



# Adding PrEP in Your Step: Pre-Exposure Prophylaxis for HIV

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# OVERVIEW

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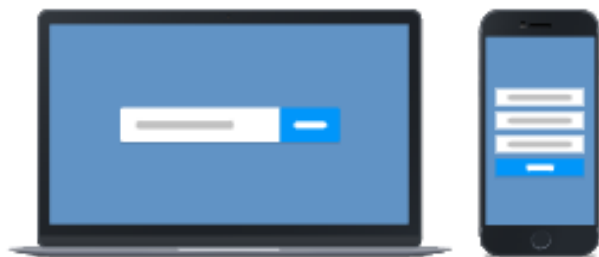
SUMMARY



# Poll Everywhere



## Join by Web



## Join by Text



- 1 Go to **PollEv.com**
- 2 Enter **KATIEPEARCE098**
- 3 Respond to activity

- 1 Text **KATIEPEARCE098** to **22333**
- 2 Text in your message



01

# BACKGROUND

# TERMINOLOGY

## Sex

assignment as male or female  
usually based on external  
anatomy at birth

## Gender Identity

internal, deeply held sense of  
gender; usually man or boy or  
woman or girl

## Sexual Orientation

physical, romantic, &/or emotional  
attraction to others; NOT the same  
as gender identity.  
Ex.) straight, lesbian, gay, bisexual, or  
queer

## Transgender or “Trans”

People whose gender identity differs  
from sex assigned at birth.  
Independent of physical appearance or  
medical procedures

## Cisgender or “Cis”

People whose gender identity is the  
same as their sex assigned at birth

## Non-binary &/or genderqueer

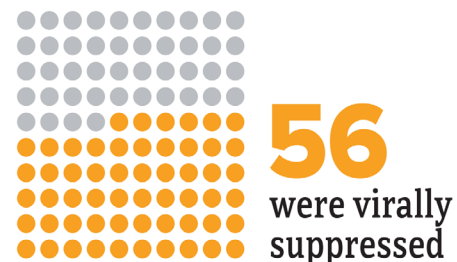
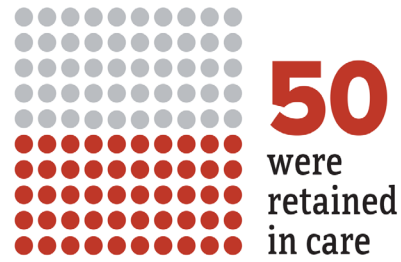
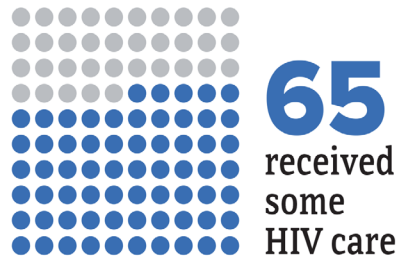
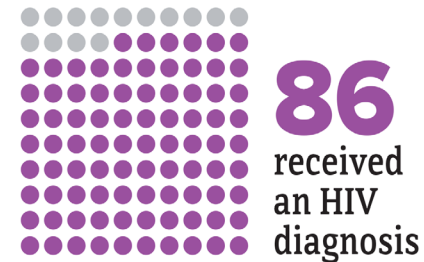
People whose gender identity  
&/or expression falls outside of  
categories “man” and “women”  
(gender binary)  
Only use if person self-describes  
themselves as this

# Statistics



# HIV in the United States

Not all people with HIV are getting the care they need. An estimated **1.2 million people had HIV in the US in 2018**. For every 100 people with HIV:\*



\* Includes people with diagnosed or undiagnosed HIV.

