



# UK guide to PrEP

- UK access
- Testing & monitoring
- Buying PrEP online
- Dosing options

# Contents

Introduction	3
Getting PrEP in the UK - and COVID-19	3
Background	4
PrEP for women	8
PrEP for trans and non binary people	10
PrEP and sex work	11
Buying PrEP in the UK, including online	11
Before you start	13
Routine care if you have already started PrEP	15
How to take PrEP	16
Daily PrEP: for both anal and vaginal sex	17
On-demand dosing	18
Examples for on-demand dosing	19
Other tips on how to take PrEP	21
Credits and further information	24

Written by Dan Clutterbuck, Simon Collins, Sheena McCormack, Achyuta Nori, Will Nutland, Greg Owen, Mags Portman\*, Michelle Ross, Sophie Strachan, Martina Toby, Laura Waters and Aedan Wolton. Cover graphic: [iwantPrEPnow.co.uk](http://iwantPrEPnow.co.uk).

\*This guide is dedicated to our inspirational co-author Dr Mags Portman who was a leading advocate for PrEP in the UK. Mags died from mesothelioma in February 2019 aged 44 and we miss her deeply.

Thanks to MAC AIDS Fund for financial support.

ISSN 2398-6409 (i-Base, London, 6th edition, June 2021)

## Introduction

**This is a UK guide to Pre-Exposure Prophylaxis (PrEP).**

PrEP currently refers to a pill containing two HIV drugs: tenofovir (TD) plus emtricitabine (FTC) in a single pill.

When taken correctly, PrEP greatly reduces the risk of HIV sexual transmission.

## Getting PrEP in the UK - and COVID-19

**PrEP is now available free on the NHS from sexual health clinics throughout the UK.**

However, some clinics might take longer to set up these services.

The following links provide information for each country. This includes how to search for a sexual health clinic by post code.

Scotland: [www.prep.scot](http://www.prep.scot)

Wales: [www.friskywales.org/wales-prep-project.html](http://www.friskywales.org/wales-prep-project.html)

Northern Ireland: [www.rainbow-project.org/prep](http://www.rainbow-project.org/prep)

England: [www.nhs.uk/service-search/other-services/HIV-testing/LocationSearch/418](http://www.nhs.uk/service-search/other-services/HIV-testing/LocationSearch/418)

See page 11 for buying PrEP online from the UK.

The online link to this page has updated information about COVID-19 and PrEP.

<https://i-base.info/guides/prep/introduction-and-access>

# Background

## What is PrEP?

### **PrEP stands for Pre-Exposure Prophylaxis.**

PrEP is a pill taken before sex, so it is pre-exposure. Prophylaxis means to prevent infection. So you can use PrEP to greatly reduce the risk of becoming HIV positive.

Currently, PrEP uses oral tablets that contain two HIV drugs: usually TD plus FTC. A new type of PrEP with tenofovir alafenamide (TAF) and FTC was recently approved in the US, but only for men and trans women.

Other types of PrEP are being studied but are not yet approved. This includes an injection every two months (cabotegravir), an implant that might last for a year (islatravir), and an oral pill taken once a month (islatravir).

## Who should take PrEP?

### **If you are HIV negative and at high risk of HIV and don't always use condoms, then PrEP can stop your risk of HIV.**

These other factors are linked to a high risk of HIV.

- A recent STI (especially rectal infection or syphilis).
- Recent need for PEP (post-exposure prophylaxis).
- Using recreational drugs used for chemsex (crystal meth, mephedrone and GHB).
- If your HIV positive partner isn't currently taking their HIV meds regularly.

Talk to your doctor or nurse about how these risks affect you.

## Who should not take PrEP?

**PrEP should NOT be used if you are HIV positive.**

PrEP is usually not needed if:

- Your partners are HIV positive and on HIV meds with undetectable viral load. When the viral load is this low, HIV positive people can not transmit HIV.
- You are happy and able to always use condoms.
- You don't use condoms but your partner is low risk (see p.8)

## How well does PrEP work?

PrEP is more than 99% effective when taken correctly.

