

# HIV Pre-Exposure Prophylaxis Care Guide

October 2025



*Information contained in the Care Guide is not a substitute for a health care professional's clinical judgment. Evaluation and treatment should be tailored to the individual patient and the clinical circumstances. Furthermore, using this information will not guarantee a specific outcome for each patient. Refer to "Disclaimer Regarding Care Guides" for further clarification.*

<https://cchcs.ca.gov/clinical-resources/>

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**INTRODUCTION**

**GOALS**

- Prevent transmission of Human Immunodeficiency Virus (HIV)
- Increase use of sexual risk assessment for interventional targeting
- Inform all patients at risk about HIV Pre-Exposure Prophylaxis (PrEP) and its role in preventing HIV acquisition
- Screen all at risk patients and offer PrEP to appropriate patients
- Evaluate all imminently paroling patients for indication for PrEP upon parole
- Provide support for medication adherence to help patients achieve and maintain protective drug levels
- Provide HIV risk-reduction support and prevention services to minimize patients’ exposure to HIV & Sexually Transmitted Infections (STI)

**ALERTS**

- PrEP is not adequate treatment for HIV
- Always rule out HIV infection: Initiating PrEP in a patient with HIV can cause viral resistance and substantially limit treatment options
- HIV PrEP does not prevent other STIs
- PrEP is not effective **Post**-Exposure Prophylaxis (PEP) (See [HIV Care Guide](#))
- Always know patient’s Hepatitis B Virus (HBV) status. Patients with chronic HBV can experience HBV reactivation and hepatitis flares upon discontinuation of HIV PrEP if the HIV PrEP was suppressing their chronic HBV.

**WHO TO SCREEN (SEE PAGE 5, TABLE 1)**

- Screen:
- Patients with known HIV+ sexual or injection use partners
  - Patients with high-risk sexual exposure (men who have sex with men (MSM) or transgender patients)
  - Patients who inject drugs
  - Patients with history of STIs
  - Patients who engage in transactional or non-consensual sex, or are sexual harm victims
  - All patients upon intake and anticipating imminent parole

**HOW TO SCREEN**

- Obtain sexual and drug use history.
- Utilize Electronic Health Record System (EHRS) Ad hoc STI Screening/Education form.
- Screen all patients for Substance Use Disorder (SUD), order Urine Drug Screening (UDS), and refer as indicated.
- Offer PrEP where indicated (See page 6, figure 1).

**DEFINITION AND RATIONALE**

Pre-exposure prophylaxis (PrEP) for prevention of Human Immunodeficiency Virus (HIV) comprises the use of specific oral or injectable antiretroviral medications to prevent HIV infection in persons who are at significant risk of exposure to HIV through sexual or injection drug use practices. When taken as directed by persons at significant risk, HIV PrEP is ~99% efficacious, well-tolerated, and cost-effective, with minimal toxicity and drug interactions. As a result, **HIV Pre-Exposure Prophylaxis has a GRADE A recommendation from the United States Preventive Services Task Force (USPSTF) for persons at risk of acquiring HIV through sex or substance use.**

**To order HIV PrEP consultation utilize “STI Prevention/PrEP Consult” in EHRS orders.**

**For questions contact the HIV Program mailbox: [cphcshivquestions@cdcr.ca.gov](mailto:cphcshivquestions@cdcr.ca.gov)**

**PRE-TREATMENT EVALUATION AND COUNSELING (SEE PAGE 7)**

- Perform targeted history and physical focusing on possible recent exposures, signs and symptoms of chronic or acute HIV infection, viral hepatitis, and concomitant STIs.
- Send baseline laboratory evaluation including HIV antibody testing, renal function, STI testing, and viral hepatitis serologies.
- Educate patients about the importance of adherence with dosing and monitoring, side effects and toxicity, efficacy, time to protection, necessity of continued use of barrier protection, signs and symptoms of acute HIV, how to handle a missed dose, and follow up appointments. (See PrEP initiation counseling script).

**PrEP INITIATION AND MONITORING (SEE PAGE 8)**

- Three medications are approved for PrEP in various circumstances, but the preferred California Department of Corrections and Rehabilitation (CDCR) regimen consists of tenofovir disoproxil 300 mg/emtricitabine 200 mg coformulation (Truvada or generic), given orally once daily (See page 8).
- Initiate therapy when patients have met all criteria for initiation (page 8). Chronic or acute HIV should be definitively ruled out to initiate PrEP.
- Prescribe enough medication to last until the next scheduled visit, and schedule follow-up with lab checks at 1 month and then every 3 months thereafter. See page 10 for schedule of monitoring labs.
- If ordering for parole, educate patient on needed follow up and labs outside in the community. There is a PrEP on Parole PowerPlan in the Electronic Health Records System (EHRS) for convenience in placing parole orders.

**PrEP SCREENING (See Figure 1)**

**WHO IS AT RISK?**

**On Arrival:** Risk for HIV transmission may be higher at the Reception Centers and many patients with HIV may be newly returning to antiretroviral therapy (ART) and have a relatively high viral load. Ideally all patients arriving would have a sexual risk assessment. Do a risk assessment on patients arriving with an STI on intake lab screening, who are already on PrEP from the jail, or who are otherwise at risk, such as MSM and transgender persons.

**Established Population:** Risk of HIV acquisition depends on the likelihood that a specific activity will transmit HIV and the likelihood that the potential source has HIV. Any person who is sexually active or injects drugs has some risk of HIV infection, but this risk varies significantly depending on specific sex and injection practices. *Thus, careful, nonjudgmental history-taking of these practices is critically important to successful implementation of HIV PrEP.* Likelihood of transmission is highest with needle-sharing injection drug use and condomless receptive anal intercourse. The prevalence of HIV in CDCR is 0.8%, double that in the general US population. However, the likelihood that a person with HIV will transmit it to another person depends on the amount of virus in that person’s blood (i.e. HIV viral load), and the vast majority of CDCR patients with known HIV disease have a viral load below the level required for them to be infectious. Individuals who are unaware of their HIV infection, or who are very recently infected (acute HIV infection) thus pose the highest risk of transmission. Overall, the incidence of HIV transmission within CDCR institutions is extremely low.

**On Parole:** Risk for HIV transmission becomes much higher after leaving CDCR. In 2021, the USPSTF issued a graded recommendation to inform all sexually active adults and adolescents about PrEP (grade IIB). Hence all paroling sexually active persons who anticipate not using condoms or have had an STI in last 6 months or who inject drugs should have a discussion about PrEP.

