

# Ask about PrEP



How providers can prescribe **PrEP** to prevent HIV and reduce health disparities

## What is PrEP?

- PrEP is medication for individuals who are HIV-negative that can help prevent HIV transmission.
- Two fixed-dose oral antiretroviral medications are FDA approved for PrEP: tenofovir disoproxil/emtricitabine (Truvada<sup>®</sup>), and tenofovir alafenamide/emtricitabine (Descovy<sup>®</sup>).
- Two injectable medications are FDA-approved for PrEP: long-acting cabotegravir (Apretude<sup>®</sup>) and lenacapavir (Yeztugo<sup>®</sup>).

PrEP is safe and can reduce the risk of HIV by **more than 99%**<sup>1</sup>

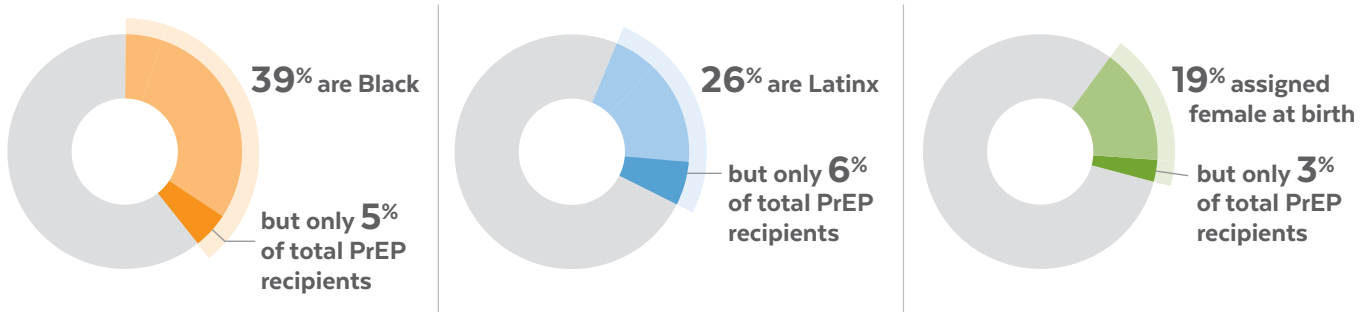
## Who may benefit from PrEP?

Many people are still unaware that they may benefit from PrEP. Discuss PrEP as an HIV prevention option with **all sexually active patients**.

## PrEP is an opportunity to address health disparities

**Some populations are disproportionately affected by HIV**, including men who have sex with men (MSM), trans women, cis women, people experiencing homelessness, and people who use drugs. Offering PrEP as an HIV prevention option helps address unmet PrEP need in the community.

### ACCORDING TO THE CDC, OF GROUPS WHO COULD BENEFIT FROM PREP...<sup>2</sup>



<sup>1</sup>CDC data is based on sex assigned at birth; PrEP data is not currently available based on gender identity.

## PrEP overview

1. Inform all patients that PrEP can prevent HIV, and offer PrEP to all sexually active patients.
2. Take a sexual and substance use history to identify who might benefit from PrEP and provide decision-making support.
3. Conduct an HIV test to confirm a patient is HIV negative before starting them on PrEP.
4. Provide ongoing HIV/STI testing as a critical part of PrEP prescribing.

## Offer PrEP to all sexually active patients

If someone feels they will benefit from PrEP, it should be offered regardless of identified HIV risk factors.

Patients who may benefit from PrEP may decline PrEP due to medical mistrust, low perceived risk, or HIV stigma. Offer counseling about other HIV prevention methods and ask about willingness to discuss PrEP again in the future.

\*For additional guidance on taking a sexual history, see [www.bit.ly/CDC\\_SexualHxGuide](http://www.bit.ly/CDC_SexualHxGuide).

## SAMPLE SEXUAL HISTORY QUESTIONS\*

- P** **artners:** What are the genders of your sex partners?
- R** **eceptive or insertive sex:** Bottom, top, or both; anal or vaginal sex?
- E** **ver had STI:** Have you or any of your partners ever had an STI?
- P** **rotection/PrEP:** Do you ever not use condoms or other barriers? Why? What do you know about PrEP?

