



HIV Pre-Exposure Prophylaxis (PrEP) Toolkit for Use with Adolescents and Young Adults in Primary Care

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Other Organizations

Finally, resources from a number of other organizations are included in this toolkit. We would like to thank these organizations for offering publicly available resources, information, and materials related to sexual health, HIV prevention, and HIV pre-exposure prophylaxis.

→ Advocates for Youth	→ NYC Health
→ AMAZE	→ Philadelphia Department of Public Health
→ New England AIDS Education and Training Center (NEAETC)	→ Physicians for Reproductive Health
→ American Academy of Pediatrics	→ San Francisco AIDS Foundation
→ Boston University School of Public Health	→ The Guttmacher Institute
→ Centers for Disease Control and Prevention	→ The Institute for Sexual and Gender Minority Health and Wellbeing at Northwestern University
→ Emory University, Rollins School of Public Health (AIDSVu.org)	→ The National Center for Youth Law
→ Michigan Medicine Adolescent Health Initiative	→ The Providence/Boston Center for AIDS Research (CFAR)
→ NASTAD	→ The Royal Children’s Hospital, Melbourne
→ National Clinical Consultation Center	→ University of California, San Francisco
→ National Coalition for Sexual Health	→ University of Washington Infectious Diseases and Assessment (IDEA) Program
→ National Institute of Mental Health	→ U.S. Department of Health and Human Services

Introduction

HIV Incidence and PrEP Uptake Among Adolescents and Young Adults

In 2021, nearly one in five new HIV diagnoses in the United States (US) occurred among adolescents and young adults (AYA) aged 13 to 24, despite this age group making up only roughly 16% of the population.^{1,2} Declining condom use among AYA may be one contributing factor to the high incidence of HIV in this age group.³

Pre-Exposure Prophylaxis (PrEP) is another highly effective form of HIV prevention. The United States Preventive Services Task Force and Centers for Disease Control and Prevention (CDC), among other professional organizations, recommend PrEP to prevent HIV in people who are at a high risk of infection, including AYA aged 14 to 26.⁴ In 2018, the US Food and Drug Administration approved daily oral PrEP for adolescents who are at risk of HIV acquisition.⁵ However, uptake of PrEP among adolescents has been low; only 20% of 16-24 year olds who could benefit from PrEP received a prescription in 2021.⁶⁻⁸ There are also significant racial and ethnic disparities in access to PrEP among AYA. While 78% of White people who could benefit from PrEP were prescribed it in 2021, only 20% of Hispanic/Latino people, 11% of Black people, and 12% of people of other races/ethnicities who could benefit from PrEP were prescribed it.⁸

Barriers to PrEP uptake among AYA include clinicians' lack of knowledge about or awareness of PrEP; discomfort with prescribing PrEP; and concerns about adherence, safety, parental involvement, or the legal implications of prescribing PrEP to adolescents.^{6,7,9}

This toolkit aims to improve the comfort and confidence of youth-serving primary care providers (PCPs) in navigating these challenges, thereby addressing critical barriers to HIV prevention among AYA.

Developing this Toolkit

To develop this toolkit, we conducted four focus groups with youth-serving PCPs from three clinics in Providence, Rhode Island from April to May of 2024. Research staff used a semi-structured interview guide to facilitate the focus groups. Facilitators completed comprehensive debrief summaries after each focus group.

We employed rapid qualitative methods to analyze the data, guided by the Consolidated Framework for Implementation Research (CFIR).¹⁰ Analysts coded the debrief summaries using the CFIR domains: innovation (HIV PrEP Toolkit), outer setting (hospital system, state, community), inner setting (clinics), and individuals (youth-serving PCPs). Reflexive thematic analysis was used deductively to analyze the data. We drew from the findings of this analysis to inform the development of this toolkit.

Intended Audience

This toolkit is intended to be used by PCPs who serve AYA ages 14 to 26. This includes attending physicians, resident physicians, or any other advanced practice provider (e.g., physicians' assistants and nurse practitioners) who provides primary care services for AYA

How to Use this Toolkit

This toolkit is divided into three modules, which each address different aspects of managing PrEP care for AYA. A list of additional resources is also included at the end of the toolkit. We have designed the toolkit to be useful as a PDF for viewing on a computer or tablet (with clickable links to relevant sections) as well as printable (with page numbers listed at each section “link”). Clinicians may read through the entire toolkit or access sections individually by clicking on the desired section in the Table of Contents on pages 2-3. Individuals may click on “Return to Table of Contents” in the bottom left corner of each page to re-visit the Table of Contents.

The following sections are included within this toolkit:

Module 1: PrEP 101 for Primary Care Providers

This module covers the fundamental information about PrEP, including how PrEP works, safety and efficacy data regarding PrEP that is specific to each modality, and guidance on which patients may benefit from PrEP use.

Module 2: How to Discuss PrEP with Adolescents and Young Adults

This module provides PCPs with guidance on how to talk to AYA patients about PrEP, including how to counsel patients on selecting a PrEP modality and paying for PrEP. Additionally, the module offers methods for addressing AYA patients’ confidentiality concerns.

Module 3: Practical Guidance for Prescribing PrEP to Adolescents and Young Adults

This module covers information specific to prescribing PrEP, including instructions for dosing and the required initial and follow-up labs for PrEP. The module also addresses special considerations for prescribing PrEP to AYA, including strategies for navigating difficulties with adherence and information regarding the legal and confidentiality challenges around prescribing PrEP to AYA.

Additional Resources

This section includes links to selected online resources that offer additional information about HIV prevention and PrEP for youth-serving PCPs and AYA patients.

Appendices

The appendices are composed of electronic health record note templates, PrEP-related ICD-10 codes, and printable resources, including a two-page summary of the information in this toolkit and a brochure for patients.

Module 1: PrEP 101 for Primary Care Providers

PrEP Basics and Selection Guidance

How PrEP Works

PrEP is a medication that, when taken as prescribed, greatly reduces the risk of HIV infection in adolescents and adults who are HIV-negative.¹¹ After taking oral PrEP daily or receiving injectable PrEP, levels of the drug's active components begin to increase in the submucosal cells of the mucous membranes found in the body's oral, genital, and rectal tissues.¹² Over time, these active components reach high intracellular levels that enable PrEP to prevent HIV replication.¹² Oral PrEP works by blocking reverse transcription of the HIV virus, whereas injectable PrEP blocks the integration of the viral DNA into the host cell's DNA.¹³ Research shows that tenofovir disoproxil fumarate-emtricitabine, one of two formulations of oral PrEP (see the "[Daily Oral PrEP](#)" section below), provides maximal protection from HIV after about seven days of daily use for receptive anal sex and after about 21 days of daily use for vaginal sex.^{14–17} Limited data suggests that tenofovir alafenamide-emtricitabine, the other formulation of oral PrEP, may reach protective levels more rapidly;^{18–20} however, the time to achieve maximal protection after initiation of this formulation is still considered unknown.^{12,21} The exact time for injectable PrEP to reach maximal protection levels is also unknown, but it is estimated to be within seven days of the initial injection.²²

PrEP Modalities: Differences, Safety, and Efficacy

Daily Oral PrEP

Daily oral PrEP is a form of PrEP use that involves taking one pill once a day to prevent HIV infection.¹⁴ There are two formulations of oral PrEP: tenofovir disoproxil fumarate-emtricitabine (F/TDF, brand name Truvada) and tenofovir alafenamide-emtricitabine (F/TAF, brand name Descovy). The US Food and Drug Administration (FDA) approved Truvada for HIV prevention in July 2012 and Descovy in October 2019.^{23,24} Truvada was approved for adolescents weighing at least 77 pounds who are at risk of HIV infection in 2018, and Descovy was approved for this population in 2019.⁵ In 2020, the FDA approved generic F/TDF for sale; generic F/TAF will not be available in the US until 2032.²⁵ Both F/TDF and F/TAF are highly efficacious and are generally considered safe and well-tolerated by most people.^{20,26–28}

Truvada vs. Descovy

[Table 1](#) summarizes some of the primary differences between Truvada (formulation: F/TDF) and Descovy (formulation: F/TAF). The most common side effects associated with F/TDF in the major study of this formulation ([iPrEx](#)) were nausea (9%) and weight loss (15%), which primarily occurred in the first month of taking the drug and resolved thereafter.²⁸ Other common side effects associated with F/TDF include headaches and abdominal pain.²¹ The most common side effects associated with F/TAF in the major study of this formulation ([DISCOVER](#)) were diarrhea

(5%) and nausea (4%).²⁰ Weight gain and increases in cholesterol and triglyceride levels have also been associated with F/TAF.^{12,20}

In terms of renal side effects, F/TDF has been associated with declines in renal function;²⁹ however, research shows that these effects have reversed within weeks of discontinuing the medication.³⁰ F/TAF has demonstrated improved renal health outcomes.^{20,31} Since F/TAF is associated with fewer renal side effects than F/TDF, it is recommended for patients who have an estimated creatine clearance of ≥ 30 ml/min, whereas F/TDF is recommended for patients who have an estimated creatine clearance of ≥ 60 mL/min.²¹

In terms of side effects related to bone health, F/TDF has been associated with decreases in bone mineral density.^{32–34} These decreases in bone mineral density have been shown to recover (i.e., return to baseline levels) within 12 to 18 months after discontinuation of the medication.³⁵ In contrast, F/TAF is associated with better bone health outcomes; in a [sub-study](#) of the DISCOVER trial, participants in the F/TAF group demonstrated increases in hip and spine bone mineral density at 96 weeks of follow-up.³¹

Table 1. Differences between Truvada and Descovy

	Truvada	Descovy
Efficacy for adults	Approximately 92% efficacy ^{20,21,28}	
Efficacy for adolescent minors	Lower than efficacy for adults due to lower adherence rates ^{21,36}	Clinical trials to evaluate F/TAF efficacy for adolescents have not been completed ³⁷
General safety	Both medications have very low rates of side effects overall	
Cost and affordability	Generic Truvada available at reduced cost ²⁵	No generic Descovy available until 2032 ²⁵
Insurance coverage	Likely to be covered by all insurers	Covered by most insurers; some may require prior authorization
Regimen	Daily use and on-demand (2-1-1)	Daily use
Shown to be effective for	Everyone, including: <ul style="list-style-type: none"> • Gay and bisexual cisgender men • Transgender women • Transgender men • Cisgender women • Heterosexuals • People who inject drugs 	Only: <ul style="list-style-type: none"> • Gay and bisexual cisgender men • Transgender women
Bone health	May contribute to a decrease in bone density	Slight increase in bone density
Kidney health	May contribute to renal dysfunction; recommended for patients with an estimated creatine clearance ≥ 60 mL/min	Fewer renal side effects; recommended for patients with an estimated creatine clearance ≥ 30 mL/min
Weight gain & cholesterol	Small degree of weight loss and small decreases in LDL in some studies	Small degree of weight gain in some studies
Pill size	Larger pill	Smaller pill

