

A photograph of a female doctor in a white lab coat and glasses looking at a tablet. A female patient is standing next to her, looking at the tablet. The background is a bright, modern medical office with large windows.

SHINING A LIGHT ON
THE PCP'S ROLE IN
HIV PREVENTION

Faculty



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Disclosures

Shauna Applin

- Has disclosed the following financial relationships:
 - Consultant, Advisor/Advisory Board, Speaker, Contracted Research: Gilead Sciences
 - All disclosures are related to PrEP and HIV.

Learning Objectives

- Conduct effective sexual health assessments to identify patients who are at risk for acquiring HIV
- Identify guideline-directed HIV testing requirements for PrEP treatment initiation
- Select PrEP regimens and dosing options based on clinical evidence, guidelines, and patient characteristics and preferences
- Devise strategies to implement PrEP in the primary care setting, with guideline-directed strategies for treatment initiation, monitoring, and follow-up care

Credit Information

Physician Continuing Medical Education

Integritas Communications designates this live activity for a maximum of 1.25 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Joint Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by the Postgraduate Institute for Medicine and Integritas Communications. Postgraduate Institute for Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Continuing Nursing Education

The maximum number of hours awarded for this Continuing Nursing Education activity is 1.25 contact hours. Approved for 0.25 pharmacotherapy contact hours for Advanced Practice Registered Nurses.

Continuing Physician Assistant Education

Postgraduate Institute for Medicine has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 1 AAPA Category 1 CME credit. PAs should only claim credit commensurate with the extent of their participation.



Pre-test Question 1

To have a conversation about sexual health in a nonstigmatizing manner, the Centers for Disease Control and Prevention STI Treatment Guidelines, 2021, recommends the following risk-behavior questions, known as “The 5 Ps,” which cover the topics of partners, practices, past history of STIs, protection from STIs, and _____.

1. Patterns of risk exposure
2. Personal preferences
3. Plans for relationships
4. Pregnancy plans



Pre-test Question 2



Kylie, a 22-year-old woman, would like to start PrEP for HIV prevention for the first time. While discussing her sexual health you learn that she has not had any potential exposures to HIV in the last month, and on exam she does not have signs or symptoms of acute HIV infection. Based on her history and exam, which of the following tests must you get results from to confirm a negative HIV status before initiating a PrEP regimen?

- 1. HIV-1 RNA assay from a blood sample**
- 2. HIV-1/2 antigen/antibody (Ag/Ab) blood test**
- 3. Oral swab HIV-1/2 Ab test**
- 4. Rapid fingerstick HIV-1 Ab test**

Pre-test Question 3



Henry is a 53-year-old man who has sex with men who is interested in starting oral PrEP. His lipid panel shows normal values, but he has reduced renal function. His estimated creatinine clearance is 52 mL/min/1.73 m². Which of the following medications would you recommend for Henry?

1. Tenofovir alafenamide (TAF)/emtricitabine (FTC)
2. Tenofovir disoproxil fumarate (TDF)/FTC
3. TDF/FTC or TAF/FTC
4. TDF/Lamivudine

Pre-test Question 4



Which of the following statements about long-acting injectable (LAI) PrEP regimens is correct?

1. An optional oral lead-in may be used for initiating lenacapavir (LEN) LAI, but not for initiating cabotegravir (CAB) LAI.
2. Injections and oral loading dose tablets are required in the dosing protocol for initiating LEN LAI.
3. CAB LAI is administered as 2 subcutaneous (SQ) injections.
4. LEN LAI is administered as an intramuscular (IM) injection.

Pre-test Question 5



Joey has been using LEN LAI for PrEP for 1 year. His employer is transferring him to a remote jobsite temporarily, and he will miss his next scheduled 6-month injection by 6 weeks. He wants to continue using the LEN LAI regimen. Which of the following is the best way to manage Joey's planned missed injection?

1. Move his LEN LAI injection appointment sooner, before he leaves, to provide protection while he is gone.
2. Prescribe oral TDF/FTC, to be taken as an on-demand regimen after the missed scheduled injection, and resume LEN LAI injections when he returns.
3. Prescribe oral LEN tablets, to be taken once weekly after the missed scheduled injection, and resume LEN LAI injections when he returns.
4. Switch him to a daily TAF/FTC oral PrEP regimen, and when he returns restart the LEN LAI regimen with the initiation dosing protocol.

Pre-test Question 6

How frequently DO YOU CURRENTLY discuss preexposure prophylaxis (PrEP) as a method of HIV prevention with any sexually active adolescent or adult patient?

1. Never
2. 25% of the time
3. 50% of the time
4. 75% of the time
5. 100% of the time
6. I do not manage patients.



Pre-test Question 7



How confident ARE YOU CURRENTLY in your knowledge of how to implement comprehensive PrEP services with interested patients in your practice?

1. Not at all confident
2. Not very confident
3. Neutral
4. Somewhat confident
5. Very confident
6. I do not manage patients.

Pre-test Question 8

On average, in any given week, with how many of your patients do you discuss a sexual health concern or question (eg, sexually transmitted infections [STIs], contraception, sexual dysfunction)?

1. None
2. 1-5
3. 6-10
4. 11-20
5. >20
6. I do not manage patients.



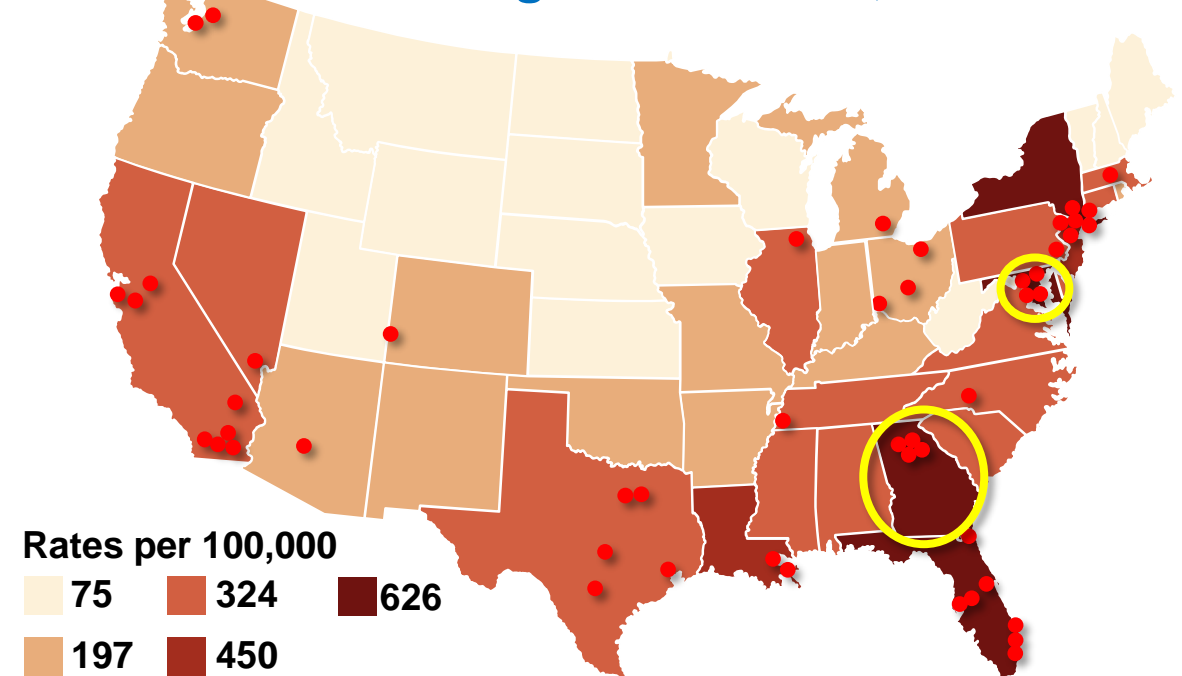
A photograph of a female doctor in a white lab coat and glasses, holding a clipboard and looking at it. A female patient with long dark hair is looking at the doctor. The image is overlaid with a semi-transparent blue filter. The text "CALL TO ACTION" is centered in white, bold, sans-serif font.

CALL TO ACTION

Who Is Most Affected by HIV?

- There are 1.2 million PLWH in the US¹
- 1 in 8 people with HIV in the US do not know they have it¹
- Of the approximately 39,000 new HIV diagnoses in 2023²:
 - 80% were among men
 - 66% were among MSM, the population most affected by HIV
 - 60% were among people aged 25 to 44 years
 - 6% were among PWID

HIV Infection Diagnosis Rates Among Persons Aged ≥13 Years, 2022³







The South accounted for 51% of HIV diagnoses in 2023.³

CDC, Centers for Disease Control and Prevention; MSM, men who have sex with men; PLWH, people living with HIV.

1. CDC.gov. <https://www.cdc.gov/media/releases/2023/p0523-hiv-declines-among-young-people.html>. Accessed July 4, 2025; 2. CDC.gov. <https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-and-prevalence-2025.html>. Accessed July 4, 2025; 3. AIDSvu. <https://map.aidsvu.org/prev/state/rate/none/none/usa?geoContext=national>. Accessed July 4, 2025.

Who Will Contract HIV in Their Lifetime Without Using Preventive Measures?

MSM¹

Overall	1 in 6	
African American	1 in 2	
Hispanic/Latino	1 in 5	
White	1 in 11	

Heterosexual¹

	Men	Women
Overall	1 in 524	1 in 266

Overall

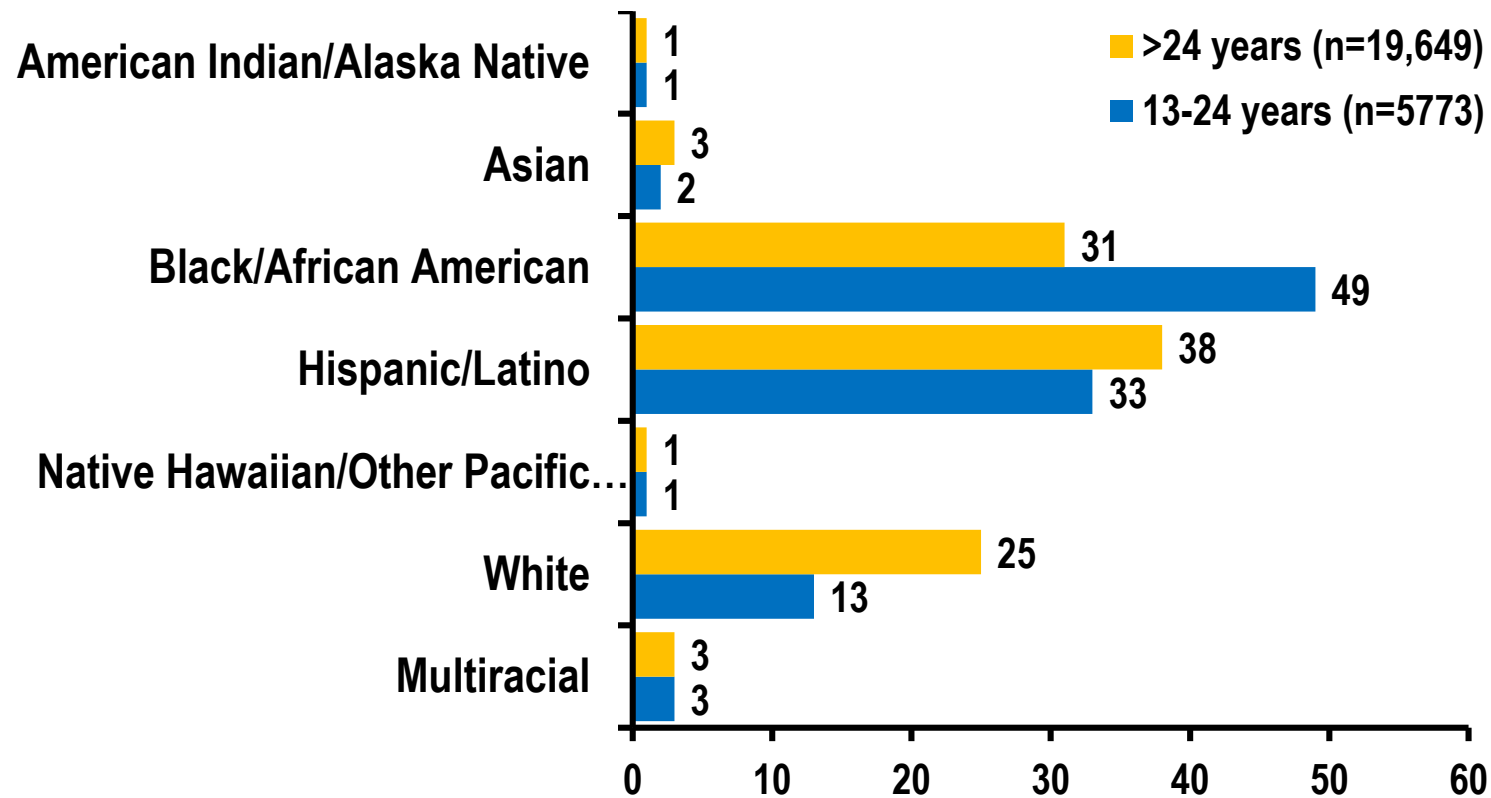
	Men	Women
Overall ²	1 in 76	1 in 309
African American ²	1 in 27	1 in 75
PWID	1 in 42	1 in 26
Hispanic/Latino ²	1 in 50	1 in 287
White ²	1 in 171	1 in 874

PWID, people who inject drugs.

