



PrEP Toolkit

This PrEP toolkit is a compilation of resources, created and published by the Dakotas AIDS Education and Training Center (DAETC), intended for primary care providers to consider PrEP as part of a comprehensive HIV prevention plan that includes discussing how to take PrEP as prescribed, screening for other sexually transmitted infections (STIs), and other risk-reduction methods.



This Mountain West AIDS Education and Training (MWAETC) program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,820,772 with 0% financed with non-governmental sources. The content in this toolkit are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.



What is HIV PrEP?

Pre-exposure prophylaxis (or PrEP) is an HIV prevention method in which people who do not have HIV take HIV antiviral medications in advance of a possible exposure to reduce the likelihood of HIV acquisition through sex or injection drug use.

Like all medications, PrEP works optimally when used as prescribed: [CDC guidelines](#) indicate that, when taken as prescribed, oral PrEP reduces the likelihood of sexual acquisition by about 99%, and from injection drug use by approximately 74%. Long-acting injectable cabotegravir (CAB-LA) is highly efficacious in preventing sexual acquisition of HIV. Lenacapavir, a newly-approved twice-yearly injection, has been shown to be ≥99.9% effective in preventing sexual HIV acquisition. For all persons on PrEP, medication adherence should be reviewed regularly.

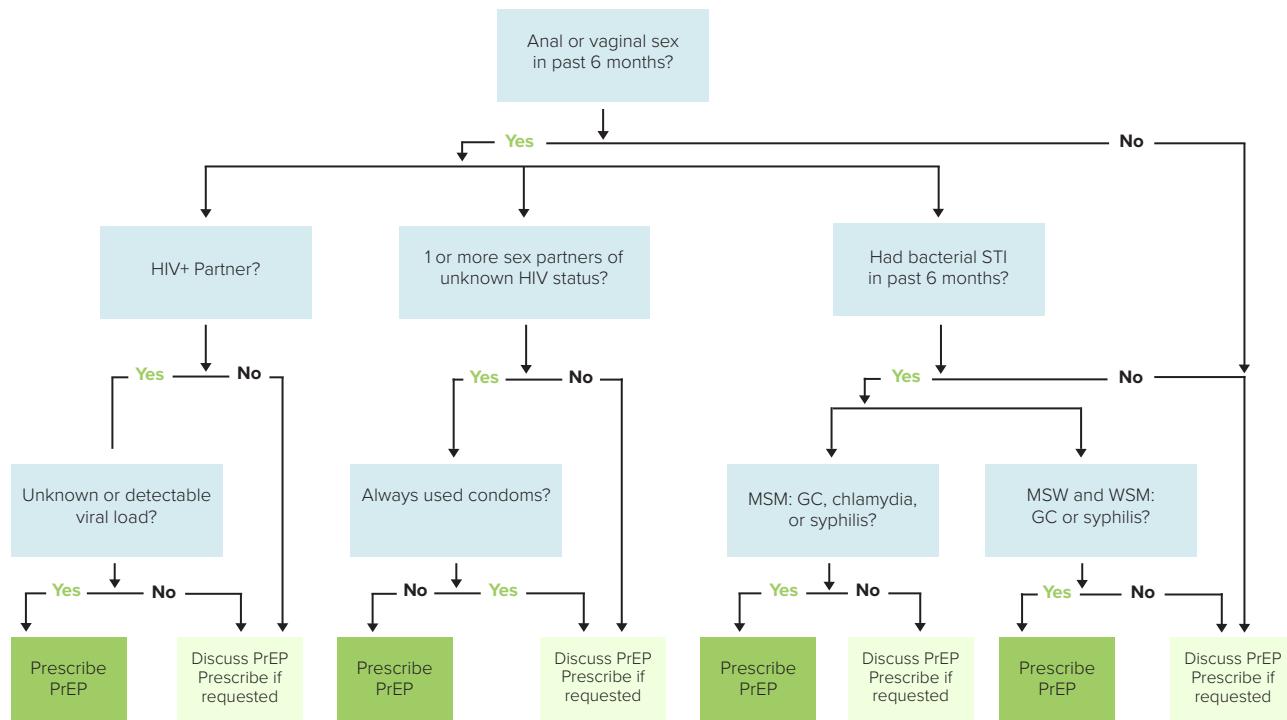
PrEP is less effective when not taken as prescribed. Consider PrEP as part of a comprehensive HIV prevention plan that includes discussing how to take PrEP as prescribed, proper condom use, screening for other sexually transmitted infections (STIs), and other risk-reduction methods. The [U.S. Preventive Services Task Force \(USPSTF\)](#) recommends that clinicians prescribe PrEP to persons at increased risk of HIV acquisition to decrease the risk of acquiring HIV.