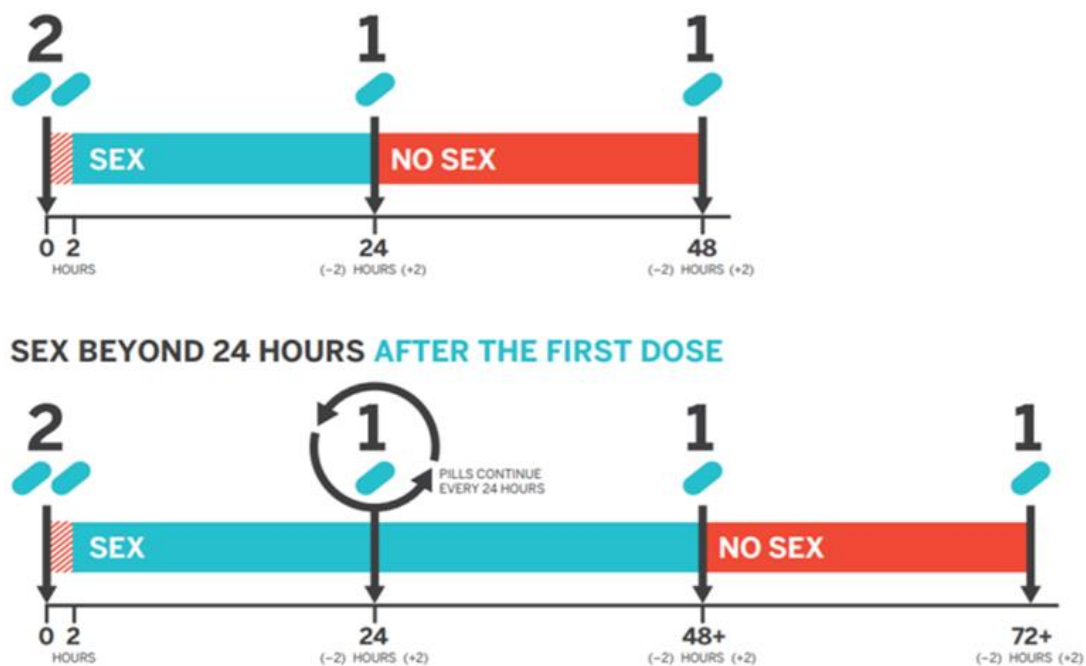
Source: Adapted from [San Francisco AIDS Foundation](#)³⁸

On-Demand (“2-1-1”) Oral PrEP

On-demand oral PrEP involves taking F/TDF (Truvada or generic equivalent) before and after anal sex. Two clinical trials have demonstrated that using F/TDF as on-demand PrEP is highly

efficacious at preventing HIV in adult men who have sex with men (MSM).^{39,40} While the FDA has not approved this method, the 2021 CDC PrEP guidelines state that it can be considered for adult MSM who express interest in non-daily dosing, have sex less frequently than once a week, and can “anticipate... or delay sex” to take the medication at least two hours prior to a sexual encounter.²¹ **On-demand PrEP is not recommended for adolescents under 18 because the two trials showing efficacy did not include adolescents under 18.**^{21,39,40} Similar to daily oral PrEP with F/TDF, the most common side effects of on-demand PrEP are mild to moderate nausea, diarrhea, and/or abdominal pain.^{39,40} [Figure 1](#) illustrates the dosing schedule for on-demand PrEP, which involves taking two tablets 2 to 24 hours before sex, one tablet 24 hours after the first dose, and one more tablet 24 hours later (hence the “2-1-1” name). If multiple sexual encounters occur on consecutive days, patients should continue to take one tablet once every 24 to 48 hours after the last sexual event.^{21,41} It is important that daily oral PrEP be considered for people who are using on-demand PrEP frequently, although there are no recommendations to define “frequently.” [Appendix 1c](#). (page 43) offers clinicians a template for an after-visit summary that provides patients with guidance on taking on-demand PrEP.

Figure 1. On-Demand (2-1-1) PrEP Dosing Schedule



Source: [San Francisco AIDS Foundation](#)⁴²

Injectable PrEP

There are two forms of injectable PrEP—cabotegravir and lenacapavir—both of which are considered “long-acting.” Both are antiretroviral medications also used for HIV treatment, and both are considered safe and highly efficacious.^{43–46} Long-acting cabotegravir (CAB-LA, brand name Apretude) has demonstrated a 79% reduction in risk of HIV infection across four randomized trials compared to F/TDF as oral PrEP.⁴⁷ While newer, lenacapavir has produced

promising results; in two randomized trials, lenacapavir has shown superior efficacy to F/TDF, with reductions in HIV incidence by 100% and 96% compared to background incidence rates.^{48,49} The improved efficacy of injectable PrEP relative to oral PrEP is thought to be due to increased adherence, since CAB-LA is given as an injection once every two months and lenacapavir once every six months. As of January 2025, lenacapavir is not yet available outside of clinical trials but is expected to be approved for adults in the US in late 2025.⁵⁰ Since CAB-LA is the only injectable PrEP formulation available in the United States outside of clinical trials,⁵¹ we will focus on CAB-LA in this section.

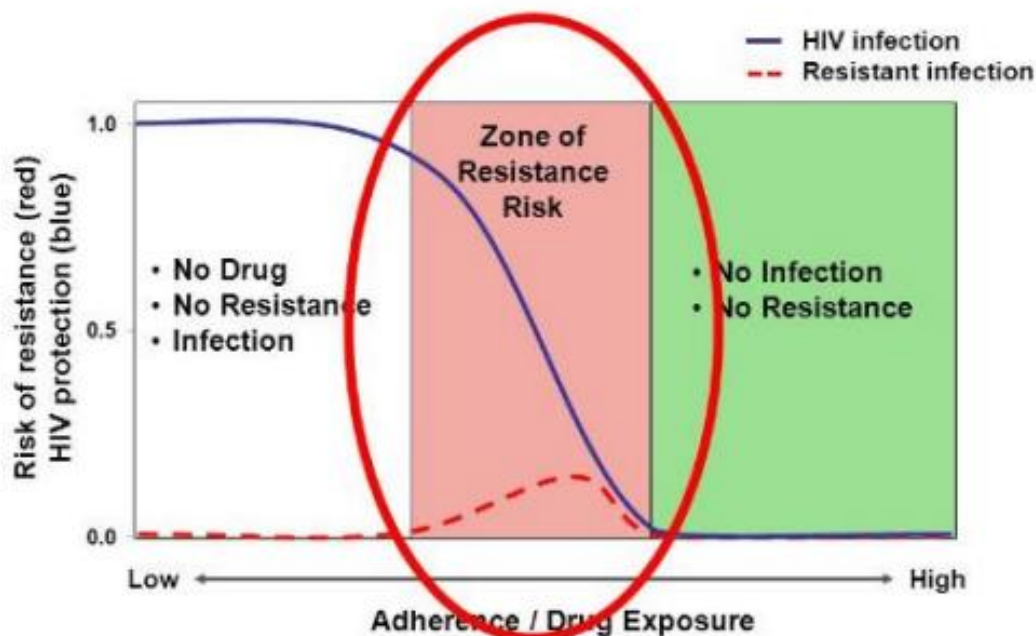
The United States Food and Drug Administration approved CAB-LA for HIV prevention in at-risk adults and adolescents weighing at least 77 pounds in December 2021.⁵² The CDC recommends injectable PrEP for patients who have serious renal disease, struggle with adherence to daily oral PrEP, or prefer receiving injections every two months to taking a pill once a day.^{14,53}

Injectable PrEP is currently under study in adolescents under the age of 18 and is therefore not currently recommended for this population.¹⁴ However, this may change with new research and implementation experience.

CAB-LA has demonstrated superior efficacy and similar safety compared to daily oral PrEP (specifically F/TDF), likely due to improved adherence.^{46,54} Injection site reactions are common (reported by 81.4% of participants in the CAB-LA group in [HPTN 083](#)); however, they are generally mild and occur less frequently over time.^{21,46} The first two injections are given one month apart, and subsequent injections are given every two months. An optional 28-day lead-in period of daily oral cabotegravir can be considered for patients who express concern about side effects.¹⁴ For more detailed information about dosing, please refer to the [Dosing Instructions](#) section in Module 3 of this toolkit (page 21).

Additionally, patients who discontinue injectable PrEP or are a month or more late for an injection are at risk of developing drug-resistant HIV infection as the levels of CAB-LA in the body decline (see [Figure 2](#)).⁵³ This period of time when CAB-LA levels are falling and therefore not fully protective is often called the “zone of resistance risk” or “the tail.” Thus, the CDC recommends that clinicians **transition patients to daily oral PrEP within 8 weeks of the last injection if they remain at risk of HIV exposure.**

Figure 2. Risk of Developing Drug-Resistant HIV Infection Depending on PrEP Drug Levels (the “Tail”)



Slide modified from John Mellors, FDA201

Source: [2021 CDC PrEP Guidelines](#)⁵³

[Table 2](#) summarizes the relative advantages of injectable PrEP compared to daily oral PrEP as well as potential barriers to uptake of this form of PrEP.

Table 2. Advantages of and Barriers to Injectable PrEP^{21,46,55–57}

Advantages of injectable PrEP	Potential barriers to injectable PrEP
<ul style="list-style-type: none"> • Reduces dosing frequency • May improve patient adherence • Eliminates pill burden • May reduce fear of stigma associated with taking daily oral PrEP • Clinicians can directly monitor adherence • Increases frequency of patient/clinician contact 	<ul style="list-style-type: none"> • Patient ability to keep appointments • Staff capacity and training requirements • Private space needed for injections • Injection site reactions are common though generally mild • Increased frequency of required clinic visits • Increased administrative burden: appointment scheduling, monitoring, and notification • Cost/insurance coverage

PrEP Eligibility and Screening

Determining which patients to inform about and recommend PrEP is relatively straightforward:

- *Who to inform about PrEP:* The CDC recommends informing ALL sexually active patients about PrEP.⁵³ This may include verbal conversation but could also include written information such as a brochure (see [Appendix 3b](#) for an example).
- *3 Categories of PrEP-eligible Patients:*

- **Patients who ask for PrEP:** Because patients may not feel comfortable disclosing their HIV risk factors, the CDC recommends clinicians prescribe PrEP to anyone who asks for it, even if they do not disclose factors associated with an increased risk of HIV infection.¹⁴
- **Patients who are at risk for HIV based on *sexual contact***
- **Patients who are at risk for HIV based on *injection drug use***

The tables and figures below summarize:

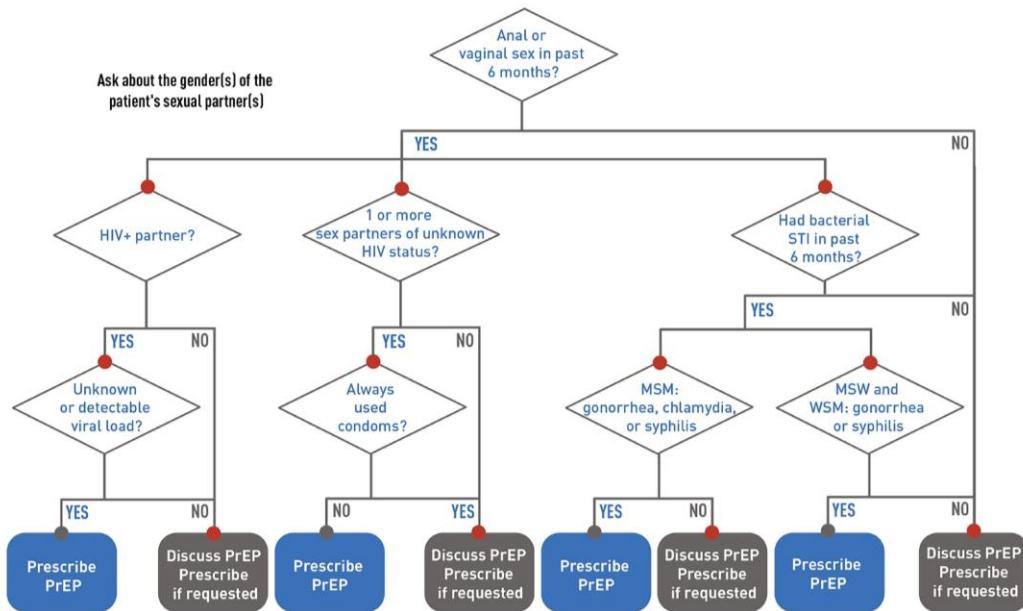
- **Indications** for PrEP (i.e., risk factors for HIV) – **Table 3**
 - Flowchart for determining PrEP eligibility for **sexual activity**-related factors - **Figure 3**
 - Flowchart for determining PrEP eligibility for **injection drug use**-related factors - **Figure 4**
- PrEP **modalities** by population type (i.e., how to choose a modality based on the population) – **Table 4**

