IDGP PrEP Updates Newsletter
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Infectious Diseases Group Practice (IDGP) PrEP Clinic

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- **Lenacapavir is Live**: FDA Approved Long Acting Injectable for HIV PrEP

Available PrEP Medications, Financial Assistance Programs & EPIC tools

- PrEP is Pre-Exposure Prophylaxis, medication to prevent HIV acquisition before an exposure
- There are four FDA approved medications for PrEP:
    - **Daily oral PrEP**
        - **Emtricitabine 200mg/tenofovir disoproxil fumarate 300mg, F/TDF, Truvada®**
            - FDA approved for all genders at risk of sexually acquired HIV and also for HIV risk related to use of injection drugs
            - Available as a generic medication with no copay under most plans
        - **Emtricitabine 200 mg/tenofovir alafenamide 25 mg, F/TAF, Descovy®**
            - FDA approved for cisgender men & transgender women, not approved for cisgender women/vaginal sex/injection drug use
            - Brand only, copay assistance cards available
    - **Injectable long-acting PrEP**
        - **Cabotegravir 600 mg, Apretude®**, long acting, gluteal IM injection
            - FDA approved for all genders at risk of sexually acquired HIV
            - Dosing: 600 mg IM, repeat in one month then every 2 months
            - Brand only, variable insurance coverage and clinic availability, must be given by trained provider in clinic with labs for HIV at each visit
        - **Lenacapavir, Yeztugo®**, long acting, subcuteanous abdominal injection
            - FDA approved for all genders at risk fo sexually acquired HIV
            - Dosing: every 6 month subcutaneous injection with two day oral lead in (start with first dose then continue on day 2 post dose)
            - Rolling out in IDGP Clinic as a pilot for select patients who cannot use other forms of PrEP February 2026, contact us if interested!
- PrEP is a Grade A recommendation by the USPSTF for at-risk populations for HIV prevention
    - PrEP is required to be covered as a preventative care under most insurance plans
- PrEP and associated medical costs can be covered, even for uninsured, in Colorado
    - Colorado PHIP Program can cover medical visits, labs, STI testing
    - Gilead Advancing Access Program & Viiv Patient Assistance Program
- IDGP TelePrEP Program**:** all virtual clinic visits with local labs for HIV/STI testing
    - If interested contact our IDGP PrEP coordinator Amanda Rivera at **303-724-8245**
- **UCHealth EPIC tools:** Did you know we have **PrEP SmartSets** w/diagnosis codes, medications, labs per CDC guidelines, sexual health vaccines and follow up?

CDC nPEP Guideline Update: Non-Occupational Post Exposure Prophylaxis for HIV
The 2025 CDC nPEP guidelines includes updates for newer ARV agents, updated nPEP considerations for those taking HIV PrEP (including injectables), and lab monitoring updates. Summary of guidance:

- **HIV nPEP Indications:**
  - Exposure <72 hours w/substantial risk for HIV transmission and the source has HIV without sustained viral suppression or status of viral suppression unknown
    - Case by case determination if exposure < 72 but source status is unknown
  - nPEP should be stopped if at any point the source is not found to have HIV
    - HIV testing for the source should be provided if they are available and agree
  - If source is known to have HIV, gather information about current VL, adherence to ART, history of treatment regimens and HIV resistance testing, consult ID provider
  - For patients on PrEP with low adherence (< 4 doses /week for individuals assigned male at birth; <6-7 doses/week for individuals assigned female at birth), offer PEP

- **Time to initiation of HIV nPEP**: As soon as possible but no later than 72h after exposure.

- **HIV nPEP regimens**: 28 day course of one of the following:

  - Biktarvy (Bik/FTC/TAF)
  - DTG (dolutegravir) + [(TAF or TDF) + FTC aka Descovy or Truvada)]- Alternative: Darunavir + cobicistat OR darunavir + ritonavir + (TDF or TAF) + FTC
  - Select regimen based on patient's comorbid conditions, drug interactions, pregnancy, previous ARV exposure, source history, & adherence considerations
  - Appendices provide recommendations for pregnancy, children, infants, renal dysfunction or hepatic impairment
  - May not prefer an INSTI regimen when source has detectable viremia while on a long- acting injectable ART

- **Lab testing and nPEP follow up**
  - At initial visit: HIV Ag/Ab, Cr, ALT/AST, HBV, pregnancy testing
    - If someone has long-acting injectable PrEP ARV exposure during last 6 months, recommend HIV NAAT and HIV Ag/Ab*
    - Presumptive STI treatment may include empiric treatment for GC/CT, trichomonas, postexposure HBV +/- HBIG, and HPV and/or Mpox vaccination
  - At 4-6 weeks, perform HIV Ag/Ab and NAAT. May defer started nPEP within 24h of known exposure and did not miss any doses
  - Perform final HIV Ag/Ab and NAAT 12 weeks after exposure*
  - Testing and treatment of STIs and HCV should be tailored to clinical situation
  - Can transition immediately from nPEP to PrEP for those with ongoing HIV exposures

  **denotes new/updated recommendations compared to 2016 guideline*

IAS USA 2024 Guideline Update: Changes in HIV Monitoring on PrEP

- The IAS-USA (International AIDS Society) recent guideline update (ART for the Treatment & Prevention of HIV in Adults) was published in JAMA December 2024
- Major updates to HIV prevention are shown below in Box 6: Recommendations for HIV & STI Prevention. The most notable change is the Laboratory Testing Section
- The IAS-USA recommends at PrEP initiation of oral or injectable PrEP (or after a long hiatus) to perform HIV screening with an HIV RNA test and HIV antibody/antigen test
    - If rapid HIV testing is available it can be used but is not available in most UCHealth settings therefore the above combination is appropriate
    - PrEP monitoring on oral and injectable agents for HIV can be done with HIV antibody/antigen testing alone (If no symptoms of acute HIV or significant missed doses of PrEP)
    - See additional considerations in Box 6 below

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
  PEP regimen is recc
    - Transition to PrE
      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,
tion.