**Table 1. Estimated per-act risk for acquisition of HIV, by exposure route**

	<b>Exposure route</b>	<b>Risk</b>
<b>Blood-borne exposures</b>	Blood transfusion	9 in 10
	<b>Needle-sharing injection drug use</b>	<b>1 in 150</b>
	Percutaneous needle stick	1 in 435
	Mucous membrane blood exposure	1 in 1000
<b>Sexual exposures</b>	<b>Receptive anal intercourse</b>	<b>1 in 72</b>
	Insertive anal intercourse	1 in 900
	Receptive penile-vaginal intercourse	1 in 1250
	Insertive penile-vaginal intercourse	1 in 2500
	Receptive or insertive penile oral intercourse	0 to < 1 in 2500
<b>Other</b>	Biting, spitting, body fluids (semen, saliva) on intact skin, sharing sex toys	Negligible

**SCREENING****WHO TO SCREEN**

Ideally all patients entering reception center and all patients with history of Injection Drug Use (IDU) should be screened.

Highest priority for screening includes:

- All patients within 6 months of paroling
- All patients with a newly-diagnosed STI while incarcerated or who request STI testing
- All patients with a history of STI in the last 6-12 months, depending on ongoing or changing risks
- All patients with a sexual partner or injection drug use partner who has HIV\*
- All patients with sexual partners of unknown HIV status
- All patients who engage in transactional or anonymous sex
- All patients who request PrEP

\*Discuss undetectable = untransmissible (U=U) and whether partner has unknown or detectable viral load

**HOW TO SCREEN**

- Perform “STI Screening/Education” EHRS Ad Hoc Form (See appendix 3), including sexual harm portion with additional assessment including: HIV status of known sexual partners, anonymity of partners, coerced sex, transactional sex.
- Obtain injection drug use history with attention to pattern and frequency of use, needle/syringe sharing, HIV status of those sharing needles, referral to and engagement in substance use disorder treatment (SUDT).

**TARGETED POPULATIONS: WHO SHOULD HAVE A CONVERSATION REGARDING PrEP**

**The following groups are at the highest risk for HIV acquisition:**

- Persons who have a sexual partner with HIV if the partner has a detectable or unknown viral load, or if the partner has a history of poor adherence with medications
- MSM and transgender women who have sex with men and who have history of STI in preceding 6-12 months
- MSM and transgender women who have sex with men and report multiple or anonymous sex partners or a primary sex partner with high HIV risk
- Persons who inject drugs and report sharing needles with persons with HIV or of unknown HIV status
- Persons paroling within 6 months:
  - MSM and transgender women who anticipate multiple/anonymous sex partners or have history of STI
  - Cisgender women and transgender men who anticipate having sex with partners at high risk of HIV infection (IDU, MSM)
  - All persons who anticipate transactional sex
  - All persons who inject drugs and anticipate or have history of sharing needles with persons of unknown HIV status

**WHO SHOULD *NOT* BE OFFERED PrEP: CONTRAINDICATIONS**

- People living with HIV
- People with HIV exposure within the past 72 hours (*evaluate for POST-exposure prophylaxis, HIV Care Guide*)
- People with possible acute HIV (*send HIV RNA, and refer to HIV central team--EHRS order: “Consult to HIV”*)
- People with untreated HBV (*refer for evaluation of HBV--EHRS order: “Consult to HBV”*)
- People unable to adhere to required dosing and monitoring

Active substance use is not a contraindication to PrEP: evaluate for SUDT/refer to LCSW or MAT as indicated

**WHO SHOULD NOT BE OFFERED PrEP: CONTRAINDICATIONS**

- People living with HIV
- People with HIV exposure within the past 72 hours (*evaluate for POST-exposure Prophylaxis – See HIV Care Guide*)
- People with possible acute HIV (*send HIV RNA, and refer to HIV central team – EHRs order: “Consult to HIV”*)
- People with untreated HBV (*refer for evaluation of HBV – EHRs order: “Consult to HBV”*)
- People unable to adhere to required dosing and monitoring
- Active substance use is not a contraindication to PrEP: evaluate for SUDT/refer to ISUDT Behavioral Health or MAT as indicated

**WHO TO SCREEN (DISCUSS AND OFFER PrEP) (use STI Screening/Education EHRs Ad hoc Form)**

Ideally all patients entering reception center and all patients with history of Injection Drug Use (IDU) should be screened.

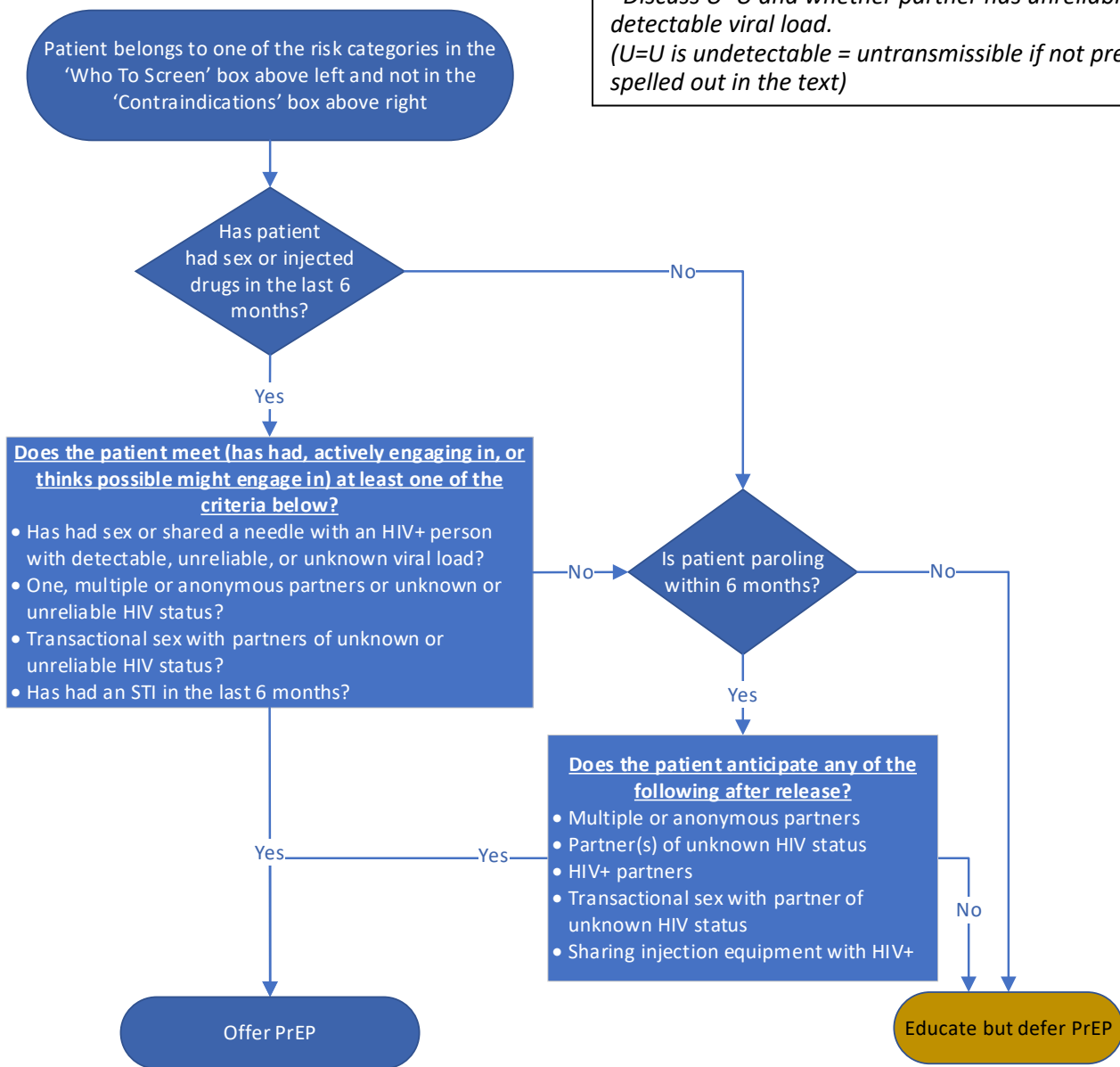
Highest priority for screening includes:

