Recent findings from clinical trials have shown that daily oral antiretroviral preexposure prophylaxis (PrEP) with a fixed-dose combination of tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) in men who have sex with men (MSM), men and women in heterosexual HIV-discordant couples, and heterosexual men and women demonstrated substantial reduction in the rate of HIV acquisition. The iPrEx study showed that prophylaxis with TDF/FTC provided an average of 44% reduction in the risk of HIV acquisition among MSM and transgender women who have sex with men. The CDC has published a clinical practice guideline for PrEP use for the prevention of HIV infection in MSM, heterosexual women and men, and IV drug users.

**HIV PRE-EXPOSURE PROPHYLAXIS ALGORITHM: MEN WHO HAVE SEX WITH MEN**

**Before initiating PrEP:**

- Confirm patient’s serologic test is HIV negative and there are no symptoms of acute HIV infection
  - Yes
  - No

  - PrEP not indicated; seek HIV care

- Confirm patient is at substantial, ongoing, high risk for acquiring HIV infection
  - Yes
  - No

  - PrEP not indicated; seek HIV care

- Confirm patient’s calculated CrCl ≥60mL/min (via Cockcroft-Gault formula)
  - Yes
  - No

  - Seek physician counseling

**Other recommended actions:**

- Screen for hepatitis B virus (HBV) infection
  - Vaccinate if susceptible
  - Treat if active infection exists, regardless of PrEP initiation
- Screen for hepatitis C virus (HCV) infection
  - Treat if active infection exists
  - Seek HCV care provider if needed
- Screen and treat as needed for STI’s (syphilis, gonorrhea, chlamydia)

**Initiate PrEP Regimen:**

- Prescribe TDF/FTC 1 tablet daily for 90 days
  - In general, prescribe no more than a 90-day supply, renewable only after patient is confirmed HIV-uninfected
- If active HBV infection is diagnosed, consider using TDF/FTC for both active HBV infection treatment and HIV prevention
- Provide risk-reduction and PrEP medication adherence counseling and condoms
- Every 3 months, perform an HIV antibody test; document negative result

**Follow-up:** Evaluate and support PrEP medication adherence at each follow-up visit, more often if inconsistent adherence is identified

- At least every 3 months:
  - Perform HIV testing and assess for symptoms of acute infection to document HIV-negative status
  - Assess risk behaviors and provide risk-reduction counseling and condoms
  - Perform STI testing in high risk patients (eg, previous STI, multiple sex partners)
- At least every 6 months:
  - Assess renal function. Withhold PrEP if CrCl <60ml/min; consult with nephrologist if CrCl steadily declining (but remains ≥60 ml/min)
  - Perform STI testing
- At least every 12 months:
  - Evaluate for continued need for PrEP

**Key:**

STI = sexually transmitted infection

**REFERENCES**


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