Table 3. Specific Indications for Prescribing PrEP^{21,58,59}

	Sexually active adults and adolescents (weighing at least 77 pounds)	People who inject drugs
Risk factors for HIV infection	Anal or vaginal sex in past six months AND any of the following: <ul style="list-style-type: none"> • Sexual partner living with HIV (especially if partner has unknown or detectable viral load) • Bacterial sexually transmitted infection (STI) in past six months (gonorrhea, chlamydia, and syphilis for MSM; gonorrhea or syphilis for other individuals) • Inconsistent condom use 	Injecting partner living with HIV <i>or</i> Sharing of injection equipment <i>or</i> Sexual risk factors for acquiring HIV

Source: Adapted from [2021 CDC PrEP Guidelines²¹](#)

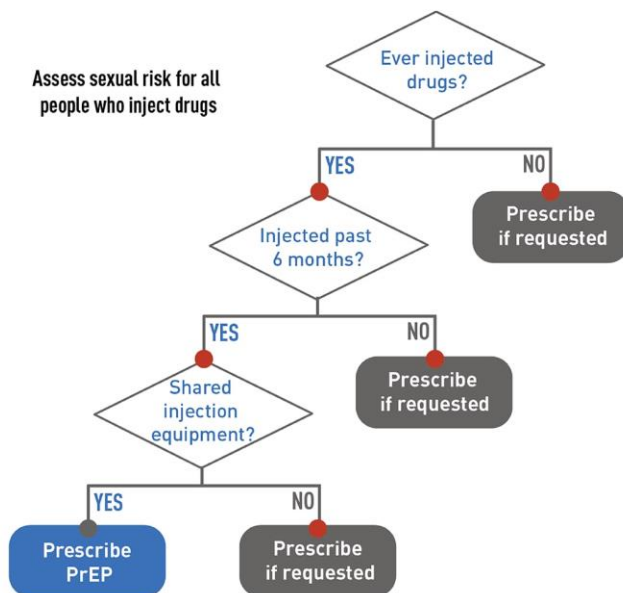
Figure 3. Screening Sexually Active Patients for PrEP



Source: Centers for Disease Control and Prevention¹⁴

Of note, many people are not aware of their partner’s HIV status (and many people living with HIV are unaware of their own status), and rates of condomless sex are high and increasing in many groups.^{3,60–64} Per the [2021 CDC PrEP guidelines](#), **if a patient has had anal or vaginal sex in the past six months, and has one or more partners of unknown status or inconsistent condom use, they are at risk for HIV and therefore PrEP eligible.**²¹

Figure 4. Screening People Who Inject Drugs for PrEP



Source: Centers for Disease Control and Prevention¹⁴

Table 4. PrEP Eligibility for Selected Populations by Modality^{14,53,65}

Selected population	F/TDF (Truvada or generic equivalent) as daily oral PrEP	F/TDF (Truvada or generic equivalent) as on-demand (2-1-1) PrEP	F/TAF (Descovy) as daily oral PrEP	CAB-LA (Apretude) as injectable PrEP
Adolescent minors (<18 years old)	Yes (if weight ≥ 77 pounds)	No*	Yes (if weight ≥ 77 pounds)	No*
Gay, bisexual, and other men who have sex with men (MSM)	Yes	Yes	Yes	Yes
Transgender women and non-binary people assigned male at birth (AMAB)	Yes	Yes (if not taking gender-affirming hormones and only at risk of HIV from anal sex)	Yes	Yes
Transgender men and non-binary people assigned female at birth (AFAB)	Yes	No*	No*	Yes
Cisgender women	Yes	No*	No*	Yes

People who may become pregnant	Yes	No*	No	Yes (but very little data)
People who inject drugs	Yes	No (unless also at risk of HIV through sex)	Yes	Maybe (but little data, so assess sexual risk factors also)
People with kidney disease	Yes (if eCrCl ≥ 60)	Yes (if eCrCl ≥ 60)	Yes (if eCrCl ≥ 30)	Yes (no restrictions based on eCrCl)

* = Insufficient evidence to recommend at this time; eCrCl = estimated creatine clearance, in ml/min

PrEP Eligibility Considerations for Adolescents

Adolescents must weigh at least 77 pounds (35 kilograms) to be prescribed PrEP.⁵³ The CDC recommends that clinicians consider prescribing PrEP to all adolescents who request it, as well as those who report risk factors for HIV specified by the CDC in [Table 3](#) (page 11).^{14,21} In addition to these CDC-specified risk factors, the American Academy of Pediatrics (AAP) recommends that pediatricians consider the following indicators for increased risk of HIV acquisition among youth:⁶⁶

- High HIV prevalence area (check AIDSVu.org for your specific area’s prevalence data)
- High HIV prevalence sexual network
- High number of sexual partners
- Recurrent post-exposure prophylaxis (PEP) use
- Exchanging sex for drugs or money

[Module 2](#) of this toolkit provides guidance for clinicians on communicating to adolescents and young adults about PrEP.

Module 2: Discussing PrEP with Adolescents and Young Adults

Starting the Conversation

Discussing PrEP with adolescents and young adults (AYA) begins with taking a sexual history.^{7,14,67} The American Academy of Family Physicians recommends that sexual histories be taken during a patient's initial visit, at annual wellness visits, and when a patient presents with STI symptoms.^{67,68} It is important to note that sexual histories may be conducted as part of a broader risk assessment, which includes questions related to safety at home and substance use. Multiple organizations recommend clinicians inform AYA and their caregiver(s) (if present) at the beginning of the visit that they will have the opportunity to speak with them alone, normalize sexual health, and inform both parties about confidentiality protections and limits.^{67,69,70} See the section "[Legal Issues: Minor Consent and Confidentiality](#)" for details.

Clinicians may use the following adolescent-friendly phrasing to initiate this conversation:

- "Later, I will ask you [parent] to step out for the confidential part of the visit. This is something we do for all our families when you are this age, so you have alone time with your provider. Everything you say during this time is confidential, meaning I cannot tell others. The only exception to that rule is if you share a safety issue with me, like you are hurting yourself, someone else is hurting you, or your health is at risk."
- [During alone time] "I'm going to ask you some questions about your gender and sexual health now. I know these are private, but they are also a really important part of everyone's health. I ask these questions of all my patients."⁷¹
- "Sexual health is an important part of everybody's health; however, it is often not talked about. Would it be OK if I asked you some questions about your sexual health? You do not have to answer anything you don't feel comfortable with."⁷²

Taking a Sexual History

For all AYA, it is important that clinicians take a developmentally appropriate sexual history. The CDC offers one approach to sexual history-taking guided by the "5 P's" mnemonic: Partners, Practices, Protection from STIs, Past History of STIs, and Pregnancy Intention.⁷³ [Figure 5](#), adapted by the National Coalition for Sexual Health from the CDC, adds a sixth P- Plus- which is composed of Pleasure, Problems, and Pride.⁷⁴

Discussing sexual health is important and recommended not just during adolescence and beyond, but from an early age in a developmentally appropriate manner. See here for details: https://downloads.aap.org/AAP/PDF/BF_HealthySexualityGenderIdentity_Tipsheet.pdf.⁷⁵

The AAP also recommends taking active steps to create an LGBTQ+ friendly practice such as training staff, reviewing forms for inclusive language, and display visible signs related to LGBTQ+ health (see here for details: https://www.aap.org/en/patient-care/lgbtq-health-and-wellness/a-pediatricians-guide-to-an-lgbtq-friendly-practice/?_ga=2.89131739.1760504789.1649552919-929400881.1619626826).⁷⁶

Figure 5. The Six P's Approach to Taking a Sexual Health History

Partners	Could you tell me about your current relationships (e.g., no partner, one partner, multiple partners)?	
	In the past 3 months, have you had sex with someone you didn't know or had just met?	
	Have you ever been forced or coerced to have sex/sexual activity against your will as a child or an adult?*	
	If yes , does that experience affect your current sex life or sexual relationships? (Probe: In what ways?)	
	If yes , does that make seeing a health care provider or having a physical exam difficult or uncomfortable?	
Are you having any difficulties with your sexual relationships?		
Do you or your partners have problems with sexual functioning (see "Problems" below)?		
Practices	In the past 3 months, what types of sex have you had? Anal? Vaginal? Oral? (Also, ask whether they give or receive each type of sexual activity.)	
	Have you or any of your partners used alcohol or drugs when you had sex?	
	Have you ever exchanged sex for drugs or money?	
Past History of STI (s)	Have you ever had a sexually transmitted infection (or disease)? If yes , which STI(s)? Where on your body were the infections? When did you have it? Were your partners tested and treated too?	
	Have you ever been tested for HIV? If yes , how long ago was that test? What was the result?	
Protection	What do you do to protect yourself from STIs, including HIV?	
	When do you use this protection? With which partners?	
	Have you been vaccinated against HPV? Hepatitis A? Hepatitis B?	
Pregnancy	<p>Do you have any desire to have (more) children?</p> <p>If yes, how many children would you like to have? When would you like to have a child? What are you and your partners doing to prevent pregnancy until that time?</p> <p>If no, are you doing anything to prevent pregnancy? How important is it to you to prevent pregnancy? Would you like to talk about birth control options?</p>	
Plus	<p>Start the conversation with, "It is part of my routine to ask about sexual health, including sexual functioning and pleasure, as part of your visit."</p> <ul style="list-style-type: none"> How is your sex life going? What concerns do you have about your sex life? Are you currently involved in any sexual relationships? Is the sex you're having pleasurable for you? If no, why not? Are you and your partners on the same page about what's pleasurable? Do you and your partners talk openly about sexual desires and boundaries? Are you able to advocate for sexual pleasure in your relationships? If not sexually active: <ul style="list-style-type: none"> Would you like to have a sexual relationship or a better sex life? Is there anything holding you back or getting in your way? (This could lead to a discussion of problems (see "Problems" below) and of other issues such as sexual assault and porn use.) 	
	Problems	Are you having any difficulties when you have sex (e.g., pain, discomfort, vaginal dryness, lack of arousal, lack of orgasm, lack of erection)?
		Are you concerned about your sex drive or the sex drive of your partners (e.g., low or high level of interest in having sex, mismatched sex drives)?
	Pride**	What support, if any, do you have from your family and friends about your gender identity?
		What support, if any, do you have from your family and friends about your sexual orientation?
		Are you experiencing any harassment or violence—at home, at work, at school, or in your community—due to your sexual orientation or gender identity?

Source: [National Coalition for Sexual Health](#)⁷⁴

Identifying Risk of HIV Infection

In addition to the questions in [Figure 5](#), clinicians may ask the following questions to assess the patient’s risk of acquiring HIV.⁶⁷

- Have you or any of your partners been diagnosed with HIV?
- Have you or any of your partners injected drugs?
 - *If yes:* Have you or any of your partners shared injection equipment?
- Tell me about your experience using condoms or not using condoms.
 - *If used condoms:* Do you use them sometimes or always?
- Have you ever taken HIV pre-exposure prophylaxis (PrEP)?
- Have you ever taken HIV post-exposure prophylaxis (PEP)?