- All patients within 6 months of paroling
- All patients with a newly diagnosed STI while incarcerated or who request STI testing
- All patients with a history of STI in the last 6-12 months, depending on ongoing or changing risks
- All patients with a sexual partner or injection drug use partner who has HIV\*
- All patients with any or multiple sexual partners of unknown HIV status
- All patients who engage in transactional sex
- All patients who request PrEP

Ideally all patients entering reception center and all patients with history of injection Drug Use should be screened.

*\*Discuss U=U and whether partner has unreliable or detectable viral load.*

*(U=U is undetectable = untransmissible if not previously spelled out in the text)*



PrEP EVALUATION AND COUNSELING	
<b>STEP 1: HISTORY AND PHYSICAL</b>	
<p><b>History</b></p> <ul style="list-style-type: none"> <li>• Review of risk factors (sexual/IDU), any prior use of PrEP or PEP, STI history</li> <li>• Use STI Screening/Education form (Ad hoc in EHRS, see appendix 3)</li> <li>• <b>Potential HIV exposure and complete review of symptoms in preceding 4 weeks</b></li> <li>• Current hyperlipidemia, liver disease, pre-existing CKD or risk factors for kidney disease or osteoporosis</li> <li>• SUD screening</li> </ul>	<p><b>Physical Exam</b></p> <ul style="list-style-type: none"> <li>• Routine exam with particular attention to:</li> <li>• Vital signs (fever, tachycardia)</li> <li>• Skin (rash)</li> <li>• Oropharynx/mucous membranes (ulcers, erythema, discoloration)</li> <li>• Cervical, submandibular, axillary, inguinal lymph nodes (lymphadenopathy)</li> <li>• Abdominal exam (splenomegaly)</li> <li>• Genitourinary (ulcers, signs of STI)</li> </ul>
<b>STEP 2: BASELINE LAB EVALUATION</b>	
<ul style="list-style-type: none"> <li>• In all patients: HIV Antigen/antibody (4th generation) within 2 weeks of initiation; HIV RNA quantitative within 2 weeks of initiation (ONLY for reception center patients or recent exposure); creatinine, Comprehensive Metabolic Panel (CMP) or Basic Metabolic Panel (BMP) (within 3 months if no recent acute kidney injury); and pregnancy test, when appropriate, within preceding 4 weeks (See Table 5)</li> <li>• Hepatitis B surface antibody, Hepatitis B surface antigen, Hepatitis B core antibody, Hepatitis C antibody with reflex to RNA, STI screen (gonorrhea, chlamydia, syphilis screening tests) if not done within prior 3 months</li> <li>• Patients with positive STI testing should be treated and follow-up monitoring ordered where indicated.</li> <li>• Patients with positive HCV antibody tests should be evaluated in accordance with HCV guidelines (<a href="#">Hepatitis-C-Care-Guide.pdf</a>).</li> <li>• Patients with negative HBsAb should receive HBV vaccine series but not delay PrEP. Patients with isolated positive HBcAb should have HBV DNA and if negative, be offered vaccination. Patients with positive HBsAg should be referred to hepatology or Central Team for evaluation prior to initiation of PrEP</li> </ul>	
<b>STEP 3: PATIENT EDUCATION AND COUNSELING</b>	
<ul style="list-style-type: none"> <li>• PrEP is highly efficacious (99%) when taken as prescribed.</li> <li>• Efficacy is highly dependent on level of adherence.</li> <li>• Medication should be taken at the same time every day.</li> <li>• If a dose is missed, it should be taken as soon as possible unless it is within 8 hours of the usual time of the next dose, in which case the missed dose should be omitted, and dosing should resume with the following scheduled dose.</li> <li>• When discontinuing PrEP, dosing should continue until 28 days after last potential exposure.</li> <li>• PrEP will not prevent other sexually transmitted infections. Patients should be counseled about using barrier (condom) protection, how to obtain condoms in CDCR, and other ways to minimize risks.</li> <li>• Condoms are available at every institution at readily available dispensers. If patients state that the dispensers are not being filled or that they are located in a place that intimidates or otherwise discourages use, please notify the HIV Central Team at <a href="mailto:cphcshivquestions@cdcr.ca.gov">cphcshivquestions@cdcr.ca.gov</a>.</li> <li>• PrEP will not prevent other infections acquired through injection drug use, such as hepatitis C.</li> <li>• PrEP will not prevent pregnancy. PrEP can be continued during pregnancy. Discuss risks and benefits with regard to breastfeeding and pregnancy.</li> <li>• Patients should immediately report any symptoms compatible with acute HIV infection (such as fever with sore throat, rash, or headache). PrEP given during acute HIV infection can lead to drug resistance and seriously limit future treatment options.</li> <li>• Side effects are generally mild: Nausea, abdominal discomfort, or headache is experienced in about 10% of people and usually resolves in a few weeks. Other side effects are rare (see Table 2).</li> </ul>	

**PrEP INITIATION AND MONITORING**

**STEP 4: CHOICE OF MEDICATION**

The following medications are approved for PrEP in various circumstances, but the preferred regimen in CDCR is tenofovir disoproxil / emtricitabine coformulation (generic Truvada®).