Tens of thousands of people take PrEP. Very few HIV infections have been reported when people use the prescribed dose. These few cases are sometimes because HIV was resistant to the drugs in PrEP.

Other cases have been due to a very recent HIV infection during the window period (now six weeks) for the HIV test. In these cases PrEP didn't technically fail as the person was already HIV positive.

One way to avoid this situation would be not to start PrEP until after the window period. Another would be to have another HIV test six weeks after either the last risk or after starting PrEP.

## PrEP and side effects

**Most people taking PrEP do not get side effects.**

However, like all other medicines, PrEP has the potential to cause side effects. In studies, mild nausea, diarrhoea, bloating

and headache were reported in the first month by less than 1 in 10 people. These side effects then usually stop.

Occasionally, PrEP can cause more serious side effects that reduce kidney function and/or bone health. This is why kidney tests are run before and during treatment.

Reductions in bone strength are usually small and reversible after stopping TD/FTC. These changes might be important in people younger than 30. This is because bones are still developing until this age. Bone strength was not fully reversed after a years in one study in adolescents aged 15 to 19.

So far there have not been any reports of bone fractures related to PrEP use.

### PrEP and drug resistance

**If you take PrEP correctly, the chance of drug resistance is very low.**

Resistance relates to HIV and not the person. So an HIV negative person can't be drug resistant. Resistance is only a risk if you become HIV positive. Even then the risk is low.

The risks of drug resistance are from:

- Starting PrEP without knowing that you are already HIV positive. This is why the HIV test before PrEP is essential.
- Becoming HIV positive during a break from PrEP and then not having an HIV test before restarting.
- Missing too many PrEP doses, so that drug levels are too low to prevent HIV infection.

Drug resistance affects PrEP in two different ways. Both cases are very rare.

1. Contact with drug-resistant HIV. This is very rare: globally, only a few cases have been reported of PrEP not working because of drug-resistant HIV.
2. Developing drug resistance if you become HIV positive. For example, if you become HIV positive from missing doses of PrEP and then continue taking PrEP, you could develop drug resistance.

### PrEP and sexually transmitted infections (STIs)

**PrEP does not protect against other STIs. Condoms can help prevent many other STIs.**

Although STIs are mostly easy to treat, symptoms can sometimes be unpleasant and sometimes serious. This is why regular testing for STIs is a good idea.

The HPV vaccine can protect against genital warts and the virus that causes cervical and anal cancers. It is available for some gay men.

### Does PrEP interact with other medicines?

**PrEP does not interact with most other medicines.**

But if you are prescribed other meds, always tell your doctor (including your GP) that you are taking PrEP. You can also ask a pharmacist to check for drug interactions. This includes with over-the-counter meds.

Tenofovir (TD) should also be used with caution with some other drugs that can affect the kidneys. These include some non-steroidal anti-inflammatory drugs (NSAIDs), especially diclofenac.

Taking both drugs together can cause kidney problems. Other NSAIDs include ibuprofen and naproxen. Avoid using these meds if you are taking PrEP, or let your doctor know if you need to take them.

Although currently used more rarely, TAF can interact with TB meds, anti-epileptics, St John's Wort and others. This isn't a problem with TD.

PrEP is very safe for trans and non binary people taking hormone therapy (see page 10).

Info on interactions between PrEP and other meds, including hormone treatment is on this site from Liverpool University:

[www.hiv-druginteractions.org](http://www.hiv-druginteractions.org)

## PrEP for women

### Why take PrEP?

**Women who are at high risk of HIV can use daily PrEP as a way to stay HIV negative.**

The highest risk for HIV is if you don't always use condoms with a partner or partners who might be HIV positive. But only if they are either not on treatment or not taking all their meds.