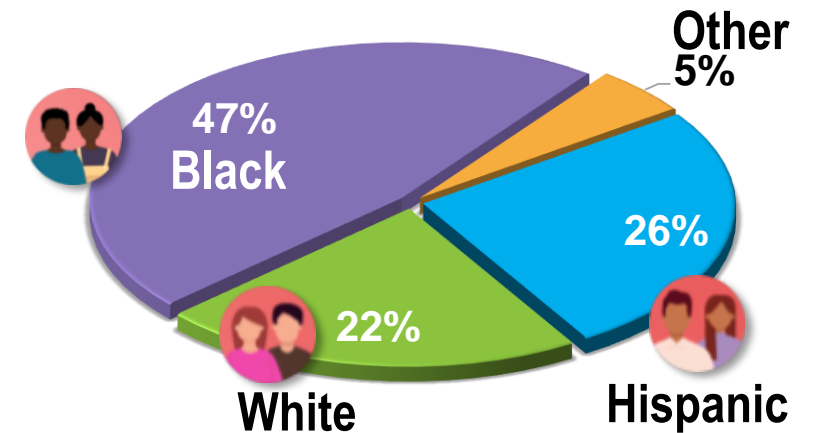
1. Hess KL, et al. *Ann Epidemiol.* 2017;27(4):238-243; 2. Singh S, et al. *Top Antivir Med.* 2022;31(1 s):16.

Disparities in the US

US HIV Diagnoses Among MSM, by Age and Race/Ethnicity, 2022



New HIV Diagnoses in the South, by Race, 2022

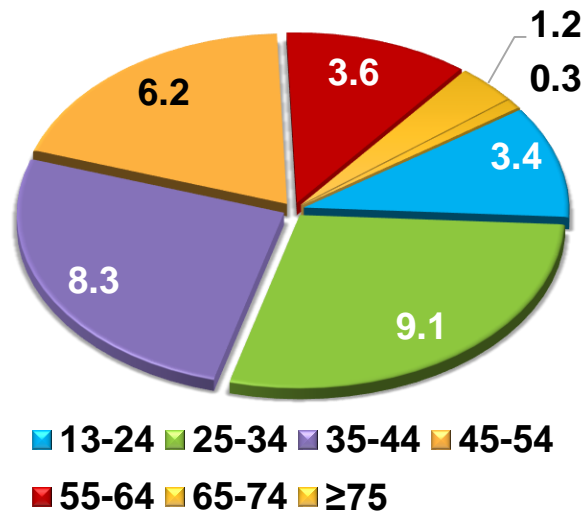


Black Americans comprised only 19% of the Southern population in 2022 but represent almost **HALF** of all new HIV diagnoses in the region.

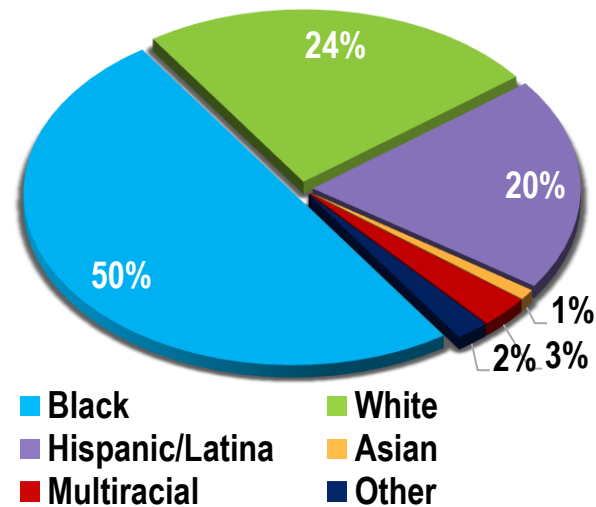
≈1 in 5 New HIV Diagnoses in the US Is Among Women

Burden in Women Seen Across Adulthood

Rates of HIV Diagnosis in Women, by Age (Years)¹



Percentage of Women With New HIV Diagnosis, by Race/Ethnicity¹



- **New HIV diagnoses among women**
 - 18% of new HIV diagnoses were among women in 2022¹
 - 84% acquired from heterosexual transmission; 16% acquired from IDU¹
- **Black women in the US**
 - Have 18 times the AIDS rate of White women²
 - Are nearly 7 times more likely to die from HIV infection complications as White women²
 - Are less likely to have been infected through IDU than White women³

IDU, injection drug use.

1. CDC. <http://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html>. Accessed July 4, 2025; 2. US Department of Health and Human Services Office of Minority Health. <https://minorityhealth.hhs.gov/hiv-aids-and-black-african-americans>. Accessed July 4, 2025; 3. Kaiser Family Foundation. <https://www.kff.org/hiv-aids/fact-sheet/black-americans-and-hiv-aids-the-basics/>. Accessed July 4, 2025.

Ending the HIV Epidemic in the US

Target Goals for New Diagnoses, 2019-2030

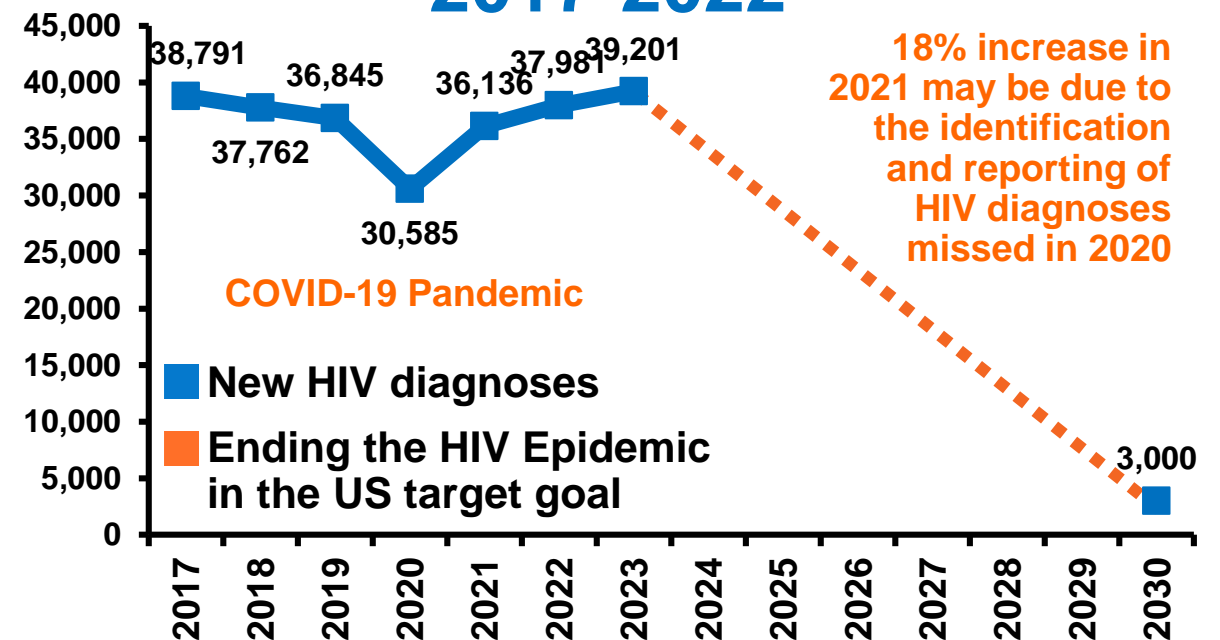
- **EHE** is the HHS plan to reduce new HIV diagnoses¹:
 - By targeting prevention efforts, resources, and infrastructure where HIV transmission is most prevalent
- >700K lives in the US have been lost to HIV since 1981
- The decrease in new infections has stalled

GOAL

75%
reduction in new HIV infections by 2025 and at least

90%
reduction by 2030

New HIV Diagnoses in the US, 2017-2022²



Primary care providers can help end the HIV epidemic

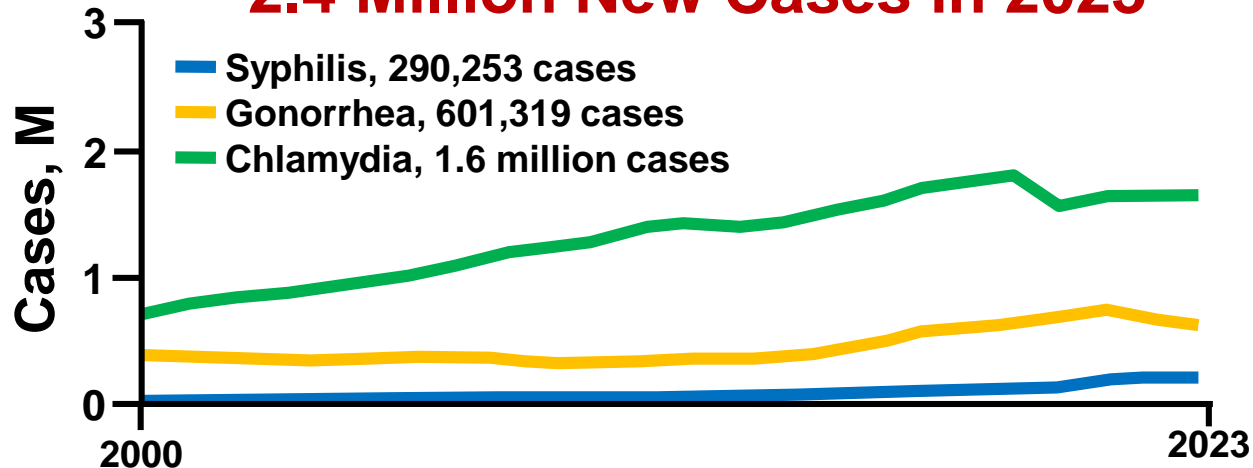
EHE, Ending the HIV Epidemic; HHS, US Department of Health and Human Services.

1. HIV.gov. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>. Accessed July 10, 2025; 2. CDC. https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-and-prevalence-2025.html#cdc_survey_profile_key_findings-key-findings. Accessed July 10, 2025.

Having an STI Increases Risk for Acquiring HIV

Chlamydia, gonorrhea, and syphilis cases have been increasing for years¹

2.4 Million New Cases in 2023¹



Syndemic: epidemics that co-occur and are socially produced and intertwined²

- Having an STI such as chlamydia, gonorrhea, and/or syphilis places people at higher risk for acquiring HIV
- 6% of sexually acquired HIV infections are attributed to chlamydia, gonorrhea, and syphilis
- HIV, substance use, and viral hepatitis affect similar populations as STIs
- Opioids and other substance use is linked to increasing rates of STIs and outbreaks of infectious diseases¹

HIV is one part of a syndemic¹

STI, sexually transmitted infection.





*Note: 2021 and 2022 data reflect the effect of COVID-19 on STD surveillance trends.

1. CDC. <https://www.cdc.gov/sti/media/pdfs/2024/11/syndemic-infographic-11-08-2024.pdf>. Accessed July 10, 2025; 2. Salway T, et al. *BMC Health Serv Res.* 2022;22(1):750.

HIV Prevention Is Primary Care!

Prescribe PrEP

PrEP is a *comprehensive set of services* to reduce risk of HIV infection

- 4 FDA-approved medications for PrEP
 - May only be used in persons without HIV
- Comprehensive services include:
 - Regular HIV screening
 - Regular STI screening
 - Safer sex + risk-reduction counseling
- Available medication options for PrEP:
 -  Daily oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC; Truvada[®]); available in generic
 -  Daily oral tenofovir alafenamide/emtricitabine (TAF/FTC; Descovy[®]); may be used in people at risk of HIV through vaginal receptive sex if TDF/FTC is contraindicated or undesirable²
 -  Every-2-months cabotegravir long-acting injectable (CAB LAI; Apretude[®])
 -  Every-6-months lenacapavir long-acting injectable (LEN LAI; Yeztugo[®])²

PrEP, preexposure prophylaxis; FDA, US Food and Drug Administration.

1. CDC. <https://stacks.cdc.gov/view/cdc/112360>. Accessed July 10, 2025; 2. Landovitz RJ, et al. *JAMA*. 2025;334(7):638-639.

A PCP Paradox?

A spring 2023 survey conducted by Integritas found that:

- A majority of PCPs spend >50% of their clinical time on preventive care
- The PCPs polled reported seeing an average of 8 patients/week with an STI:
 - Two-thirds are confident in treating STIs
- ≈75% agree that HIV prevention is a core part of the PCP's role

Then why do . . .

- 40% NEVER perform one-time HIV testing?
 - 81% perform one-time HIV testing in less than 25% of patients
- 73% rarely/never discuss HIV prevention or PrEP
- 75% have never prescribed PrEP
- 45% do not consider themselves “PrEP providers”

PCP, primary care provider.

Integritas survey of primary care providers. May 30-June 1, 2023. N=353.

PrEP Is for the Individual Who...