## Baseline assessment (within 7 days prior to PrEP initiation)

- Screen for symptoms of acute HIV infection (fever, rash, headache, sore throat, etc.)
- HIV test (4<sup>th</sup> generation Ag/Ab recommended)
  - Send HIV RNA PCR viral load if possible exposure in the last month, or if available when starting injectable PrEP<sup>†</sup>
- 3-site testing for gonorrhea and chlamydia, syphilis screen
- For oral PrEP starts only: serum creatinine and Hepatitis B surface antigen (HBsAg)<sup>‡,§</sup>
- Pregnancy test<sup>‡</sup>
- Hepatitis C antibody<sup>‡</sup>

<sup>†</sup>If RNA testing not completed with injectable PrEP start, repeat HIV Ag/Ab test in 4 weeks.

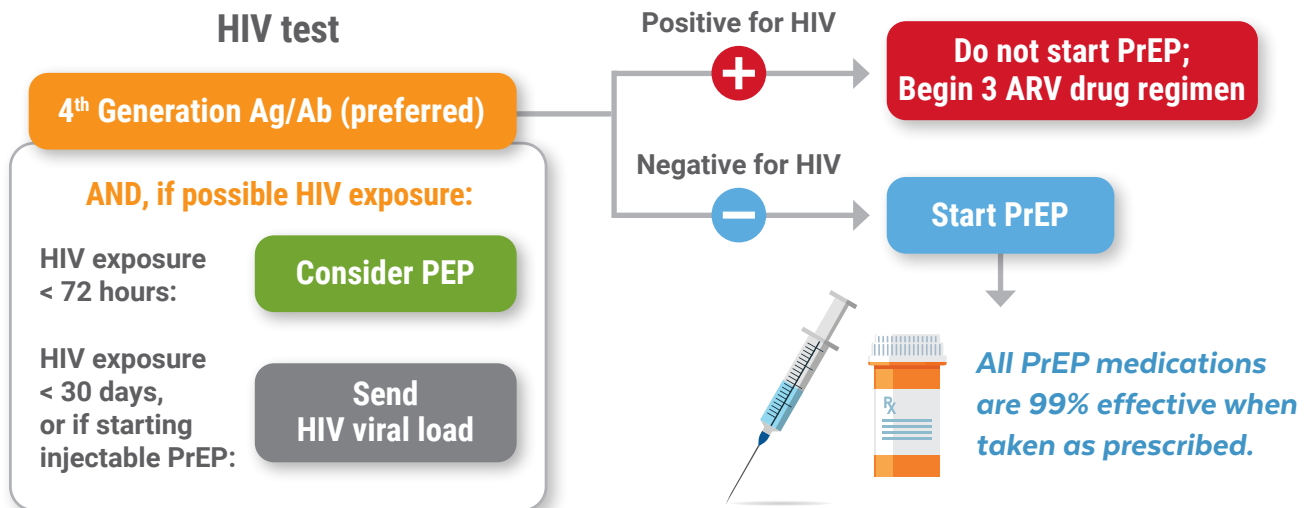
<sup>‡</sup>Not a contraindication, but follow up is indicated if positive.

<sup>§</sup>TDF/FTC or Truvada is contraindicated if CrCl < 60 ml/min, TAF/FTC or Descovy may be used if CrCl > 30ml/min.

## Patient counseling (See “PrEP Basics” handouts for more tips—[www.sf.gov/cityclinic-get-prep](http://www.sf.gov/cityclinic-get-prep))

- Counsel patients about HIV prevention options to support an informed choice.
- Daily dosing for oral PrEP is recommended, but at least 4 doses per week provides protection.<sup>3,4</sup>
- For injectable PrEP, attending every visit is important for maintaining protection.
- Instead of a daily pill, there is an option for on-demand oral PrEP. Go to: [www.bit.ly/PrEP2-1-1](http://www.bit.ly/PrEP2-1-1)
- Combining prevention strategies, like condoms and doxy-PEP plus PrEP, provides the greatest protection from HIV and other STIs.