Condoms protect against HIV. HIV positive people cannot transmit HIV if they have undetectable viral load on treatment.

### Other reasons to consider PrEP

- If condom use is difficult or impossible to negotiate.
- If you have sex for money, or receive gifts for sex.



AND

If your partner or partners might be at risk of HIV.

For example:

- If your partner is from a country where HIV is common.
- If your partner is bisexual or has other partners.
- If you have recently migrated to the UK.
- If you or your partners inject drugs and share injecting equipment.

## Contraception

**It is safe to use PrEP with all hormonal contraception (ring, patch, the pill, or an implant). PrEP will not affect your contraception. And contraception will not affect PrEP.**

## Pregnancy

**If you are planning a pregnancy or not using contraception, daily PrEP can make sure that you don't become HIV positive.**

But if you know that your partner is HIV positive, it is better for them to be on treatment first. If their viral load is undetectable, there will be no additional benefit from you using PrEP.

However, if you become pregnant while taking PrEP, please talk to your doctor about whether or not continuing PrEP will be right for you.

## Breastfeeding

**Outside the UK, many women living with HIV use PrEP drugs as part of HIV treatment during breastfeeding.**

Only very small amounts of FTC and TD are present in breast milk. These low levels are not harmful.

This suggests that daily PrEP can be used safely if you breastfeed.

### UK website on women and PrEP

These community sites have lots of info on PrEP and women.

[womenandprep.org.uk](http://womenandprep.org.uk)

[prepster.info/prep4women](http://prepster.info/prep4women)

## PrEP for trans and non binary people

**PrEP is safe and effective for people who are transgender or non binary.**

Dosing choices depend on the type of sex, but generally daily dosing is recommended.

Anyone having vaginal or front hole sex needs to take daily PrEP at least six days a week. This is to make sure PrEP levels are high enough in these tissues to provide protection.

On-demand dosing can only be used if your only risk is from anal sex.

PrEP is very safe with hormone treatment. Even though you might worry about drug interactions, your hormone levels will not be affected.

An excellent resource on drug interactions between hormone treatments and other HIV meds is this leaflet from Liverpool University:

[www.hiv-druginteractions.org/printable\\_charts](http://www.hiv-druginteractions.org/printable_charts)

Ongoing studies are looking at other aspects of PrEP in trans women and men.

CliniQ is a London-based specialist clinic providing sexual health and well-being services for trans people. They have also produced resources about PrEP.

[cliniq.org.uk](http://cliniq.org.uk)

The '56T' trans clinic at Dean Street has a very busy PrEP service.

[dean.st/trans-non-binary](http://dean.st/trans-non-binary)

## PrEP and sex work

**PrEP can be used for any job in the sex industry including porn.**

Many sex workers look after their sexual health but their clients might not. PrEP will protect against HIV if you are pressured to not use condoms. Specialised services (that are free from stigma and judgement) are available and recommended.

[www.uglymugs.org](http://www.uglymugs.org)

## Buying PrEP in the UK, including online

**It is legal to buy generic PrEP online, from outside the EU, if this is for personal use. Personal use is defined as up to three months of daily PrEP.**

Generic PrEP contains the same medicine as the brand products (Truvada or Descovy), but made by a different company to the one that had the original patent.

PrEP supplied by NHS clinics in the UK is also generic and different brands may be used at different places and times. Generics approved by the US FDA and or the European Medicines Agency (EMA) are safe to use. See FDA listing:

[www.fda.gov/InternationalPrograms/PEPFAR/ucm119231.htm](http://www.fda.gov/InternationalPrograms/PEPFAR/ucm119231.htm)

Sometimes buying PrEP online might take a while for the drugs to arrive. It is best to order at least a month in advance.

**You need a combined pill that contains both tenofovir (TD, TDF or TAF) and emtricitabine.** For example, you need Tenvir-EM or Ricovir-EM rather than just Tenvir or Ricovir.