- **Tenofovir disoproxil / emtricitabine (TDF/FTC) (generic Truvada®)– preferred**
- Tenofovir disoproxil / emtricitabine (TDF/FTC) (Truvada® or generic) On demand (“2-1-1”)– *select patients; managed by HIV central team*
- Tenofovir alafenamide / emtricitabine (TAF/FTC) (Descovy®)– *select patients; in consultation with HIV central team (but do not use in individuals at risk only from receptive vaginal sex or only from injection drug use)*
- Cabotegravir (Apretude®) IM– *not routinely offered; managed by HIV central team in special circumstances*

**Table 2. Regimens Used for HIV PrEP**

REGIMEN	POPULATION	DOSING	SIDE EFFECTS
<b>Tenofovir disoproxil 300 mg / emtricitabine 200 mg (TDF/FTC) (Truvada®)</b>	Adults and adolescents >35 kg who report sexual behaviors or injection drug use practices that place them at substantial ongoing risk of acquiring HIV	1 tablet orally QD	Nausea, abdominal discomfort, bloating, loss of appetite, headache. Rare: kidney toxicity, osteopenia
<b>On-demand TDF/FTC (“2-1-1”)</b>	Men who have sex with men who have potential exposure < once per week and who can anticipate sex to permit dosing 2 hours prior	2 tablets 2 hours prior to anticipated exposure, followed by 1 tablet 24 hours after event and 1 tablet 48 hours after event	Nausea, abdominal discomfort, bloating, loss of appetite, headache
<b>Tenofovir alafenamide 25 mg / emtricitabine 200 mg (TAF/FTC) (Descovy®)</b>	Adults and adolescents >35 kg who report sexual behaviors that place them at substantial ongoing risk of acquiring HIV, <b>excluding risk through receptive vaginal sex in cisgender females (not proven effective)</b>	1 tablet orally QD	Nausea, abdominal discomfort, bloating, loss of appetite, headache. Rare: weight gain, hyperlipidemia
<b>Cabotegravir (Apretude®)</b>	Adults and adolescents who report sexual behaviors that place them at substantial ongoing risk of acquiring HIV <b>(Consult HIV Team required)</b>	600mg/3mL IM on day 0, at 4 weeks, and then every 8 weeks	Injection site reactions. Rare: hypersensitivity

**Table 3. Use of different PrEP regimens in specific populations.**

POPULATION	DAILY ORAL TDF/FTC	DAILY ORAL TAF/FTC	“2-1-1” ORAL TDF/FTC	CABOTEGRAVIR IM
Cis Men	✓	✓	✓	✓
Cis Women	✓	✓		✓
Trans Women	✓	✓	✓	✓
Trans Men	✓			✓
Injection Drug Use	✓			✓
CrCl < 60		✓		✓

**STEP 5: INITIATING THERAPY**

A significant risk of HIV PrEP is the risk of acquired drug resistance when a patient with HIV is mistakenly given PrEP. Though rare, this most commonly occurs when PrEP is inadvertently initiated in a patient experiencing acute HIV infection.

**A. PrEP may be initiated when the following conditions are met:**

- Documented **negative HIV Antigen/Antibody** test within preceding 2 weeks.
- Documented **negative HIV RNA (viral load)** within preceding 2 weeks **ONLY IF** patient is in reception center, reports possible exposure in last 2 weeks, received oral PrEP in prior 3 months or received injectable PrEP in prior 12 months
- Estimated creatine clearance (**eCrCl**) **≥60 ml/min** for FTC/TDF use, or ≥30 ml/min for FTC/TAF use.
  - If CrCl is < 60 and PrEP is desired, consult HIV Central Team at [cphcshivquestions@cdcr.ca.gov](mailto:cphcshivquestions@cdcr.ca.gov) or EHRS HIV message pool.
- **No signs or symptoms of acute HIV** infection are present (see Table 4 below)
  - If acute HIV is suspected based on signs/symptoms and possible recent exposure, do NOT initiate PrEP, order repeat HIV RNA (viral load) as ASAP, and refer patient immediately to HIV Central Team at [cphcshivquestions@cdcr.ca.gov](mailto:cphcshivquestions@cdcr.ca.gov) or EHRS HIV message pool.
- **No suspected exposure to HIV** in the preceding 2 weeks
  - If there is a suspected HIV exposure in the preceding 2 weeks, order HIV RNA (viral load) as ASAP, and initiate PrEP upon receiving negative result.
  - If there is a known HIV exposure in the preceding 72 hours, initiate HIV POST-exposure prophylaxis (PEP) using HIV PEP PowerPlan in EHRS and consult HIV Central Team at [cphcshivquestions@cdcr.ca.gov](mailto:cphcshivquestions@cdcr.ca.gov) or EHRS HIV message pool.
- **Not recently taking PrEP**
  - If the patient received oral PrEP in prior 3 months or injectable PrEP in the prior 12 months, confirm negative HIV RNA within preceding 2 weeks of new PrEP start
- Medication list has been reviewed for nephrotoxic medications. Consult **Liverpool HIV Interactions ([hiv-druginteractions.org](http://hiv-druginteractions.org))** and/or [cphcshivquestions@cdcr.ca.gov](mailto:cphcshivquestions@cdcr.ca.gov) or the EHRS HIV message pool for questions.
- Provider assessment that patient is able to understand risks and benefits and will be able to adhere to treatment and monitoring.

**Table 4. Signs and symptoms of acute HIV infection.**

Features	Overall (%)	Route of transmission	
		Sexual (%)	Injection Drug Use (%)
Fever	75	77	50
Fatigue	68	71	50
Myalgia	49	52	29
Rash	48	51	21
Headache	45	47	30
Pharyngitis	40	43	18
Cervical lymphadenopathy	39	41	27
Arthralgia	30	28	26
Night sweats	28	30	27
Diarrhea	27	28	23

**B. Prescribe 28-day supply and schedule 1 month follow-up appointment and order 1-month labs (Table 5). After the first follow-up appointment, renew PrEP prescription to last until the next visit/lab draw or as clinically indicated.**

The decision to prescribe PrEP as NA vs. KOP should be made through shared decision making, taking into account the likelihood of adherence, issues of stigma, and patient preference. If concerned, consider starting with NA administration in order to gauge adherence and switching to KOP as indicated.

- Follow up visits should occur after one month, then every three months or more frequently if indicated. At first visit, evaluate tolerance and adherence, confirm that any STIs detected at screening were appropriately treated and HBV vaccine series was ordered for any HBsAb negative patients. At each visit, renew PrEP prescription to last until the next visit/lab draw.
- At each visit, review/reinforce adherence and assess changes in risk behaviors. At least annually, re-assess whether continuation is warranted.
- Labs for every follow-up include HIV Ag/Ab (4th generation), creatinine, STI screening of syphilis, gonorrhea, and chlamydia (including GC/CT swab of pharynx and/or rectum, if used for sex). Additional labs to be done annually are lipid panel (for patients prescribed TAF) and HCV antibody testing. Individuals with comorbid osteoporosis or conditions that increase risk of kidney disease may warrant additional and/or more frequent monitoring as clinically indicated.
- If serum creatinine increases while on PrEP but CrCl remains ≥60 ml/min (for TDF/FTC) or ≥30 (for TAF/FTC), continue PrEP, investigate other possible causes (e.g. NSAID use, other medications) and continue monitoring. If CrCl falls below 60 ml/min (for TDF/FTC) or 30 ml/min (for TAF/FTC), hold PrEP, investigate cause, and consult HIV Central Team at [cphcshivquestions@cdcr.ca.gov](mailto:cphcshivquestions@cdcr.ca.gov).

