

3 steps to PrEP

A simple guide

New HIV diagnoses are on the rise in the U.S.^{1,2}
Integrating PrEP into routine care can reduce gaps in HIV prevention, support ongoing HIV-negative status and help end the HIV epidemic^{3,4}



Why PrEP belongs in routine care



The CDC recommend a conversation to inform **all sexually active adults and adolescents** about PrEP³



~99% effective at preventing HIV through sex when taken as prescribed³



A USPSTF Grade A recommendation alongside other essential screenings, such as those for hypertension and colon cancer^{5,6}



Globally and nationally recommended by guideline bodies and organizations such as the WHO, CDC, ACOG and ACHA^{3,7-9}

PrEP: Quick facts

- ✓ Uses standard lab tests^{3,10}
- ✓ Follow-up can be integrated into routine preventive care^{3,10,11}
- ✓ Highly effective when used as prescribed³

Make PrEP part of routine care to deliver **effective HIV prevention** to everyone who could benefit^{3,12}

STEP 1



Confirm PrEP readiness

 **Mandatory** **Recommended**



Baseline tests^{3,10}

-  Preferred HIV tests (antigen/antibody and HIV-1 RNA assays)*
-  STI panel (chlamydia, gonorrhea and syphilis)



For oral PrEP³

-  HBV serology
-  Renal function (eCrCl)

Recent HIV exposure (<72 hr)?
Initiate PEP first, then transition to PrEP, provided a negative HIV test is confirmed¹⁵

Learn more about **PEP**





While an estimated **~2.2 million** people are in need of PrEP,¹³ a 2021 survey found that **73% of U.S. adults** had never been tested for HIV¹⁴

STEP 2



Select your PrEP

The goal is to start the PrEP conversation. There are **four FDA-approved PrEP options** – two oral and two long-acting injectable – so prevention can be tailored to an individual's lifestyle and preferences^{3,16}



Daily oral pills^{3,16}
Taken by mouth daily at home



Long-acting injectables¹⁶
Administered by a healthcare provider
There are two options with different administration frequencies



When choosing a PrEP option, consider the safety profile of each medication and the individual's lifestyle and preferences^{3,10}



Any licensed provider can prescribe PrEP³ – no specialist referral is needed

STEP 3



Follow up

Follow-up care for PrEP can fit into existing clinical workflows, mirroring the routine management of common conditions^{3,10,11}

 **Mandatory** **Recommended**

Daily oral PrEP³

	Start PrEP	0	3	6	9	12
 HIV test,  ongoing sexual discussions						
 STI screening*						
 Clinical monitoring (e.g. eCrCl)	As clinically indicated					
	For all individuals					

Injectable PrEP^{3,10}

	Start PrEP	0	2	4	6	8	10	12
 HIV test,  ongoing sexual discussions								
 STI screening								



To streamline care, **initial and follow-up tests can be incorporated into an EHR order template¹⁷**

*For injectable PrEP, a negative antigen/antibody test should be confirmed with an HIV-1 RNA assay, if available.^{10,18} An HIV-1 RNA assay is also required if acute HIV infection is suspected.^{3,10} *STI screening every 3 months is recommended for sexually active individuals with symptoms of STIs and asymptomatic gay and bisexual men at high likelihood for recurrent bacterial STIs (e.g. prior bacterial STIs or multiple sex partners).³

ACHA, American College Health Association; ACOG, American College of Obstetricians and Gynecologists; CDC, Centers for Disease Control and Prevention; eCrCl, estimated creatinine clearance; EHR, electronic health record; FDA, U.S. Food and Drug Administration; HBV, hepatitis B virus; HIV, human immunodeficiency virus; PEP, post-exposure prophylaxis; PrEP, pre-exposure prophylaxis; STI, sexually transmitted infection; USPSTF, U.S. Preventive Services Task Force; WHO, World Health Organization.

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