Sexual Health

Sexual health is an essential element of overall health and well-being that medical providers and patients often do not discuss. While many patients have sexual health questions and want insight from their providers, they may be hesitant to start the conversation. By asking all adult and adolescent patients a few essential questions, providers can help remove the stigma around discussing sex and normalize these discussions. This [quick guide](#) from the CDC provides strategies to help discuss sexual health with patients and sample questions for taking a sexual history.

Tests to screen for chlamydia, gonorrhea, and syphilis are recommended for all sexually active adults before starting oral or injectable PrEP. The [CDC STI Treatment Guidelines 2021](#) provide current evidence-based prevention, diagnostic and treatment recommendations.

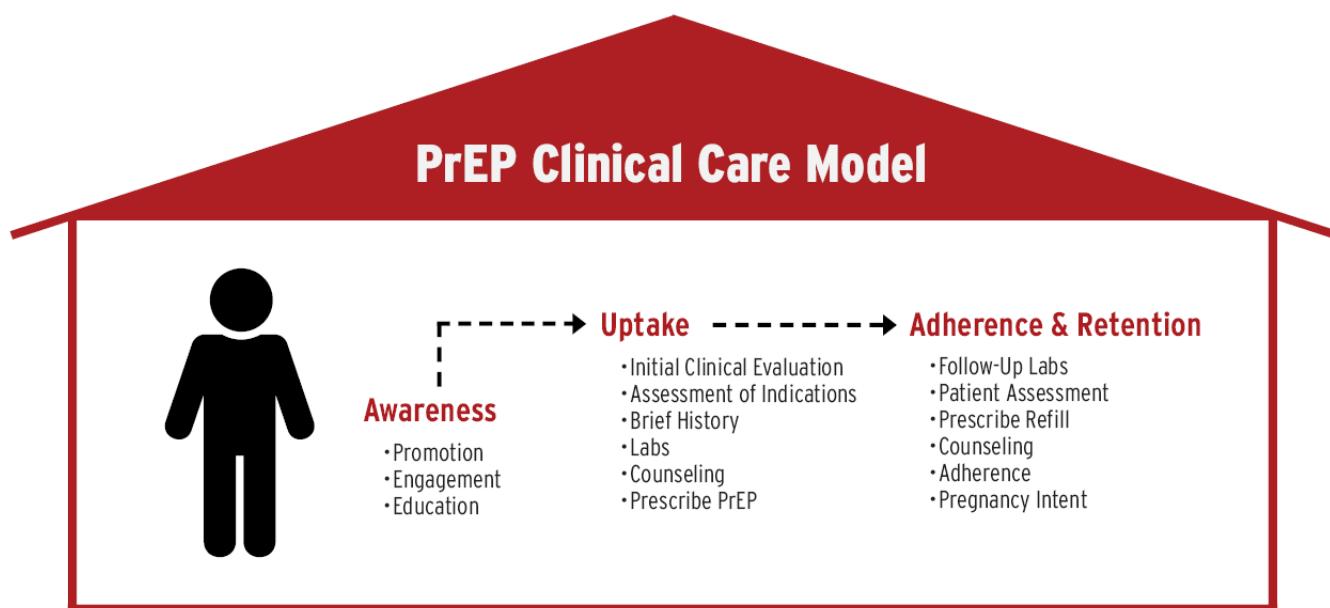


Healthcare providers can use [CDC clinical guidelines](#) to prescribe doxycycline post-exposure prophylaxis (doxy PEP) to prevent bacterial STIs. Doxycycline (or “doxy” for short) is a common antibiotic. Recent research shows that taking doxycycline within 3 days (or 72 hours) after sex can help some people reduce their chances of getting syphilis, chlamydia, and to a lesser degree, gonorrhea.



PrEP Clinical Care Model

PrEP delivery in the United States includes a system of prevention and support services that contributes to making PrEP available, accessible, and acceptable. This graphic shows the essential elements and the basic flow of PrEP care in a clinic. PrEP clinical care includes identifying and engaging patients who could benefit from PrEP, conducting necessary exams and lab tests, prescribing PrEP for the patients, and ongoing patient monitoring with follow-up visits and prescriptions—for as long as the patient needs PrEP.