## HIV assessment at PrEP initiation



## Prescribing PrEP (See chart on page 4 for additional details.)

**ICD-10: Z29.81** — Encounter for HIV pre-exposure prophylaxis

### Oral PrEP

**1 tablet PO daily, 90 day supply with 0 refills** (after negative HIV test)

- **Generic/Truvada:** emtricitabine 200 mg/ tenofovir disoproxil fumarate 300 mg
- **Descovy:** emtricitabine 200 mg/ tenofovir alafenamide fumarate 25 mg

### Injectable PrEP






**If injectable PrEP is not available at the first visit,** consider using oral PrEP as a bridge.

- **Apretude: Starting:** Inject 3 ml (600 mg) IM for 2 loading doses every 30 days.  
**Maintenance:** Inject 3 ml (600 mg) IM every 2 months.
- **Missed injections:** Reassess if continuation is appropriate. If > 1 month late, give injection and schedule follow-up dose 1 month later; resume dosing every 2 months.
- **Yeztugo: Day 1:** Inject 927 mg SC (2x 1.5 mL) and give 2 oral tabs (600 mg total).  
**Day 2:** 2 oral tabs (600 mg total).  
**Maintenance:** Inject 927 mg SC (2x 1.5mL) every 26 weeks.
- **Missed injections:** Reassess if continuation is appropriate. If > 2 weeks late, give injections and 2 oral tabs (600 mg total) days 1 and 2; resume injections every 26 weeks.

### Follow-up assessment

- Screen for symptoms of acute HIV at every visit
- HIV test (Ag/Ab every 3 months for oral PrEP, at every injection for injectable PrEP)
- 3-site testing for gonorrhea and chlamydia, syphilis screen—every 3-4 months for MSM and trans women, every 6 months for others, or more frequently based on exposures
- Serum creatinine every 6 months (for oral PrEP)
- Hepatitis C antibody every 12 months

## MEDICATION OPTIONS FOR HIV PRE-EXPOSURE PROPHYLAXIS (PREP)

DRUG	PILL			INJECTABLE	
	TDF/FTC DAILY Truvada®	TDF/FTC 2-1-1 Truvada®	TAF/FTC DAILY Descovy®	Cabotegravir (Apretude®)	Lenacapavir (Yeztugo®)
					
DOSING	One pill daily	<ul style="list-style-type: none"> <li>• 2 pills 2-24 hours before sex; continue daily for 2 more doses</li> <li>• If more encounters, continue daily until 48 hours after last sex</li> </ul>	One pill daily	<ul style="list-style-type: none"> <li>• <b>Starting:</b> 2 injections 1 month apart</li> <li>• <b>Maintenance:</b> 1 injection every 2 months</li> <li>• <b>IM gluteal injection,</b> ventrogluteal preferred</li> <li>• Optional oral start*</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Day 1:</b> 2 injections + 2 oral pills</li> <li>• <b>Day 2:</b> 2 oral pills</li> <li>• <b>Follow up:</b> 2 injections every 26 weeks</li> <li>• <b>SQ injections</b> in abdomen or thigh, 2 inches apart</li> </ul>
EFFICACY	<b>&gt;99% effective for sexual transmission for all genders<sup>†</sup></b>				
	>74% effective for injection drug use	Effectiveness for injection drug use is unknown <sup>‡,5,6</sup>			
SIDE EFFECTS	<ul style="list-style-type: none"> <li>• May have GI symptoms (nausea, vomiting, diarrhea) in the first month</li> </ul>			<ul style="list-style-type: none"> <li>• Pain, redness &amp; swelling at injection site</li> <li>• Treat with OTC meds; usually resolves in a few days</li> </ul>	<ul style="list-style-type: none"> <li>• Injection-site nodules (lumps), pain, swelling. Ice before injection and treat with OTC meds</li> <li>• Pain resolves in a few days, nodules resolve over months</li> </ul>
INSURANCE	Widely covered with <b>\$0 cost sharing</b> ; available as a generic. No copay assistance		Covered by most, some with copay or PA. Copay assistance available through Gilead PAP	If covered, determine if medical or pharmacy benefit, and copay or PA. Supported by Viiv PAP	If covered, determine if medical or pharmacy benefit, and copay or PA. Supported by Gilead PAP
NOTES	Avoid with osteoporosis or CrCl < 60 mL/min	Best for people who can plan ahead or delay sex, and keep track of pill taking	<ul style="list-style-type: none"> <li>• Avoid with CrCl &lt; 30mL/min</li> <li>• May cause slight weight gain and increased LDL</li> </ul>	Stays in the body for up to 1 year after stopping	<ul style="list-style-type: none"> <li>• Stays in the body for up to 1 year after stopping</li> <li>• May need dose changes due to drug interactions<sup>5</sup></li> </ul>