**STEP 6: TREATMENT MONITORING**

**Table 5. Schedule of monitoring for patients on HIV PrEP.**

	Baseline	1 Month after initiation	Every 3 months thereafter	Annually
Assess adherence and tolerance		√	√	
Risk factors and changes	√	√	√	
Symptom review last 4 weeks	√	√	√	
HIV Antigen/Antibody (4 <sup>th</sup> generation)	√	√	√	
HIV RNA*	√			
Creatinine, BMP, or CMP	√	√	√	
Hepatitis B Surface Antibody**	√			
Hepatitis B Surface Antigen***	√			
Hepatitis B Core Antibody****	√			
STI Screen: GC/Chlamydia/RPR <sup>‡</sup>	√	√	√	
Ask/Swab if STI risk: pharynx and/or rectum for GC/CT	As indicated	As indicated	As indicated	
HCV Antibody	√			√
STI Screening/Education form (Ad hoc)	√	√		
Urinalysis	√			√
Lipids <sup>€</sup>				√
Provide education	√	√	√	
β-HCG <sup>£</sup>	√			

\*Reception center patients or if clinically indicated (see conditions: Step 5A, page 9)

\*\*HBsAb negative patients should receive HBV vaccine series

\*\*\*HBsAG+ patients should be referred to hepatology or central team prior to initiation

\*\*\*\*Isolated HBcAb+ patients should have HBV DNA checked and if negative be offered vaccination

‡For patients prescribed PrEP on the basis of sexual risk

€For patients on tenofovir alafenamide/emtricitabine

£within 4 weeks for patients with uterus.

**WHAT TO DO IF A PATIENT TESTS POSITIVE FOR HIV WHILE ON PrEP**

- Discontinue PrEP to avoid development of HIV drug resistance.
- Refer to HIV Central Team to facilitate immediate hand-off to an HIV provider.
- Order HIV 1 RNA (PCR QUANTITATIVE 40085) and HIV1 genotype (RTI, PI, INTEGRASE INHIB 91692).
- For questions and support, contact at [cphcshivquestions@cdcr.ca.gov](mailto:cphcshivquestions@cdcr.ca.gov) or EHRS HIV message pool.

## MEDICATION TABLES

### Tenofovir disoproxil fumarate (TDF)

FORMULATIONS	DOSING	ADVERSE EFFECTS/INTERACTIONS
Tenofovir disoproxil fumarate (TDF) (Viread®) <u>Tablet:</u> 150mg, 200mg, 250mg, <b>300mg</b> <u>Powder:</u> 40mg/gm \$ <u>Coformulations used in PrEP:</u> Truvada® (Tenofovir DF 300 mg/emtricitabine 200 mg) \$\$	<ul style="list-style-type: none"> <li>Adults: 300 mg daily</li> <li>Renal impairment:                CrCl 30-49 300 mg q 48 hours                CrCl 10-29 300 mg q 72-96 hours                CrCl &lt;10 / hemodialysis 300 mg q 7 days or after total ~12 hours of dialysis</li> <li>Liver disease: No adjustment necessary</li> </ul>	<ul style="list-style-type: none"> <li>Major: acute exacerbation of hepatitis B upon discontinuation, new or worsening renal impairment, osteomalacia, decrease in BMD, lactic acidosis</li> <li>Common: Asthenia, headache, diarrhea, nausea, vomiting, flatulence</li> <li>Drug Interactions: atazanavir, ritonavir, sofosbuvir/velpatasvir, sofosbuvir/velpatasvir/voxilaprevir, ledipasvir/sofosbuvir</li> </ul>

#### ADDITIONAL NOTES

- Tenofovir is principally eliminated by the kidney. Renal impairment, including cases of acute renal failure and Fanconi syndrome (renal tubular injury with severe hypophosphatemia), has been reported. Monitor renal function, especially in patients with CrCL < 50 mL/min. Avoid or minimize use with other known nephrotoxins, including NSAIDs. Prior to initiation and during use of VIREAD, on a clinically appropriate schedule, assess serum creatinine, estimated creatinine clearance, urine glucose, and urine protein in all patients. In patients with chronic kidney disease, also assess serum phosphorus.
- Boxed warnings: Severe acute exacerbations of hepatitis have been reported in HBV-infected individuals who have discontinued TRUVADA. Hepatic function should be monitored closely with both clinical and laboratory follow-up for at least several months in individuals who are infected with HBV and discontinue TRUVADA. If appropriate, anti-HBV therapy may be warranted.
- Tenofovir has been associated with slightly greater decreases in bone mineral density (BMD) and increases in biochemical markers of bone metabolism, suggesting increased bone turnover relative to comparator drugs. Cases of osteomalacia associated with proximal renal tubulopathy, manifested as bone pain or pain in extremities and which may contribute to fractures, have been reported. Hypophosphatemia and osteomalacia secondary to proximal renal tubulopathy should be considered in patients at risk of renal dysfunction who present with persistent or worsening bone or muscle symptoms while receiving TDF.
- HIV-1 resistance substitutions may emerge in individuals with undetected HIV-1 infection who are taking only TRUVADA, because TRUVADA alone does not constitute a complete regimen for HIV-1 treatment

### Tenofovir alafenamide (TAF)

FORMULATIONS	DOSING	ADVERSE EFFECTS/INTERACTIONS
Tenofovir alafenamide (TAF)  <u>Coformulations used in PrEP:</u> Descovy® (TAF 25 mg/emtricitabine 200 mg) \$\$\$\$\$  (Available as Vemlidy® 25 mg tablet for use in HBV infection)	<ul style="list-style-type: none"> <li>Adults: 25 mg daily</li> <li>Renal impairment:                Descovy is not recommended in CrCL&lt; 30 mL/min or CrCl &lt; 15 mL/min if not receiving hemodialysis                On HD: no adjustment necessary; dose after dialysis</li> <li>Liver disease: No dosage adjustment of Descovy is recommended in mild or moderate (Child-Pugh Class A or B) hepatic impairment. Not studied in severe hepatic impairment (Child-Pugh Class C)</li> </ul>	<ul style="list-style-type: none"> <li>Major: acute exacerbation of hepatitis B upon discontinuation, lactic acidosis. Renal insufficiency, Fanconi syndrome, proximal renal tubulopathy, osteomalacia, BMD decreases are less likely to occur with TAF than with TDF</li> <li>Common: Diarrhea, nausea, headache</li> <li>Other: Weight gain, when used with integrase inhibitors</li> <li>Drug Interactions: carbamazepine, oxcarbazepine, phenobarbital, phenytoin, rifabutin, rifampin, rifapentine, St. John's wort</li> </ul>

**ADDITIONAL NOTES**

- Postmarketing cases of renal impairment, including acute renal failure, proximal renal tubulopathy (PRT), and Fanconi syndrome have been reported with TAF-containing products. Individuals taking tenofovir prodrugs who have impaired renal function and those taking nephrotoxic agents including non-steroidal anti-inflammatory drugs are at increased risk of developing renal-related adverse reactions. When initiating and during treatment with DESCovy on a clinically appropriate schedule, assess serum creatinine, estimated creatinine clearance, urine glucose, and urine protein in all individuals. In individuals with chronic kidney disease, also assess serum phosphorus. Discontinue DESCovy in individuals who develop clinically significant decreases in renal function or evidence of Fanconi syndrome.
- Boxed warnings: Severe acute exacerbations of hepatitis B (HBV) have been reported in HBV-infected individuals who have discontinued DESCovy. Hepatic function should be monitored closely with both clinical and laboratory follow-up for at least several months in individuals who are infected with HBV and discontinue DESCovy. If appropriate, anti-hepatitis B therapy may be warranted.
- HIV-1 resistance substitutions may emerge in individuals with undetected HIV-1 infection who are taking only DESCovy, because DESCovy alone does not constitute a complete regimen for HIV-1 treatment.