- **Has had anal or vaginal sex in the past 6 months and¹:**
 - Has inconsistent or no condom use
 - Has a sexual partner with HIV, with unknown or detectable viral load
 - Has been diagnosed with an STI in the past 6 months
- **Is planning to get pregnant, is pregnant or breastfeeding, and^{1,2}:**
 - Has a partner with HIV; oral PrEP may protect mother and baby from HIV transmission
- **Is an adolescent and¹:**
 - Is at risk for HIV infection from sex or drug use
- **Lives in a high-prevalence geographic area or network¹**
- **Injects drugs and¹:**
 - Has an injection partner with HIV OR
 - Shares needles, syringes or other drug injection equipment
- **Was prescribed nPEP^a and¹:**
 - Reports continued behavior that puts them at risk
 - Has had multiple courses of nPEP

According to the 2021 Updated Guidelines: clients who request PrEP should be offered it, even if no specific risk behaviors are evident or mentioned by the client³

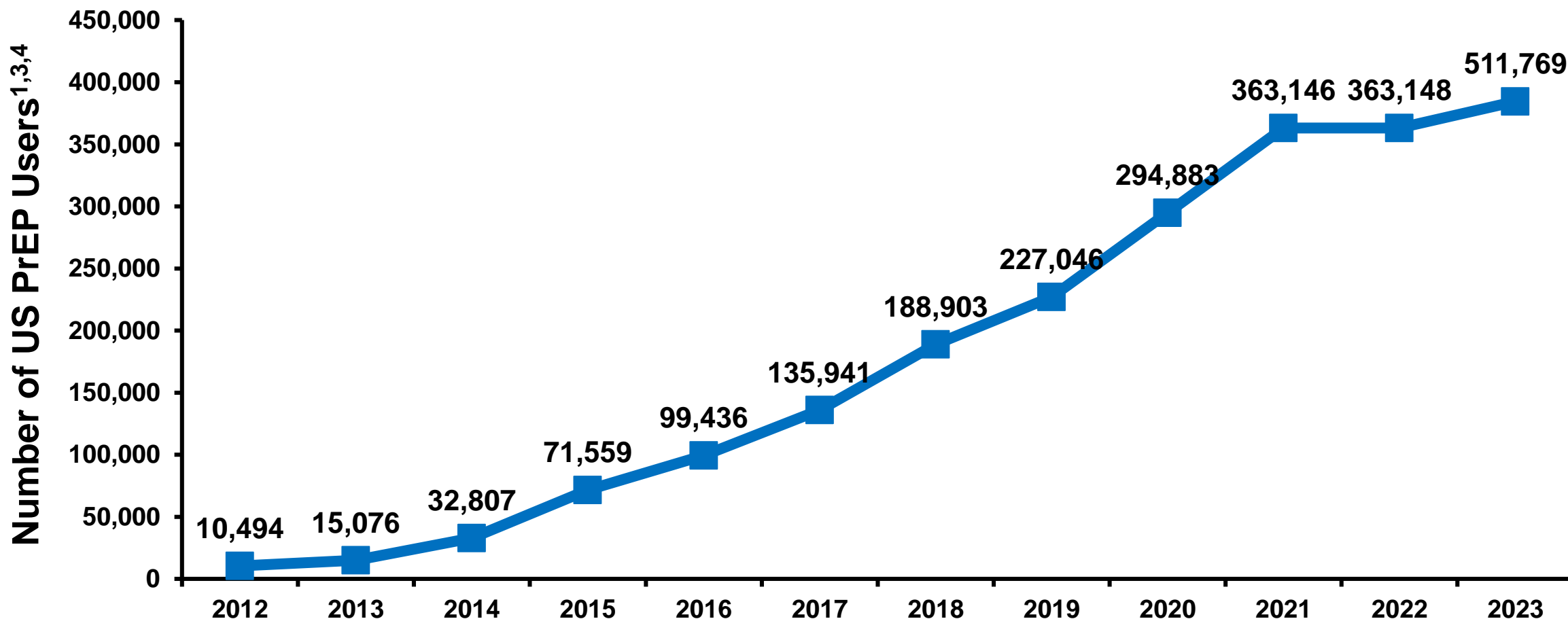
nPEP, nonoccupational postexposure prophylaxis.

^aThe use of antiretroviral drugs after a potential exposure event to stop HIV acquisition.

1. CDC. <https://www.cdc.gov/hiv/prevention/prep.html>. Accessed July 10, 2025; 2. Stewart J, Stekler JD. *J Fam Pract*. 2019;68(5):254-261; 3. CDC. <https://stacks.cdc.gov/view/cdc/112360>. Accessed July 10, 2025.

PrEP Gap in the US

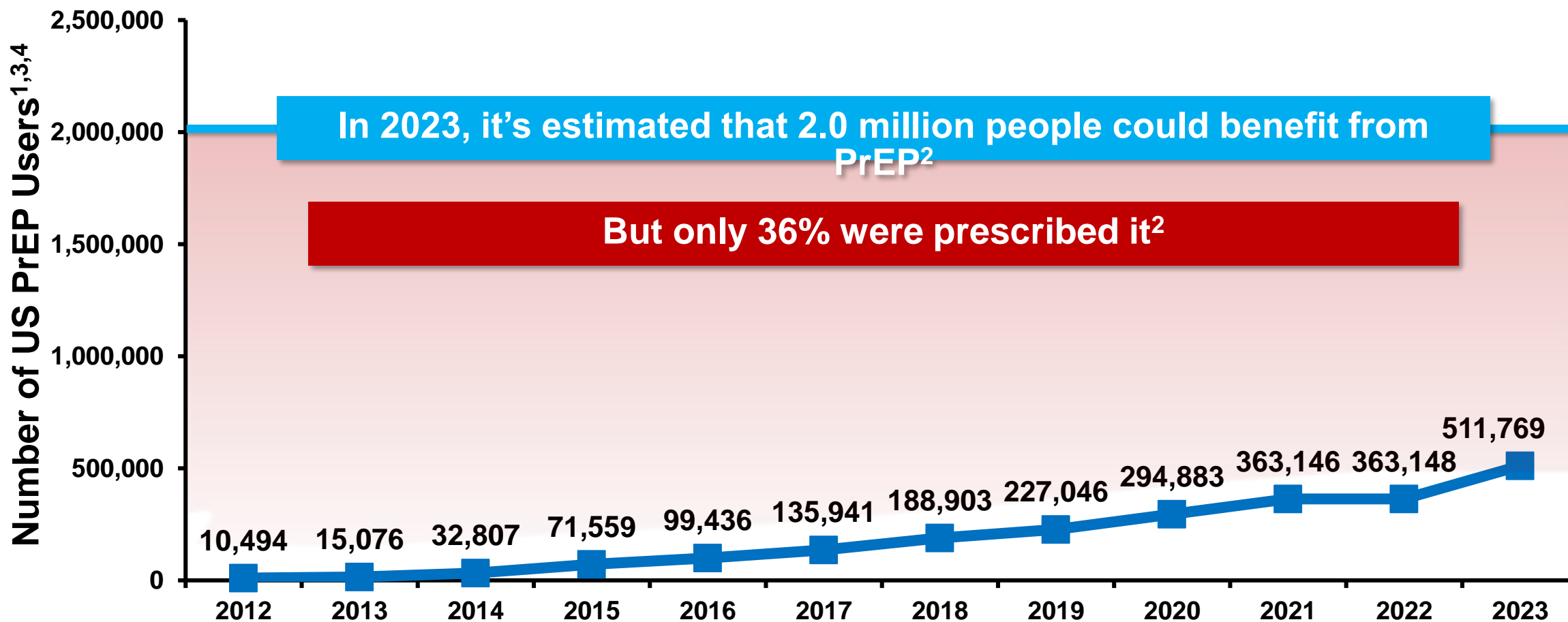
Most of Those Eligible for PrEP Are Not Receiving It



1. AIDSvu. <https://map.aidsvu.org/profiles/nation/usa/prevention-and-testing#1-1-PrEP>. Accessed July 22, 2024; 2. CDC. <https://www.cdc.gov/ehe/php/about/goals.html>. Accessed July 10, 2025; 3. CDC. <https://stacks.cdc.gov/view/cdc/160188>. Accessed July 4, 2025; 4. PrEPWatch. <https://data.prepwatch.org>. Accessed July 4, 2025.

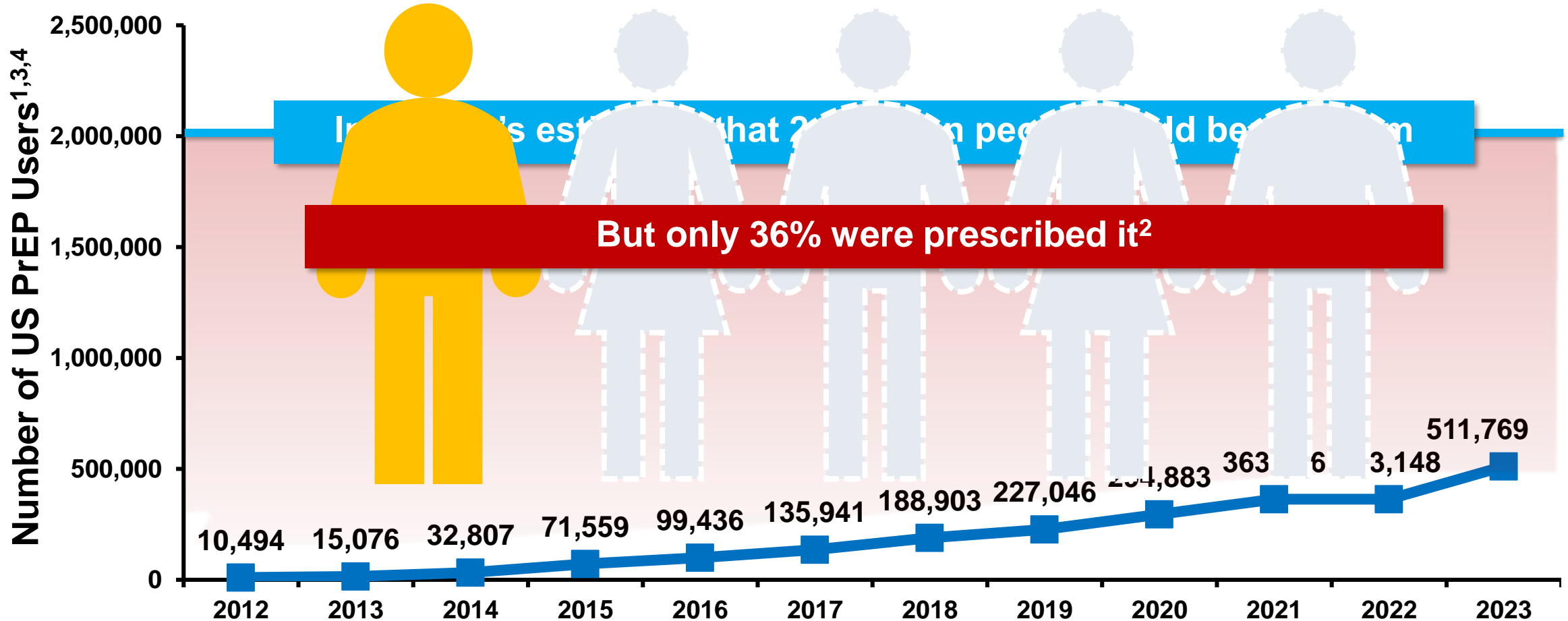
PrEP Gap in the US

Most of Those Eligible for PrEP Are Not Receiving It



1. AIDSvu. <https://map.aidsvu.org/profiles/nation/usa/prevention-and-testing#1-1-PrEP>. Accessed July 22, 2024; 2. CDC. <https://www.cdc.gov/ehe/php/about/goals.html>. Accessed July 10, 2025; 3. CDC. <https://stacks.cdc.gov/view/cdc/160188>. Accessed July 4, 2025; 4. PrEPWatch. <https://data.prepwatch.org>. Accessed July 4, 2025.

And Only 1 in 5 US Clinicians Has Ever Prescribed PrEP

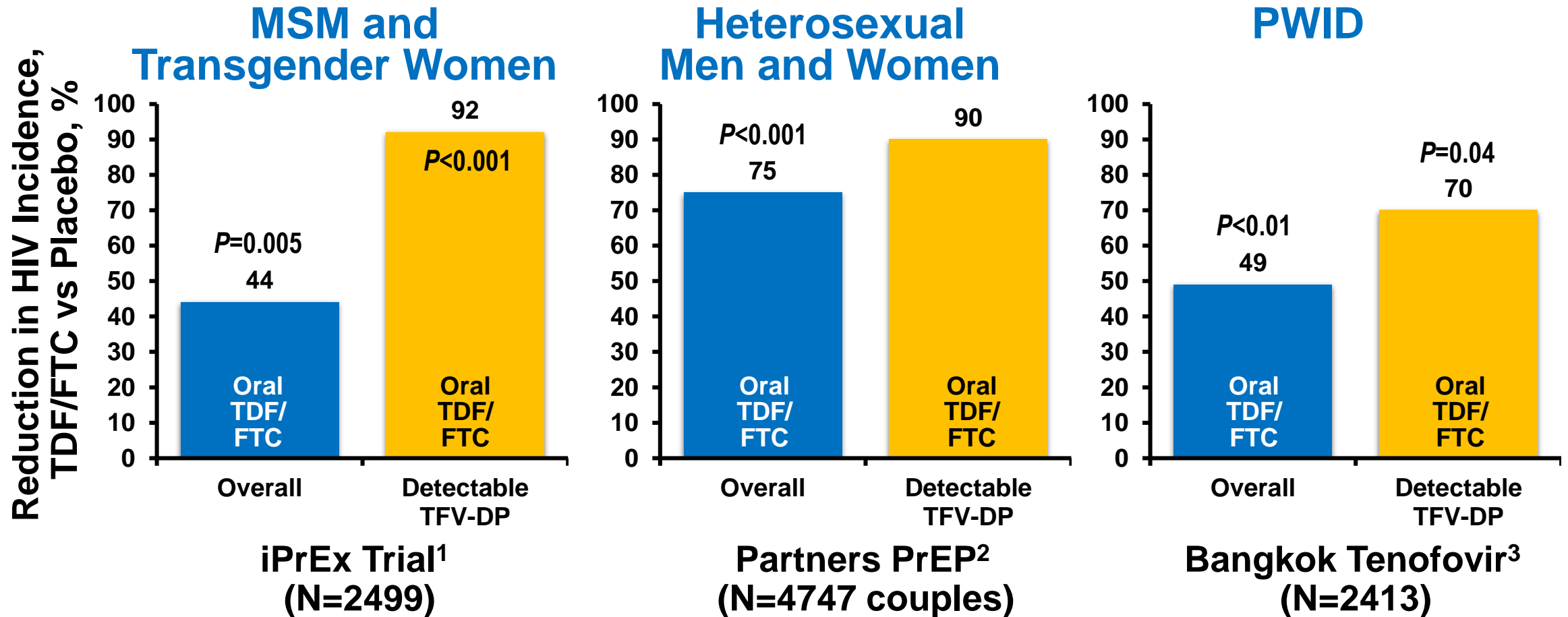


1. AIDSvu. <https://map.aidsvu.org/profiles/nation/usa/prevention-and-testing#1-1-PrEP>. Accessed July 22, 2024; 2. CDC. <https://www.cdc.gov/ehe/php/about/goals.html>. Accessed July 10, 2025; 3. CDC. <https://stacks.cdc.gov/view/cdc/160188>. Accessed July 4, 2025; 4. PrEPWatch. <https://data.prepwatch.org>. Accessed July 4, 2025.