[www.cdc.gov/hiv](http://www.cdc.gov/hiv) | 1-800-CDC-INFO

## Get Tested. Get in Care. Stay in Care. Stay Healthy.

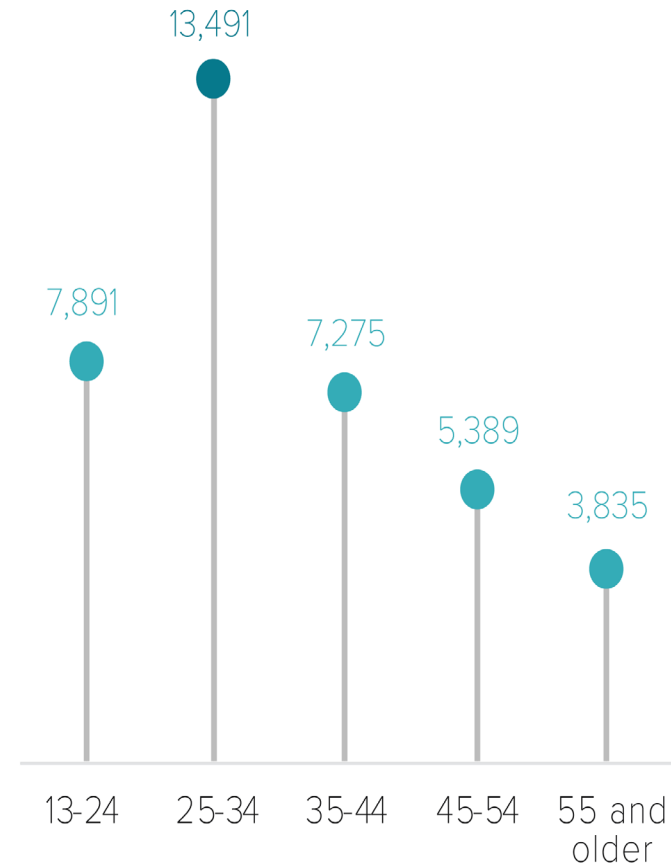
Sources: CDC. Monitoring selected HIV prevention and care objectives using HIV surveillance data—United States and 6 dependent areas, 2018. *HIV Surveillance Supplemental Report 2020;25(2)*.  
CDC. Selected national HIV prevention and care outcomes (slides).

Based on the most recent data available in December 2020.