HIV Screening Guidelines for AYA

The CDC recommends that PCPs discuss HIV screening with all adolescents who are sexually active or have used injection drugs.⁵³ Moreover, the United States Preventive Services Task Force (USPSTF) recommends that **all AYA aged 15 or older be screened for HIV regardless of sexual activity or injection drug use** based on evidence that many AYA are hesitant to share this information with adults.⁷⁷ The USPSTF also recommends that adolescents under the age of 15 who have risk factors for HIV infection be screened (see [PrEP Eligibility Considerations for Adolescent Patients](#) in Module 1 on page 13 for more detailed information). The AAP recommends that pediatricians rescreen sexually active youth at least annually and youth who are at higher risk for infection every three to six months.⁶⁶ HIV screening conversations offer a great segue to discussing HIV prevention options, including PrEP.⁷

Introducing PrEP to Adolescents and Young Adults

The CDC recommends that clinicians **inform all sexually active adult and adolescent patients about PrEP** and offer PrEP to patients whom they identify as experiencing an increased risk of HIV acquisition, in addition to those who request it.^{14,21,66} It is important that PrEP be introduced as one component of promoting a healthy lifestyle for patients. The CDC also recommends that additional prevention strategies, including condoms and other forms of contraception, be discussed.⁵ [Table 5](#) offers one method of introducing PrEP during a clinical visit using a “Normalize, Introduce, Reintroduce” approach.

Table 5. Introducing PrEP in Clinical Practice

Directive	Description
Normalize	<i>“Our practice likes to provide updates about current health-related topics as part of the clinical visit. PrEP is a preventive medication available for anyone who is interested in lowering their risk of HIV.”</i>
Introduce	<i>Introduce PrEP at the beginning of the clinical visit before asking the parent or legal guardian to leave the examination room. “PrEP is a pill you can take once a day to help prevent HIV.”</i>
Reintroduce	<i>Reintroduce PrEP with the adolescent alone (during interview or exam): “So had you ever heard about PrEP?”; “What do you think about it?”; “Do you think PrEP might be something for you?”</i>

Source: Adapted from [Hosek S. and Henry-Reid L. 2020 \(Table 1\)](#)⁷

PrEP Counseling Talking Points

For AYA who express interest in PrEP, clinicians may refer to [Table 6](#) to guide their discussion. Note that these are suggested talking points based on CDC guidelines and our clinical experience and should be modified to fit your local context and the specific patient.^{78,79}

Table 6. PrEP Counseling Checklist and Example Talking Points

Counseling element	Example talking point(s)
Benefits and efficacy	“PrEP is very effective at preventing HIV among people who are exposed to it. When used correctly, it prevents more than 92% of all infections. Many patients on PrEP tell me it gives them a lot of peace of mind that they are protected against HIV.”
Time to reach maximal protection	“We recommend people wait to have sex until they’ve taken PrEP for one (if having receptive anal sex) to three weeks (if having vaginal sex) to allow for it to be most effective.”
Need for STI and pregnancy prevention	“PrEP is meant to be used WITH condoms because it does not protect against STIs or pregnancy.”
Side effects	“PrEP is very safe, and like any medication, there can be side effects for some people. Fortunately, they are mild for the vast majority of people, and the most common are GI upset (so good to take with food) for oral PrEP, or injection site reactions for injectable PrEP.”
Modalities	“There are three main ways to take PrEP: a pill every day, a few pills before and after sex, or an every-two-month injection.” <i>[Counsel further based on risk group and patient preference].</i>
Parents and confidentiality	“We encourage our patients to discuss important medical decisions with their parents and/or a trusted adult. We also know that sometimes it is not safe to discuss sex or HIV prevention. Tell me how you think about that in your situation.”
Insurance	“Cost should not be a barrier for anyone who wants to be on PrEP, so there are many ways we support our patients depending on their insurance coverage, the type of PrEP they want, and whether they want to involve their parents.”
Follow-up and labs	“We do follow up with our patients regularly and recommend lab work for our patients on PrEP every three months or so.”
Refills	“Please let us know before you run out of PrEP, not after if possible. That said, if you’ve been off PrEP for a period of time and want to restart it, just reach out and we can discuss how best to do that.”
Adherence	“Regardless of which type of PrEP you are on, taking it as we’ve discussed is so important, since it is less effective when it’s not taken that way, which means your chances of getting HIV go up. What do you think might get in the way of taking PrEP?”

The following sections offer additional details to guide clinicians on these topics.

Counseling Patients on PrEP Modality Options Daily Oral vs. On-Demand (2-1-1) vs. Injectable PrEP

It is important that clinicians use a shared decision-making approach to assist patients interested in PrEP to determine which modality is best for them and be mindful of the evidence supporting safety and efficacy of PrEP modalities in different groups. [Table 7](#) summarizes information needed to inform this conversation by modality. If you prefer to see this

information summarized by group, see [Table 4](#) in Module 1 (page 12). For more detailed information on each modality, see the [PrEP Modalities](#) section in Module 1 (page 6).

Table 7. Selecting a PrEP Modality^{14,21,80}

Abbreviated name (Brand Name) modality	F/TDF (Truvada or generic equivalent) as daily oral PrEP	F/TDF (Truvada or generic equivalent) as on-demand (2-1-1) PrEP	F/TAF (Descovy) as daily oral PrEP	CAB-LA (Apretude) as injectable PrEP
Patients who may consider	Adolescent minors (if weight ≥ 77 pounds)	Adult gay, bisexual, and other men who have sex with men who: <ul style="list-style-type: none"> Request non-daily dosing Have sex less than once per week Can anticipate or delay sex to take the medication at least two hours before sex 	Adolescent minors (if weight ≥ 77 pounds)	Persons with serious kidney disease that prevents oral PrEP use <i>or</i> Persons who struggle to take oral PrEP as prescribed <i>or</i> Persons who prefer getting a shot every two months
Patients who should not take	Persons with estimated creatine clearance ≤ 60 mL/min	Adolescent minors <i>or</i> Persons at risk from receptive vaginal sex	Persons with estimated creatine clearance ≤ 30 mL/min <i>or</i> Persons at risk from receptive vaginal sex	Adolescent minors

Counseling Patients on PrEP Payment Options

In 2019, the United States Preventive Services Task Force issued a Grade A recommendation for oral PrEP which, in 2023, was updated to include injectable PrEP.^{4,81} This means that, under the Affordable Care Act, most private insurance plans and Medicaid expansion programs are required to cover oral and injectable PrEP without cost sharing (i.e., co-payments or deductibles).⁸² Prior authorization may be required, especially for medications that are not yet generic (i.e., F/TAF aka Descovy, cabotegravir aka Apretude).¹⁴ As of September 2024, oral and injectable PrEP are also covered without cost sharing under Medicare Part B.⁸³

In Rhode Island, health insurance policies issued or renewed in the state must cover all forms of PrEP without prior authorization or step therapy requirements (nor cost-sharing) as of 2024.^{84,85} Some other states offer PrEP assistance programs, a list of which can be found [here](#).¹⁴ Many community health centers also offer sliding scale fees to pay for PrEP (see [Find a Health Center](#) tool from HRSA).⁸⁶

Additionally, some drug manufacturers (Gilead Sciences and ViiV Healthcare) have assistance programs to help pay for PrEP, which are summarized in [Table 8](#).^{14,87} The only generic version of

PrEP currently available for patients is F/TDF.^{25,88,89} Patients without insurance may use a coupon from [GoodRx](#) to pay around \$30 a month for generic F/TDF.⁹⁰

Table 8. PrEP Assistance Programs from Drug Manufacturers^{87,91,92}

Brand Name (formulation)	Uninsured patients		Underinsured patients		Company
	Program Name and Link	Income criteria	Program Name and Link	What it covers	
Truvada (oral PrEP) or Descovy (oral PrEP)	Patient Assistance Program/Medication Assistance Program (PAP/MAP)	<500% of the federal poverty level	Gilead Advancing Access Co-pay Coupon Program	\$7,200 per year (no coverage of clinic visits, labs)	Gilead Sciences
Apertude (injectable PrEP)	Patient Assistance Program	<500% of the federal poverty level	APRETUDE Savings Program	\$7,500 per year (medical and pharmacy benefit cost-sharing; up to \$350 per year for copay assistance associated with provider administration)	ViiV HealthCare

Source: Adapted from [HIV.gov](#)⁸⁷

Supplementary materials regarding paying for PrEP are included below and in the [Additional Resources](#) section of this toolkit (page 26).

Payment and Financial Assistance Resources

- [APRETUDE Savings Program](#) (ViiV Healthcare) & [Gilead Advancing Access](#) (Gilead Sciences)
 - These six-page brochures summarize the APRETUDE Savings Program and Gilead Advancing Access for clinicians to enhance their knowledge of these programs and improve their ability to share this information with their patients.
- [State PrEP/ PEP Assistance Programs](#) (NASTAD)
 - This webpage provides a summary of state- and county-level assistance programs for PrEP/PEP, including a list of supported services and contracting opportunities for reimbursement (providers, lab, pharmacies) in each jurisdiction.
- [Title X Family Planning Clinic Locator](#) (U.S. Department of Health and Human Services)
 - This online tool helps to locate a Title X family planning clinic. Title X-funded clinics, which include many community health centers and other clinics like some Planned Parenthood sites, provide services that can be utilized outside of insurance. These include PrEP care and other preventative health services that benefit reproductive health such as HPV vaccination, mental health care, and cervical cancer screening.
- [How Can I Pay for PrEP?](#) (U.S. Department of Health and Human Services)

- This one-page fact sheet provides patients with information about programs to help them pay for PrEP.
- [GoodRx for Healthcare Providers](#) (GoodRx)
 - GoodRx offers coupons on prescription drugs, including PrEP, that clinicians can send directly to their patients. Thus, clinicians may use this website to help reduce out-of-pocket costs for their patients taking PrEP.

Module 3: Practical Guidance for Prescribing PrEP to Adolescents and Young Adults

Initial PrEP Visit

Dosing Instructions

[Table 9](#) outlines the recommended dosing of PrEP by modality.

Table 9. PrEP Dosing by Modality^{14,53}

Abbreviated name (Brand Name) modality	F/TDF (Truvada or generic equivalent) as daily oral PrEP	F/TDF (Truvada or generic equivalent) as on-demand (2-1-1) PrEP	F/TAF (Descovy) as daily oral PrEP	CAB-LA (Apretude) as injectable PrEP
Dose	300 mg tenofovir disoproxil fumarate / 200 mg emtricitabine	300 mg tenofovir disoproxil fumarate / 200 mg emtricitabine	25 mg tenofovir alafenamide / 200 mg emtricitabine	600 mg cabotegravir in 3 mL solution
Frequency	Once a day	Two pills 2-24 hours before sex, one pill 24 hours later, one pill 48 hours later	Once a day	First two doses one month apart, then every two months

Baseline Laboratory Testing

[Table 10](#) highlights the recommended baseline laboratory tests for patients prior to starting PrEP by modality.

Table 10. Recommended Baseline Laboratory Testing for PrEP Initiation by Modality^{53,78,93}

Test	F/TDF (Truvada or generic equivalent) as oral PrEP	F/TAF (Descovy) as oral PrEP	CAB-LA (Apretude) as injectable PrEP
HIV Antigen/ Antibody	X	X	X
HIV RNA	If possibly infected within the past 2-4 weeks	If possibly infected within the past 2-4 weeks	X
Estimated Creatine Clearance (eCrCl)	X	X	
Syphilis Serology	X	X	X
Gonorrhea†	X	X	X
Chlamydia†	X	X	X
Hepatitis B Serology	X	X	X*
Hepatitis C Serology	MSM, TGW, and PWID only	MSM, TGW, and PWID only	MSM, TGW, and PWID only
Lipid Panel		X	
Pregnancy Test	X	X	X

X = All PrEP patients

MSM = Men who have sex with men; TGW = Transgender women; PWID = Persons who inject drugs.