**Emtricitabine**

FORMULATIONS	DOSING	ADVERSE EFFECTS/INTERACTIONS
Emtricitabine (FTC) Emtriva® <u>Capsule:</u> 200 mg <u>Oral solution:</u> 10 mg/mL \$\$\$\$ <u>Coformulations used in PrEP:</u> Descovy® (TAF 25 mg/emtricitabine 200 mg) \$\$\$\$ Truvada® (Tenofovir DF 300 mg/emtricitabine 200 mg) \$\$	<ul style="list-style-type: none"> <li>• Capsule and coformulations: 200 mg daily</li> <li>• Oral solution: 240 mg daily</li> <li>• Renal impairment, for capsule CrCl 15-29: 200 mg q 72 hours, CrCl &lt;15 not on HD: 200 mg q 96 hours, on HD: no adjustment, dose after dialysis</li> <li>• Renal impairment, for coformulations—see TDF and TAF above</li> <li>• No adjustment for hepatic impairment</li> </ul>	<ul style="list-style-type: none"> <li>• Major: acute exacerbation of hepatitis B upon discontinuation</li> <li>• Common: Minimal toxicity</li> <li>• Other: headache, diarrhea, nausea, rash and skin discoloration, manifested by hyperpigmentation on the palms or soles</li> <li>• Drug Interactions: Minimal</li> </ul>

**ADDITIONAL NOTES**

- Boxed warning: Severe acute exacerbations of hepatitis B (HBV) have been reported in patients who are coinfecting with HIV-1 and HBV and have discontinued EMTRIVA. Hepatic function should be monitored closely with both clinical and laboratory follow-up for at least several months in patients who are coinfecting with HIV-1 and HBV and discontinue EMTRIVA. If appropriate, initiation of anti-hepatitis B therapy may be warranted.
- Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of nucleoside analogs, including FTC, alone or in combination with other antiretrovirals. Treatment with EMTRIVA should be suspended in any patient who develops clinical or laboratory findings suggestive of lactic acidosis or pronounced hepatotoxicity (which may include hepatomegaly and steatosis even in the absence of marked transaminase elevations)

**Cabotegravir**

FORMULATION	DOSING	ADVERSE EFFECTS/INTERACTIONS
Cabotegravir (CAB) <u>Formulation used in PrEP</u> Apretude® 600 mg/3 mL vial solution \$\$\$\$  <u>(Formulations used in HIV treatment only)</u> Vocabria® 30 mg tablet Coformulation for injection Cabenuva® 400 mg/2 mL, 600 mg/3 mL) \$\$\$\$	<ul style="list-style-type: none"> <li>• on day 0, at 4 weeks, and then every 8 weeks</li> <li>• Renal impairment: no dose adjustment, but monitor for increased effects in CrCl &lt;15 mL/min. Not removed by dialysis.</li> <li>• No dose adjustment for hepatic impairment</li> </ul>	<ul style="list-style-type: none"> <li>• Major: hypersensitivity reactions (potential)</li> <li>• Common: injection site reactions, including pain, induration, swelling, nodules</li> <li>• Other: headache, nausea, hepatotoxicity</li> <li>• Drug Interactions: phenytoin, phenobarbital, oxcarbazepine, carbamazepine, rifampin, rifapentine, rifabutin.</li> </ul>

**ADDITIONAL NOTES**

- Residual concentrations of cabotegravir may remain in the systemic circulation of individuals for prolonged periods (up to 12 months or longer). It is important to carefully select individuals who agree to the required every-2-month injection dosing schedule because non-adherence or missed doses could lead to HIV-1 acquisition and development of resistance.
- **Boxed warning: RISK OF DRUG RESISTANCE WITH USE OF APRETUDE FOR HIV-1 PRE-EXPOSURE PROPHYLAXIS (PrEP) IN UNDIAGNOSED HIV-1 INFECTION.** Individuals should be tested for HIV-1 infection prior to initiating APRETUDE or oral cabotegravir, and with each subsequent injection of APRETUDE, using a test approved or cleared by the FDA for the diagnosis of acute or primary HIV-1 infection. Drug-resistant HIV-1 variants have been identified with use of APRETUDE by individuals with undiagnosed HIV-1 infection. Do not initiate APRETUDE for HIV-1 PrEP unless negative infection status is confirmed. Individuals who become infected with HIV-1 while receiving APRETUDE for PrEP should transition to a complete HIV-1 treatment regime
- Serious or severe hypersensitivity reactions have been reported in association with other integrase inhibitors and could occur with cabotegravir. Discontinue cabotegravir immediately if signs or symptoms of hypersensitivity reactions develop (including, but not limited to, severe rash, or rash accompanied by fever, general malaise, fatigue, muscle or joint aches, blisters, mucosal involvement, conjunctivitis, facial edema, hepatitis, eosinophilia, angioedema, difficulty breathing).

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ATTACHMENT A - STI History PowerForm (EHRS ADHOC – DO NOT PRINT)

STI Screening

Reasons for Sexual Health Screening:

<input type="checkbox"/> Initial PC Arrival	<input type="checkbox"/> Hx HIV	<input type="checkbox"/> Conjugal Visit Concerns
<input type="checkbox"/> Hx HBV	<input type="checkbox"/> Hx Substance Use Disorder	<input type="checkbox"/> Other:
<input type="checkbox"/> Hx HCV	<input type="checkbox"/> Current Risk or History of STI	

Willingness to answer sexual history questions:

Agrees  
 Declines

\* If HIV+ and not on ART, provide education and document in the STI Patient Education section. Ensure HIV consult on order. See Active Medication Review section.

Provider can say:

- \* I am going to ask you a few questions about your sexual health and sexual practices. While these questions are personal, they are important in assessing your overall health.
- \* Like the rest of our visit, this information is part of your confidential electronic health record. I ask these questions of all patients.
- \* If it's okay with you, I'm going to ask you a few questions about sexual matters now.

1. Sexual Partners or Contacts

Note to Providers:

\* Without making assumptions about the patient's sexual orientation, determine the number of your patient's different sexual encounter contacts.

