



**Doxy-PEP interim  
prescribing guidelines for  
Aotearoa, New Zealand**

# Doxy-PEP interim prescribing guidelines for Aotearoa, New Zealand

Randomised controlled trials internationally have demonstrated that the use of doxycycline 200 mg as a single dose within 72 hours of sexual contact as post exposure prophylaxis is effective at reducing the risk of acquiring syphilis and chlamydia for people assigned male at birth who have sex with men (GBMSM) and transgender women who have sex with men.

In the Aotearoa, New Zealand context, the targeted use of doxy-PEP has the potential to contribute at both an individual and population level to prevent the acquisition and spread of syphilis infection. Note that doxycycline is not recommended as either treatment or prevention of gonorrhoea infection due to high levels of tetracycline resistance in New Zealand.

## Eligibility for doxy-PEP

Proactively offer doxy-PEP to GBMSM and transgender women who –

- Have a diagnosis of syphilis or two other bacterial STIs (i.e. gonorrhoea, chlamydia) during the previous 12 months

Consult the full NZSHS doxy-PEP statement for AoNZ for advice regarding other scenarios where use may be considered.

## Regimen

1. Doxycycline 200mg within 72 hours of unprotected sex
2. Suggested maximum 3 doses per week
3. Script – up to 72 tab

## Prescribing doxy-PEP

1. Should be undertaken in the context of comprehensive sexual health care, including provision of [HIV PrEP](#) if the person is at elevated risk of HIV, and with counselling on the potential benefits and harms including side effects and antimicrobial resistance.
2. A full sexual health screen including serology for HIV and syphilis and multi-site testing for chlamydia and gonorrhoea should be taken prior to commencement of doxy-PEP and every three months while on Doxy-PEP.
3. Advice should be provided that prescribing doxycycline as doxy-PEP is an off-licence indication.
4. Doxy-PEP users should be assisted to maximise the benefits of doxy-PEP while minimising overall antibiotic use. For example, a single Monday morning dose of 200 mg should adequately cover the STI risk from multiple sexual contacts over the weekend.
5. Advice should be provided to not share doxycycline with other people.
6. The need for ongoing doxy-PEP should be reviewed at each follow up visit.

7. If [gonorrhoea](#) is diagnosed in a doxy-PEP user, an additional swab for culture and antibiotic susceptibilities should be requested for antimicrobial resistance susceptibility testing prior to treatment.
8. If a doxy-PEP user presents as a contact of syphilis, gonorrhoea or [chlamydia](#) they should be managed as per advice in the NZ STI guidelines for the relevant infection.
9. The use of doxy-PEP may affect [syphilis](#) serology results, therefore any reactive syphilis serology (including EIA only) in a doxy-PEP user should be discussed with a Sexual Health physician.