EVIDENCE FOR ORAL PrEP

Efficacy of TDF/FTC for PrEP



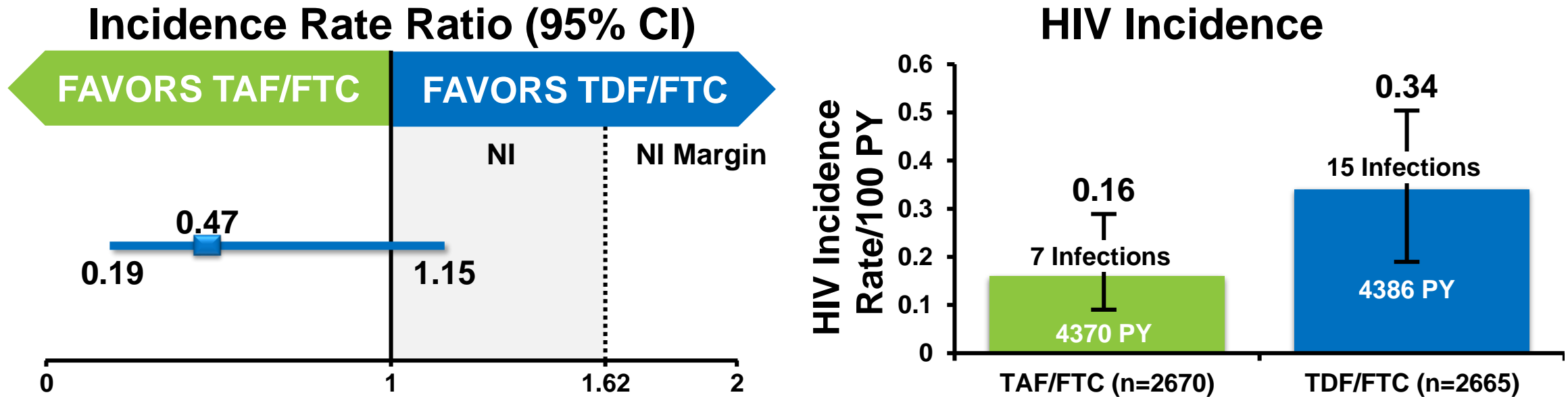
TFV-DP, tenofovir diphosphate.

1. Grant RM, et al; iPrEx Study Team. *N Engl J Med.* 2010;363(27):2587-2599; 2. Baeten JM, et al; Partners PrEP Study Team. *N Engl J Med.* 2012;367(5):399-410; 3. Choopanya K, et al; Bangkok Tenofovir Study Group. *Lancet.* 2013;381(9883):2083-2090.

PrEP Efficacy

TAF/FTC vs TDF/FTC

DISCOVER Trial: HIV Incidence



Daily TAF/FTC was statistically noninferior to daily TDF/FTC for HIV prevention, with TAF/FTC showing more-favorable effects on BMD and biomarkers of renal safety

BMD, bone mineral density; NI, noninferiority; PY, patient-years; TGW, transgender women.
Double-blind phase 3 NI trial in 94 community hospital-associated clinics in Europe and North America among cisgender MSM and TGW who have sex with men randomly assigned 1:1 to TAF/FTC or TDF/FTC (both with matched placebo) tablets daily. Efficacy outcome (HIV infection) assessed when all participants had completed 48 weeks of follow-up and half had completed 96 weeks of follow-up.
Mayer KH, et al. *Lancet*. 2020;396(10246):239-254.



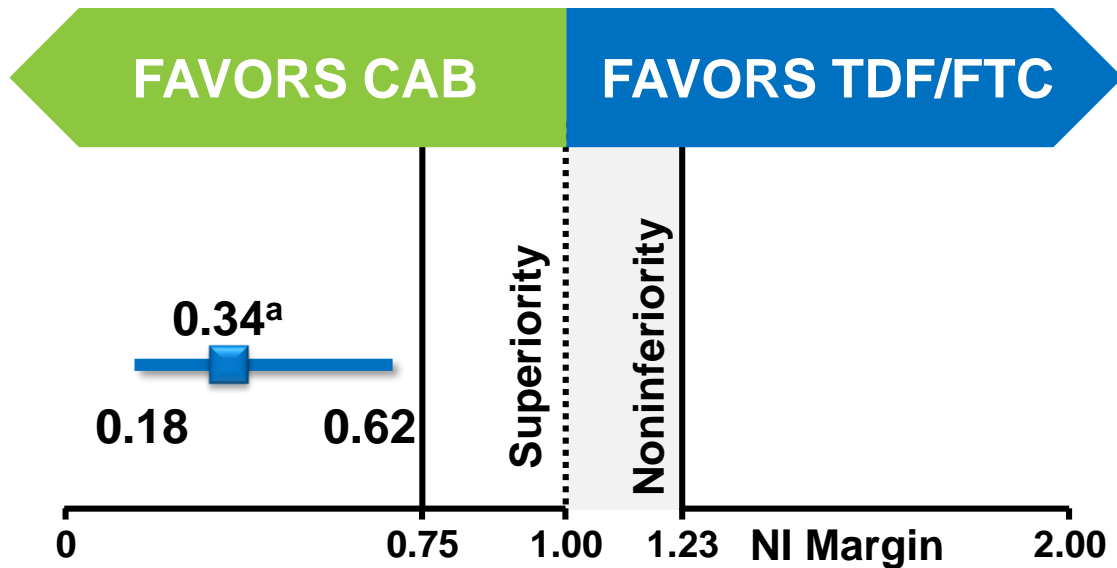
EVIDENCE FOR LAI PrEP

PrEP Efficacy

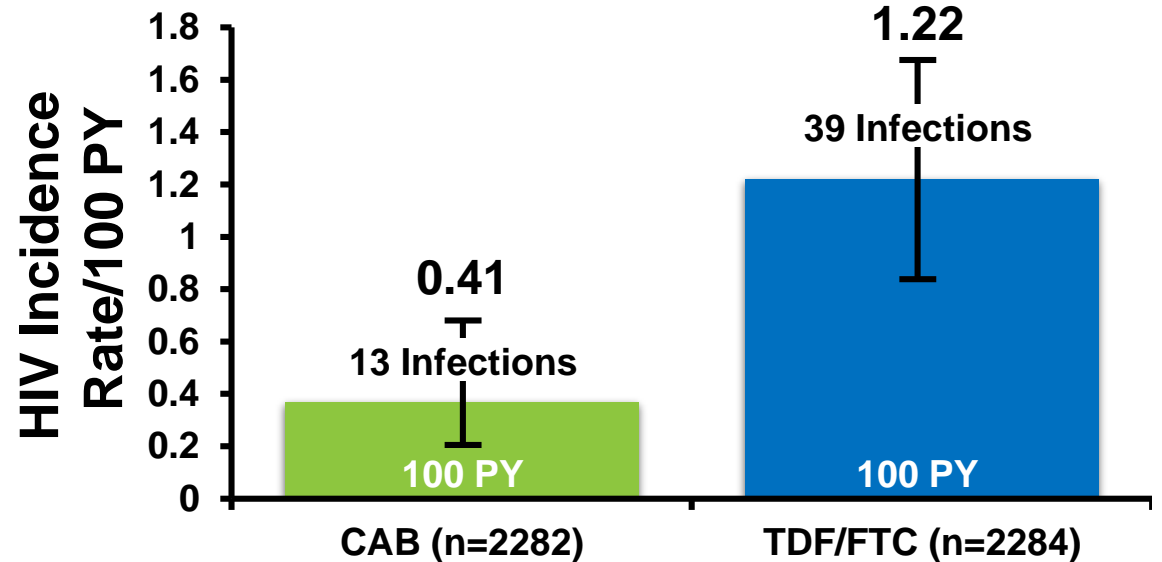
CAB vs TDF/FTC in MSM and TGW

HPTN 083 Trial Results

HIV Incidence Hazard Ratio (95% CI)



HIV Incidence



CAB was statistically superior to TDF/FTC in preventing HIV infection among MSM and TGW

HPTN, HIV Prevention Trials Network; IM, intramuscular.

^a $P < 0.0001$.

N=4566; double-blind double-dummy noninferiority trial comparing LAI CAB at 600 mg IM every 8 weeks with daily oral TDF/FTC in cisgender MSM and TGW who have sex with men, over 153 weeks.

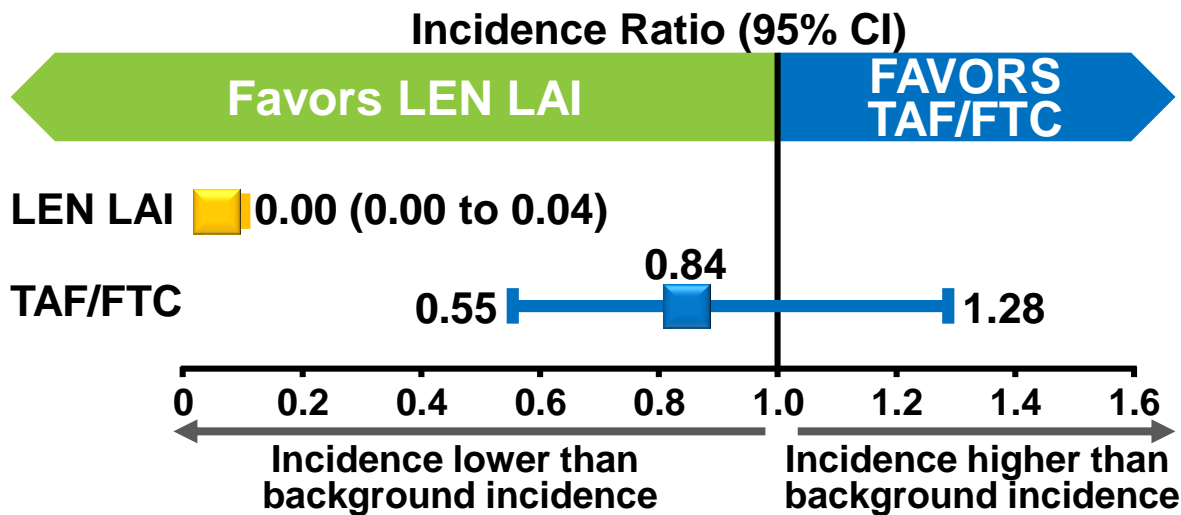
Landovitz RJ, et al; HPTN 083 Study Team. *N Engl J Med.* 2021;385(7):595-608.

PrEP Efficacy

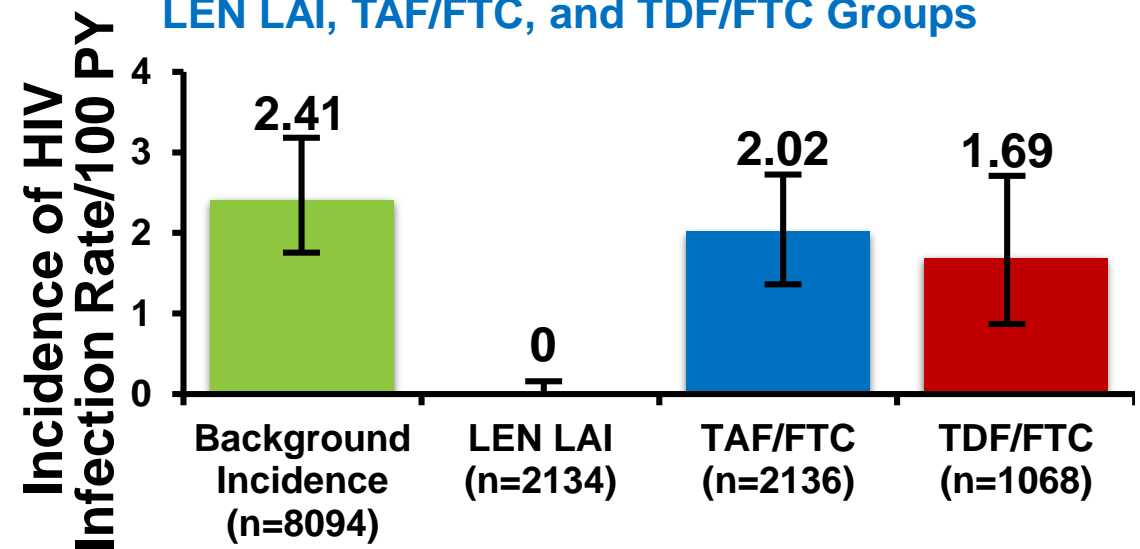
LEN vs TAF/FTC in Cisgender Women

PURPOSE 1 Trial Results

Incidence Rate Ratio Comparing HIV Incidence in LEN LAI and TAF/FTC Groups With Background HIV Incidence



Background HIV Incidence and HIV Incidence in LEN LAI, TAF/FTC, and TDF/FTC Groups



LEN was 100% effective and statistically superior to TAF/FTC in preventing HIV infection among cisgender women.

