

Be Ready for "Doxy PEP" Orders to Prevent STIs

Clinics and EDs will play a critical role in dispensing "doxy PEP"...to prevent sexually transmitted infections (STIs).

That's because CDC now recommends doxycycline postexposure prophylaxis or "doxy PEP" in certain patients...to reduce the risk of getting an STI such as chlamydia, syphilis, or gonorrhea.

Think of this as similar to HIV postexposure prophylaxis (PEP)...where patients take meds ASAP after a possible exposure to prevent HIV.

Patients getting doxy PEP will take doxycycline 200 mg po ASAP within 72 hours after oral, vaginal, or anal sex...to prevent STIs.

Be ready to dispense doxy PEP for men who have sex with men or for transgender women...who had syphilis, chlamydia, or gonorrhea in the past year, or who have other risks for STIs (multiple partners, etc).

It's too soon to say if doxy PEP is effective for other patients...or if other antibiotics work.

Stay alert for mix-ups when your patients get doxy PEP.

Clarify orders written for just "doxycycline." The order could be for doxycycline MONOHYDRATE or doxycycline HYCLATE. Either salt form is okay...but doxycycline monohydrate might cause less stomach upset.

Don't automatically substitute between the monohydrate and hyclate forms. They're different meds...and generally can't be switched without the prescriber's or pharmacist's approval.

Watch strengths, quantities, and dosage forms closely. Most patients getting doxy PEP will take TWO 100 mg doxycycline immediate-release pills...to equal a 200 mg dose.

Another option could be ONE 200 mg doxycycline hyclate delayed-release pill per dose...but this formulation is more costly.

Be aware that patients shouldn't take more than one 200 mg dose of doxy PEP in 24 hours...even if sex occurs more frequently.

Ensure med profiles are current with Rxs, OTCs, etc...to help the pharmacist address interactions.

For example, patients shouldn't take doxycycline within 2 hours of antacids (*TUMS*, etc) or supplements containing calcium, iron, or magnesium...these can reduce doxycycline's absorption.

But it's okay to take doxy PEP with HIV meds...hormonal contraceptives...or hormone therapies for transgender patients.

Don't be surprised if you see some patients get doxy PEP plus meds for HIV pre-exposure prophylaxis (PrEP), such as *Truvada*. Doxy PEP does NOT protect against HIV, monkeypox, or other viruses.

And it does NOT replace safer sex practices...using condoms, reducing the number of partners, etc.

Use auxiliary labeling to promote proper administration of doxycycline. For instance, patients should "Take with plenty of water" and "Take with food if stomach upset occurs."

Expect clinicians to also advise staying upright for at least 30 mins after a dose to limit irritation to the esophagus...and to wear sunscreen, since doxycycline can increase sun sensitivity.

For more help with ensuring patients get the right doxycycline product, see our resource, Drugs With Different Salt

Cite this document as follows: Article, Be Ready for &Idquo; Doxy PEP" Orders to Prevent STIs, Hospital Pharmacy Technician's Letter, August 2024

The content of this article is provided for educational and informational purposes only, and is not a substitute for the advice, opinion or diagnosis of a trained medical professional. If your organization is interested in an enterprise subscription, email sales@trchealthcare.com.

© 2024 Therapeutic Research Center (TRC). TRC and Hospital Pharmacy Technician's Letter and the associated logo(s) are trademarks of Therapeutic Research Center. All Rights Reserved.



Forms.

Key References:

- -Bachmann LH, Barbee LA, Chan P, et al. CDC Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024. MMWR Recomm Rep. 2024 Jun 6;73(2):1-8.
- -Traeger MW, Mayer KH, Krakower DS, et al. Potential impact of doxycycline post-exposure prophylaxis prescribing strategies on incidence of bacterial sexually transmitted infections. Clin Infect Dis. 2023 Aug 18:ciad488. doi: 10.1093/cid/ciad488.

Hospital Pharmacy Technician's Letter. August 2024, No. 400812