* As part of routine primary care (i.e., not specific to the provision of CAB-LA for PrEP).

† = Throat, rectum, and genital/urine screening according to sites of exposure

[Figure 8](#) offers a checklist for clinicians to ensure they address all items standard for PrEP initiation visits.

Figure 8. Clinician Checklist for Initiating PrEP

I have provided this patient with the following (check all as completed):

- Assessment for possible acute HIV infection
- Indicated laboratory screening to determine indications for these medications
- An HIV risk assessment to determine whether PrEP is indicated for this patient
- A medication fact sheet listing dosing instructions and side effects
- Counseling or a referral for counseling on condom use and any other HIV risk-reduction methods this patient may need
- Advice on methods to help the patient to take medication as prescribed
- Information about PrEP use during conception and pregnancy (when indicated)
- The following PrEP regimen (choose only one)
 - Prescribed Truvada or generic equivalent (300 mg tenofovir disoproxil fumarate, 200 mg emtricitabine), **daily dosing**
 - Prescribed Descovy (25 mg tenofovir alafenamide, 200 mg emtricitabine), **daily dosing (MSM)**
 - Prescribed Truvada or generic equivalent (300 mg tenofovir disoproxil fumarate, 200 mg emtricitabine), **2-1-1 dosing (MSM)**
 - Administered a gluteal IM injection of cabotegravir (600 mg in 3 mL)
- A follow-up appointment date

Source: [2021 CDC PrEP Guidelines Clinical Providers' Supplement](#)⁹⁴

Follow-up PrEP Visits

Follow-up Laboratory Testing

Tables [11](#) and [12](#) outline the timing of oral and injectable PrEP-associated laboratory tests, respectively.

Table 11. Follow-up Laboratory Testing Schedule for Oral PrEP Patients

Test	Q 3 months	Q 6 months	Q 12 months	When stopping PrEP
HIV Test (Antigen/Antibody)	X*			X*

Estimated Creatine Clearance (eCrCl)		If age ≥50 or eCrCl<90 ml/min at PrEP initiation	If age <50 or eCrCl≥90 ml/min at PrEP initiation	X
Syphilis Serology	MSM/TGW	X		MSM/TGW
Gonorrhea†	MSM/TGW	X		MSM/TGW
Chlamydia†	MSM/TGW	X		MSM/TGW
Lipid Panel (F/TAF)			X	
Hepatitis B Serology				
Hepatitis C Serology			MSM, TGW, PWID only	

Source: Adapted from [2021 CDC PrEP Guidelines](#)⁵³

X = All PrEP patients.

* Assess for acute HIV infection

MSM = Men who have sex with men; TGW = Transgender women; PWID = Persons who inject drugs

† = Throat, rectum, and genital/urine screening according to sites of exposure

Table 12. Follow-up Laboratory Testing Schedule for Injectable PrEP Patients

Test	1 month visit	Q2 months	Q4 months	Q6 months	Q12 months	When Stopping CAB-LA
HIV RNA*	X	X	X	X	X	X
Syphilis Serology			MSM/TGW only	Heterosexually active women and men only	X	MSM/TGW only
Gonorrhea†			MSM/TGW only	Heterosexually active women and men only	X	MSM/TGW only
Chlamydia†			MSM/TGW only	MSM/TGW only	Heterosexually active cisgender women and men only	MSM/TGW only

Source: Adapted from [2021 CDC PrEP Guidelines](#)⁵³

* HIV-1 RNA assay

X = All PrEP patients

MSM = Men who have sex with men; TGW = Transgender women

† = Throat, rectum, and genital/urine screening according to sites of exposure

PrEP Adherence Techniques for Adolescents and Young Adults

Adherence to PrEP is critical for the medication to be effective at preventing HIV acquisition.⁵ Research demonstrates that medication adherence may be more challenging for younger patients taking PrEP than with adults.^{95,96} However, there are several strategies that clinicians may employ to assist adolescents and young adults with medication adherence. [Table 13](#) offers a number of examples.

Table 13. Supporting Medication Adherence for Adolescents and Young Adults on PrEP^{5,7,53,97}

Strategy	Methods
Frequency of contact	<ul style="list-style-type: none"> • Adolescents may need to be seen more frequently to promote adherence • Ask your patients, “When would you like to come back?” • Offer interim contact if desired (e.g., text or portal messages)
Counseling techniques	<ul style="list-style-type: none"> • Normalize occasional missed doses, while ensuring patient understands importance of daily dosing for maximal protection • Reinforce success • Skill-building activities (e.g., role play, decisional balance activities, or homework) • Identify factors interfering with adherence (e.g., cost, transportation barriers, side effects) and plan with patient how to address them
Additional support	<ul style="list-style-type: none"> • Discuss other individuals in the adolescent’s life who might be able to provide adherence support (e.g., caregivers) • Consider peer-support strategies, e.g., “adherence buddies” • Provide adolescent-friendly adherence tools, e.g., pill containers that are key chains or lipstick holders • Suggest tying dose to patient’s daily routine (e.g., after teeth-brushing) • Identify reminders and devices to minimize forgetting missed doses, e.g., daily pill boxes or phone alarms

Source: Adapted from [Hosek S. and Henry-Reid L. 2020 \(Table 2\)](#)⁷

Legal Issues: Minor Consent and Confidentiality

Confidentiality is a key component of health care, and a bedrock principle in the evidence-based care of AYA. At the same time, long-standing and recent issues related to the legal and insurance systems can create challenges to confidentiality for AYA seeking sensitive services such as sexual health-related care including HIV prevention.⁹⁸

When discussing PrEP with AYA, the CDC recommends that clinicians review the local laws and regulations that may affect their ability to provide confidential care.^{53,99} It is also recommended that clinicians inform adolescent minors of the limits of confidentiality and how they intend to maintain confidentiality to the extent possible prior to initiating services for PrEP, as this may impact a patient’s decision to start the medication.

According to the CDC, all states “explicitly allow minors to consent for their own STI services... [and] no state requires parental consent for STI care,” although the age of consent for minors varies by state.¹⁰⁰ This does not mean that minors’ accessing of sexual health services will remain confidential; for example, some states require clinicians to inform caregivers of positive HIV test results.^{5,99} In Rhode Island and Massachusetts, clinicians are **not** required to disclose this information to caregivers.^{101–104}

Protecting confidentiality for AYA seeking sexual health care including PrEP is complex and therefore clinicians can consult with their organizations’ legal and risk management teams on specific cases. For example, confidentiality may be inadvertently breached as a result of health insurance claims and billing documentation (i.e., explanation of benefits forms, or EOBs).^{5,99,100} Most states require that these forms be sent to the policyholder (which is often a parent in the case of an adolescent, as well in the case of a young adult covered under their parents’ insurance as allowed by the ACA), rather than the patient.^{67,105} Some states, including

Massachusetts and Rhode Island, have confidentiality protections that permit insurers to send EOBs directly to the patient instead of the policyholder.^{105,106} Commercial insurers (e.g., Blue Cross, United Health) generally send EOBs after a service is rendered such as an office visit, medication prescription, while government insurers (e.g., Medicaid plans) generally do not send EOBs. However, these practices are not consistent across insurers, continuously evolving, and rarely enforced.¹⁰⁷

In addition, parents can request the medical records of their minor including sensitive information such as sexual history, though clinicians can protect some information in cases of “severe risk of harm to patient.” Therefore, **clinicians should inform AYA that their parent may learn about labs or prescriptions related to PrEP if their insurance is used to access PrEP.** If they are unwilling to take this chance but are still interested in PrEP, our practice is to refer them to a clinical site that can provide Title X-funded services (this includes many community health centers and other clinics like some Planned Parenthood sites), which can be utilized outside of their insurance. A list of Title X-funded programs can be found here: <https://reproductivehealthservices.gov/>.

NASTAD’s [Minor Consent and Confidentiality Laws for HIV Treatment and PrEP](#) provides a summary of the relevant statutes by state. Additionally, the National Center for Youth Law offers a detailed breakdown of the state and federal laws related to minors’ ability to consent for a broad range of sensitive health care services in [Minor Consent and Confidentiality: A Compendium of State and Federal Laws](#).

[Table 14](#) summarizes minor consent laws regarding HIV/STI testing and treatment and PrEP in Rhode Island and Massachusetts, where the age of majority is 18 years old.¹⁰⁸

Table 14. State Laws on Minors’ Ability to Consent for HIV/STI Services^{101–104}

State	STI testing and treatment	HIV testing and treatment	PrEP
Rhode Island	✓	✓	✓
Massachusetts	✓	✓	✓

Less Common Scenarios

For guidance on managing care for patients who acquire HIV while taking PrEP and transitioning patients from PEP to PrEP, see Sections 8 and 9 of the [2021 CDC PrEP Guidelines Clinical Providers’ Supplement](#), respectively.

Additional Resources

Resources for Primary Care Providers

AYA-Specific Resources

- [The Adolescent Reproductive and Sexual Health Education Project](#) (Advocates for Youth)
 - This online curriculum offers a set of PowerPoint lectures and patient case videos for clinicians on topics related to adolescent reproductive and sexual health.
- [National HIV Curriculum: Quick Reference: HIV PrEP In-Depth Topics: Lesson 1: HIV PrEP for Adolescents and Young Adults](#) (University of Washington)
 - This module provides clinicians with an overview of key concepts related to PrEP for AYA, including screening, modality options, and adherence, among others.
- [PrEP for Adolescents](#) (Michigan Medicine Adolescent Health Initiative)
 - This 45-minute online training module aims to assist clinicians in screening, discussing, and prescribing PrEP to adolescents and young adults.
- [Bright Futures: Implementation Tip Sheet: Promoting Healthy Development of Sexuality and Gender Identity](#) (AAP)
 - This ten-page tip sheet offers clinicians guidance to help promote the healthy development of sexuality and gender identity in adolescents and young adults.

General Resources for PrEP Prescribers

- [Clinicians' Quick Guide: What is HIV PrEP?](#) (CDC)
 - This four-page brochure provides clinicians with fundamental information related to PrEP, including eligibility, screening, and the different modality options.
- [National HIV Curriculum: Prevention of HIV: Lesson 5: HIV Preexposure Prophylaxis \(PrEP\)](#) (University of Washington)
 - This online educational module provides clinicians with a comprehensive summary of key topics related to PrEP, including eligibility, dosing, baseline laboratory testing, and adherence, among others.
- [National HIV PrEP Curriculum: Quick Reference: HIV PrEP Fundamentals](#) (University of Washington)
 - This six-hour educational module offers clinicians five lessons related to the fundamentals of PrEP care, including 1) Basic Principles and Rationale for HIV PrEP, 2) Identifying Candidates for HIV PrEP, 3) HIV PrEP Medications and Dosing Options, 4) Baseline Evaluation and Starting HIV PrEP, and 5) Follow-Up Care and Monitoring on HIV PrEP.
- [National HIV PrEP Curriculum: Quick Reference: HIV PrEP In-Depth Topics](#) (University of Washington)
 - This module expands on the “HIV PrEP Fundamentals” module, providing clinicians with more detailed information related to PrEP for selected populations (i.e., AYA, transgender and gender-diverse people, cisgender women

and pregnant persons, and people who inject drugs), same-day initiation, and providing PrEP services in sexual health clinic settings.