Have you had sexual contact with anyone in the past 12 months?

Yes  No

How many different people have you had sexual contact with in the past 12 months?

1  5  None  
 2  6  Other:  
 3  7  
 4  8

In the past 12 months, what were the gender(s) of your sexual contacts?

<input type="checkbox"/> Both men and women	<input type="checkbox"/> Transgender Males (FM)
<input type="checkbox"/> Men	<input type="checkbox"/> Women
<input type="checkbox"/> Non-binary	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Transgender Females (Mf)	<input type="checkbox"/> Other:

In the past 5 years, what were the gender(s) of your sexual contacts?

<input type="checkbox"/> Both men and women	<input type="checkbox"/> Transgender Males (FM)
<input type="checkbox"/> Men	<input type="checkbox"/> Women
<input type="checkbox"/> Non-binary	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Transgender Females (Mf)	<input type="checkbox"/> Other:

Have you ever worked as a sex worker /given sex in exchange for money?

Yes  No

If yes, then how long ago:

< 3 months  1-5 years ago  
 3 months-12 months  more than 5 years ago

Have you ever had 5 or more sexual partners at the same time?

Yes  No

If yes, then how long ago:

< 3 months  1-5 years ago  
 3 months-12 months  more than 5 years ago

2. Sexual Practices

Provider can say:

\* I need to ask about specific sex practices to help us know if there is any testing you might need.

Type of sexual contact in past 12 months:

<input type="checkbox"/> Anal Sex (penis in the anus)	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Oral Sex (mouth on penis, vagina, or anus)	<input type="checkbox"/> Other:
<input type="checkbox"/> Vaginal Sex (penis in the vagina)	

Type of sexual contact while in jail or prison:

<input type="checkbox"/> Anal Sex (penis in the anus)	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Oral Sex (mouth on penis, vagina, or anus)	<input type="checkbox"/> Other:
<input type="checkbox"/> Vaginal Sex (penis in the vagina)	

Type of sexual contact in the 5 years before jail or prison:

<input type="checkbox"/> Anal Sex (penis in the anus)	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Oral Sex (mouth on penis, vagina, or anus)	<input type="checkbox"/> Other:
<input type="checkbox"/> Vaginal Sex (penis in the vagina)	

3. STI Protection/Pregnancy Prevention

Note to Providers:

- \* Based on partner information from the prior section, determine if the patient is at risk of becoming pregnant or of fathering a child.
- \* Questions should be gender-appropriate.
- \* This assists in determining the appropriate level of risk-reduction counseling for each patient.

Do you and your partner(s) use any barrier protection against STIs, such as condoms?

Yes  Other:  
 No  
 N/A

How often do you use genital barrier protection when having sex?

All of the time  Other:  
 Some of the time  
 Rarely

In the 5 years before jail or prison, how often did you use genital barrier protection when having sex?

All of the time  Other:  
 Some of the time  
 Rarely

Remaining questions in section 3 are for PAROLING patients or those with ONGOING risk factors.

Have you ever been on PrEP (pre-exposure HIV prophylaxis) or DoxyPEP (post-exposure prophylaxis)?

Yes  No

Are you interested in learning about how to prevent getting HIV or STIs?

Yes  No  N/A

Are you interested in starting STI prevention medicine when you parole?

Yes  No  N/A

If patient is interested in PrEP, please order below:

- HIV 1 RNA PCR Quantitative -40085 and
- HIV 4th generation AG/AB screen with reflex (91431), 2 weeks before consult

DoxyPEP efficacy currently only shown in MSM and TGW(Mf) only (June 2023).

Would you like to be vaccinated against sexually transmitted infections now or before you parole? Such as:

Monkey Pox (2 shots, 1 month apart)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Hepatitis B (2 shots 1 month apart if not immune)	
HPV (3 shots at 0, 2, and 6 mo if not previously vaccinated and < or equal to 26 years)	

\* If yes, give handout and ensure order for a Provider Visit is placed and add parole HIV/PrEP, DoxyPEP, and/or Monkey Pox/other vaccine into special instruction order details. See Active Medication Review section.

STI History PowerForm (EHRs ADHOC – DO NOT PRINT) PAGE 2

4. Past STI History

\*Please have patient answer as best they can and give best estimate to the diagnosis date.

Have you ever been diagnosed with a sexually transmitted infection (STI)?

<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Herpes	<input type="checkbox"/> Other
<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> HIV	<input type="checkbox"/> No
<input type="checkbox"/> HBV	<input type="checkbox"/> HPV/anogenital warts/dysplasia	
<input type="checkbox"/> HCV	<input type="checkbox"/> Syphilis	

<b>Treated for Chlamydia?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Other:	<b>Approx. date Chlamydia diagnosed?</b> <input type="text" value="no past years"/>
<b>Treated for Gonorrhea?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Other:	<b>Approx. date Gonorrhea diagnosed?</b> <input type="text" value="no past years"/>
<b>Treated for HBV?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Other:	<b>Approx. date HBV diagnosed?</b> <input type="text" value="no past years"/>
<b>Treated for HCV?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Other:	<b>Approx. date HCV diagnosed?</b> <input type="text" value="no past years"/>
<b>Treated for Herpes?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Other:	<b>Approx. date Herpes diagnosed?</b> <input type="text" value="no past years"/>
<b>Treated for HIV?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Other:	<b>Approx. date HIV diagnosed?</b> <input type="text" value="no past years"/>
<b>Treated for HPV/anogenital warts/dysplasia?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Other:	<b>Approx. date HPV diagnosed?</b> <input type="text" value="no past years"/>
<b>Treated for Syphilis?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Other:	<b>Approx. date Syphilis treated?</b> <input type="text" value="no past years"/>
	<b>Approx. date 'Other' STI was diagnosed?</b> <input type="text"/>

STI Lab Results in EHRs

**STI Lab Results**  
No Results Found in EHRs

Sexual Harm

Please read the following script to patient:

"Up until now, everything we have discussed is strictly confidential. However, for this next question you need to know that we are legally required to report any concerning answers to the chain of command."

"Does that make sense?"  Yes  No

"Have you been a victim of sexual assault or violence at CDCR?"  Yes  No

\*If Yes: Immediately report the allegation to your Chief Physician and Surgeon, so they can assist with reporting to the local watch commander and Investigative Services Unit (ISU) for investigation.

\*Additional information regarding PREA and reporting and testing requirements can be found in the HCDOM Section 4.1.6, Prison Rape Elimination Act at: <http://lifeline/PolicyandAdministration/PolicyandRiskManagement/IMSPP/HCDOM/HCDOM-Ch04-art1.6.pdf>.

