

# PrEP

## Pre-Exposure Prophylaxis

### Prescriber Reference



### Introduction

- **PrEP** stands for pre-exposure prophylaxis and involves taking antiretroviral medications to prevent acquisition of HIV. PrEP medications are taken or administered at routine intervals (depending on the method) to provide over 99% protection in sexual encounters and over 70% protection in shared injecting encounters. PrEP may be prescribed as a once-daily oral medication, an on-demand oral medication, or as a long-acting injection.
- 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.
- 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.

PrEP Options	Daily Oral Truvada® (F/TDF) 200mg/300mg	Daily Oral Descovy® (F/TAF) 200mg/25mg	Injectable Cabotegravir 600mg	Off-Label, On-Demand Truvada® (F/TDF) 200mg/300mg
Indicated For:	Individuals ≥35kg	Cisgender men and transgender women ≥35kg	Individuals ≥35kg	Men who have sex with men ≥35kg
Administration:	1 pill once daily	1 pill once daily	Optional 4-week oral dosing lead-in OR initial injection followed by second injection at 30 days. Alternate month administration thereafter.	2 pills 2-24 hrs prior to sex 1 pill 24 hours after initial dose 1 pill 48 hours after initial dose
Considerations:	Generics available Requires renal monitoring. May cause decreased bone mineral density and kidney effects.	No generic alternative Only approved for use in cisgender men and transgender women. May cause weight gain.	No generic alternative Requires in-person visits for injection administration. May cause injection site reaction.	Generics available Best for MSM who have sex infrequently or can anticipate (or delay) sexual activity to accommodate the complete dosing schedule. <b>Considered off-label; may not be covered by insurance.</b>

- When managing oral PrEP regimens providers should be aware that some patients (<10%) experience “start-up syndrome” that 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 ≥60ml/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.

### Resources

- Patient navigation services are available to support insurance and payment issues by calling or texting **319-930-9093**.
- The National Clinician Consultation Center offers provider consultation by phone at **1-855-HIV-PREP (448-7737)**.

#### For further training and technical assistance, contact:

HIV and Hepatitis Prevention Program  
Bureau of HIV, STI, and Hepatitis  
Division of Public Health, Iowa HHS  
✉ [hivhcpvention@idph.iowa.gov](mailto:hivhcpvention@idph.iowa.gov)

Access more information at  
[prepiowa.org/provider](http://prepiowa.org/provider)

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