\*Optional oral cabotegravir start: 30 mg pill 1x/day for 28 days, first injection on last day of oral lead-in (or < 3 days after)

†Injectable PrEP is superior to oral PrEP in clinical trials due to greater adherence and persistence.

‡Providers may consider prescribing for PWID who have sexual exposures, or based on harm reduction.

<sup>5</sup>LEN is a substrate of CYP3A and a moderate inhibitor of CYP3A and P-gp; see [www.hiv-druginteractions.org](http://www.hiv-druginteractions.org) for guidance

CKD: chronic kidney disease; CrCl: creatinine clearance; IM: intramuscular; OTC: over-the-counter; PAP: patient assistance program; PWID: people who inject drugs

Table adapted from the Denver Prevention Training Center.

## What if my patient has a positive HIV test on PrEP?



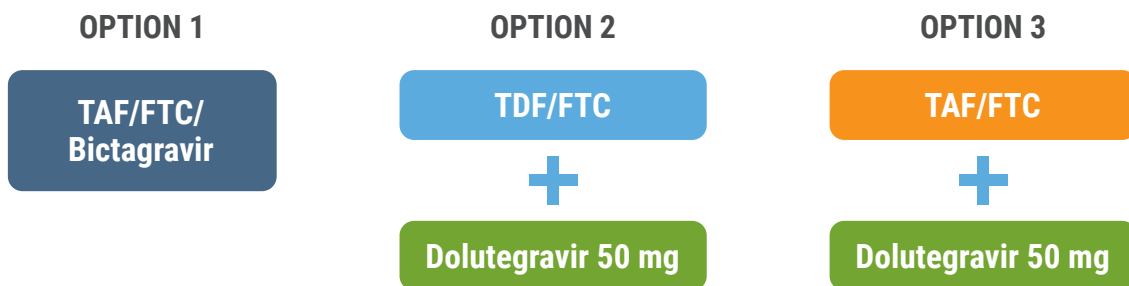
- Determine the last time that they took PrEP and their PrEP taking pattern.
- If the patient was not taking PrEP recently, discontinue PrEP immediately to avoid development of HIV resistance. Ensure linkage to HIV primary care for prompt initiation of an ARV treatment regimen.
- If a false positive test is suspected, contact an HIV specialist or the National Clinician Consultation Center (844-ASK-NCCC) for assistance.
- Inform public health about new HIV diagnoses. San Francisco: SFDPH, 628-217-6608; Alameda: Alameda County PH Investigator: 510-268-7640 (office) or 510-507-4382 (cell). *All numbers are confidential and it is ok to leave a voicemail with information.*

## How will my patient pay for PrEP?

- Medi-Cal and most private plans in CA now pay for oral PrEP medication with **\$0 cost-sharing**. Medi-Cal also covers injectable PrEP.
- Generic TDF/FTC for PrEP does not require PA from CA-based plans. Multiple generics are available; even full cash pay should be < \$40/month.
- **Resources for uninsured, minors ages 13-17, or patients with confidentiality concerns:** California PrEP Assistance Program (PrEP-AP): [www.bit.ly/PrEP-AP](http://www.bit.ly/PrEP-AP)
- **Uninsured patients:** Gilead Patient Assistance ([www.gileadadvancingaccess.com](http://www.gileadadvancingaccess.com)) or Viiv Connect ([www.viivconnect.com](http://www.viivconnect.com)). **Patients who meet income limits pay \$0.**
- **Insured Patients:** Manufacturer field representatives can help obtain insurance approval. Copay and deductible coupons are available for Descovy, Yeztugo ([gileadcopay.com](http://gileadcopay.com)), and Apretude ([viivconnect.com](http://viivconnect.com)).

