

PrEP is short for pre-exposure prophylaxis. It is the use of antiretroviral medication to prevent HIV infection among people who could be exposed to HIV through sex or injection drug use. PrEP reduces the risk of getting HIV from sex by up to 99% and from injection drug use by at least 74%.

In 2021, the US Preventive Services Task Force issued a graded recommendation to inform all sexually active adults and adolescents about PrEP (grade IIIB).

Who Is PrEP for?



PrEP is for adults and adolescents who don't have HIV, are at risk of getting HIV from sex or injection drug use, and weigh at least 35 kg (77 lb).

Health care providers should have conversations with all their sexually active patients about PrEP and how it can protect them from HIV. These conversations help to:

- Increase the number of people who know about PrEP.
- Decrease feelings of embarrassment or stigma that may prevent patients from talking about their sexual and drug use behaviors with their providers.

PrEP can be prescribed to any adult or adolescent patient who asks for it, even if they do not report HIV risk factors, as part of their comprehensive prevention plan.







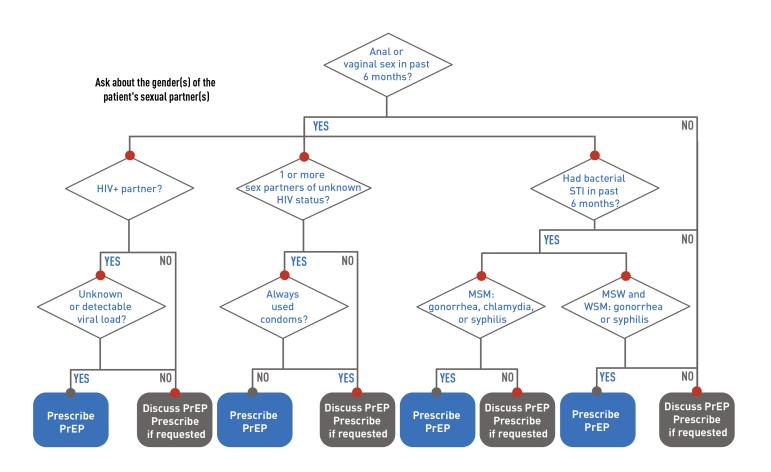
Who Can Prescribe PrEP?

Any licensed prescriber can prescribe PrEP. Specialization in infectious diseases or HIV medicine is not required. PrEP is a primary care preventive service that should be offered by any provider who cares for people without HIV.

How Can I Assess Patients for Indications for PrEP?

Whether or not a patient asks for PrEP, it is important to take a sexual and substance use history. This information is essential to understand their risk of getting HIV, if PrEP might be right for them, and what other risk-reduction services should be offered. The following flowcharts outline brief sets of questions designed to assess key sexual and injection drug use behaviors associated with getting HIV.

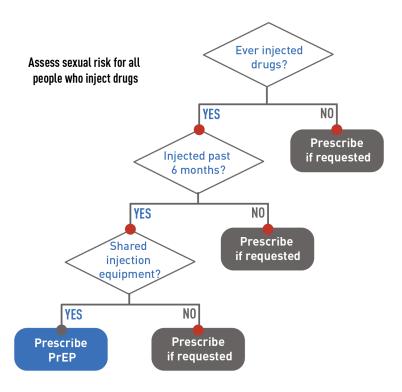
Assessing Sexually Active Patients



MSM: gay, bisexual, and other men who have sex with men

MSW: men who have sex with women STI: sexually transmitted infection WSM: women who have sex with men

Assessing Patients Who Inject Drugs





Where Can I Learn More About Prescribing and Managing Patients on PrEP?

The Centers for Disease Control and Prevention (CDC) has published comprehensive guidelines in their *Preexposure Prophylaxis for the Prevention of HIV Infection in the United States—2021 Update*, which consists of two parts:

- The Clinical Practice Guideline for PrEP describes CDC guidelines for prescribing PrEP, required baseline and ongoing assessments, information about how patients can pay for PrEP and related services, and evidence of PrEP's safety and efficacy. Access the guideline at: cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf.
- The Clinical Providers' Supplement for PrEP contains additional tools, such as a patient/provider checklist, patient and provider information sheets, a risk incidence assessment, supplemental counseling information, billing codes, and practice quality measures. Access the supplement at: cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-provider-supplement-2021.pdf.

CDC also offers additional *Clinicians' Quick Guides* on PrEP, as well as other materials for providers, patients, and practices. To download these materials, visit: cdc.gov/hiv/clinicians/materials/prevention.html.



What PrEP Options Are Available?

Various PrEP medication and dosing options are available to meet patients' needs:

Oral PrEP

Daily oral PrEP. Two medications are US Food and Drug Administration (FDA) approved to be used as daily oral PrEP by adults and adolescents weighing at least 35 kg (77 lb):

- Emtricitabine (F) 200 mg in combination with tenofovir disoproxil fumarate (TDF) 300 mg (F/TDF—brand name **Truvada®** or generic equivalent).
- Emtricitabine (F) 200 mg in combination with tenofovir alafenamide (TAF) 25 mg (F/TAF—brand name Descovy®).

Only F/TDF is approved for use by people who are at risk through vaginal sex. F/TAF has not yet been studied in women and other people who could get HIV through receptive vaginal sex.

Off-label 2-1-1 dosing of oral PrEP. Health care providers can prescribe F/TDF off-label using 2-1-1 dosing for adult gay, bisexual, and other men who have sex with men. This is also known as event-driven, intermittent, on-demand, or coitally timed PrEP. When using 2-1-1 dosing, the patient takes F/TDF doses based on when they plan to have sex.

Patients who could benefit from 2-1-1 dosing are those who:

- · Request non-daily dosing.
- Have sex less often than once per week.
- Can anticipate or delay sex to permit the first two-pill dose at least 2 hours before sex.

Note that 2-1-1 dosing is not approved by the FDA and is not recommended by CDC.

Injectable PrEP

Cabotegravir (CAB) 600 mg injection (brand name **Apretude**®) is FDA approved to prevent HIV infection in adults and adolescents weighing at least 35 kg (77 lb). It is recommended for patients at risk for HIV through sex and may be especially useful for patients who:

- Are not oral PrEP candidates.
- · Have problems taking oral medication as prescribed.
- Prefer getting an injection every 2 months instead of taking oral PrEP.