TAF/FTC has only been studied as PrEP for men and trans women.

Several UK community websites have information about how and where to buy PrEP online.

[iwantprepnw.co.uk](http://iwantprepnw.co.uk)

[prepster.info](http://prepster.info)

[i-base.info/qa/category/prep](http://i-base.info/qa/category/prep)

Some clinics will support you and provide advice and testing if you buy PrEP online. However, the NHS is only responsible for meds that it supplies. The community websites above recommend good suppliers.

## Before you start

**First, please talk to a health advisor, nurse or doctor at the clinic. These people can help you if you want to take PrEP, or are already taking it.**

It is important to have an HIV test before or as you start PrEP.

PrEP can only be used if you are HIV negative. If you are already HIV positive and don't realise it, you could develop drug resistance.

Ask for a 4th generation HIV blood test. This is also called a 'antigen/antibody' test. This will tell you if you have HIV so long as you haven't had other risks in the last six weeks.

Most finger prick tests are currently 3rd generation. This test needs 2-3 months to show a positive result. So don't rely on a finger prick test before you start PrEP, if you have a more recent risk.

If you are just starting PrEP and had a risk in the last six weeks, have another 4th generation HIV test six weeks after starting. This is just to be sure an early infection was not missed.

Be careful about starting PrEP if you have flu-like symptoms *and* had a recent HIV risk. This is in case these symptoms are related to a recent HIV infection.

If you are starting PrEP after PEP, it is best to start straight away if you need to. Ideally you should have a 4th generation HIV test after you finish PEP/start PrEP. Then have another test six weeks after starting PrEP.

## Check your kidneys

Kidney tests just involve a blood test for creatinine and a urine test for protein. These tests should ideally be done just before or on the day you start.

## Check for other sexually transmitted infections (STIs)

Testing for HIV and STIs is a great idea for anyone with an active sex life. This is whether you use PrEP or not.

## Test for hepatitis B (HBV)

**Testing for hep B is essential. This is because PrEP meds are active against both HIV and HBV.**

This is a good time to have this vaccine, or to boost a previous vaccine. Please ask your clinic about this.

You can still use PrEP if you have HBV, but it needs to be used more carefully. People with HBV need to take PrEP every day, with medical advice, especially if you want to stop.

## Routine care if you have already started PrEP

**Once you have started PrEP, monitoring is just as important. If you are currently using PrEP and have not been monitored, talk to the clinic about doing this now.**

### Every 3-4 months

- Have a 4th-generation HIV blood test. This is also called an antigen/antibody (Ag/Ab) HIV blood test.
- Have a full screen for other STIs.
- An additional blood test for kidney function (creatinine) might be needed every six months. This is if you are older than 40 or are at risk of kidney problems. Abnormal kidney results might need monitoring more often.

### Every 12 months

- Have a blood test to check your kidney function.
- Test for hepatitis C if you are having sex with gay men. Some clinics do this more frequently depending on risk.

### For trans and non binary people

There are no drug interactions between PrEP and hormone treatment. Neither PrEP nor hormone levels are affected.

If you are worried about PrEP please speak to your doctor who can also reassure you.

## How to take PrEP

**This section is about different ways to take PrEP.**

This includes the time for PrEP to reach active drug levels.

PrEP is likely to be most effective when both PrEP drugs are at protective levels before you have sex. However, any PrEP, even if late, is better than none.

### Drug absorption and dosing options

**Your body takes time to absorb drugs. Therefore, PrEP should be taken both BEFORE sex (to let the levels build up) and AFTER sex (to keep levels high).**

Also, each drug is different. FTC is absorbed rapidly, giving protection within hours, but levels drop more quickly. However, TD takes up to 24 hours to reach rectal and genital tissue, but it then stays at higher levels for longer.