## Prescribing Post-exposure Prophylaxis (PEP)

THREE ANTIRETROVIRAL DRUGS ARE RECOMMENDED FOR PEP REGIMENS:<sup>7</sup>



**All doses are 1 pill daily**

- Potential HIV exposure within prior 72 hours and patient has not taken PrEP for past 7 days
- Provide a 28-day supply of PEP, and then **transition seamlessly to PrEP**

FTC: emtricitabine; TAF: tenofovir alafenamide fumarate; TDF: tenofovir disoproxil fumarate

## Offer comprehensive sexual health & harm reduction services

- **Doxy-PEP:** Discuss doxy-PEP to prevent STIs with cis men who have sex with men and transgender individuals, and inform others who are sexually active. Educational handouts for patients: [www.bit.ly/doxy-PEP](http://www.bit.ly/doxy-PEP); guidance for providers: [www.bit.ly/doxy-PEP\\_Provider](http://www.bit.ly/doxy-PEP_Provider)
- **Vaccinations:** Offer vaccinations for eligible individuals. These could include mpox (Jynneos), meningococcal (MenACWY), hepatitis A, hepatitis B, and HPV.
- **HIV linkage to care:** Link people living with HIV to care.
- **Overdose prevention:** Provide naloxone to people who use drugs to help reduce overdose deaths.
- **Harm reduction:** Individuals who have substance use disorder should be referred to harm reduction services and medication-assisted treatment programs.

## Resources

- **For HIV care options,** see [www.tiny.cc/SFHIVCare](http://www.tiny.cc/SFHIVCare) and the East Bay Getting to Zero (EBGTZ) Service Directory (search for ‘HIV treatment’): [www.ebgtz.org/services](http://www.ebgtz.org/services)
- **For questions regarding HIV PrEP and PEP:**
  - Contact National Clinician Consultation Center: 844-ASK-NCCC, [www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)
- **CDC PrEP Guidelines:** [www.bit.ly/CDC\\_PrEPguidelines](http://www.bit.ly/CDC_PrEPguidelines)
- **CDC PEP Guidelines:** [www.bit.ly/CDC\\_PEP](http://www.bit.ly/CDC_PEP)
- **PrEP Program Toolkit:** [www.getsfcba.org/prep-program-toolkit](http://www.getsfcba.org/prep-program-toolkit)
- **Pacific AETC Quick Clinical Guide:** [www.bit.ly/AETC\\_PrEP](http://www.bit.ly/AETC_PrEP)
- **Getting to Zero:** [www.gettingtozerosf.org](http://www.gettingtozerosf.org) and [www.ebgtz.org](http://www.ebgtz.org)
- **Provider directory:**
  - [www.preplocator.org](http://www.preplocator.org)
  - EBGTZ Service Directory (search for ‘PrEP’): [www.ebgtz.org/services](http://www.ebgtz.org/services)



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
PUBLIC HEALTH DEPARTMENT



POPULATION HEALTH DIVISION  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

**REFERENCES:** 1. CDC. [www.cdc.gov/stophivtogether/hiv-prevention/prep.html](http://www.cdc.gov/stophivtogether/hiv-prevention/prep.html). 2025. 2. CDC. [www.cdc.gov/nchhstp/about/atlasplus.html](http://www.cdc.gov/nchhstp/about/atlasplus.html). 2023. Accessed November 2025. 3. Anderson PL, et al. Emtricitabine-tenofovir concentrations and pre-exposure prophylaxis efficacy in men who have sex with men. *Sci Transl Med*. 2012;4(151):151ra125. 4. Marazzo J, et al. 8+ years pooled analysis: adherence and HIV incidence in 6000 women in F/TDF for PrEP. Abstract 163, CROI 2023, Seattle, WA. 5. Bekker LG, et al. Twice-Yearly Lenacapavir or Daily F/TAF for HIV Prevention in Cisgender Women. *N Engl J Med*. 2024;391(13):1179-1192. 6. Landovitz RJ, et al. Cabotegravir for HIV Prevention in Cisgender Men and Transgender Women. *N Engl J Med*. 2021;385(7):595-608. 7. CDC. [www.cdc.gov/mmwr/volumes/74/rr/rr7401a1.htm](http://www.cdc.gov/mmwr/volumes/74/rr/rr7401a1.htm).