Let’s Talk About It

Preventing HIV with PrEP

Talking about sex, drug use, or your HIV status with your healthcare professional may not be easy. But, the more you share, the better they can support you. This guide will help you and your healthcare professional determine your risk for HIV, decide whether taking PrEP is right for you, and discuss which PrEP medication may be best. This guide is for people who do not have HIV.

What Is PrEP?

PrEP (pre-exposure prophylaxis) is a medication that can help prevent you from getting HIV. HIV is a virus that attacks the body’s immune system. While it can be treated, there is no known cure, making prevention very important. There are now three approved PrEP medications in the U.S.—two are pills, and one is a shot. All are safe and highly effective when taken as prescribed. The pill should be taken every day, and the shot is administered monthly at the start and then every two months.

If you’re at increased risk of getting HIV, PrEP can help prevent HIV.

What Do You Need to Know About PrEP?

- PrEP is a safe and highly effective way to prevent HIV when taken as prescribed.
- Before you start PrEP, you’ll be tested to make sure that you don’t have HIV. You’ll continue to be tested for HIV while you are taking PrEP. PrEP is only for people who do not have HIV.
- Once you start PrEP, it is important to get follow-up care regularly from your healthcare professional.
- Like any medicine, PrEP can have side effects. These may include kidney problems, nausea, weight gain, and skin reactions from the PrEP shot. These side effects are often not serious and usually go away over time. For people who are at increased risk for HIV, the benefits of PrEP far outweigh any potential side effects.
- PrEP does not prevent other sexually transmitted infections (STIs), so people who take PrEP should continue practicing safer sex behaviors, such as condom use, and regularly test for STIs.

Is PrEP Right for You?

PrEP is recommended for teens and adults who do not have HIV but are at increased risk of getting it. Regardless of your sex, gender, or sexual orientation, PrEP might be right for you if ANY of these apply:

- You have sex with someone who has HIV.
- You have recently had an STI.
- You don’t always use a condom during sex, especially with partners who are at increased risk for HIV.
- You share needles or other drug injection equipment.

Questions to Ask Your Healthcare Professional:

1. Is PrEP right for me?
2. Which PrEP medication is best for me?
3. How long does it take for PrEP to be effective?
4. How long can I take PrEP?
5. How often should I be tested for HIV and other STIs?
6. How else can I reduce my risk of getting HIV and other STIs?
**U.S. Preventive Services Task Force (USPSTF) Recommendation**

The USPSTF recommends that clinicians prescribe pre-exposure prophylaxis with effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV. (USPSTF Grade: A)

**Determining Risk of HIV**

The USPSTF defines increased risk for HIV as follows:

1. Sexually active adults and teens who have engaged in anal or vaginal sex in the past 6 months and have any of the following:
   - A sexual partner who has HIV (especially if the partner has an unknown or detectable viral load).
   - A bacterial STI in the past 6 months.
   - A history of inconsistent or no condom use with sex partner(s) whose HIV status is not known; important factors to consider are the number of partners, the specific sexual activities a person engages in, and whether sex partner(s) are likely to be at higher risk of HIV.

2. People who inject drugs and share injection equipment.

Although available HIV risk assessment tools have limitations, healthcare professionals should routinely take a sexual history and ask about any injection drug use in all patients in an open and supportive manner. All people who are sexually active or who inject drugs should be aware of the risk of HIV and that it can be prevented.

**PrEP Formulations and Medication Adherence**

There are currently several FDA-approved ways that people can take PrEP:

- As an oral pill – available in two formulations: tenofovir disoproxil fumarate-emtricitabine (TDF/FTC) and tenofovir alafenamide-emtricitabine (TAF/FTC).
- As an injectable shot (cabotegravir).

These medications are approved for use by adults and adolescents at increased risk of HIV who weigh at least 35 kg (around 77 lb). TDF/FTC and cabotegravir may be used by pregnant people if the healthcare professional and patient decide that the benefits outweigh the risks. Research on safety of PrEP use during pregnancy is limited. The CDC recommends that healthcare professionals discuss what is known and unknown about taking PrEP while pregnant with patients at increased risk for HIV and decide together on the best course of action.

The best PrEP formulation is the one that a person is most likely to take as prescribed. Some people may prefer the daily routine of taking the pill, while others may enjoy the flexibility of getting the shot every other month. Because PrEP works best when used regularly as directed, healthcare professionals should discuss with their patients the importance of taking PrEP as prescribed and provide support in doing so.

**Follow-up Care**

It is important for people who take PrEP to have regular follow-up appointments and be tested for HIV about every 2-3 months. If HIV is found, PrEP needs to be stopped and effective HIV treatment needs to start right away. People may choose to stop taking PrEP if they are no longer at increased risk for HIV, are experiencing side effects that they can’t tolerate, or for other reasons.

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1. Healthcare professionals should be aware of any local laws and regulations that may apply when prescribing PrEP to an adolescent minor.