TAF is absorbed more quickly than TD and stays at higher concentrations for longer, but is only approved for men and transgender women. However, unless you need TAF for medical reasons, TD is just as effective so long as it is taken as prescribed. TAF is not currently approved in the UK and EU.

**You can take PrEP in different ways depending on your circumstances and how often you have sex.**

Women and trans men who want protection from vaginal or front hole sex, need to take daily PrEP at least six days each week. It also takes about a week to reach protective drug levels. This is because PrEP is absorbed differently in vaginal tissue compared to rectal tissue.

On-demand dosing is very effective for anal sex or for straight men having vaginal sex. This involves taking two pills 2 to 24



hours before sex as a double dose. Then a single pill 24 hours and 48 hours after the first double dose (see pages 17 to 19).

On-demand dosing is NOT suitable for women or transgender women having vaginal sex. On-demand dosing is NOT suitable for transgender men for vaginal or front hole sex. In all these cases, the longer lead in of seven days is needed to reach protective levels.

For men whose only risk is insertive sex (vaginal or anal), on-demand dosing is almost certainly okay.

Please talk to your doctor about the best dose and timing that will be most suitable for you.

## Daily PrEP: for anal and vaginal sex

### **Most PrEP studies have used daily PrEP.**

Taking PrEP every day will make sure that there are protective drug levels 24 hours a day, 7 days a week. This means you do not have to plan PrEP for when you might have sex.

If you generally have sex every week, daily PrEP has the advantage of being an easier routine. Also, missing an occasional dose is unlikely to make a difference.

- If you are just about to start daily dosing but think you might have a risk within the next few days, start with a double dose.
- For anal sex, four or more daily doses each week will give good protection, especially after the first week. But four doses a week does not leave room for any missed doses.
- For vaginal or front hole sex you need to take PrEP at least six days a week.

## On-demand dosing: for anal sex or straight men having vaginal sex

**For people who do not want to take a daily pill there is an option to just use PrEP when you need it. This is called on-demand dosing (or event-based dosing).**

Just taking PrEP before and after a risk is very effective. This option is important if you don't often have anal sex without condoms. Also, if you usually know when you will have sex.

If you are buying PrEP, on-demand dosing will be less expensive because you need fewer pills. However, on-demand dosing can't be used if you have hepatitis B.

On-demand dosing involves:

1. Taking a **double dose** of PrEP (two pills) before you have sex. Ideally this should be between 2 and 24 hours before sex as this dosing was used in the IPERGAY study.
2. Taking a single pill 24 hours after the double dose.
3. Taking another single pill the following day, 24 hours later.

You should aim to take a single pill 24 hours and 48 hours after the first double-dose.

Although the pre dose is important for the highest protection, if you miss or are late with the pre dose, taking the double dose as soon as possible will still give some protection.

The next two pages show examples of on-demand dosing.

## Examples for on-demand dosing

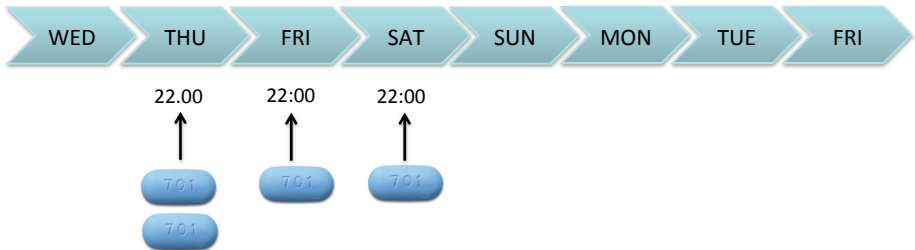
### 1. On-demand dosing: If you have sex once a week

#### BEFORE SEX

2 PrEP tablets at least 2 hours & ideally 24 hours before sex



19:00



#### AFTER SEX

1 PrEP 24 hours\* after the 1<sup>st</sup> 2

1 PrEP 48 hours\* after the 1<sup>st</sup> 2

= total of 2 tablets after sex

\*2 hours before or after planned time is OK

**If you might have sex on Friday or over the weekend, you could take two pills on Thursday, i.e at 10 pm.**

If you have sex on Friday at 7 pm, then you would take a single pill on both Friday and Saturday at around 10 pm.

