

Reactive Strategies:

How to Support PrEP Persistence When Someone Is Considering Stopping

Stopping PrEP can increase a person's chances of acquiring HIV



Discuss why they are considering discontinuation:



Adverse events?



Try a different PrEP medication



Cost barriers?



Financial programs may be available



Follow-up appointments inconvenient?

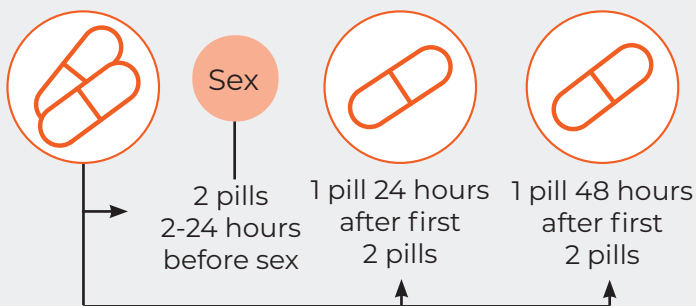


Consider telemedicine

If **continuous dosing** of oral or injectable PrEP no longer makes sense because of changes in relationships or other factors, you may be able to offer **other biomedical options** to prevent HIV:

On-demand PrEP¹ (2-1-1 PrEP)

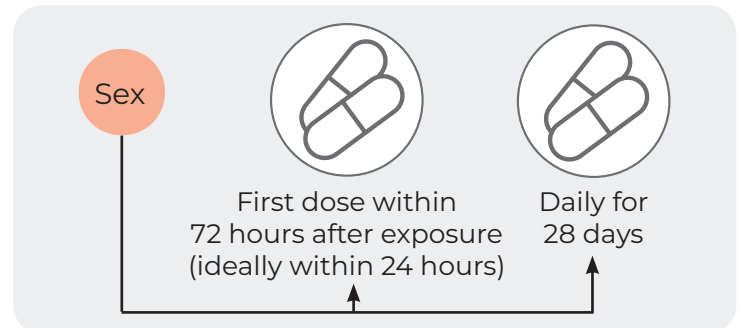
An event-driven option for men who have sex with men (not studied in other populations)
(Not appropriate for people with HBV)



- If sex occurs on the consecutive day after completing the 2-1-1 doses, instruct to take 1 pill per day until 48 hours after last sex
- Currently recommended only with FTC/TDF

PEP-in-Pocket^{2,3} (Postexposure Prophylaxis)

An option to have on hand to take as soon as possible after a potential HIV exposure
(Data for this approach are limited)



- Currently recommended PEP regimens:
 - DTG + FTC/TDF or FTC/TAF daily^{4,5}
 - BIC/FTC/TAF daily⁵
 - RAL twice daily + FTC/TDF daily⁴
- Follow-up should occur as soon as possible (within 1 week) after initiating PEP if following PEP-in-Pocket study protocol

References

1. [cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf](https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf).
2. Billick. CROI 2023. Abstr 972.
3. Bogoch. IDWeek 2023. Abstr 2894.
4. stacks.cdc.gov/view/cdc/38856.
5. jamanetwork.com/journals/jama/fullarticle/2799240.

BIC, bictegravir; DTG, dolutegravir; FTC, emtricitabine; HBV, hepatitis B virus; PEP, postexposure prophylaxis; PrEP, pre-exposure prophylaxis; RAL, raltegravir; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate.



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