# New HIV Diagnoses in the US and Dependent Areas by Age, 2018

**The number of new HIV diagnoses was highest among people aged 25 to 34.**





# Prescriptions for PrEP

**2012**

8,800

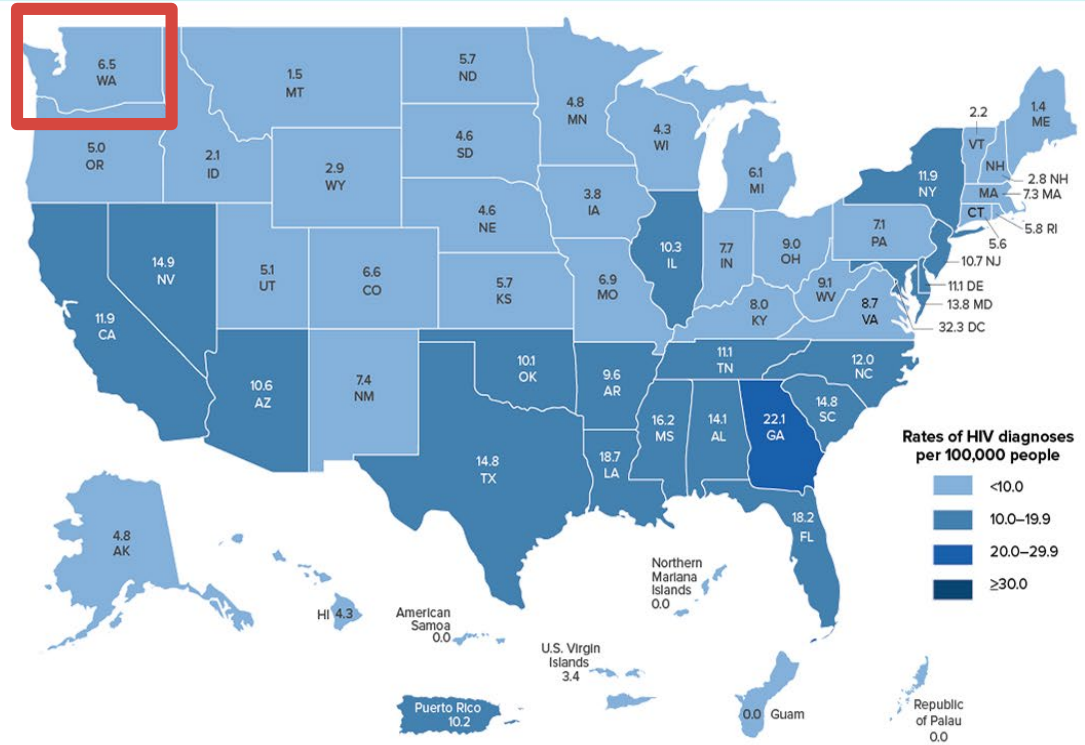


**2019**

220,000

# Rates of New HIV Diagnoses in the US and Dependent Areas, 2020\*

The highest rates of new HIV diagnoses were mainly in the South.



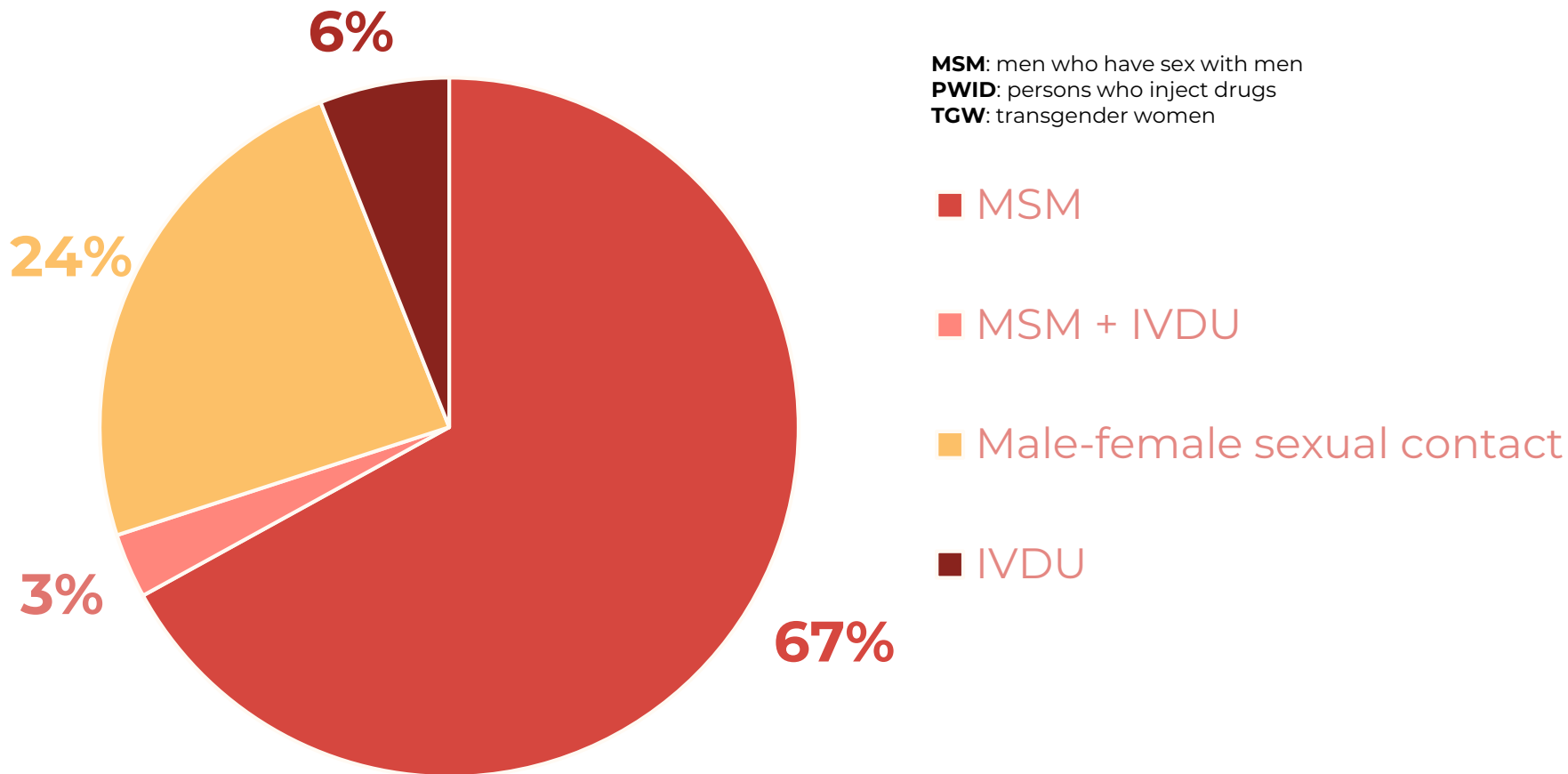
Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions.