- [Prescribing PrEP: A Guide for Healthcare Providers](#) (AIDS Education and Training Center National Coordinating Resource Center)
 - This two-page brochure summarizes the fundamental information related to PrEP prescribing for clinicians, including indications and contraindications for PrEP, modality options and dosing, possible side effects, laboratory testing and follow-up visits, and key topics for counseling.
 - wo-page brochure
- [2021 CDC PrEP Guidelines Clinical Providers' Supplement](#) (CDC)
 - This supplement to the 2021 CDC PrEP Guidelines provides clinicians with additional, practical resources for PrEP prescribing, including patient/provider checklists, printable information sheets for patients, risk indices, and PrEP-related ICD, CPT, and LOINC codes, among others.
 - 53 pages of supplementary materials, including patient/clinician checklists and printable information sheets

LGBTQ+-Specific Resources

- [A Pediatrician's Guide to an LGBTQ+ Friendly Practice](#) (AAP)
 - This webpage offers pediatricians guidance to improve the care of LGBTQ+ patients and families.

Clinician Guide to On-Demand PrEP

- [“On-Demand” Dosing for PrEP: Guidance for Medical Providers](#) (NYC Health)
 - This two-page handout provides clinicians with a summary of key information related to on-demand PrEP, including dosing, efficacy, benefits, eligibility, and counseling.

Payment and Financial Assistance

- [APRETUDE Savings Program](#) (ViiV Healthcare) & [Gilead Advancing Access](#) (Gilead Sciences)
 - These six-page brochures summarize the APRETUDE Savings Program and Gilead Advancing Access for clinicians to enhance their knowledge of these programs and improve their ability to share this information with their patients.
- [State PrEP/ PEP Assistance Programs](#) (NASTAD)
 - This webpage provides a summary of state- and county-level assistance programs for PrEP/PEP, including a list of supported services and contracting opportunities for reimbursement (providers, lab, pharmacies) in each jurisdiction.

- [Title X Family Planning Clinic Locator](#) (U.S. Department of Health and Human Services)
 - Clinicians may use this online tool to help patients locate a Title X family planning clinic near them. Title X-funded clinics, which include many community health centers and other clinics like some Planned Parenthood sites, provide services that can be utilized outside of insurance. These include PrEP care and other preventative health services that benefit reproductive health such as HPV vaccination, mental health care, and cervical cancer screening.
- [GoodRx for Healthcare Providers](#) (GoodRx)
 - GoodRx offers coupons on prescription drugs, including PrEP, that clinicians can send directly to their patients. Thus, clinicians may use this website to help reduce out-of-pocket costs for their patients taking PrEP.

Practical Resources for Clinicians (e.g., hotlines, apps)

- [National Clinical Consultation Center PrEPline](#) (National Clinical Consultation Center)
 - This website offers an online- and phone-based consultation service for clinicians on questions related to PrEP. Call **(855) 448-7737** or **(855) HIV-PrEP** for a phone consultation Monday – Friday 9 a.m. – 8 p.m. ET.
- [National HIV PrEP Curriculum: HIV PrEP Tools for Clinicians](#) (University of Washington)
 - This tool, available as an application for phone/tablet or accessed via web browser on desktop/laptop/phone/tablet, provides clinicians with real-time assistance in three areas related to PrEP care: 1) Assessment (evaluating patients for PrEP), 2) Medications (selecting an appropriate PrEP modality), and 3) Laboratory Tests (ordering recommended laboratory tests).

Sexual History-Taking

- [Clinicians’ Quick Guide: Discussing Sexual Health with Your Patients](#) (CDC)
 - This four-page brochure offers clinicians guidance related to sexual health care, including strategies for taking a sexual history and a summary of the 5P’s approach.

Resources for Patients

Patient Handouts

- [Let’s Talk About It: Preventing HIV with PrEP](#) (U.S. Preventive Services Task Force)
 - This two-page handout provides patients with basic information about PrEP, including eligibility, the different modalities, adherence, and follow-up care.
- [“Now’s the Time to Find Out About PrEP and PEP”](#) (CDC)
 - This 16-page brochure provides patients with responses to frequently asked questions about PrEP.
- [How to Take: PrEP 2-1-1 for Anal Sex](#) (University of California, San Francisco)

- This two-page handout provides patients with information about how to take 2-1-1 PrEP and the features of daily vs. 2-1-1 dosing.
- [How Can I Pay for PrEP?](#) (U.S. Department of Health and Human Services)
 - This one-page fact sheet provides patients with information about programs to help them pay for PrEP.

Websites

- [STIs/STDs & HIV Educational Videos](#) (AMAZE)
 - These educational videos offer adolescents information about HIV and other sexually transmitted infections in a creative and engaging format.
- [Title X Family Planning Clinic Locator](#) (U.S. Department of Health and Human Services)
 - Patients may use this online tool to locate a Title X family planning clinic near them. Title X-funded clinics, which include many community health centers and other clinics like some Planned Parenthood sites, provide services that can be utilized outside of insurance. These include PrEP care and other preventative health services that benefit reproductive health such as HPV vaccination, mental health care, and cervical cancer screening.
- [HIV Risk Calculator](#) (The Institute for Sexual and Gender Minority Health and Wellbeing at Northwestern University)
 - This web-based tool helps patients to assess their risk for HIV using playful emojis.
- [Patient Assistance Programs and Co-payment Assistance Programs: Resources for Accessing PrEP](#) (U.S. Department of Health and Human Services)
 - This webpage summarizes information about PrEP payment assistance programs for patients and offers responses to frequently asked questions about these programs.
- [GoodRx for Patients](#) (GoodRx)
 - GoodRx offers coupons on prescription drugs, including PrEP. Patients may use this website to help reduce out-of-pocket costs associated with PrEP.

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Appendices

Appendix 1: Electronic Health Record Note Templates

Appendix 1a. PrEP Intake Visit

(.jrprepintake)

PrEP Intake Visit

Subjective:

@NAME@ is a @AGE@ year old @SEX@ with a history as seen below here for visit to evaluate for pre-exposure prophylaxis (PrEP) for HIV. @CAPHE@ is accompanied by {guardian:21389}.

HPI:

Sexual health

Sexual/Relationship history:

- Assigned sex: {partner assigned sex:51199}
 - Gender identity: identifies as ***
 - Sexual orientation: identifies as ***
 - Sexual activity: {Misc; is/is not/not currently/has never been:13135} sexually active.
 - Partners: *** in the past 12 months, *** lifetime; partners assigned sex in past: {partner assigned sex:51199}.
 - Practices: ***. Most recent sex: {TIME; DAYS WEEKS MONTHS:18704}
 - Protection: Condom use {condom frequency:51198}, using lubricant: { :23685}
 - STI history: ever treated for STI { :23685}; prior STI: {Diagnoses; std:14028}; last HIV test: {NONE DEFAULTED:18576}
 - Pregnancy: trying to conceive child: { :23685}; patient/partner on birth control - { :23685}.
 - Performance: problems having sex: { :23685}
- Relationships/Safety: Denies {abuse:20602}

Drug use: Alcohol - { :23685} , tobacco/vaping -{ :23685}, marijuana - { :23685}, illicit drugs - { :23685}

Mental Health: Denies prior {Mental health symptoms:60309}. Denies current {Mental health symptoms:60309}. Services: {Mental health remedies:60301}.

Used PrEP previously: { :23685}

Used HIV PEP previously:{ :23685}

Used doxy PEP previously: { :23685}

Other relevant social history: ***

PMH: @PMH@

The following portions of the patient's history were reviewed and updated as appropriate: past family history and past medical history

Medications: @CMED@

Adherence to medication regimen is described as ***.

Review of Systems:

Denies fevers, chills, lymphadenopathy, weight loss or gain, skin issues, abdominal pain, diarrhea, constipation, genital discharge, coughing, wheezing, nausea, vomiting, headaches, chest pain, muscle pain, joint pain, sleep issues, eye problems, dizziness, fainting.***

Objective:

@VS@

Blood pressure %ile: @BPFA@ ***

Physical Examination:

General: Well appearing, alert, no acute distress.

Head: normocephalic and atraumatic.

Eyes: sclera anicteric, conjunctiva clear, extra-ocular motions intact.

Ears: normal form and location.

Nose: normal and septum midline, pink mucosa, no discharge.

Mouth/Throat: moist mucosa, no oral lesions.

Neck: supple, full range of motion.

Musculoskeletal/Spine: symmetrical with no deformity, normal posture and normal strength in all extremities.

Skin: No rashes, no dry skin, no acne.

Neurologic: Normal mental status. No focal deficits.

Labs:

Urine protein (POC): @LABBRIEF(PROTEINURPOC)@

Prior STI testing:

@RESUFAST(HIVAGABCOM:3,TREPALLIGM:3,,THROATCTPROB,GCPRBTHR,CHLAMPRBUR,GCPRBUR,CHLAMPRBRL,RECTALGCPROB,HCVABQUAL,HBSAG,HBVCOREIGMAB)@

Assessment:

@NAME@ is a @AGE@ year old assigned @SEX@, asserted @GENDERID@ with high risk sexual behavior here for consultation for PrEP for HIV.

Plan:

1. HIV prevention

Patient is a candidate for pre-exposure prophylaxis for HIV (PrEP) based on current CDC guidelines. Also considered post-exposure prophylaxis (PEP), but does not meet criteria for this currently***. 4th generation HIV test was negative *** days ago. Patient denies symptoms of acute HIV including fever, chills, lymphadenopathy, nausea, or vomiting. We will start daily oral PrEP {Time; today/tomorrow:10263}--specifically FTC/TDF. We conducted a risk assessment, provided basic information about PrEP, provided condoms and counseled always use, and

provided a copay card***. We will obtain baseline labs today and will plan to follow up by phone in 1 week to discuss adherence and in clinic 1 month from now.

Follow up: {follow up:15908}.

*** minutes were spent in face-to-face patient care and direct coordination of care during the current encounter.

Appendix 1b. PrEP Intake Visit Plan Only

(.jrpreplannote)

HIV prevention

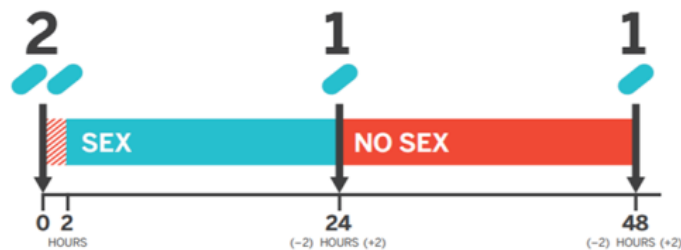
Patient is a candidate for pre-exposure prophylaxis for HIV (PrEP) based on current CDC guidelines. Also considered post-exposure prophylaxis (PEP), but does not meet criteria for this currently***. 4th generation HIV test was negative *** days ago. Patient denies symptoms of acute HIV including fever, chills, lymphadenopathy, nausea, or vomiting. We will start daily oral PrEP {Time; today/tomorrow:10263}--specifically FTC/TDF (Truvada). We conducted a risk assessment, provided basic information about PrEP, provided condoms and counseled always use. We will obtain baseline labs today and will plan to follow up by phone in 1 week to discuss adherence and in clinic 1 month from now.