JAMA. doi:10.1001/jama.2024.24543. Published online December 1, 2024.

WHO Guidelines on LEN for HIV Prevention 2025: & CDC MMWR guidelines for LEN use

Recommendation [NEW]

Long-acting injectable lenacapavir should be offered as an additional prevention choice for people at risk of HIV, as part of combination prevention approaches. *(strong recommendation, moderate to high certainty of evidence)*

Long acting injectable lenacapavir

- **Evidence**
  - PURPOSE 1 and PURPOSE 2 studies – multi-centered, double-blind RCTs on efficacy of LEN vs. background HIV incidence vs. daily oral PrEP (TDF/FTC).
  - Results
    - Reduction in HIV infection: no participants acquired HIV in the PURPOSE 1 trial; and there were 2 HIV infections in the PURPOSE 2 trial.
    - Adherence: In both trials, 92.8% of participants received LEN injections on time at week 52 (1 year), compared to 62% adherence to TDF/FTC by week 52 in PURPOSE 2 [and even lower in PURPOSE 1].
- **Patient counseling and monitoring**
  - Pre-injection testing
    - HIV Ag/Ab and HIV RNA should be checked at initiation of PrEP.
    - Patients living with Hepatitis B will need alternate HBV treatment
  - Patient counseling
    - Patients should be counseled on adherence importance every 26 +/- 2 week
    - The time from initiation of LEN for HIV-1 PrEP to maximal protection against HIV-1 infection is currently unknown, but if both days of oral loading are taken, protection is thought to occur within 2 hours after the dose on day 2!
  - Safety
    - **Injection site reactions:**
      - LEN results in little to no difference in adverse effects as compared to TDF/FTC (moderate certainty of evidence), except for **injection site reactions**, which were more common in the LEN groups.
      - **Nodules** are the most frequently reported injection site reaction and be several centimeters in size and last for several months.
      - To minimize this reaction, the manufacturer recommends an **injection angle of 90 degrees (rather than 45 degrees)**
    - **Resistance**: although LEN may increase resistance to capsid inhibitors (low certainty of evidence), more data is needed to confirm actual impact on individual outcomes
  - **Missed and anticipated delays in injections:**
    - **Missed injections:** If more than 28 weeks have elapsed since last injection and no oral bridge in therapy, restart initiation injection series after appropriate HIV screening and discussion with patient
    - **Anticipated delays:** If a scheduled injection is anticipated to be delayed by more than 2 weeks, LEN tablets may be used on an interim basis (up to 6 months if needed); taken as 300mg orally once every 7 days

- **LEN drug-drug interactions**
  - LEN is a **moderate inhibitor** of **CYP3A** and a P-gp inhibitor. It is also a **substrate** of **CYP3A,** P-gp, and UGT1A1. It can affect drug levels up to 9 months after the last injection
  - Be sure to review dosing guidance for medications such as Rifampin, anticonvulsants (like carbamazepine, phenytoin), corticosteroids or opioids!
  - Supplemental doses of LEN are recommended for individuals initiating therapy with either strong or moderate CYP3A inducers (see Table)
  - Dosing recommendations are not available for initiation of LEN in individuals already receiving strong or moderate CYP3A inducers

<table>
<tr><th rowspan="2">Maintain scheduled continuation dosing</th><th colspan="2">Strong CYP3A Inducers</th><th colspan="2">Moderate CYP3A Inducers</th></tr>
<tr><td rowspan="4">Continue to administer once every 6-months scheduled continuation dosing of LEN 927mg subcutaneously (2x 1.5mL injections)
PLUS
Supplemental doses of LEN as shown in the table</td><td>Time</td><td>Dosage</td><td>Time</td><td>Dosage</td></tr>
<tr><td>On day of strong CYP3A inducer initiation (at least 2 days after LEN is first started)</td><td>Supplemental dosage: Step 1
927mg subcutaneously
PLUS
600mg orally (2 x 300mg tablets)</td><td>On day moderate CYP3A inducer is initiated</td><td>Supplemental dosage: 463.6 subcutaneously (1x 1.5ml injection)</td></tr>
<tr><td>On day AFTER strong CYP3A inducer is initiated</td><td>Supplemental dosage: Step 2
600mg orally (2x 300mg tablets)</td><td></td><td></td></tr>
<tr><td>If strong CYP3A inducer is co-administered for longer than 6 months</td><td>Subsequent supplemental dosage:
Every 6 months from initiation of strong CYP3A inducer, continue to administer supplemental doses of LEN</td><td>If moderate CYP3A inducer is co-administered for longer than 6 months</td><td>Subsequent supplemental dosage:
Every 6 months from initiation of moderate CYP3A inducer, continue to administer supplemental doses of LEN</td></tr>
<tr><td colspan="4">After stopping the CYP3A inducer, continue the once every 6-month scheduled continuation injection of LEN</td></tr>
</table>

- **Monitoring / Follow-up every 6 months**
  - Individuals must have a HIV-1 Ag/Ab test with each injection, STI screen
  - Review medication and supplement list for any new drug interactions
- **Discontinuation: Medication levels in the body decline over 18 months** after the last injection, so patients should be counseled to switch to an alternative form of PrEP with ongoing screening for HIV (aka tail)