HIV Testing

For the baseline laboratory evaluation, it is essential to perform HIV testing to ensure that the person starting HIV PrEP has not already acquired HIV. The regimens used for HIV PrEP are inadequate alone for the treatment of HIV, and the use of HIV PrEP medications in a person with HIV may result in the development of HIV drug resistance. Recommendations for baseline laboratory testing, including recommendations for the specific types of tests to order can be found in the [Baseline Evaluation and Starting HIV PrEP](#) section of the [National HIV PrEP Curriculum](#) or in the [HIV PrEP Tools app](#).



Paying for PrEP

PrEP is more accessible than ever. The USPSTF issued a [Grade A recommendation](#) for PrEP. This means most private insurance and Medicaid programs are required to cover PrEP services without cost sharing, such as copays or deductibles. Prior authorization may be required. Some states and pharmaceutical companies also have programs in place to provide PrEP assistance. Injectable PrEP is more costly than oral PrEP, and it may be more challenging to find coverage than for oral PrEP.

- [Paying for PrEP](#) (consumer flowsheet)
- [NASTAD PrEP Billing and Coding Guide](#)
- [State PrEP Assistance Programs](#)
- [Gilead Advancing Access](#)
- [ViVConnect](#)



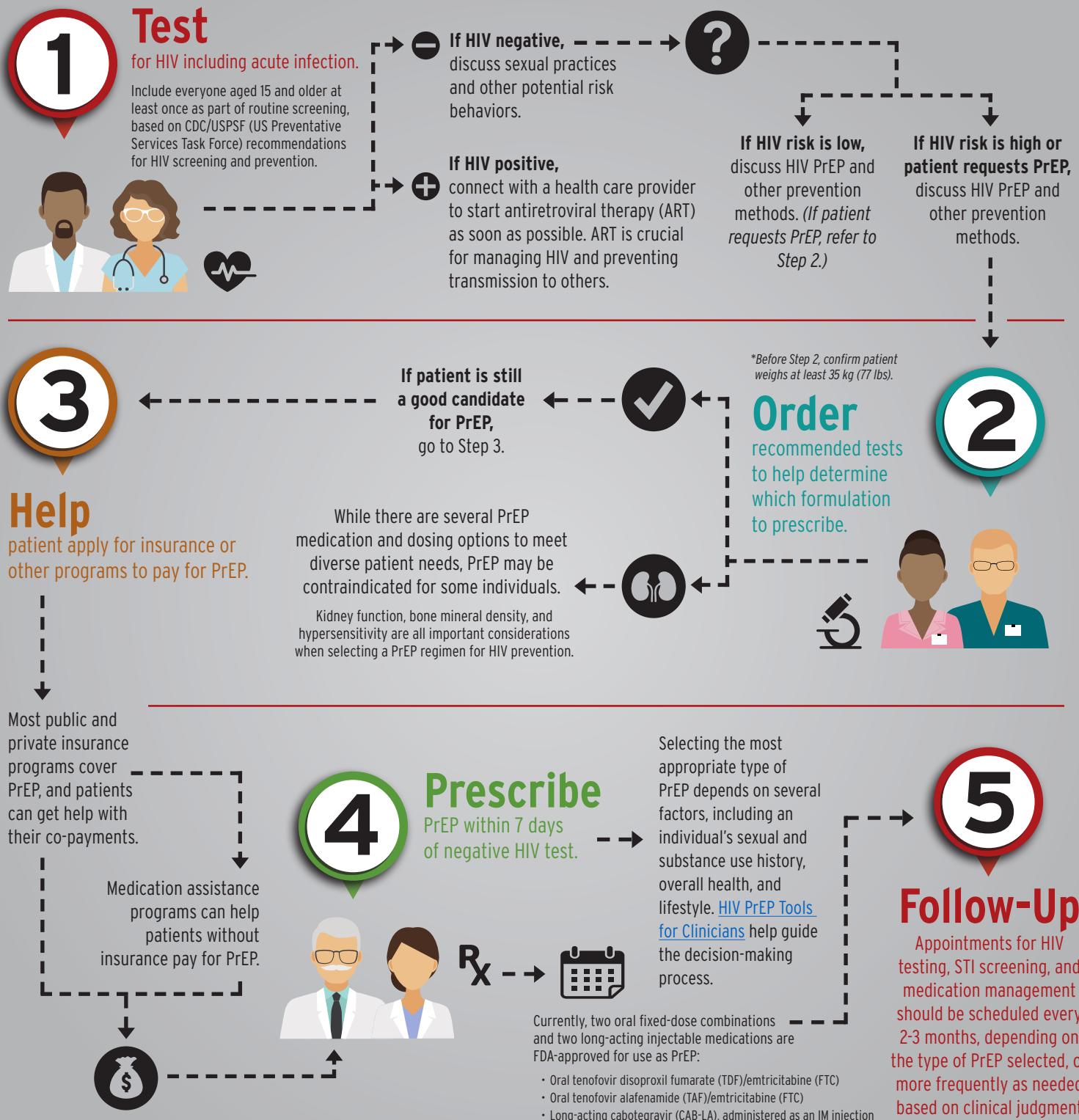
Prescribing PrEP

Any licensed prescriber can prescribe PrEP. You do not have to specialize in infectious diseases or HIV to prescribe PrEP. Many states allow pharmacists to prescribe PrEP. Talk with all sexually active patients without HIV about PrEP to help overcome stigma that could prevent them from disclosing their HIV risk factors. Using shared decision making, consider prescribing PrEP to anyone who requests it, including sexually active adults and adolescents who do not report HIV risk factors.

Whether or not a patient asks for PrEP, it is important to take a [sexual and substance use history](#). This information is essential to understanding each patient's chances of getting HIV, if PrEP might be right for them, and what other risk-reduction services they might need.

Any Prescribing Health Care Provider Can Deliver HIV PrEP

How to discuss and start PrEP after routine HIV screening



SOURCE: [2021 PrEP Clinical Practice Guideline | Clinical Providers' Supplement](#)

HAVE QUESTIONS?

Check out the [National HIV PrEP Curriculum](#)

Consult the National Clinician Consultation Center PrEPline:
844-ASK-NCCC or 844-275-6222
(Mon-Fri, 10:00 AM-6:00 PM CT)





Treatment Options

Four FDA-approved HIV PrEP medications are available. Two consist of a combination of drugs in a single oral tablet. The third is a medication given by injection every 2 months, and the fourth is an injection given every 6 months.

- Tenofovir disoproxil fumarate (TDF) 300 mg in combination with emtricitabine (FTC) 200 mg (TDF-FTC - brand name Truvada® or generic equivalent).
