

What Is PrEP?

PrEP stands for pre-exposure prophylaxis and involves the use of antiretroviral medications to prevent acquisition of HIV.

PrEP medications are taken or administered at routine intervals (depending on the method) to provide up to 99% protection during sexual encounters and over 70% protection during needle-sharing encounters.

PrEP may be prescribed as a once-daily oral medication, an on-demand oral medication, or as a long-acting injection.

Who Should Consider PrEP?

Any person who is not living with HIV and is sexually active should be educated about PrEP as an HIV prevention strategy. For best outcomes, a patient's request for a PrEP prescription is sufficient for initiating PrEP. Behavior-based risk assessments are not required.

While all sexually active persons should be educated about PrEP, populations at increased risk for acquiring HIV should be more thoroughly engaged in discussions about PrEP.

This includes men who have sex with men (MSM), people who inject drugs (PWID), and heterosexual men and women who have partners living with untreated HIV, have a history of bacterial sexually transmitted infections, report a high number of sexual partners, or engage in sex work.

Additional Resources

- The Centers for Disease Control and Prevention (CDC) maintains a **prescribing guide** as well as a **clinical provider's supplement**.
- The National Clinician's Consulting Center is available for provider consultation by calling **1-855-HIV-PREP (448-7737)**.
- **Is your patient wondering how to pay for PrEP?** Patient navigation services are available to support insurance and payment issues by calling or texting 319-930-9093.

Access these resources and more at:
www.prepiowa.org/provider

For further training & technical assistance, contact:



HIV and Hepatitis Prevention Program
Bureau of HIV, STD, and Hepatitis
Iowa Department of Public Health
✉ hivhcvprevention@idph.iowa.gov

The information in this resource is derived from the Centers for Disease Control and Prevention's 2021 Clinical Practice Guidelines, which can be accessed at prepiowa.org/provider.



PrEP

Pre-Exposure Prophylaxis

Prescriber's Guide



Who Can Prescribe PrEP?

All forms of PrEP can be offered and managed by any provider licensed to prescribe medications.

At its core, PrEP is a primary care prevention strategy and should not be considered a specialized or infectious disease service.

For providers interested in learning more about managing PrEP, resources are available.

All of these resources can be accessed at www.prepiowa.org/provider



Prescribing Guidelines

For patients who have not taken oral PrEP in the preceding 3 months OR used injectable PrEP in the preceding 12 months, the CDC recommends use of a HIV antibody/antigen plasma test (preferred) or a combination antibody/antigen rapid blood test to verify HIV-negative status when initiating PrEP therapy.

For patients who are currently utilizing any method of PrEP, interval HIV screening should include an HIV antibody/antigen assay AND qualitative or quantitative HIV-1 RNA assay.

Oral PrEP Regimen Management

emtricitabine 200 mg/tenofovir disoproxil fumarate 300mg (F/TDF) or emtricitabine 200 mg/tenofovir alafenamide 25mg (F/TAF)

F/TDF is approved for use in all persons weighing at least 35kg.

F/TAF is approved for use in all cisgender men and transgender women weighing at least 35kg.



Test	Initiation	3 Month	6 Month	12 Month	Discontinuation
HIV Test	Test & screen for signs/symptoms of acute HIV	HIV-1 RNA			HIV-1 RNA & screen for signs/symptoms of acute HIV
Serum Creatinine Clearance	✓		If age 50 or older or when eCrCl <90 ml/min at initiation	If age <50 and eCrCl >89 ml/min at initiation	✓
Syphilis	✓	MSM/TGW	✓		MSM/TGW
Gonorrhea/Chlamydia	✓	MSM/TGW	✓		MSM/TGW
Lipid Panel	F/TAF Only			F/TAF Only	
Hepatitis B	✓				
Hepatitis C	MSM, TGW, PWID			MSM, TGW, PWID	

Checkmark (✓) = required for all users. Population-specific considerations denoted in text.

MSM = Men who have sex with men | **TGW** = Transgender women | **PWID** = Person who injects drugs

- When managing oral PrEP regimens, providers should be aware that some patients (<10%) experience “start-up syndrome,” which usually resolves within the first month. This may include headache, nausea, or abdominal discomfort. Clinicians should discuss the use of OTC medications to manage these symptoms. Weight gain is an additional reported side effect for F/TAF.
- Oral PrEP regimens have been shown to impact renal function in some users. If other threats to renal safety are present, renal function may require more frequent monitoring or may need to include additional tests. A rise in serum creatinine is not a reason to withhold treatment if eCrCl remains ≥ 60 ml/min for F/TDF or ≥ 30 for F/TAF. If eCrCl is declining steadily but remains above these thresholds, patients should be screened for high doses of NSAID or use of protein powders. Consultation with a nephrologist or other evaluation of possible threats to renal health may be indicated.

Long-Acting Injectable PrEP Regimen Management

600mg Cabotegravir injected into gluteal muscle every 2 months.

30mg daily oral cabotegravir is optional for a 4-week lead-in prior to injections.



Test	Initiation	1 Month	2 Month	4 month	6 month	12 month	Discontinuation
HIV-1 RNA	✓	✓	✓	✓	✓	✓	✓
Syphilis	✓			MSM/TGW	Heterosexual	✓	MSM/TGW
Gonorrhea	✓			MSM/TGW	Heterosexual	✓	MSM/TGW
Chlamydia	✓			MSM/TGW	Heterosexual	Heterosexual	MSM/TGW

Checkmark (✓) = required for all users. Population-specific considerations denoted in text.

MSM = Men who have sex with men | **TGW** = Transgender women | **Heterosexual** = Heterosexually active men and women