These times can be approximate. You still get good protection if you took the Thursday dose at 6 pm and had sex on Friday at 11 pm. **Even if the pre dose is only two hours before sex, or just before sex, or even after sex, some PrEP is always better than none.**

From having sex once, on-demand dosing involves four pills.

## 2. On-demand dosing: Sex several times over a few days

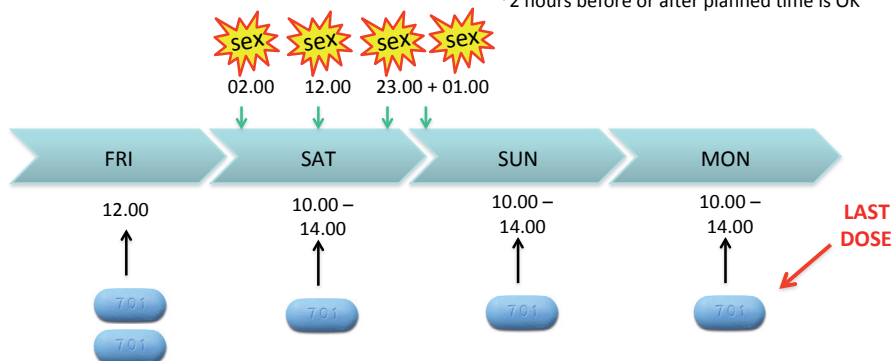
### BEFORE SEX

2 PrEP tablets at least 2 hours & not more than 24 hours before sex

### AFTER SEX

1 PrEP 24 hours\* after the 1<sup>st</sup> 2  
Take Truvada every 24 hours\* until 2  
doses after your last sex

\*2 hours before or after planned time is OK



### Take your double dose as usual 2 to 24 hours before sex.

If you have sex on Saturday, and a few times until Sunday at 1 am, continue to take a single pill every day at around the same time until you have had two doses after sex. Using the example above, your last dose would be on Monday.

If you don't have sex on Saturday or Sunday, but might still have sex on Monday, you only need to continue with a single pill on Sunday and Monday. This is because you will already have good levels of PrEP. Continue taking PrEP daily until you have had two sex-free days, i.e. until Wednesday (seven pills).

If you start PrEP but then don't have sex on Saturday, and have no plans to have sex on Sunday or Monday, there is no need to take PrEP on any of these days.

If you didn't continue daily PrEP on Saturday and Sunday, restart with a double-dose to get best drug levels again.

## Other tips on how to take PrEP

### What to do if you miss a pill

**If you miss one, or even two pills occasionally, this will be fine on a daily regimen.**

Don't stop PrEP, just carry on once you remember. Drug levels will still be high enough to protect against HIV. If you are missing several doses each week, please talk to the clinic about support.

If you use daily dosing and miss more than a week of pills, you have to start again - see page 16. Depending on how you are using PrEP, this will involve either seven days of daily dosing or the double two-pill dose to get full protection.

Never take more than one double dose when you start PrEP.

You only need one double dose at the start.

Do not take more than a total of seven pills in one week, unless you started with a double dose.

- A pill box makes it easy to see whether you have taken or missed a dose. They only cost £1 or so from a pharmacy.
- Pick a regular time and try to stick to this each day. Link it to a routine task like brushing your teeth. It doesn't have to be the exact same time but it will help get you into a routine.
- If you have a break from PrEP and have risks during this time, it is important to have another HIV test.
- **With on-demand dosing, if you miss the BEFORE dose completely, still take a double dose AFTER sex, and continue daily.** Contact your clinic in case PEP is recommended (see below). Missed doses matter more if you are using on-demand rather than a daily dosing.