^aP<0.001.

SQ, subcutaneous.

N=5338; double-blind controlled trial randomly assigned cisgender women participants 2:2:1 to LEN LAI at 927 mg in two 1.5-mL injections SQ every 26 weeks, or daily oral TAF/FTC, or daily oral TDF/FTC and matching placebo for up to 104 weeks.

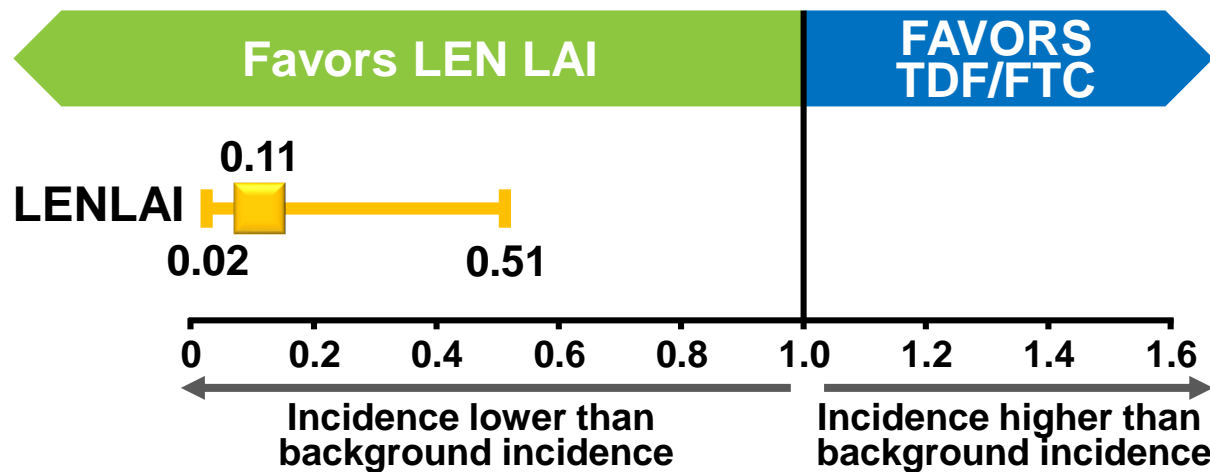
Bekker LG, et al. *N Engl J Med.* 2024;391(13):1179-1192.

PrEP Efficacy

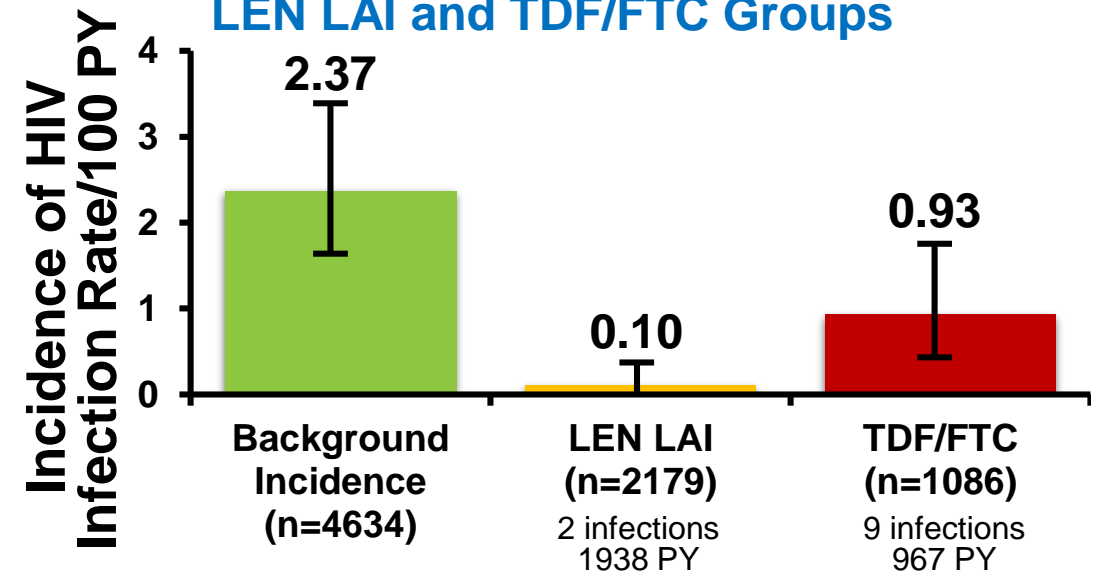
LEN vs TDF/FTC in Men and Gender-Diverse Persons

PURPOSE 2 Trial Results

Incidence Rate Ratio Comparing
LEN LAI With TDF/FTC
HIV Incidence Rate Ratio (95% CI)



Background HIV Incidence and Incidence in
LEN LAI and TDF/FTC Groups



LEN showed superior efficacy to TDF/FTC in preventing HIV infection in men and gender-diverse persons.

^aP=0.002.

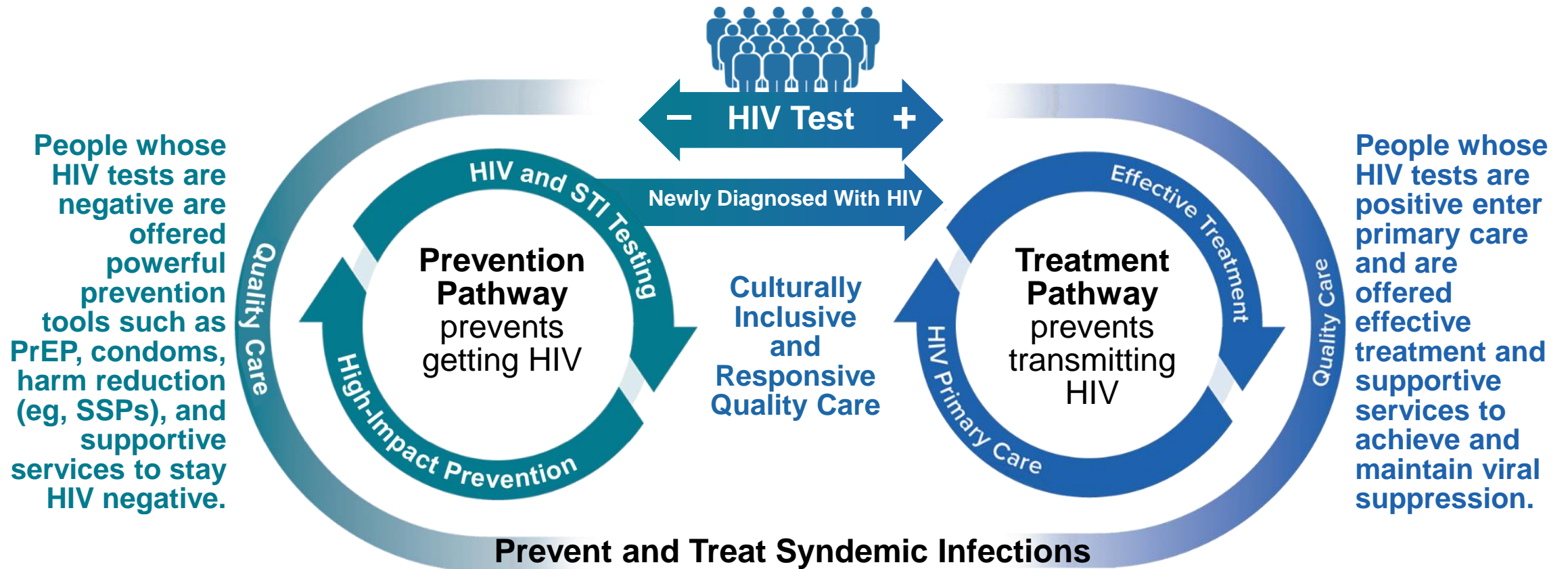
N=3265; double-blind active-controlled trial randomly assigned cisgender gay, bisexual, and other men, transgender women, transgender men, and gender nonbinary persons participants 2:1 to LEN LAI at 927 mg in two 1.5-mL injections SQ every 26 weeks or daily oral TDF/FTC and matching placebo for up to 104 weeks.

Kelley CF, et al. *N Engl J Med.* 2025;392(13):1261-1276.

A blue-tinted photograph of two healthcare professionals in a clinical setting. One person is holding a clipboard and looking at it, while the other stands beside them. The text 'STATUS-NEUTRAL APPROACH TO HIV PREVENTION' is overlaid in large white letters.

STATUS-NEUTRAL APPROACH TO HIV PREVENTION

Using a Status-Neutral Approach in Primary Care Is Essential in HIV Prevention



The approach to care for people with HIV and those without HIV should be indistinguishable

SSP, syringe services program; STD, sexually transmitted disease.

CDC. https://stacks.cdc.gov/view/cdc/129024/cdc_129024_DS1.pdf. Accessed July 10, 2025.

Discuss Sexual Health With Patients *As Well as HIV Prevention*

- **According to the CDC:**
 - All clinicians should talk to their sexually active teenage and adult patients about sexual health in general and about PrEP
 - Everyone between the ages of 13 and 64 years should be tested for HIV at least once as part of routine health care
- **We screen for and treat other STIs, why not HIV?**
- **We discuss many sensitive topics every day with patients (eg, mental health, constipation); sexual health should be no different**

“Clinicians should initiate a discussion about PrEP with ANY sexually active adolescent and adult patient so that it may be considered an option for them.” –2021 CDC PrEP Guidelines

Use the “5 Ps” of Sexual Risk Assessment to Open Dialog



Partners¹



Practices¹



Past History of STIs¹



Protection From STIs¹



Pregnancy Plans¹

Don't forget the 6th “P”: pleasure!²

1. CDC. www.cdc.gov/std/treatment-guidelines/clinical-risk.htm. Accessed July 4, 2025; 2. National Coalition for Sexual Health. www.nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/asset/Sexual-Health-Questions-to-Ask-All-Patients.pdf. Accessed July 4, 2025.



Screen for Intimate Partner Violence (IPV), a Barrier to PrEP Use in Women

- 1 in 4 women in the US will experience IPV in their lifetime
 - Female survivors of IPV are at higher risk for acquiring HIV than women in nonviolent relationships
- 1 in 2 women with HIV have experienced IPV
- PrEP is one part of a comprehensive safety planning strategy for women at increased risk for HIV due to IPV
 - BUT women experiencing IPV are concerned that violence will escalate if their partner finds out they are taking PrEP
- Providers should apply a trauma-informed lens to PrEP initiation and keep it undisclosed¹
- Resource for using trauma-informed care²:
<https://www.samhsa.gov/resource/ebp/practical-guide-implementing-trauma-informed-approach>



“If the partner finds out, there will be trouble.”

1. Jeffers NK, et al. *AIDS Behav.* 2022;26(7):2266-2278; 2. Substance Abuse and Mental Health Services Administration (SAMHSA). <https://www.samhsa.gov/resource/ebp/practical-guide-implementing-trauma-informed-approach>. Accessed July 4, 2025.

Recommendations Have Shifted on HIV Risk Assessment

Discuss PrEP and offer it to:

- All sexually active persons
- All persons requesting PrEP
- Anyone who injects nonprescription drugs, uses substances (alcohol, stimulants, opioids), or who has a substance use disorder

Screening tools and criteria for sexual or drug use behavior are not required to offer PrEP.

The background of the slide features a photograph of two healthcare professionals, likely a doctor and a nurse, wearing white lab coats. They are looking down at a document or tablet together. The entire image is overlaid with a semi-transparent blue filter. The text is centered and written in a large, bold, white, sans-serif font.

**DETERMINING
CLINICAL ELIGIBILITY
AND CONFIRMING
HIV-NEGATIVE STATUS**

Use Shared Decision-Making (SDM) From the Beginning

- **SDM is about collaboration¹:**
 - Goal: develop a treatment plan that considers both the patient's preferences and the clinician's medical recommendations
 - Can lead to greater adherence and improved health outcomes
- **SDM can¹:**
 - Reduce stigma by normalizing conversations about HIV prevention
 - Promote clinicians' cultural competence and cultural humility
 - Increase trust in the patient-provider relationship



Clinical Eligibility for PrEP



The Following Conditions Must Be Met for Daily Oral PrEP Use¹:

- HIV-1/2 Ag/Ab test result within 1 week before initially prescribing PrEP
- No signs/symptoms of AHI
- Estimated creatinine clearance ≥ 30 mL/min/1.73 m²
- No contraindicated medications



The Following Conditions Must Be Met for LAI PrEP^{1,2}:

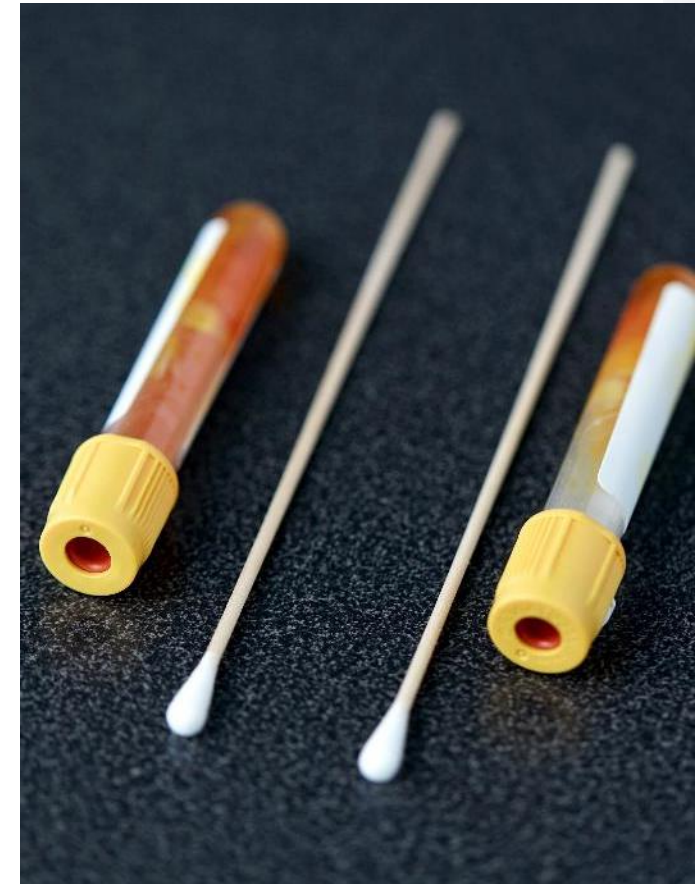
- HIV-1/2 Ag/Ab test result within 1 week before initially prescribing PrEP; ideally confirmed with an HIV RNA test
- A rapid point-of-care HIV Ag/Ab test may be used while awaiting an HIV-1/2 Ag/Ab test result
- No signs/symptoms of AHI
- No contraindicated medications or conditions

Ag/Ab, antigen/antibody; AHI, acute HIV infection.

