

Doxy-PEP prescribing guide for San Francisco providers

What is doxy-PEP?

Doxycycline post-exposure prophylaxis (doxy-PEP) consists of using doxycycline 200 mg within 72 hours after oral, anal, or vaginal/front-hole sex to prevent the acquisition of chlamydia, gonorrhea, and syphilis.

Clinical trials have shown doxy-PEP to be effective among men who have sex with men (MSM) and trans women, with reductions in chlamydia and syphilis ranging from 74-88%.¹² Efficacy against gonorrhea is lower. Doxy-PEP does not prevent HIV, mpox (monkeypox), or other viral infections.



Who can take doxy-PEP?

Recommend doxy-PEP to cis men, trans women, and other gender-diverse people who were assigned male sex at birth, who in the past year:

- had condomless anal or oral sex with ≥ 1 partner who was assigned male sex at birth, and
- had a bacterial STI.



Offer doxy-PEP using shared decision-making to cis men, trans women, trans men, and other gender-diverse patients (of any sex assigned at birth) who in the past year:

• did not have an STI but had condomless anal or oral sex with ≥ 2 partners assigned male sex at birth, regardless of STI history.

More data is needed on the efficacy of doxy-PEP for vaginal/front-hole protection.

• The only study to date among cis women did not find doxy-PEP effective at preventing STIs, possibly due to adherence.³

When prescribing doxy-PEP to patients who have receptive vaginal/front-hole sex, providers should counsel patients about the lack of efficacy data, recommend against doxy-PEP use during pregnancy, and reinforce the importance of adherence.



Dosing and prescribing guidance

- 200 mg of doxycycline taken as soon as possible after condomless oral or anal sex, but no later than 72 hours afterward.
- Doxycycline can be taken every day depending on frequency of sexual activity, but no more than 200 mg within a 24-hour period.
- Acceptable formulations:
 - Doxycycline hyclate or monohydrate immediate release 100 mg (2 tabs taken together)
 - Doxycycline hyclate delayed release 200 mg (1 tab), but typically much costlier
- Example Rx: doxycycline 100 mg, #60, 1 refill, take 2 capsules (200 mg) by mouth as needed ASAP after condomless sex, and no later than 72 hours after. Do not take more than 200 mg in a 24-hour period.
- **ICD-10 diagnosis code Z20.2** (Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission).

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- Every 3 months, screen for gonorrhea and chlamydia at all anatomic sites of exposure, syphilis, and HIV (if not known to be living with HIV).
- If a patient is diagnosed with an STI or reports symptoms of an STI while using doxy-PEP, they should be evaluated and treated according to standard CDC STI treatment guidelines (www.bit.ly/STI_guides).
- If a patient using doxy-PEP reports:
 - exposure to a sexual partner with syphilis: epi-treat for syphilis per standard of care.
 - exposure to a sexual partner with gonorrhea or chlamydia: consider waiting on epi-treatment until test results are back using shared decision-making with patient.



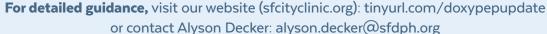
How should I counsel patients taking doxy-PEP?

- Doxy-PEP is highly effective for the prevention of syphilis and chlamydia. It may prevent gonorrhea, but not as well.
- Take doxycycline with fluids and remain upright for 30 minutes after the dose to reduce pill esophagitis. Taking doxycycline with food may increase tolerability.
- Protect against sun sensitivity. Patients should be counseled to wear sunscreen and/or avoid prolonged sun exposure while taking doxycycline.
- · Avoid doxycycline during pregnancy. Patients who could get pregnant should receive pregnancy testing and be counseled to stop doxycycline if they become pregnant.
- There is a rare risk of benign intracranial hypertension and other serious side effects.
- Risks of doxy-PEP related to the microbiome and antibiotic resistance are being studied.
- Find detailed information in our patient-facing counseling handout and dosing instructions.



Offer comprehensive sexual health services

- Offer HIV PrEP to all sexually active people if they are not already taking it. Options include daily PrEP, 2-1-1 PrEP, and injectable PrEP.
- Ensure people living with HIV are in care and inform patients that maintaining an undetectable HIV viral load eliminates the risk of transmitting HIV to sexual partners.
- Every 3 months, screen for gonorrhea and chlamydia (using urine, pharyngeal, and rectal NAAT testing) and syphilis, regardless of HIV serostatus.
- Vaccinations should be offered for eligible individuals. These could include mpox (Jynneos), meningococcal (MenACWY), hepatitis A, hepatitis B, and HPV.



(1) Luetkemeyer AF, et al. Postexposure Doxycycline to Prevent Bacterial Sexually Transmitted Infections. N Engl J Med. 2023; 388:1296-1306. (2) Molina, J, et al. Doxycycline Prophylaxis and Meningococcal Group B Vaccine to Prevent Bacterial Sexually Transmitted Infections in France

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