\* Among people aged 13 and older.

Source: CDC. New Diagnoses of HIV Infection in the United States and dependent areas, 2020. *HIV Surveillance Report* 2022;33.



# Newly-Diagnosed HIV in 2018



# PrEP Awareness and Use Among Gay and Bisexual Men in 23 US Cities, 2017\*

PrEP is highly effective for preventing HIV from sex or injection drug use.



of gay and bisexual men without HIV were aware of PrEP



of gay and bisexual men without HIV used PrEP

\* Among gay and bisexual men aged 18 and older.

# HIV Prevalence Among Transgender Women in 7 US Cities, 2019-2020\*

Racial and ethnic disparities exist among transgender women with HIV.



Among transgender women interviewed, 42% had HIV.



62% of Black/African American transgender women had HIV



35% of Hispanic/Latina transgender women had HIV



17% of White transgender women had HIV

\* Among people aged 18 and older.

# PrEP Awareness and Use Among Transgender Women in 7 US Cities, 2019-2020\*

PrEP is highly effective for preventing HIV from sex or injection drug use.



of transgender women without HIV were aware of PrEP



of transgender women without HIV used PrEP

\* Among people aged 18 and older.

# What is PrEP?

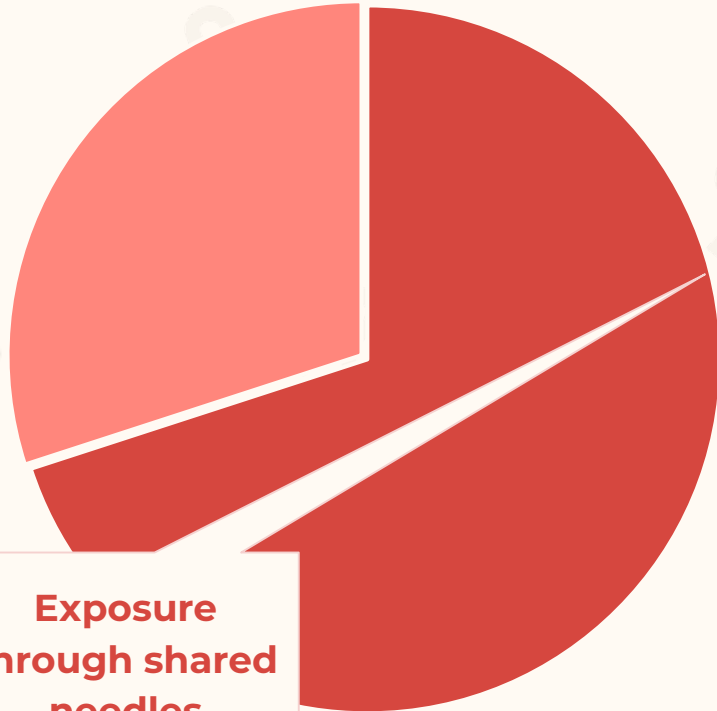
## WHAT IS PREP?