1. Gandhi RT, et al. *JAMA*. 2025;333(7):609-628; 2. Landovitz RJ, et al. *JAMA*. 2025. Epub ahead of print.

HIV and STI Testing for PrEP Initiation

- Any patient requiring HIV/STI screening should be offered 3-site testing¹
- 3-site STI screening for chlamydia and gonorrhea¹:
 - Swab oropharynx, rectum, and test urine or vagina (depending on anatomy)
 - Genital testing with a swab is preferred for patients with a vagina, but urine is acceptable
 - Patients can self-swab all sites
 - Chlamydia and gonorrhea often missed with urine/genital testing only
 - A study of MSM living with HIV found that all gonorrhea and 75% of chlamydia infections would be missed with urine screening alone²
 - A recent analysis confirmed that vaginal swabs are optimal sample type for testing women for chlamydia and gonorrhea³
- Blood tests:
 - HIV-1/2 Ag/Ab blood test (preferred); HIV-1 RNA assay; or a rapid, point-of-care, FDA-approved, fingerstick Ag/Ab blood test⁴
 - Syphilis serology¹



1. CDC. USPHS. Preexposure Prophylaxis for the Prevention of HIV Infection in the United States—2021 Update. <https://stacks.cdc.gov/view/cdc/112360>. Accessed July 12, 2025;
2. Sandkovsky U, et al. *Open Forum Infect Dis.* 2015;2(suppl 1):120; 3. Aaron KJ, et al. *Ann Fam Med.* 2023;21(2):172-179; 4. Workowski KA, Bolan GA; Centers for Disease Control and Prevention. *MMWR Recomm Rep.* 2015;64(RR-03):1-137.



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Doxycycline Post-Exposure Prophylaxis for Bacterial STIs (Doxy PEP) *2024 CDC Clinical Guidelines*

- Providers should counsel **all gay, bisexual, and other MSM and TGW** with a history of **≥1 bacterial STI (syphilis, chlamydia, or gonorrhea) during the past 12 months about the benefits and harms of using doxy PEP** and should offer it through shared decision-making
 - Doxycycline (any formulation) 200 mg once within 72 hours (not to exceed 200 mg per 24 hours) of oral, vaginal, or anal sex
 - Ongoing need for doxy PEP should be assessed every 3 to 6 months
- No recommendation on the use of doxy PEP for cisgender women, cisgender heterosexual men, transgender men, and queer and nonbinary persons

Doxy PEP is used to prevent infection with syphilis, chlamydia, and gonorrhea.

For Clients Testing Positive for HIV and/or STIs

The Role of Partner Services Programs

- **Partner services programs^{1,2}**

- Help newly diagnosed clients notify their sexual and drug injection partners of their potential exposure and provide counseling, testing, and referral to treatment and other services
- **Referral methods^{1,2}**



Health department tells partners



Patient tells partners



Health department and patient tell partners

- **Expedited partner therapy³**

- Providing prescriptions or medications to a patient diagnosed with **chlamydia or gonorrhea** to take to their sex partner (without a health care provider first examining the sex partner)

- **If a patient has a positive HIV test^{1,2}**

- Refer them immediately to an HIV treatment provider to start antiretroviral therapy (ART)

15% of partners tested by Partner Services were positive for HIV and previously undiagnosed.²

A blue-tinted photograph of two healthcare professionals. On the right, a woman with glasses and a stethoscope around her neck is looking down at a clipboard she is holding. On the left, another woman is looking towards the first woman. The background is a clinical setting with a whiteboard.

IMPLEMENTING PrEP

PrEP Only Works if It's Taken as Prescribed

- A systematic review and meta-analysis of oral PrEP effectiveness, safety, adherence, and risk compensation in all populations showed that:
 - Efficacy is strongly linked to adherence
 - On average, a 10% decrease in adherence causes a 13% decrease in efficacy

Trial	Author, Year
Partners PrEP	Baeten, 2012
Bangkok Tenofovir Study	Choopanya, 2013
iPrEx	Grant, 2010
VOICE	Marrazzo, 2015
PROUD	McCormack, 2015
IPERGAY	Molina, 2015
FEM-PrEP	Van Damme, 2012

Lab Testing and Monitoring for Oral PrEP

Test/Screen	Initiation	Every 3 Mo	Every 6 Mo	Every 12 Mo
HIV Assessment <ul style="list-style-type: none"> Signs/Symptoms of AHI Discuss whether continued need for PrEP; adherence, side effects, etc 	X	X	X	X
HIV Status <ul style="list-style-type: none"> HIV-1/2 Ag/Ab test (lab preferred) HIV RNA assay 	(HIV-1/2 Ag/Ab test only)	X	X	X
Renal Status <ul style="list-style-type: none"> eCrCl >60 mL/min/1.73 m² (TDF/FTC or TAF/FTC) eCrCl >30 mL/min/1.73 m² (TAF/FTC) If at baseline >50 yo OR eCrCl <90 mL/min/1.73 m ² (TDF/FTC or TAF/FTC) ^a	TAF/FTC for reduced renal function		X ^a	X
STI Screen (for anal sex) ^b	X	X	X	X
STI Screen (for vaginal insertive or receptive sex) ^b	X		X	CT only
Lipid Screen (only for persons prescribed TAF/FTC)	X			X
Hepatitis Screens (HBV and HCV serologies; HAV serology for those having anal sex or if at risk) ^{1,2}	X	X (if not done at initiation)		
Pregnancy Test (if of childbearing potential) ²	X	X	X	X

^aIf at baseline >50 yo OR eCrCl <90 mL/min/1.73 m² every 6 months (TDF/FTC or TAF/FTC); ^bSyphilis testing; gonorrhea and chlamydia NAATs (all potential exposure sites).

CT, chlamydia trachomatis; eCrCl, estimated creatinine clearance; HAV, hepatitis A virus; HBV, hepatitis B virus; HCV, hepatitis C virus; NAAT, nucleic acid amplification test; yo, years old.

1. CDC. <https://stacks.cdc.gov/view/cdc/112360>. Accessed July 12, 2025; 2. New York State Department (NYSDOH) of Health AIDS Institute. <https://www.hivguidelines.org/guideline/hiv-prep/>. Accessed July 12, 2025.

Prescribing Oral PrEP

Once You've Taken the Following Steps¹:

- Identified patient at risk of HIV infection (or patient expressed interest in starting PrEP)
 - Confirmed their interest and clinical eligibility
 - Patient weighs ≥ 35 kg
 - Obtained negative HIV test result
 - Confirmed no HIV exposure event within last 4 weeks
 - No sign/symptoms of AHI
- Ordered necessary labs

Prescription	Pill Supply	Return for Follow-Up
Daily Oral PrEP	<ul style="list-style-type: none">• 1 fixed-dose combination tablet• 90-day supply TDF/FTC²OR• 90-day supply TAF/FTC³<ul style="list-style-type: none">– May be used by those at risk through vaginal exposure in certain circumstances^a• Optional: some clinicians prefer to give a 30-day supply at initiation to enable them to check on the patient sooner	Schedule follow-up visit for 30 or 90 days (depending on number of pills supplied)

You may initiate PrEP as long as there is a negative HIV test; you do not need to withhold PrEP until other tests are back.

^aTAF/FTC is not indicated for those at risk for acquiring HIV through receptive vaginal sex; International Antiviral Society (IAS)-USA recommends its use for those at risk through vaginal exposure in whom TDF/FTC is contraindicated or undesirable.

1. CDC. <https://stacks.cdc.gov/view/cdc/112360>. Accessed July 12, 2025; 2. Drugs@FDA. www.accessdata.fda.gov/drugsatfda_docs/label/2024/021752s064lbl.pdf. Accessed July 12, 2025; 3. Drugs@FDA. www.accessdata.fda.gov/drugsatfda_docs/label/2025/208215s023s025lbl.pdf. Accessed July 12, 2025.

Safety Considerations

TDF/FTC and TAF/FTC Black Box Warnings^{1,2}

Risk of drug resistance with use of TDF/FTC or TAF/FTC for PrEP in patients with undiagnosed early HIV infection.

- **Use of TDF/FTC and TAF/FTC for PrEP is only for HIV-negative individuals**

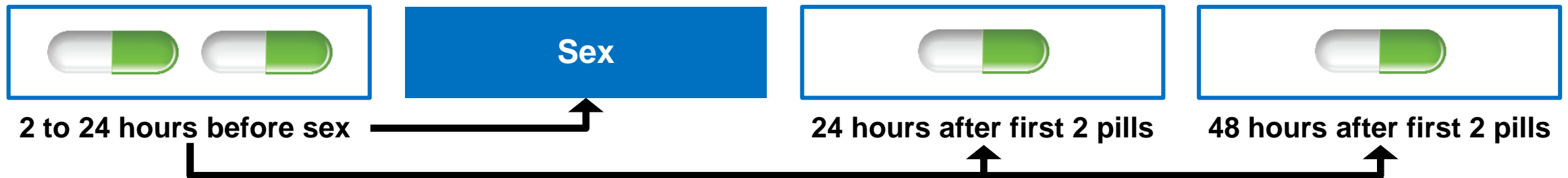
Posttreatment acute exacerbation of HBV infection:

- Severe acute exacerbations of HBV have been reported in HBV-infected patients who have discontinued TDF/FTC, and may occur with TAF/FTC
 - Hepatic function should be monitored closely in these patients

On-Demand PrEP With Oral TDF/FTC

An Alternative to a Daily Pill

- **On-demand (also called event-driven or 2:1:1) dosing¹**
 - Taken at specific time points only, around times of anal intercourse
 - Recommendations are only for MSM
 - Not for those having receptive vaginal sex or whose HIV risk is solely from IDU
- **Effective HIV prevention for MSM with infrequent sexual encounters and an alternative to daily TDF/FTC¹**
- **Not FDA approved; however, it is included in the CDC and other US and WHO guidelines^{1,2}**



WHO, World Health Organization.

1. Saag MS, et al. *JAMA*. 2020;324(16):1651-1669; 2. CDC. <https://stacks.cdc.gov/view/cdc/112360.pdf>. July 12, 2025.

Lab Testing and Monitoring for CAB LAI

Test/Screen	Initiation	1 Mo Visit	Every 2 Mo	Every 4 Mo	Every 6 Mo	Every 12 Mo	When Stopping CAB
HIV Assessment <ul style="list-style-type: none"> • Signs/Symptoms of AHI • Discuss whether continued need for PrEP; adherence, side effects, etc 	X		X	X	X	X	
HIV Status <ul style="list-style-type: none"> • HIV-1/2 Ag/Ab test (lab preferred) • HIV RNA assay 	X	X	X	X	X	X	X
STI Screen (MSM/TGW)^a	X		X	X	CT only	GC/Syphilis only	X
STI Screen (heterosexually active men and women)^a	X				GC/Syphilis only	CT only	
Pregnancy Test (if of childbearing potential)²	X	X	X	X	X	X	

^aSyphilis testing; gonorrhea and chlamydia NAATs (all potential exposure sites).

1. CDC. <https://stacks.cdc.gov/view/cdc/112360>. Accessed July 10, 2025; 2. NYSDOH AIDS Institute. <https://www.hivguidelines.org/guideline/hiv-prep/>. Accessed July 10, 2025.

Prescribing CAB LAI

Once You've Taken the Following Steps¹:

- Identified patient at risk of HIV infection (or patient expressed interest in starting PrEP)
- Confirmed their interest and clinical eligibility
- Patient weighs ≥ 35 kg
- Obtained negative HIV test result
 - No signs/symptoms of AHI
- Ordered necessary labs
 - You may initiate CAB LAI as long as there is a negative HIV test; you do not need to withhold PrEP until other tests are back

Prescription	With Oral Lead-In ²	Without Oral Lead-In ²
CAB LAI PrEP	<p>At initiation provide Prescription for CAB daily oral lead-in for 4 weeks</p> <p>1 month later (on the last day of oral lead-in) CAB single 600-mg (3-mL, gluteal IM only) injection</p> <p>1 month later CAB IM injection</p> <p>2 months later and thereafter Provide CAB IM injection</p>	<p>At initiation provide CAB IM injection</p> <p>1 month later CAB IM injection</p> <p>2 months later and thereafter CAB IM injection</p>

Oral lead-in dosing may be used for 1 month prior to starting injections to determine tolerability for CAB; may be used by those having receptive vaginal sex

1. CDC. USPHS. Preexposure Prophylaxis for the Prevention of HIV Infection in the United States—2021 Update. <https://stacks.cdc.gov/view/cdc/112360>. Accessed July 10, 2025; 2. Drugs@FDA. www.accessdata.fda.gov/drugsatfda_docs/label/2025/215499s009lbl.pdf. Accessed July 10, 2025.