**ATTACHMENT B – Provider PrEP Counseling Script:**

- PrEP only prevents HIV if you have enough medicine in your body, so you **MUST** take it every day.
- It takes time for PrEP to be completely effective: 7 days for receptive anal intercourse (bottoming), 21 days for receptive vaginal intercourse, and 21 days for exposure through injection drug use.
- PrEP should be taken at the same time every day.
- If you miss a dose, take it as soon as possible unless it is within 8 hours of the usual time of the next dose, in which case just wait and take the next scheduled dose.
- Let your provider know immediately if you develop fever, especially with sore throat, rash, or headache, as these may be symptoms of HIV.
- If you decide to stop PrEP, you should continue it until 28 days after your last possible exposure, in order to remain protected.
- PrEP will not prevent other sexually transmitted infections or other infections you can get from injection drug use, like hepatitis C.
- Condoms **DO** protect against other sexually transmitted infections and pregnancy; PrEP does **not**. Condoms also give you additional protection against HIV, even when you are on PrEP. To stay healthy, use condoms as much as possible when having sex, ideally every time you have sex.
- Condoms are available at every institution at readily available dispensers. If these dispensers are not being filled or are located in a place that you feel discourages you to use them, please notify your provider.
- PrEP will not prevent pregnancy. PrEP can be continued during pregnancy.
- Side effects of PrEP are generally mild, but you may get nausea, abdominal discomfort, or headache that usually resolves in a few weeks.
- You should keep your follow-up appointments and get your labs done as requested in order to continue receiving PrEP.

## PATIENT EDUCATION

### What is PrEP?

- PrEP is a safe, daily pill that greatly reduces your risk of HIV infection.
- PrEP can prevent HIV infection by stopping the virus from spreading in your body if you are exposed.
- PrEP only stops HIV if you have enough medicine in your body, so you need to take it every day.

### Know the side effects

- Most people on PrEP do not report any side effects. For those who do, the most common side effects are nausea, upset stomach, fatigue and headaches. These symptoms often get better or go away within the first month of taking PrEP.
- To prevent nausea, take PrEP with a snack or before bed to make nausea less noticeable.
- To relieve nausea, try ginger candy or peppermint tea.
- For gas or bloating, try an over-the-counter gas reliever.
- Speak to your health care provider if side effects continue to bother you.
- Your provider will monitor your lab results for other PrEP-related side effects.

### Take PrEP every day

- You can take PrEP any time during the day, with or without food.
- PrEP works best if you take it at the same time every day.
- You may want to take PrEP before or after a daily activity, like when you eat breakfast, or when you brush your teeth before bed.
- To help you remember, keep your pill bottle where you will see it.

### Don't stop and start!

- If you want to stop taking PrEP for any reason, **talk to your health care provider**.
- If you stopped PrEP and want to start again, first see your health care provider and get an HIV test.
- Stopping and starting PrEP can be dangerous. If you become HIV-positive and then start PrEP again, the HIV in your body can become resistant to medication. This may make it harder to treat HIV.

### PrEP, condoms and your sexual health

- PrEP helps you stay HIV-negative, even if you do not always use condoms or other barrier methods.
- Condoms **do** protect against other STIs and pregnancy; PrEP does **not**. Condoms also give you additional protection against HIV, even when you are on PrEP. **To stay healthy, use condoms as much as possible, ideally every time you have sex.**

### Keep your appointments!

- Visit your health care provider every three months for refills and checkups, including HIV testing.
- Your provider will ask you:
  - If side effects are bothering you
  - Whether you are taking PrEP every day
  - About your sex life, sexual health and risk for HIV
- Your provider will also test you for other sexually transmitted infections (STIs) at a frequency that is right for you.
- **Tell your provider right away** if you experience fevers, swollen glands or a rash – these may be signs of an early HIV infection.

## EDUCACIÓN PARA EL PACIENTE

### ¿Qué es la PrEP?

- PrEP es una pastilla diaria y segura que reduce en gran medida el riesgo de infección por el VIH.
- PrEP puede prevenir la infección por VIH al impedir que el virus se propague en el cuerpo si estás expuesto.
- PrEP solo detiene el VIH si tienes suficiente medicamento en tu cuerpo, por eso debes tomarlo todos los días

### Conozca los efectos secundarios

- La mayoría de las personas que toman PrEP no reportan efectos secundarios. Para quienes sí los experimentan, los más comunes son náuseas, malestar estomacal, fatiga y dolores de cabeza. Estos síntomas suelen mejorar o desaparecer durante el primer mes de uso de la PrEP.
- Para prevenir las náuseas, tome PrEP con un bocado o antes de acostarte, así lo notas menos.
- Para aliviar las náuseas, prueba caramelos de jengibre o té de menta.
- Para los gases o la hinchazón, prueba un medicamento de venta libre para aliviar los gases.
- Habla con tu proveedor de salud si los efectos secundarios continúan molestandote.
- Tu proveedor controlará tus resultados de laboratorio para otros efectos relacionados con PrEP.

### Toma PrEP todos los días

- Puedes tomar PrEP a cualquier hora del día, con o sin alimentos.
- PrEP funciona mejor si lo tomas a la misma hora todos los días.
- Puedes tomar PrEP antes o después de una actividad diaria, como cuando desayunas o cuando te cepillas los dientes antes de dormir.
- Para ayudarte a recordarlo, guarda el frasco de pastillas en un lugar donde lo veas con frecuencia.

### ¡No empieces y pares!

- Si deseas dejar de tomar PrEP por cualquier motivo, **habla con tu proveedor de salud.**
- Si dejaste de tomar PrEP y quieres comenzar de nuevo, primero consulta a tu proveedor de salud y hazte una prueba de VIH.
- Empezar y parar PrEP puede ser peligroso. Si te vuelves VIH positivo y luego comienzas a tomar PrEP nuevamente, el VIH en tu cuerpo puede volverse resistente al medicamento. Esto podría dificultar el tratamiento de VIH.

### ¡No faltes a tus citas!

- Visita a tu proveedor de salud cada tres meses para rellenar tu medicamento y recibir chequeos, incluyendo la prueba del VIH.
- Tu proveedor te preguntará:
  - Si los efectos secundarios te están molestando
  - Si estás tomando la PrEP todos los días
  - Sobre tu vida sexual, salud sexual y riesgo de VIH
- Tu proveedor también te hará pruebas para detectar otras infecciones de transmisión sexual (ITS) con la frecuencia adecuada para ti.
- **Informa a tu proveedor de inmediato** si tienes fiebre, ganglios inflamados o un sarpullido – estos pueden ser signos de una infección temprana por VIH.

### PrEP, los condones y tu salud sexual

- PrEP te ayuda a mantenerte VIH-negativo, incluso si no siempre usas condones u otros métodos de barrera.
- Los condones sí protegen contra otras infecciones de transmisión sexual (ITS) y el embarazo; la PrEP no lo hace. Además, los condones te brindan una protección adicional contra el VIH, incluso cuando estás tomando PrEP. **Para mantenerte saludable, usa condones tanto como sea posible, idealmente cada vez que tengas relaciones sexuales.**