

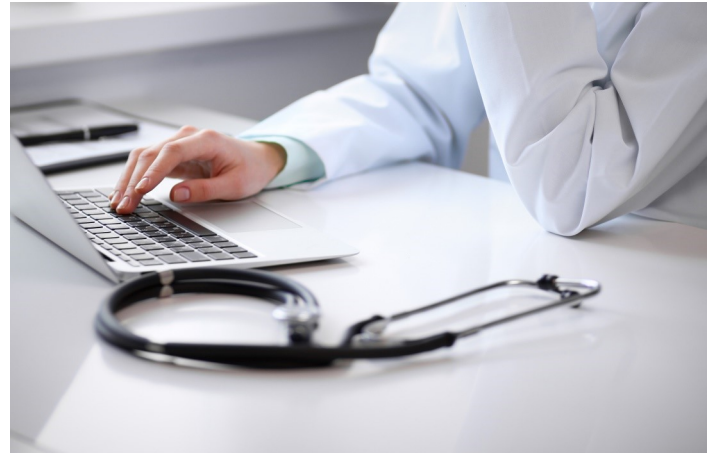
Doxycycline Post-Exposure Prophylaxis (Doxy PEP)

Quick Reference Guide for Clinicians

The incidence of bacterial sexually transmitted infections (STIs) continues to increase in Wisconsin and throughout the United States. To effectively address rising STI rates and disparities in disease incidence in select populations, novel prevention approaches, like Doxy PEP, are necessary.

What is Doxy PEP?

Doxy PEP is an ongoing, patient-managed STI prevention strategy that uses doxycycline for post-exposure prophylaxis to prevent bacterial sexually transmitted infections. When taken within 72 hours after unprotected anal, oral, or vaginal sex, Doxy PEP can prevent the spread of gonorrhea, chlamydia, and syphilis in people who have a higher level of exposure to these infections. Doxy PEP represents the first new STI prevention tool in decades and has been shown to be effective and well-tolerated.



The CDC (Centers for Disease Control and Prevention) has published [clinical guidelines on the use of Doxy PEP for preventing bacterial STIs](#).

Who is Doxy PEP for?

The goal of Doxy PEP is for people who will benefit most to have access to the intervention while minimizing antimicrobial use. Therefore, clinicians should consider the use of Doxy PEP in the following priority populations:



Adult gay, bisexual, and other men who have sex with men (MSM) and transgender women (TGW) with a history of at least one bacterial STI (gonorrhea, chlamydia, or syphilis) within the last 12 months.

Consideration can also be given to discussing Doxy PEP with MSM and TGW patients who have not had a bacterial STI diagnosed within the last year but who will be participating in sexual activities that are known to increase the likelihood of exposure to STIs.

Doxy PEP should be implemented as part of a comprehensive sexual health approach following the recommendations on page 2 of this document.



Clinical recommendations for Doxy PEP

If Doxy PEP is prescribed using a shared-decision making approach with patients, providers should consider the following recommendations.

Dosing and prescribing

- Prescribe Doxy PEP at the recommended dosage of **200 mg** of doxycycline (any formulation) to be self-administered as soon as possible **within 72 hours** after oral, vaginal, or anal sexual exposure with a maximum dose of 200 mg every 24 hours.
- **Prescribe enough doses** to account for the patient's anticipated sexual activity **until their next follow up** appointment.

Monitoring

- Counsel patients on benefits and risk associated with Doxy PEP including known side effects of doxycycline. Monitor for any side effects and potential drug interactions.
- Assess the **ongoing need** for Doxy PEP should be **every 3–6 months**.
- Conduct **bacterial STI testing** at anatomic sites of exposure at **baseline** and every **3–6 months** thereafter for patients who are prescribed Doxy PEP.

Provide comprehensive sexual health services

- **Counsel** patients on use of **prevention strategies** including condom use, consideration of reducing the number of partners, recommended vaccines, and accessing [HIV PEP](#), [PrEP](#) or [HIV treatment](#) as indicated.
- **Screen** for **HIV** in HIV-negative MSM and TGW according to current recommendations.

Why should clinicians consider prescribing Doxy PEP?

High-quality evidence supports the recommendation to counsel MSM and TGW and offer doxy PEP. In three large randomized controlled trials, Doxy PEP was shown to:

- Reduce syphilis and chlamydia infections by more than 70%.
- Reduce gonococcal infections by nearly 50%.

