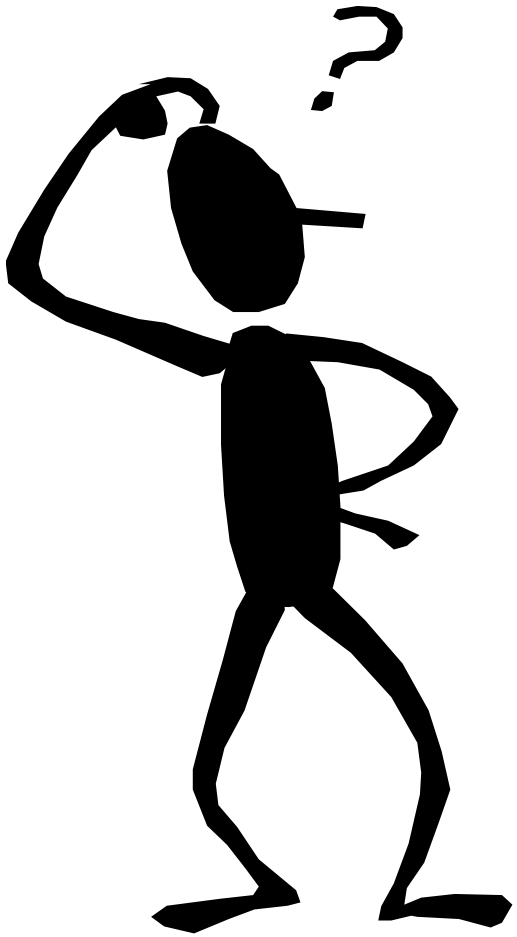
Etc.

- Dose adjustment of rifabutin if CAB.
- Lenacapavir briefly mentioned as recommended for sexual exposure (AIa) as well as other PrEP medications being studied in the pipeline.
- Expanded section on doxyPEP.

Questions?



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