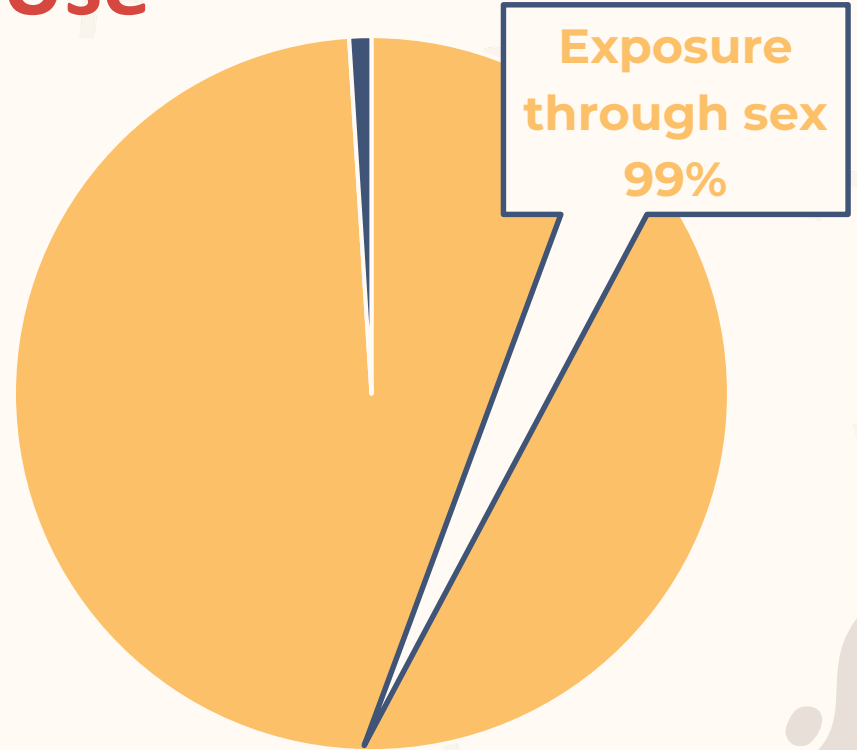
- PrEP (pre-exposure prophylaxis) can be pills or shots that reduce your chances of getting HIV.
- PrEP can stop HIV from taking hold and spreading throughout your body.
- Only condoms protect against other STDs like syphilis and gonorrhea.



# Effectiveness of HIV Prevention with PrEP Use



**Exposure  
through shared  
needles**



**Exposure  
through sex  
99%**





*Protect your valuables.*

Quebec Coalition Against Aids

*Protect your valuables.*

Quebec Coalition Against Aids

*Protect your valuables.*

Quebec Coalition Against Aids

**True/false: Everyone 13 to 64 years old should be tested for HIV at least once as part of routine health care.**

True

False

Total Results: 0

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**True/false: Everyone 13 to 64 years old should be tested for HIV at least once as part of routine health care.**

True

False

**True/false: Everyone 13 to 64 years old should be tested for HIV at least once as part of routine health care.**

True

✓ 0%

False

# GET TESTED FOR HIV...

CDC recommends that **everyone** between the ages of 13 and 64 get tested **at least once** as part of routine care.

People with certain risk factors should get tested at least once a year.

Find an HIV testing site near you:

**Locator.HIV.gov**

Who should get tested? HIV.gov. 2023.





02



# Deciding to Take **PrEP**

The background features a repeating pattern of light gray symbols, including a stylized female symbol (♀) and a cross-like symbol (✝). In the top-left and bottom-right corners, there are decorative illustrations of leaves and branches in a muted brown color.

# Indications



U.S. Preventive Services  
TASK FORCE

## POPULATION

## RECOMMENDATION

## GRADE

Adolescents and adults at increased risk of HIV

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 infection.

