



DoxyPEP Dosing and Best Practices

Interim Guidelines, February 2024

Dosing

- 200 mg of doxycycline should be taken ideally within 24 hours but no later than 72 hours after condomless oral, anal or vaginal sex.
- Doxycycline can be taken as often as every day, depending on frequency of sexual activity, but people should not take more than 200 mg within a 24-hour period.
- Either doxycycline hyclate delayed release 200 mg (1 tab) OR doxycycline hyclate or monohydrate immediate release 100 mg (2 tabs taken simultaneously) are acceptable.
- Immediate release may be less expensive than delayed release and should be equivalently bioavailable.

Other best practices when prescribing DoxyPEP:

- Dispense multiple doses in each prescription so patients can take it when they need it. In the U.S. DoxyPEP trial, the mean monthly usage was four doses (range 1-10).
- Billing for doxyPEP services is allowable. For ICD-10 diagnosis code, use Z20.2 (Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission).
- If a patient returns for DoxyPEP refill, they should be screened at all anatomic exposure sites for gonorrhea and chlamydia, syphilis, and HIV on a three-month basis. This is similar to STI screening for HIV PrEP, which can be done in conjunction. DoxyPEP should be prescribed only when someone is known to be STI negative. STI screening at intervals shorter than three months is not currently recommended.
- If someone using DoxyPEP gets infected with a bacterial STI, they should be treated according to current CDC treatment guidelines ([2021 STI Treatment Guidelines](#)).
- If someone reports sexual contact with another person diagnosed with an STI, they should receive treatment consistent with CDC guidelines or undergo testing but should not receive single dose doxycycline as PEP. However, after treatment or testing, they may benefit from DoxyPEP.
 - For example, a gay man presents with exposure to a sexual partner with gonorrhea. He is asymptomatic but should be tested for gonorrhea or receive presumptive treatment. A conversation about DoxyPEP to prevent future STIs would be warranted at this time, and possibly a prescription for DoxyPEP after he has completed gonorrhea testing and

treatment. DoxyPEP is not meant to address his current situation with gonorrhea exposure.

- Patients should be informed about the short-term side effects of doxycycline like phototoxicity, gastrointestinal symptoms and, rarely, esophageal ulceration or benign intracranial hypertension.
- Comprehensive sexual health care should be offered to those receiving DoxyPEP. This includes vaccination for mpox, meningococcal ACWY, hepatitis A and B, HPV and influenza. This also includes screening for substance use disorders and referral to medication assisted treatment programs, if needed. If HIV negative and not on PrEP, PrEP should be offered. If HIV positive and not engaged in treatment, a referral for care and treatment initiation should be made.
- One study on the use of doxyPEP in cis women in Kenya did not show efficacy in preventing STI, though this may be because there was not consistent doxycycline usage in the study population. Another study looking at mucosal concentration of doxycycline showed high concentrations for up to four days in genital mucosa; therefore, the lack of efficacy in cis women is unlikely to be because of inadequate doxycycline concentrations in the vaginal mucosa.