## Is PEP recommended if I am on PrEP?

PEP stands for post-exposure prophylaxis and involves taking a combination of three HIV meds for one month.

PEP is now used less often. But if you need PEP, the earlier you start, the more likely it will work. PEP can be prescribed up to 72 hours after sex but the sooner it is started, the more likely it will work. **Ideally, PEP should be started within hours.**

- If you have a risk when you haven't been taking PrEP, or enough PrEP, contact a clinic to discuss whether you might need PEP.
- Taking a double-dose of PrEP (if you still have some left) is a good idea as the earlier PEP is started the better it works.

## Can I switch between daily and on-demand based dosing?

**If you are able to use on-demand dosing, PrEP is very adaptable if your circumstances change.**

If your HIV risk changes, you can stop and restart PrEP, or change the way in which you take it. PrEP can be individualised to your needs at different times.

Talk through ways of taking PrEP at your clinic and about how to stop or restart when you need to.

On-demand dosing is NOT an option:

- If you have hepatitis B.
- For women who want protection during receptive vaginal sex, as a seven day lead-in is needed.
- For trans women and trans men and non binary people who want protection from receptive vaginal or front hole sex.

## Can I stop PrEP completely?

**As with the flexibility for dosing, you might decide that you want to stop PrEP altogether.**

Discuss your decision to stop with clinic staff.

You might want to discuss plans to stop PrEP with partner(s) and get tested for HIV and other infections together. Make sure you use a 4th generation HIV test four weeks after the last risk.

How you stop PrEP depends on how you were taking PrEP.

**If you were taking daily PrEP, then continue for seven days.**

**If you were using on-demand dosing (2:1:1) then stopping after your last dose is okay.**

If in the future your circumstances change again, it is easy to restart PrEP.

If you stop PrEP and have a risk afterwards, contact your clinic in case post-exposure prophylaxis (PEP) might be needed. In the cases when PEP is used, it needs to be started as soon as possible (see page 21).

## Credits and further information

This leaflet was produced by doctors and community advocates from the following organisations.

BASHH (SIG MSM)	<a href="http://www.bashh.org">www.bashh.org</a>
HIV i-Base	<a href="http://i-base.info/prep">i-base.info/prep</a>
<a href="http://iwantprepnw.co.uk">iwantprepnw.co.uk</a>	<a href="http://iwantprepnw.co.uk">iwantprepnw.co.uk</a>
PrEPster.info	PrEPster.info
56 Dean Street	<a href="https://facebook.com/56DeanStreet">facebook.com/56DeanStreet</a>
Mortimer Market Centre	<a href="http://cnwl.nhs.uk/service/mortimer-market-centre">cnwl.nhs.uk/service/mortimer-market-centre</a>
cliniQ: sexual health for trans people	<a href="http://cliniq.org.uk">cliniq.org.uk</a>
Sophia Forum	<a href="http://sophiaforum.net">sophiaforum.net</a>
PrEP in Scotland	<a href="http://prep.scot">prep.scot</a>
PrEP in Wales	<a href="http://tinyurl.com/ycm2hfbw">tinyurl.com/ycm2hfbw</a>
PrEP in N. Ireland	<a href="http://tinyurl.com/yytdkz3t">tinyurl.com/yytdkz3t</a>
IMPACT trial	<a href="http://prepimpacttrial.org.uk">prepimpacttrial.org.uk</a>
Drug interactions	<a href="http://hiv-druginteractions.org">hiv-druginteractions.org</a>
Trans people and PrEP	<a href="http://cliniq.org.uk">cliniq.org.uk</a>
PrEP guidelines	<a href="http://bashh.org">bashh.org</a> and <a href="http://bhiva.org">bhiva.org</a>
HPV vaccine for gay men	<a href="http://i-base.info/htb/31151">i-base.info/htb/31151</a>