- Tenofovir alafenamide (TAF) 25 mg in combination with emtricitabine (FTC) 200 mg (TAF-FTC - brand name Descovy®)
- Cabotegravir (CAB-LA) 600 mg extended-release injection (CAB-LA - brand name Apretude®)
- Lenacapavir (LEN) 927 mg extended-release injection (LEN - brand name Yeztugo®)

These medications are approved to prevent HIV in adults and adolescents weighing at least 77 lb (35 kg) as follows:

- Daily oral PrEP with TDF-FTC is recommended to prevent HIV among people with sex or injection drug use risk factors. When used for HIV PrEP, the indicated dosing for TDF-FTC is 1 tablet once daily. Alternative dosing, such as on-demand (2-1-1) dosing is not FDA-approved, but it can be considered among men who have sex with men (MSM) who request on-demand HIV PrEP.
- Daily oral PrEP with TAF-FTC is recommended to prevent HIV through sexual transmission, excluding people likely to get HIV through receptive vaginal sex. TAF-FTC has not yet been proven effective for HIV prevention for people who could get HIV through receptive vaginal sex. TAF-FTC may be preferable to TDF-FTC for people with renal insufficiency or at risk for decreased bone mineral density.
- Injectable PrEP with CAB-LA is recommended to prevent sexual acquisition of HIV among all people. CAB-LA is given as an intramuscular injection. CAB-LA for PrEP is started by administering the first injection followed by a second injection 1 month after the first. CAB injections are given every 2 months thereafter. An optional lead-in with oral CAB daily may be used to assess the tolerability of CAB.
- Injectable PrEP with LEN is recommended to prevent sexual acquisition of HIV among all people. LEN is given by subcutaneous injection every 6 months. An oral initiation dose (600 mg) is also needed with the first injection of LEN on days 1 and 2 to achieve adequate concentrations of LEN quickly. Follow-up injections are administered every 6 months thereafter without the oral tablets.



National HIV PrEP Curriculum

The [National HIV PrEP Curriculum](#) (NHPC) is a free, up-to-date educational website for health care professionals who want to learn about HIV PrEP. There is flexibility to take individual modules or the entire course – or simply use it as a resource. Continuing education activity on this site is provided free of charge.

- **HIV PrEP Fundamentals** is a 6-hour module developed for novice-to-expert health care professionals to develop proficiency in the fundamental skills needed to assess, initiate, and monitor HIV PrEP.
- **HIV PrEP In-Depth Topics** explore content addressed in the HIV PrEP Fundamentals module in more detail. The selected topics focus on populations where less HIV PrEP data exists, as well as considerations for same-day start of HIV PrEP and how to provide HIV PrEP in sexual health clinic settings.