Safety Considerations

CAB LAI Warnings

Black Box Warning: Risk of drug resistance with use of CAB LAI (or oral CAB) for PrEP in patients with undiagnosed early HIV infection.

- Use of CAB LAI for PrEP is only for HIV-negative individuals; must test for HIV-1 infection prior to initiating injection or oral regimen and with each subsequent injection

Warnings/Precautions: Hypersensitivity reactions have been reported with CAB and include Stevens-Johnson syndrome/toxic epidermal necrolysis, and hepatotoxicity has been reported in patients receiving CAB; discontinue CAB LAI if either of these develop.

- Depressive disorders have been reported with CAB LAI for PrEP; patients with depressive symptoms should be evaluated promptly

Lab Testing and Monitoring for LEN LAI

Test/Screen	Initiation	Interim 3-Month Visit	At 6-Month Injection Visit	When Stopping LEN
HIV Assessment <ul style="list-style-type: none"> • Signs/Symptoms of AHI • Discuss whether continued need for PrEP; adherence, side effects, etc 	X	X	X	
HIV Status <ul style="list-style-type: none"> • HIV-1/2 Ag/Ab test (lab preferred) • HIV RNA assay 	X	X	X	X
STI Screen^a	X	X	X	X

^aBased on risk assessment, STI testing can be quarterly or with each injection.

NYSDOH AIDS Institute. Clinical guidelines program. <https://www.hivguidelines.org/guideline/hiv-prep-len/>. Accessed July 10, 2025.

Prescribing LEN LAI

Once You've Taken the Following Steps¹:

- Identified patient at risk of HIV infection (or patient expressed interest in starting PrEP)
- Confirmed their interest and clinical eligibility
- Patient weighs ≥ 35 kg
- Obtained negative HIV test result
 - No signs/symptoms of AHI
- Ordered necessary labs
 - You may initiate LEN LAI as long as there is a negative HIV test; you do not need to withhold PrEP until other tests are back

Prescription

LEN LAI PrEP

Dosage²

At initiation

On day 1, administer LEN LAI 927 mg SQ (two 1.5-mL injections) and 600 mg orally (two 300-mg tablets)

On day 2, the patient takes the second oral loading dose of 600 mg orally (two 300-mg tablets)

6 months later and thereafter

Administer LEN LAI 927 mg SQ (two 1.5-mL injections)

LEN LAI requires an oral loading dose at initiation.

1. CDC. <https://stacks.cdc.gov/view/cdc/112360>. Accessed July 10, 2025; 2. Drugs@FDA. www.accessdata.fda.gov/drugsatfda_docs/label/2025/220018s000lbl.pdf. Accessed July 10, 2025.

Safety Considerations

LEN LAI Warnings

Black Box Warning: Risk of drug resistance with use of LEN LAI for PrEP in patients with undiagnosed early HIV infection.

- Use of LEN LAI for PrEP is only for HIV-negative individuals; must test for HIV-1 infection prior to initiating LEN LAI regimen and with each subsequent injection

Warnings/Precautions:

LEN LAI, a moderate CYP3A inhibitor, may increase the exposure to, and therefore potential risk of adverse reactions from, drugs primarily metabolized by CYP3A initiated within 9 months after the last SQ dose of LEN LAI.

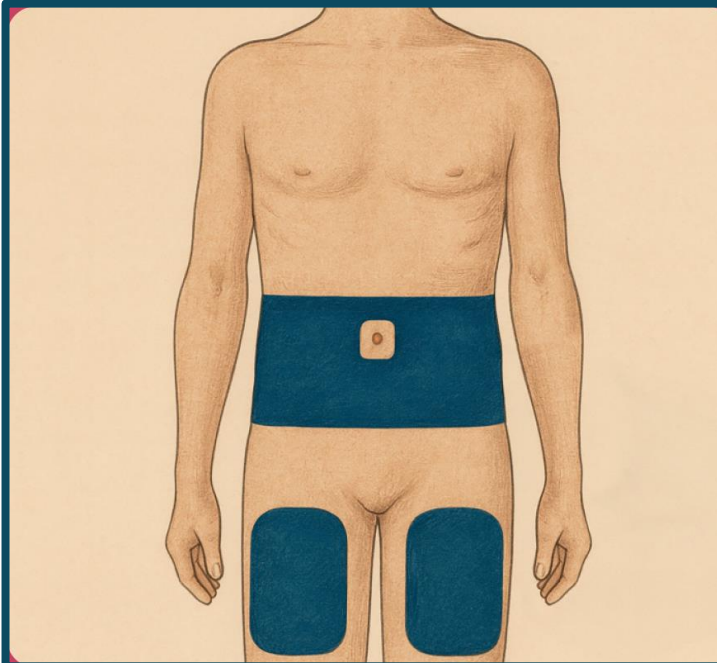
Improper administration of LEN LAI has been associated with serious injection site reactions. Ensure LEN LAI is only administered SQ.

LEN LAI Injection Technique

SQ Injection

Injection site:

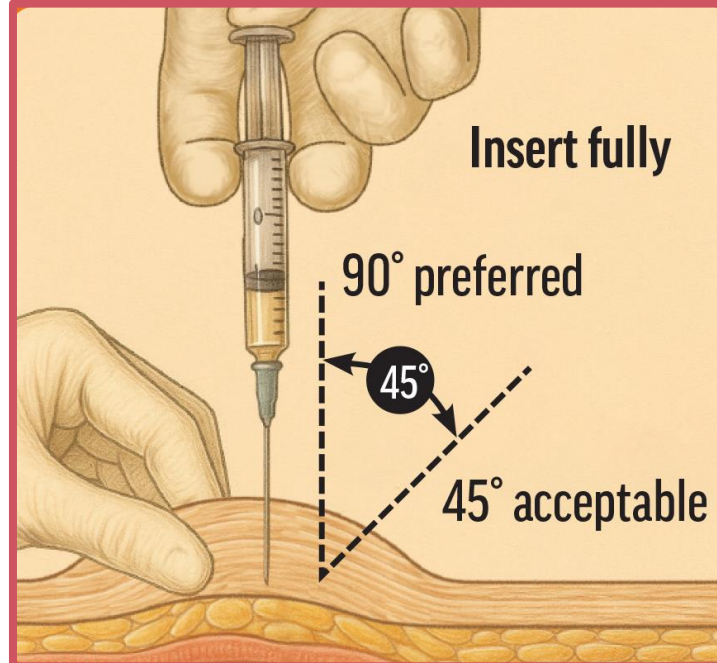
Abdomen (at least 2 inches from navel) or thigh¹



Inject 1.5 mL LEN SQ

Repeat the steps for the second injection.

Administer second injection at least 4 inches from first injection site¹



- LEN LAI, when injected SQ, forms a drug depot, or nodule, that may be felt under the skin, but it is usually not visible
- The depot reduces in size over time as the drug elutes
- Nodules either resolve or substantially decrease in size before the next injection²

How Long Until PrEP Works?

Time to Maximum HIV Protection (Tissue Concentration), by Mode of HIV Exposure

Tissue/Fluid	Approximate Time to Maximum Protection With Oral PrEP (Days) ¹	Approximate Time to Maximum Protection With CAB LAI PrEP (Days) ²
Rectal Tissue	7	7
Rectal Fluid	Unknown	7
Cervical Tissue	21	7
Cervical Vaginal Fluid	Unknown	7
Penile Tissue	Unknown	Unknown

Time to maximum protection with LEN is unknown. Theoretically, based on surrogate treatment, LEN drug concentrations show full protection 2 hours after oral doses on day 2.³

1. CDC. <https://stacks.cdc.gov/view/cdc/112360>. Accessed July 10, 2025; 2. Shaik JS, et al. *Br J Clin Pharmacol*. 2022;88(4):1667-1678; 3. Jogiraju V, et al. Presented at AIDS 2022; July 29-August 2, 2022; Montreal, Canada. Poster PESUB22.



MANAGING MISSED DOSES

For Patients Who Miss a Dose of Daily Oral PrEP

Patients missing a dose of daily oral PrEP should be informed of the following¹:

- Take a single missed dose as soon as they remember it, unless it is almost time for the next dose
- If it is almost time for the next dose, skip the missed dose and continue with the regular dosing schedule

For Patients Who Miss a Dose of CAB LAI

Patients missing a dose, or planning to miss a scheduled injection visit, should be informed of the following^{1,2}:

- Oral dosing may be used to replace up to 2 consecutive monthly injections
- If patients are more than 4 weeks late for their injections, counsel them to determine if an ongoing risk of HIV exposure is anticipated; if so
 - “Reload” with a 4-week interval between the next 2 injections and then return to 8-week intervals OR
 - Discuss with them the need for daily oral PrEP or other effective HIV prevention methods

For Patients Who Miss a Dose of LEN LAI

Patients missing a dose, or planning to miss a scheduled injection visit, should be informed of the following^{1,2}:

- Patients who miss the day 2 oral initiation dose should take it as soon as possible. The day 1 and day 2 oral initiation doses should not be taken on the same day
- If patients are more than 2 weeks late for their injection, counsel them to ensure that resuming LEN remains appropriate and confirm HIV-negative status; if so
 - LEN oral tablets may be taken on an interim basis, for up to 6 months if needed, until injections resume (the oral tablet is taken once per week) OR
 - If it has been >28 weeks since the last injection and oral tablets have not been taken, restart the regimen using the initiation dosing schedule followed by the continuation injection dosing



SHARED DECISION- MAKING FOR PrEP THERAPY SELECTION



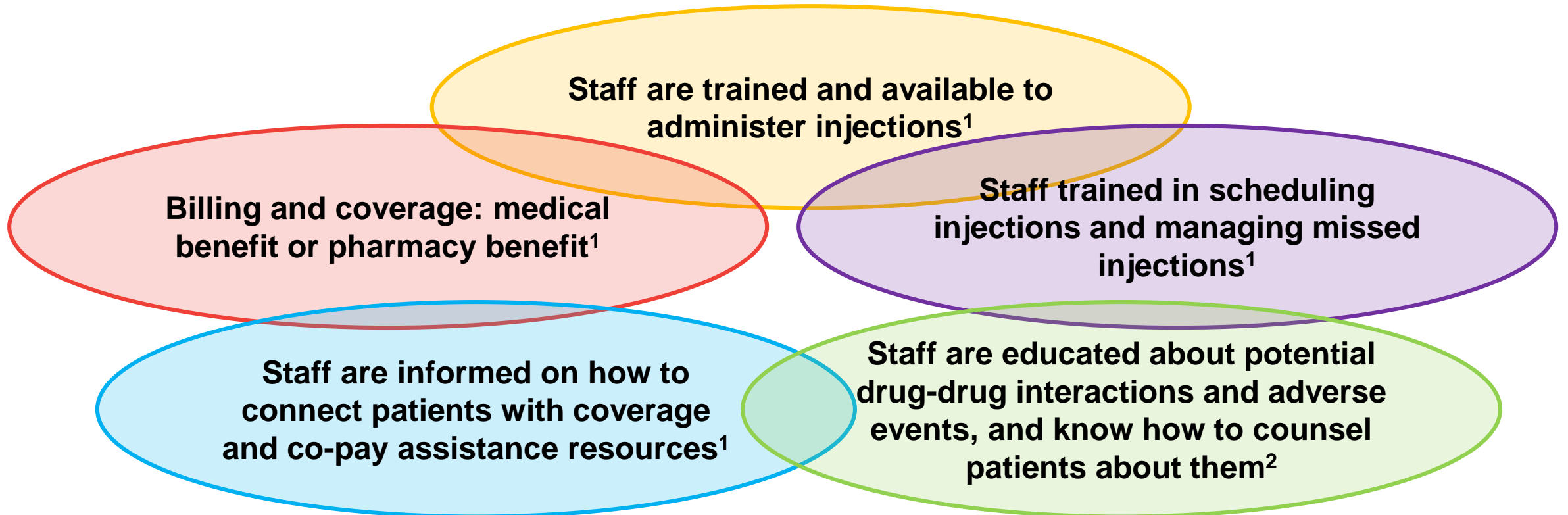
Comparing PrEP Options

Consider for	TDF/FTC	TAF/FTC	CAB LAI	LEN LAI
Renal Function ^{1-5,9}		✓	✓	✓
Bone Mineral Density ^{1,3,4-6,9}		✓	✓	✓
Lipids ^{4-9, 10}	✓			✓
Gender-Affirming Hormones ^{5,10}	✓	✓	✓	✓
Other Considerations				
Side Effects ^{5,9}	Diarrhea (6%); nausea (5%)	Diarrhea (5%); nausea (4%)	Injection-site reaction (32%-81%); mostly mild and greatest initially	Injection-site reaction (69%-83%); mostly mild (grade 1, 50%-66%) or moderate and greatest initially; injection site nodule (63%-64%)
Approved to Prevent HIV From IDU ^{6,10}	✓		✓ ^a	✓ ^a
Receptive Vaginal Sex ^{6,9,10}	✓	✓ ^b	✓	✓
On-Demand Use ⁶	✓			
Frequency of Dose ^{6,9}	1 pill daily	1 pill daily	IM injection in buttocks every 2 months	SQ injections in abdomen every 6 months

^aAlthough LEN LAI is not indicated to reduce the risk of HIV acquisition in persons at risk through IDU, per recommendations from the IAS-USA, it is recommended as a PrEP option for PWID who have sexual exposures; ^bPer recommendations from the IAS-USA, TAF/FTC may be used for prevention of HIV acquisition from vaginal exposures for those in whom TDF/FTC is contraindicated or undesirable, but TAF/FTC does not have this indication in the prescribing information.