Appendix 1c. Guidance on On-Demand (“2-1-1”) PrEP for After-Visit Summary (.jrprep211advice)

Advice about taking PrEP for HIV prevention using “2-1-1” Approach (aka “On Demand PrEP):

- Taking daily PrEP is preferred, but on-demand PrEP may be an option if you are unable or unwilling to take PrEP every day.
- On-demand PrEP works best when you can anticipate when you will have sex. If you think you might have sex, take two pills beforehand. You can stop taking PrEP if you do not have sex.
- Taking two PrEP pills 24 hours before sex provides the best protection, but taking the initial dose as little as two hours before sex also helps protect against HIV.
- While highly effective, PrEP does not provide 100% protection. Rare cases of HIV transmission, despite the individuals taking PrEP daily or on demand correctly, have occurred.
- Condoms provide additional protection against HIV and other sexually transmitted infections (STIs).
- Make sure you use condoms or another prevention method when not taking PrEP.
- If you forget to take PrEP, emergency PEP (post-exposure prophylaxis) can prevent HIV if started within 72 hours of a possible exposure to HIV.
- Taking PrEP under a doctor or nurse’s care helps ensure that the medicine is working correctly.
- You may need to refill your prescription less often if you use PrEP on demand, but you should still come in every three months for testing to make sure you do not have undiagnosed HIV or other STIs.

SEX WITHIN 24 HOURS OF THE FIRST DOSE



SEX BEYOND 24 HOURS AFTER THE FIRST DOSE

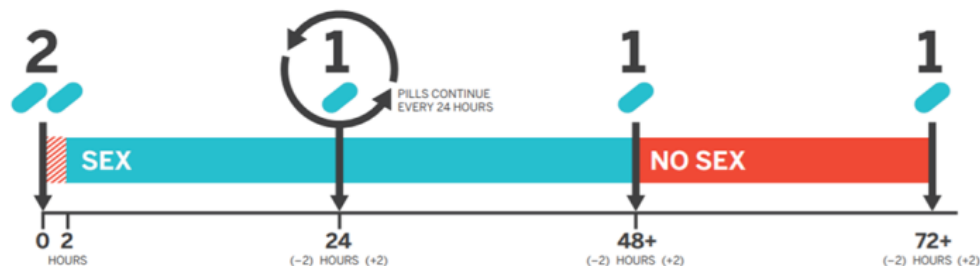


Image source: Q&A: PrEP 2-1-1 - San Francisco AIDS Foundation (sfaf.org) atsfaf.org/resource-library/qa-prep-2-1-1-for-anal-sex

Appendix 1d. PrEP Two-Week Follow-Up Visit

PrEP Follow-up Visit

Subjective:

@NAME@ is a @AGE@ year old natal @SEX@, {LS MISC ID GENDER:22635} with a history as seen below here for visit to follow up on management of pre-exposure prophylaxis (PrEP) for HIV. @CAPHE@ is {alone or w companion:315710} today.

HPI:

HIV prevention

We initially saw the patient on *** for initial evaluation for PrEP. At that time, we discussed the risks and benefits of PrEP, and @HE@ had lab work done as seen below. Today's visit is for reviewing lab work and discussing barriers to adherence to PrEP.

Questions today related to PrEP included: ***

Patient anticipated barriers to adherence include: ***

See HEADDSS assessment for updated sexual history.

HEADDSS:

@SOCDOC@

PMH: @PMH@

The following portions of the patient's history were reviewed and updated as appropriate: past family history and past medical history

Medications: @CMED@

Adherence to medication regimen is described as ***.

Review of Systems:

Denies fevers, chills, lymphadenopathy, weight loss or gain, skin issues, abdominal pain, diarrhea, constipation, genital discharge, coughing, wheezing, nausea, vomiting, headaches, chest pain, muscle pain, joint pain, sleep issues, eye problems, dizziness, fainting.***

Objective:

@VS@

Blood pressure %ile: @BPFA@ ***

Physical Examination:

General: Well appearing, alert, no acute distress.

Head: normocephalic and atraumatic.

Eyes: sclera anicteric, conjunctiva clear, extra-ocular motions intact.

Ears: normal form and location.

Nose: normal and septum midline, pink mucosa, no discharge.

Mouth/Throat: moist mucosa, no oral lesions.

Neck: supple, full range of motion.

Musculoskeletal/Spine: symmetrical with no deformity, normal posture and normal strength in all extremities.

Skin: No rashes, no dry skin, no acne.

Neurologic: Normal mental status. No focal deficits.

Labs

@LABCR@

I have reviewed all the lab results, including UA, BMP for Cr Clearance, Hep A antibody, Hep B surface antigen and antibody, Hep C antibody, 4th generation HIV, RPR, and GC/CT screening (pharyngeal, rectal, genital). Abnormalities are listed here: ***

Assessment:

@NAME@ is a @AGE@ year old @SEX@ here for follow up consultation for PrEP for HIV prevention.

Patient continues to be a good candidate for PrEP based on current CDC guidelines. Specifically, HIV risk factors include ***.

4th generation HIV test was negative *** days ago, and since this was less than 2 weeks ago, we will not*** repeat today. Patient denies symptoms of acute HIV including fever, chills, lymphadenopathy, nausea, or vomiting; therefore we can be reasonably sure that patient is not HIV infected. Additionally, there are *** current indications for post-exposure prophylaxis (PEP).

We conducted a risk assessment, provided basic information about PrEP, and assessed his insurance status. We discussed barriers to adherence and suggested ***.

We will start daily oral PrEP {Time; today/tomorrow:10263}--specifically TDF/FTC (Truvada) 300/400 mg daily, and will provide a 30 day supply with a plan to follow up in 3 weeks in clinic, and 1 week by phone.

We have also discussed the advantages of condom use always, and provided condoms today.

Plan:

- Start PrEP
- Condoms provided
- Additional labs as noted below

Follow up: 3 weeks from now in clinic, 1 week by phone to check in.

*** minutes were spent in face-to-face patient care and direct coordination of care during the current encounter.

@ORDERSNMENC@

Appendix 1e. PrEP Three-Month Follow-Up Visit

(.jrprep3mo)

PrEP Follow-up Visit

Subjective:

@NAME@ is a @AGE@ year old natal @SEX@, {LS MISC ID GENDER:22635} with a history as seen below here for visit to follow up on management of pre-exposure prophylaxis (PrEP) for HIV prevention. Patient is seen {alone or w companion:315710} today.

HPI:

HIV prevention

We initially saw the patient on *** for initial evaluation for PrEP. At that time, we discussed the risks and benefits of PrEP, and had lab work done as seen below. patient started PrEP on ***. Since then, number of missed doses in past week is ***, and past month is ***.

Questions today related to PrEP included: ***

Patient anticipated barriers to adherence include: ***

See HEADDSS assessment for updated sexual history.

HEADDSS:

@SOCDOC@

PMH: @PMH@

The following portions of the patient's history were reviewed and updated as appropriate: past family history and past medical history

Medications: @CMED@

Adherence to medication regimen is described as ***.

Review of Systems:

Denies fevers, chills, lymphadenopathy, weight loss or gain, skin issues, abdominal pain, diarrhea, constipation, genital discharge, coughing, wheezing, nausea, vomiting, headaches, chest pain, muscle pain, joint pain, sleep issues, eye problems, dizziness, fainting.***

Objective:

@VS@

Blood pressure %ile: @BPFA@ ***

Physical Examination:

General: Well appearing, alert, no acute distress.
Head: normocephalic and atraumatic.
Eyes: sclera anicteric, conjunctiva clear, extra-ocular motions intact.
Ears: normal form and location.
Nose: normal and septum midline, pink mucosa, no discharge.
Mouth/Throat: moist mucosa, no oral lesions.
Neck: supple, full range of motion.
Musculoskeletal/Spine: symmetrical with no deformity, normal posture and normal strength in all extremities.
Skin: No rashes, no dry skin, no acne.
Neurologic: Normal mental status. No focal deficits.

Labs

@LABCR@

I have reviewed all the lab results, including UA, BMP for Cr Clearance, Hep A antibody, Hep B surface antigen and antibody, Hep C antibody, 4th generation HIV, RPR, and GC/CT screening (pharyngeal, rectal, genital). Abnormalities are listed here: ***

Assessment:

@NAME@ is a @AGE@ year old @SEX@ here for follow up for PrEP for HIV prevention.

Patient continues to be a good candidate for PrEP based on current CDC guidelines. Specifically, HIV risk factors include ***.

4th generation HIV test was negative *** days ago, and since this was less than 2 weeks ago, we will not*** repeat today. He denies symptoms of acute HIV including fever, chills, lymphadenopathy, nausea, or vomiting; therefore we can be reasonably sure that he is not HIV infected. Additionally, there are *** current indications for post-exposure prophylaxis (PEP).

We conducted a risk assessment and discussed barriers to adherence and suggested ***.

We will continue daily oral PrEP with TDF/FTC (Truvada) and will provide a 90 day supply with a plan to follow up in 3 months in clinic.

We have also discussed the advantages of condom use always, and provided condoms today.

Plan:

- Continue PrEP
- Condoms provided
- Additional labs as noted below

Follow up: 3 months from now in clinic, sooner as needed.

*** minutes were spent in face-to-face patient care and direct coordination of care during the current encounter.

@ORDERSNMENC@

Appendix 2: PrEP-Related ICD-10 Codes

ICD-10 Code	Description
Z20.6	Contact with and (suspected) exposure to HIV
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.4	Encounter for screening for human immunodeficiency virus
Z11.59	Encounter for screening for other viral diseases
Z79.899	Other long term drug therapy

Source: [Philadelphia Department of Public Health](#)¹⁰⁹

Appendix 3: Printable Resources

Appendix 3a. PrEP and Youth: Quick Reference Summary for Providers

Appendix 3b. “Are You Ready for PrEP?” Patient Brochure

PrEP and Youth: Quick Reference Summary for Providers

Whom to Offer PrEP: 1) Adolescents or adults who are at increased risk for HIV based on sexual contact (Figure 1) or substance use (Figure 2), and/or, 2) adolescents or adults who request PrEP.

Figure 1:
Determining HIV Risk / PrEP Eligibility Based on Sexual Contact

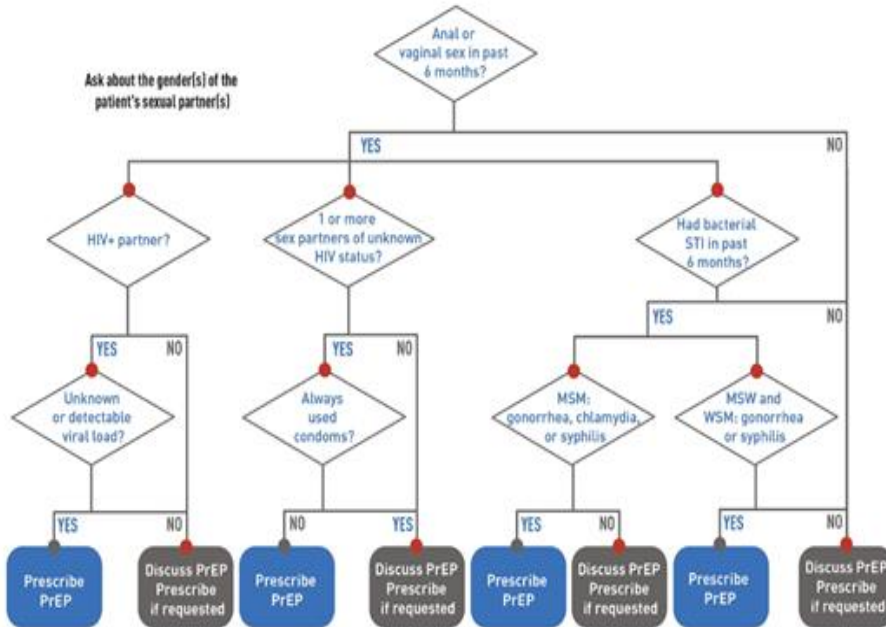
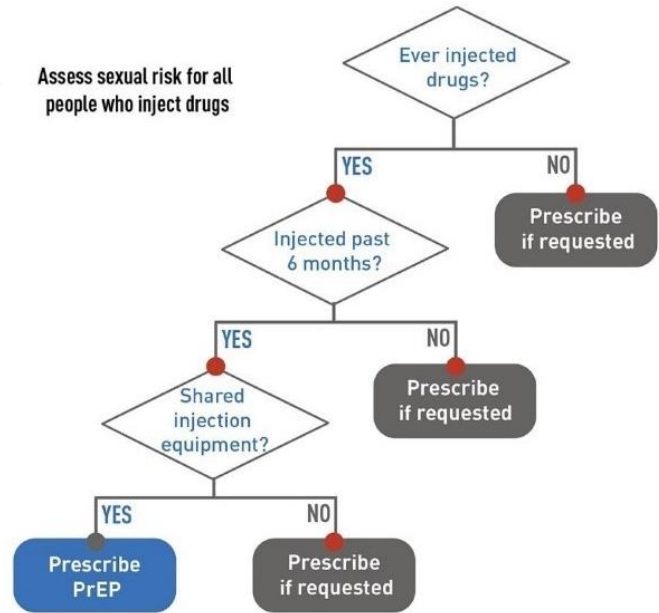