National HIV PrEP experts help health care professionals and administrative staff learn how to provide HIV PrEP through clinically relevant and practical **mini-lectures, panel discussions, and interviews**. NHPC's concise, illustrated **HIV PrEP Clinical Guides** address injectable cabotegravir, on-demand dosing, laboratory monitoring, and HIV PrEP studies.

The [National HIV PrEP Curriculum](#) offers the custom-built [HIV PrEP Tools for Clinicians](#) app to support interactions with patients from initial assessment and medication selection to what labs to order. This tool can be used in your [web browser](#), or you can download the app to your phone or tablet.

The screenshot shows the homepage of the National HIV PrEP Curriculum. At the top, there is a navigation bar with links for 'QUICK REFERENCE', 'SELF STUDY', 'TOOLS', 'GUIDES', 'MINI LECTURES', 'RESOURCES', and a 'SIGN IN / REGISTER' button. Below the navigation is a search bar. The main content area features a title 'National HIV PrEP Curriculum' with a subtext: 'This free resource was developed at the University of Washington for health care professionals who want to learn about HIV PrEP.' Below the title are buttons for 'ABOUT' and 'CONTRIBUTORS'. To the right of the title is a graphic of various medical pills and capsules. The main heading 'National HIV PrEP Curriculum' is displayed again in a large, bold font. To the right of the heading is a bulleted list of features:

- **FREE**, up-to-date website for novice-to-experienced health care professionals to learn how to assess, initiate, and monitor HIV preexposure prophylaxis (PrEP)
- **12.50 FREE** CME credits, CNE and CE contact hours, **8.50 FREE** pharmacology CE for APNs, and Certificates of Completion available
- HIV PrEP Fundamentals module offers five lessons reviewing fundamental skills needed to assess, initiate, and monitor HIV PrEP
- HIV PrEP Training Certificate available for learners who complete the HIV PrEP Fundamentals module and pass the knowledge assessment test
- HIV PrEP In-Depth Topics module offers six lessons exploring HIV PrEP for certain populations, same-day delivery, and providing in sexual health clinics
- HIV PrEP Tools for Clinicians app supports interaction with patients from initial assessment and medication selection to what labs to order
- Experts discuss relevant topics in Mini-Lectures
- 4 concise HIV PrEP Clinical Guides review HIV PrEP studies, injectable cabotegravir, on-demand dosing, and recommended lab tests
- The popular learning group tool enables owners to assign content and track member progress
- The website is a CDC and HRSA-funded project led by the University of Washington (UW) Infectious Diseases Education & Assessment (IDEA) Program
- UW Professor Dr. David Spach is Editor-in-Chief of this site, the National HIV Curriculum (hiv.uw.edu), the National STD Curriculum (std.uw.edu), Hepatitis C Online (hepatitisC.uw.edu), and Hepatitis B Online (hepatitisB.uw.edu)

The National HIV PrEP Curriculum is supported by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as a part of a financial assistance award totaling \$625,000 from CDC and \$299,990 from HRSA with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by CDC, HRSA, or HHS, or the U.S. Government.

National HIV PrEP Curriculum (www.hivprep.uw.edu)



Resources for Clinicians

[CDC Resources for Clinicians](#) is a one-stop location for information across the HIV continuum, including up-to-date tools and [clinical guidance](#) for your practice, and educational materials for your patients.

- [National Clinician Consultation Center for PrEP](#)
- [Prescribing PrEP: A Guide for Health Care Providers](#)
- [Identifying PrEP Patients](#)
- [PrEP-Action-Kit-Update-2023](#)
- [Developing and Implementing HIV Policies and Procedures in Primary Care Settings](#)
- [Clinical Sustainability Assessment Tool \(CSAT\)](#)
- [Program Sustainability Assessment Tool \(PSAT\)](#)
- [HITEQ: PrEP Process Mapping Team Toolkit | Demonstration](#)
- [Rural Health Information Hub | Rural Community Health Toolkit](#)



CDC's [Let's Stop HIV Together \(Together\)](#) is the national campaign of the [Ending the HIV Epidemic in the U.S. \(EHE\)](#) initiative. *Together* is an evidence-based campaign created in English and Spanish. It aims to empower communities, partners, and health care providers to reduce HIV [stigma](#) and promote HIV [testing](#), [prevention](#), and [treatment](#).