1. Drugs@FDA. Drugs@FDA. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/021752s064lbl.pdf. Accessed July 10, 2025; 2. Gandhi M, et al. *Lancet HIV*. 2016;3(11):e521-e528; 3. Drugs@FDA. www.accessdata.fda.gov/drugsatfda_docs/label/2025/208215s023s025lbl.pdf. Accessed July 10, 2025; 4. Drugs@FDA. www.accessdata.fda.gov/drugsatfda_docs/label/2025/215499s009lbl.pdf. Accessed July 10, 2025; 5. NYSDOH AIDS Institute. Clinical guidelines program. <https://www.hivguidelines.org/guideline/hiv-prep/>. Accessed July 10, 2025; 6. CDC. Preexposure Prophylaxis for the Prevention of HIV Infection in the United States—2021 Update. <https://stacks.cdc.gov/view/cdc/112360>. Accessed June 4, 2024; 7. Shah S, et al. *AIDS*. 2021;35(suppl 2):S189-S195; 8. Wood BR, Huhn GD. *Open Forum Infect Dis*. 2021;8(12):ofab542; 9. Drugs@FDA. www.accessdata.fda.gov/drugsatfda_docs/label/2025/220018s000lbl.pdf. Accessed July 10, 2025; 10. Landovitz RJ, et al. *JAMA*. 2025. Epub ahead of print.

Considerations for LAI Implementation and Referring Out



- If it is not feasible for your clinic to implement LAI PrEP, know where in your community to refer patients:
 - locator.hiv.gov

PrEP Posters and Brochures

Ayuda para pagar la PrEP

La mayoría de los programas de seguro médico y Medicaid cubren la PrEP. Según la Ley de Cuidado de Salud Asequible, la PrEP debe ser gratuita en casi todos los planes de seguro médico. Esto significa que no se le puede cobrar por su medicación de PrEP ni por las visitas clínicas y los análisis de laboratorio que necesita para seguir tomando la PrEP.

Algunos estados ofrecen ayuda para pagar la PrEP, las visitas clínicas o los análisis de laboratorio si no tienes seguro:

<https://nasad.org/prepost-resources/prep-assistance-programs>

Otros programas que puedes consultar:

Preparados, listos, PrEP! (Si no tienes seguro médico ni cobertura de Medicaid)

<https://readygetprep.hiv.gov/>

O lláma al **855-447-8410**

Para Truvada® y Descovy® (Si no tienes seguro médico)

Programa de Asistencia al Paciente Advancing Access: <https://www.gileadadvancingaccess.com/financial-support/usa/na/>

Para Truvada® y Descovy® (Si tienes seguro médico no gubernamental)

Advancing Access: <https://www.gileadadvancingaccess.com/copyy-coupon-card>

O lláma al **1-877-50**

Para Aprelude®

VIV Connect: <https://www.vivconnect.com/patient/get-savings-info/>

¿Cómo empiezo la PrEP?

La PrEP es solo para personas que **no tienen VIH**.

Consulta con tu médico para realizarte análisis de sangre y averiguar si la PrEP es adecuada para ti.

¿Cuáles son mis opciones de PrEP?

Hay tres medicamentos diferentes que previenen el VIH.

Una pastilla diaria OR Pastillas solo cuando las necesites OR Una inyección cada 2 o 6 meses

Dos son pastillas — TRUVADA® y DESCOVY® — y dos son inyecciones — APRELUDE® y YEZUGO®.

Si sientes que corres el riesgo de contraer el VIH solo ocasionalmente, pregúntale a tu médico si la PrEP a demanda es adecuada para ti.

¿Cómo se debe usar la PrEP?

Truvada y Descovy

- Tome su pastilla de PrEP todos los días
- Consulte a su médico cada 3 meses para hacerse análisis de laboratorio y asegurarse de que no tenga VIH

Aprelude

- Consulte a su médico manualmente durante los primeros 2 meses y luego cada 2 meses para hacerse análisis de laboratorio y asegurarse de que no tenga VIH y vacunarse

Yezugo

- Consulte a su médico regularmente para hacerse análisis de laboratorio y asegurarse de que no tenga VIH y vacunarse cada 6 meses

¿Qué más debo saber sobre la PrEP?

- **No dejes** que nadie más que nadie más tome sus pastillas de PrEP.
- **Mantenga las pastillas de PrEP en el frasco**, manténgalo cerrado y fuera del alcance de los niños.
- **Tome la pastilla de PrEP todos los días** o inyéctese la inyección cada 2 o 6 meses para prevenir el VIH.
- **Adapte su horario de medicación** a su vida. Incluye la toma de su pastilla de PrEP en las actividades que ya realiza a diario, como cepillarse los dientes o comer.
- **Use un calendario o su teléfono** para recordarle su próxima inyección de PrEP o su cita con su médico.

Help paying for PrEP

PrEP is covered by most health insurance programs and Medicaid. Under the Affordable Care Act, PrEP must be free under almost all health insurance plans. That means you can't be charged for your PrEP medication or the clinic visits and lab tests you need to stay on PrEP.

Some states offer help to pay for PrEP, clinic visits, or lab tests if you don't have insurance:

<https://nasad.org/prep-access/prep-assistance-programs>

Other programs to check out:

Ready, Set, PrEP! (If you don't have insurance or Medicaid coverage)

<https://readygetprep.hiv.gov/>

Or call **855-447-8410**

For Truvada® and Descovy® (If you don't have insurance)

Advancing Access Patient Assistance Program: <https://www.gileadadvancingaccess.com/financial-support/usa/na/>

For Truvada® and Descovy® (If you have non-government insurance)

Advancing Access: <https://www.gileadadvancingaccess.com/copyy-coupon-card>

Or call **1-877-505-6986**

For Aprelude®

VIV Connect: <https://www.vivconnect.com/patient/get-savings-information/prelude>

Where can I get PrEP?

<https://pleasepreme.org/find-a-provider/>

<https://pleasepreme.org/online-provider/>

What are my PrEP Options?

There are 3 different medicines that prevent HIV.

A daily pill OR Pills only when you need them OR A shot every 2 or 6 months

Two are pills — TRUVADA® and DESCOVY® — and two are shots — APRELUDE® and YEZUGO®.

If you feel like you are at risk for getting HIV only sometimes, ask your doctor if on-demand PrEP is right for you.

What else should I know about PrEP?

- **Do not let anyone else take your PrEP pills**
- **Keep PrEP pills in the bottle**; keep the bottle closed and away from children
- **Take the PrEP pill every day** or get the shot every 2 or 6 months to prevent HIV
- **Match your medicine schedule to your life**. Add taking your PrEP pill to things you already do each day, like brushing your teeth or eating a meal
- **Use a calendar or your phone** to remind you about your next PrEP shot or your appointment to see your health care provider

How should PrEP be used?

Truvada and Descovy

- Take your PrEP pill every day
- See your health care provider every 3 months for lab tests to make sure you do not have HIV

Aprelude

- See your health care provider monthly for the first 2 months and then every 2 months for lab tests to make sure you do not have HIV and to get the shot

Yezugo

- See your health care provider regularly for lab tests to make sure you do not have HIV and every 6 months to get the shot

Take Control of your Health!

Protect Yourself from HIV

It's as easy as taking 1 pill once a day or a shot every 2 or 6 months.

Did You Know?

~1 in 5 new HIV diagnoses is in women

It's not just young people at risk — **people of all ages can acquire HIV**

Some geographic regions in the US, such as the South, have a higher incidence of HIV

PrEP stands for preexposure prophylaxis (pro-fil-lax-iss).

PrEP helps prevent HIV from taking steps to prevent getting a disease or to protect your health.

Who may benefit from PrEP?

- Anyone **sexually active** who doesn't always use a condom
- **Teens and adults** of all ages, regardless of gender
- People who are planning to get **pregnant**, are pregnant, or are breastfeeding
- Anyone who has had chlamydia, gonorrhea, or syphilis in the **past 6 months**
- Anyone with a **partner** living with HIV
- People who live in an area where many people are living with HIV
- Anyone who injects **nonprescription drugs**

How do I start PrEP?

Discuss options with your health care provider

Undergo blood work, including HIV testing

Undergo repeat blood work every 2 to 3 months while on PrEP

You're in Control With PrEP!

Take the first step — Ask your health care provider if PrEP is right for you!

¡Toma el control de tu Salud Sexual!

La PrEP para prevenir el VIH.

Take Control of Your Sexual Health!

Learn About PrEP to Prevent HIV.

What is PrEP?

PrEP (preexposure prophylaxis) is a way to prevent HIV infection and ensure you can enjoy a healthy sex life!

PrEP can be FREE or LOW cost and is available as:

A daily pill OR Pills only when you need them OR A shot every 2 or 6 months

La PrEP puede ser GRATUITA o de BAJO costo y está disponible como:

Una pastilla diaria OR Pastillas solo cuando las necesites OR Una inyección cada 2 o 6 meses

La PrEP es autocuidado y cuidado de la salud.

- ♥ Te mantiene SEGURO
- ♥ Te da TRANQUILIDAD
- ♥ Es medicina PREVENTIVA
- ♥ Te EMPODERA

¿Cómo empiezo la PrEP?

Consulta las opciones con tu profesional de la salud

Realízate análisis de sangre

ASK ME ABOUT PrEP!

PrEP Access, Assistance, and Information

- **Patient and provider assistance:**
PleasePrEPMe.org

- <https://pleaseprepme.org/>
- Information about PrEP, nPEP, insurance and insurance rights, finding a PrEP/nPEP provider, and a list of PrEP resources, by state

- **Provider assistance: AETC; AIDS Education & Training Center Program: National Coordinating Resource Center**

- Supports national HIV priorities by providing training, consultation, and resources
- <https://aidsetc.org/>

Refer to the drug manufacturers' websites for:

- **Patient assistance (without insurance)**
 - The PrEP patient assistance program will provide medication at no cost for those who meet income guidelines
 - Uninsured 24/7 support online and by phone
- **Co-pay assistance/Out-of-pocket costs**

Visit our Clinical Resource Center for additional information about PrEP
www.ExchangeCME.com/PrEPpcp2025Resources

Post-test Question 1

To have a conversation about sexual health in a nonstigmatizing manner, the Centers for Disease Control and Prevention STI Treatment Guidelines, 2021, recommends the following risk-behavior questions, known as “The 5 Ps,” which cover the topics of partners, practices, past history of STIs, protection from STIs, and _____.

1. Patterns of risk exposure
2. Personal preferences
3. Plans for relationships
4. Pregnancy plans



Post-test Question 2



Kylie, a 22-year-old woman, would like to start PrEP for HIV prevention for the first time. While discussing her sexual health you learn that she has not had any potential exposures to HIV in the last month, and on exam she does not have signs or symptoms of acute HIV infection. Based on her history and exam, which of the following tests must you get results from to confirm a negative HIV status before initiating a PrEP regimen?

- 1. HIV-1 RNA assay from a blood sample**
- 2. HIV-1/2 antigen/antibody (Ag/Ab) blood test**
- 3. Oral swab HIV-1/2 Ab test**
- 4. Rapid fingerstick HIV-1 Ab test**

Post-test Question 3



Henry is a 53-year-old man who has sex with men who is interested in starting oral PrEP. His lipid panel shows normal values, but he has reduced renal function. His estimated creatinine clearance is 52 mL/min/1.73 m². Which of the following medications would you recommend for Henry?

1. Tenofovir alafenamide (TAF)/emtricitabine (FTC)
2. Tenofovir disoproxil fumarate (TDF)/FTC
3. TDF/FTC or TAF/FTC
4. TDF/Lamivudine

Post-test Question 4



Which of the following statements about long-acting injectable (LAI) PrEP regimens is correct?

1. An optional oral lead-in may be used for initiating lenacapavir (LEN) LAI, but not for initiating cabotegravir (CAB) LAI.
2. Injections and oral loading dose tablets are required in the dosing protocol for initiating LEN LAI.
3. CAB LAI is administered as 2 subcutaneous (SQ) injections.
4. LEN LAI is administered as an intramuscular (IM) injection.

Post-test Question 5



Joey has been using LEN LAI for PrEP for 1 year. His employer is transferring him to a remote jobsite temporarily, and he will miss his next scheduled 6-month injection by 6 weeks. He wants to continue using the LEN LAI regimen. Which of the following is the best way to manage Joey's planned missed injection?

- 1.** Move his LEN LAI injection appointment sooner, before he leaves, to provide protection while he is gone.
- 2.** Prescribe oral TDF/FTC, to be taken as an on-demand regimen after the missed scheduled injection, and resume LEN LAI injections when he returns.
- 3.** Prescribe oral LEN tablets, to be taken once weekly after the missed scheduled injection, and resume LEN LAI injections when he returns.
- 4.** Switch him to a daily TAF/FTC oral PrEP regimen, and when he returns restart the LEN LAI regimen with the initiation dosing protocol.



QUESTION & ANSWER SESSION

THANK YOU!

Don't forget to complete the evaluation to obtain your CME/CE certificate for this session.



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- Receive an immediate CME/CE Certificate to download/print upon submission of evaluation