Figure 2:
Determining HIV Risk / PrEP Eligibility Based on Injection Drug Use



PrEP Eligibility for Selected Populations by Modality:

Abbreviated name (Brand Name) <i>modality</i>	F/TDF (Truvada or generic equivalent) as <i>daily oral PrEP</i>	F/TDF (Truvada or generic equivalent) as <i>"on-demand" (2-1-1) PrEP</i>	F/TAF (Descovy) as <i>daily oral PrEP</i>	CAB (Apretude) <i>every 2 month injection</i>
Dosing	300 mg tenofovir disoproxil fumarate / 200 mg emtricitabine	300 mg tenofovir disoproxil fumarate / 200 mg emtricitabine	25 mg tenofovir alafenamide / 200 mg emtricitabine	600 mg in 3 ml cabotegravir
Interval	Daily	On-demand	Daily	Every 2 months
Indicated/recommended groups				
- Adolescents ≥ 77 pounds (35 kg)	Yes	No*	Yes	No*
- MSM	Yes	Yes	Yes	Yes
- Transgender women & non-binary people assigned male at birth (AMAB)	Yes	Yes (if not taking gender-affirming hormones and only at risk of HIV from anal sex)	Yes	Yes
- Transgender men & non-binary people assigned female at birth (AFAB)	Yes	No*	No*	Yes
- Cisgender women	Yes	No*	No*	Yes
- People who may become pregnant	Yes	No*	No	Yes (but very little data on pregnancy effects)
- People who inject drugs	Yes	No (unless also at risk of HIV through sex)	Yes	Maybe (little data, so assess sexual risk factors also)
- People with kidney disease	Yes (if eCrCl ≥ 60 ml/min)	Yes (if eCrCl ≥ 60 ml/min)	Yes (if eCrCl ≥ 30 ml/min)	Yes (no restrictions based eCrCl)

* = Insufficient evidence to recommend at this time; eCrCl = Estimated Creatine Clearance

Timing of Oral PrEP-Associated Laboratory Tests:

Test	Screening/Baseline Visit	Q 3 months	Q 6 months	Q 12 months	When stopping PrEP
HIV Test (Antigen/Antibody)	X*	X			X*
Estimated Creatine Clearance (eCrCl)	X		If age ≥50 or eCrCl<90 ml/min at PrEP initiation	If age <50 or eCrCl≥90 ml/min at PrEP initiation	X
Syphilis Serology	X	MSM/TGW	X		MSM/TGW
Gonorrhea†	X	MSM/TGW	X		MSM/TGW
Chlamydia†	X	MSM/TGW	X		MSM/TGW
Lipid Panel (F/TAF)	X			X	
Hepatitis B Serology	X				
Hepatitis C Serology	MSM, TGW, PWID only			MSM, TGW, PWID only	

X = All PrEP patients; * = Assess for acute HIV infection; † = Throat, rectum, and genital/urine screening according to sites of exposure

Timing of Injectable Cabotegravir (CAB) for PrEP-Associated Laboratory Visits:

Test	Initiation Visit	1 month visit	Q2 months	Q4 months	Q6 months	Q12 months	When Stopping CAB-LA
HIV RNA*	X	X	X	X	X	X	X
Syphilis Serology	X			MSM/TGW only	Heterosexually active women and men only	X	MSM/TGW only
Gonorrhea†	X			MSM/TGW only	Heterosexually active women and men only	X	MSM/TGW only
Chlamydia†	X			MSM/TGW only	MSM/TGW only	Heterosexually active cisgender women and men only	MSM/TGW only

X = All PrEP patients; * = HIV-1 RNA assay; † = Throat, rectum, and genital/urine screening according to sites of exposure

PrEP-Related Resources:

- Adolescent Medicine On Call Provider: call operator to page (401-444-4000), or call clinic at 401-444-5980
- Jack Rusley: Jack.Rusley@brownhealth.org, 401-215-0102 (call or text), or EPIC message (Secure Chat if urgent, Staff Message if non-urgent)
- 2021 CDC PrEP Guidelines: <https://stacks.cdc.gov/view/cdc/112360>

Scan here for link to full toolkit including citations, detailed descriptions of modalities, counseling strategies and suggested language, patient handouts and more:



GET INFORMED

Make the right choice for you.



I'M READY FOR PrEP



I'M IN CONTROL OF MY SEXUAL HEALTH



Frequently Asked Questions

- Q** Are there any side effects to PrEP?
- A** Some people in clinical studies of PrEP had early side effects such as an upset stomach or loss of appetite, but these were mild and usually went away in the first month. Some people also had a mild headache. No serious side effects were observed. You should tell your health care provider if these or other symptoms become severe or do not go away.
- Q** Can I take PrEP during pregnancy or while breast/chestfeeding?
- A** If you are considering getting pregnant, talk to your health care provider about PrEP if you're not already taking it. PrEP may be an option to help protect you and your baby from getting HIV before or during pregnancy or while breast/chestfeeding.
- Q** Can I take PrEP while on hormone therapy?
- A** If you are worried that PrEP will affect your hormone therapy, ask your health care provider to check your hormone levels. There are no known drug conflicts between PrEP and hormone therapy, and there is no reason why the drugs cannot be taken at the same time. People who use PrEP should see their health care provider regularly for follow up HIV tests, shots, or prescription refills. Some of these visits may be able to be combined with your hormone therapy appointments.



SCAN TO LEARN MORE OR VISIT:
cdc.gov/HIVPrEP



PN 301213

ARE YOU READY FOR
PrEP?

You are in control.



PrEP 101

TELL ME MORE!



PrEP Basics

PrEP stands for pre-exposure prophylaxis. PrEP can help prevent you from getting HIV if you are exposed to the virus.

The word "prophylaxis" means to prevent or control the spread of an infection or disease.

When taken as prescribed, PrEP is highly effective for preventing HIV. PrEP can be pills or shots.



ONE PILL DAILY

OR



ONE SHOT EVERY TWO MONTHS

How Does It Work?

PrEP IS HIGHLY EFFECTIVE FOR PREVENTING HIV

PrEP reduces the risk of getting HIV from sex by about 99% when taken as prescribed. Although there is less information about how effective PrEP pills are among people who inject drugs, we know that PrEP pills reduce the risk of getting HIV by at least 74% when taken as prescribed.

When taken as prescribed, PrEP can provide a high level of protection against HIV, but only condoms protect against other STDs like syphilis and gonorrhea.

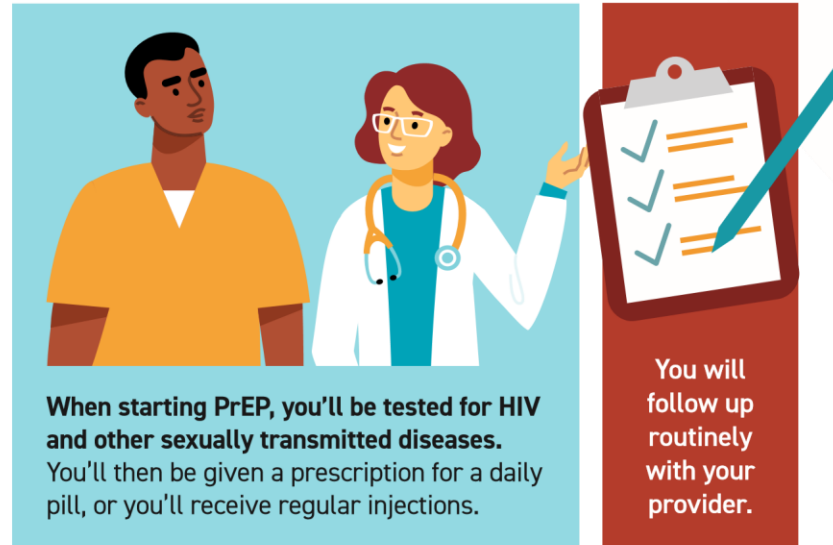


People who use PrEP should take it as prescribed and return to their health care provider as advised for follow-ups or prescription refills.

PrEP Access

How Can I Start PrEP?

Talk with your doctor or health care provider to determine if PrEP is right for you.



When starting PrEP, you'll be tested for HIV and other sexually transmitted diseases. You'll then be given a prescription for a daily pill, or you'll receive regular injections.

You will follow up routinely with your provider.

How Do I Pay for PrEP?

PrEP IS COVERED BY MOST INSURANCE PROGRAMS

If you do not have insurance, your health care provider can direct you to medication assistance programs that may help pay for PrEP.

You can also contact your local health department and HIV/AIDS service organizations for more information.



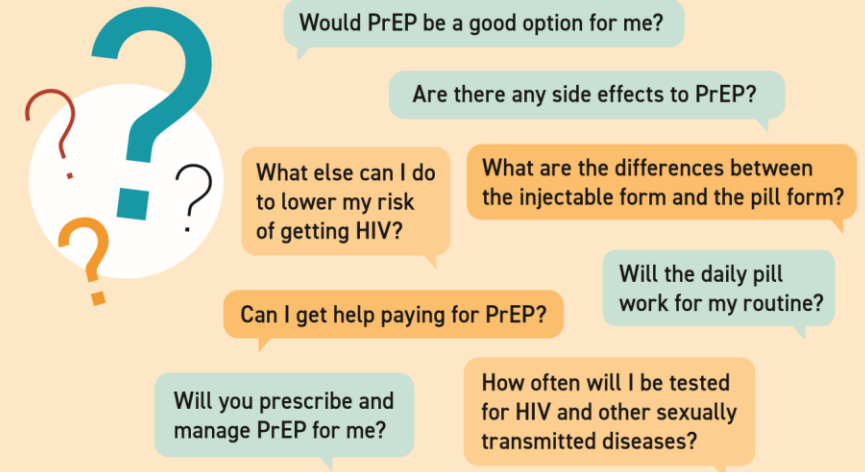
Is PrEP right for me?

I AM THINKING ABOUT PrEP TO PREVENT HIV. WHAT NOW?

- Do your research. Seek out information to help you decide.
- Make a list of why you think PrEP would be right for you.
- Talk to your health care provider if you have more questions.



Questions to Ask Your Provider:



Would PrEP be a good option for me?

Are there any side effects to PrEP?

What else can I do to lower my risk of getting HIV?

What are the differences between the injectable form and the pill form?

Can I get help paying for PrEP?

Will the daily pill work for my routine?

Will you prescribe and manage PrEP for me?

How often will I be tested for HIV and other sexually transmitted diseases?

If you decide PrEP is right for you:

- Follow your health care provider's advice about how to take PrEP. This will give you the best chance to prevent HIV.
- Tell your health care provider if you have trouble remembering to take your pill or want to stop PrEP.