

Oral PrEP Re-initiation

Oral pre-exposure prophylaxis (PrEP) clients may choose to stop and restart oral PrEP due to factors such as changes in perceived personal exposure to HIV, the behaviors of a sexual or injecting drug partner, the burden of taking a daily pill, side effects, and mobility. Oral PrEP programs should counsel patients on how to safely stop oral PrEP as well as how to

restart. The World Health Organization notes the need for HIV testing before restarting oral PrEP but does not offer further guidance on restarting oral PrEP use. Procedures for restarting should not create barriers to resuming and continuing oral PrEP use. Table 1 outlines what oral PrEP programs could offer those who choose to stop and restart.

Table 1: Stop and Restart Procedures

| Stopping Safely | |
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| Men who have sex with men (MSM) with possible exposure only through sex with other men, including both daily or event driven-PrEP | Take one pill each day for two days after last possible HIV exposure. |
| Everyone else | Take PrEP pills for 28 days after the last possible HIV exposure. |
| Required Restart Procedures | |
| 1. HIV testing | Every time a client wants to restart oral PrEP, they should have an HIV test. HIV testing is required to ensure the client is still HIV negative. This test is repeated every three months during oral PrEP use to ensure clients who seroconvert, or have undiagnosed HIV at initiation or re-initiation, are quickly identified and linked to treatment. |
| 2. Post-exposure prophylaxis (PEP) referral for clients exposed to HIV in the past 72 hours | Providers should assess if a client had a recent exposure to HIV while not using oral PrEP effectively. If a client reports not taking PrEP as prescribed and an exposure to HIV in the past 72 hours, screen for possible eligibility for PEP instead of oral PrEP. If eligible for PEP, provide or refer to PEP services. After 28 days of PEP, a client may be directly transitioned from PEP to PrEP without a gap if still HIV negative and reporting ongoing risk of exposure to HIV. |
| 3. Assessment for acute HIV infection (AHI) | Providers should assess whether a client presents with signs and symptoms of AHI and possible exposure to HIV in the previous two weeks. <ul style="list-style-type: none"> • If a client has signs and symptoms of AHI and possible exposure to HIV in the previous two weeks, defer oral PrEP. Provide risk reduction counseling as well as sexually transmitted infection screening, diagnosis, and management. Repeat HIV testing after four weeks. • If the client is negative after four weeks and has had no exposure to HIV within the past 72 hours, initiate oral PrEP. |
| 4. Counseling | <ol style="list-style-type: none"> 1. Ask about past oral PrEP use and provide support to ensure effective use. 2. Discuss the desire to restart oral PrEP and develop a plan for effective oral PrEP use. 3. Counsel on how to stop oral PrEP safely and effectively. 4. Educate the client on the difference between PEP, PrEP, and antiretroviral therapy, and offer risk reduction counseling. 5. Assess whether the client is at substantial risk of HIV. 6. Discuss prevention needs and provide condoms and lubricants. 7. Assess fertility intentions and offer contraception or safer conception counseling and referrals where needed. 8. Assess the client's experience of gender-based violence, including intimate partner violence, and provide first-line support and referrals where needed. 9. Assess substance use and mental health issues and provide services or referrals where needed. |
| 5. Serum creatinine testing (based on availability) | If available, providers should assess creatinine clearance levels within 1-3 months of restarting oral PrEP for clients 30-49 years who have never received creatinine clearance screening and for clients who have not received a creatinine clearance screening in the preceding 6-12 months who 1) are 50 years or older, 2) have kidney-related comorbidities, or 3) had a previous creatinine clearance less than 90mL/min. Screening for all other clients is optional. |

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