**A**



# WHEN TO CONSIDER PrEP



ANAL or VAGINAL  
sex in the past 6 mo  
AND:

- Have sexual partner with HIV
- Not consistently using condoms
- Diagnosed with STD in past 6 mo



INJECT drugs  
AND:

- Have injection partner with HIV **OR**
- Share needles, syringes, or other injection equipment

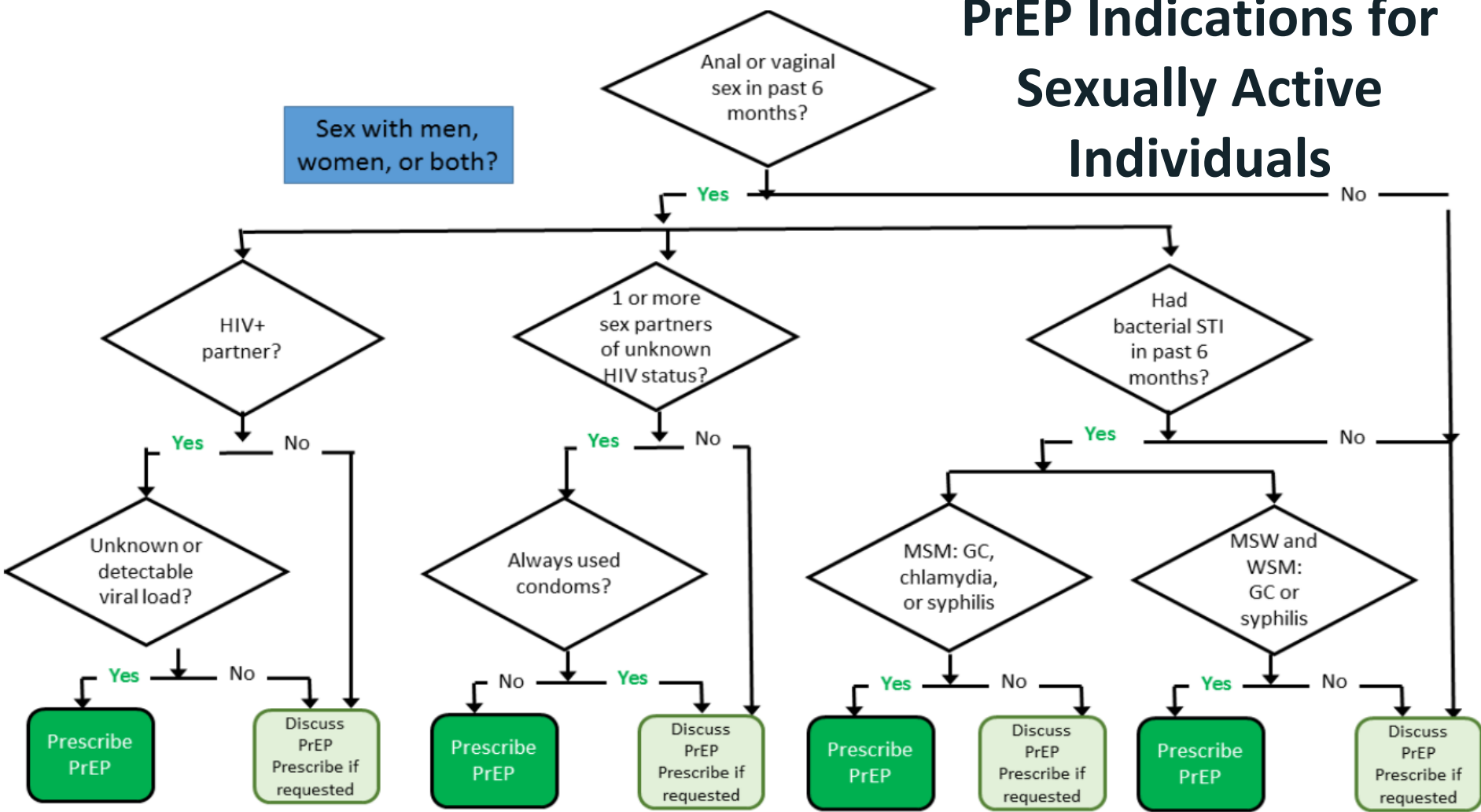


Prescribed  
PEP AND:

PEP: post-exposure prophylaxis

- Report continued risk behavior
- Used multiple courses of PEP

# PrEP Indications for Sexually Active Individuals



# PrEP Indications for Sexually Active Individuals

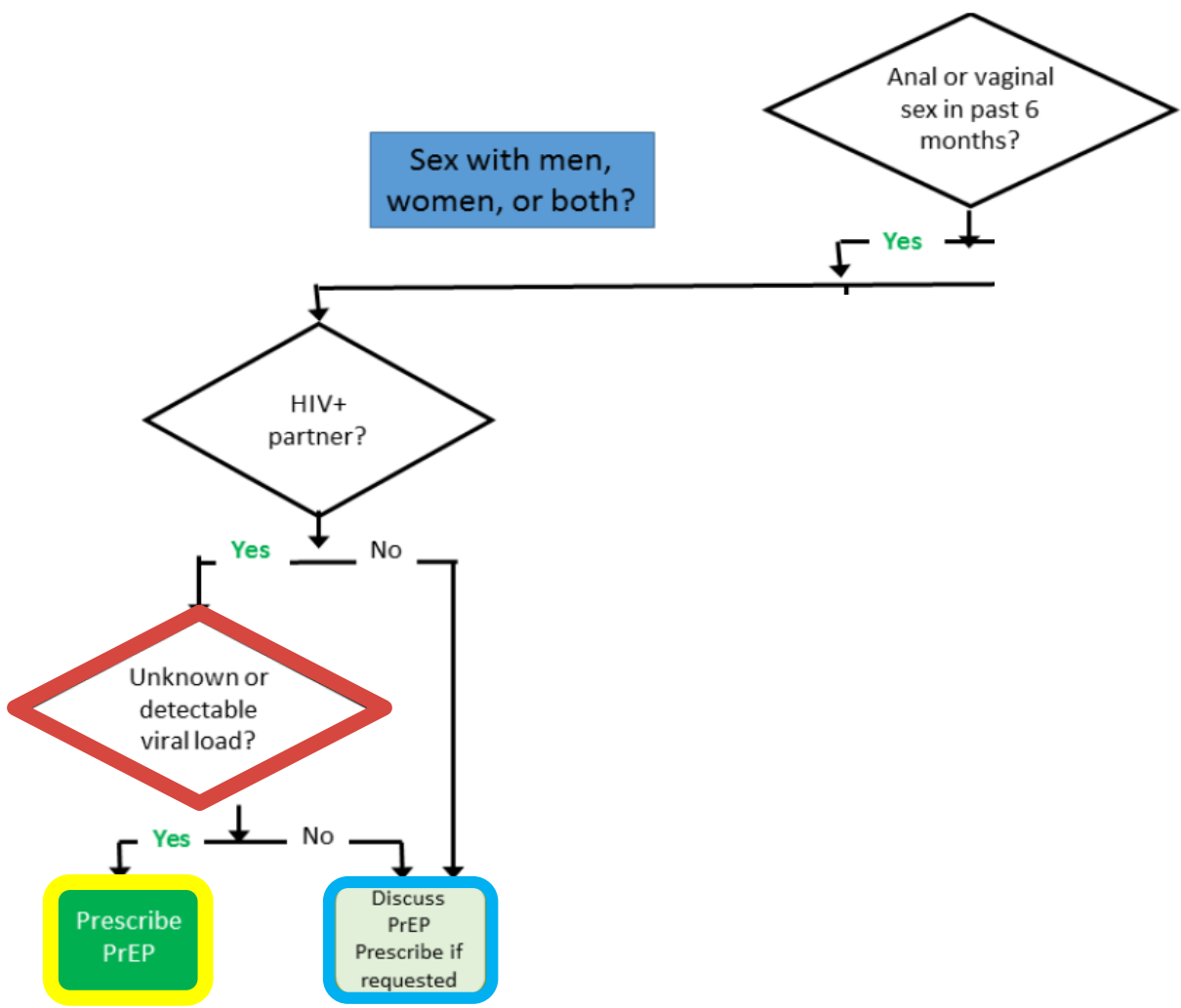
Sex with men, women, or both?



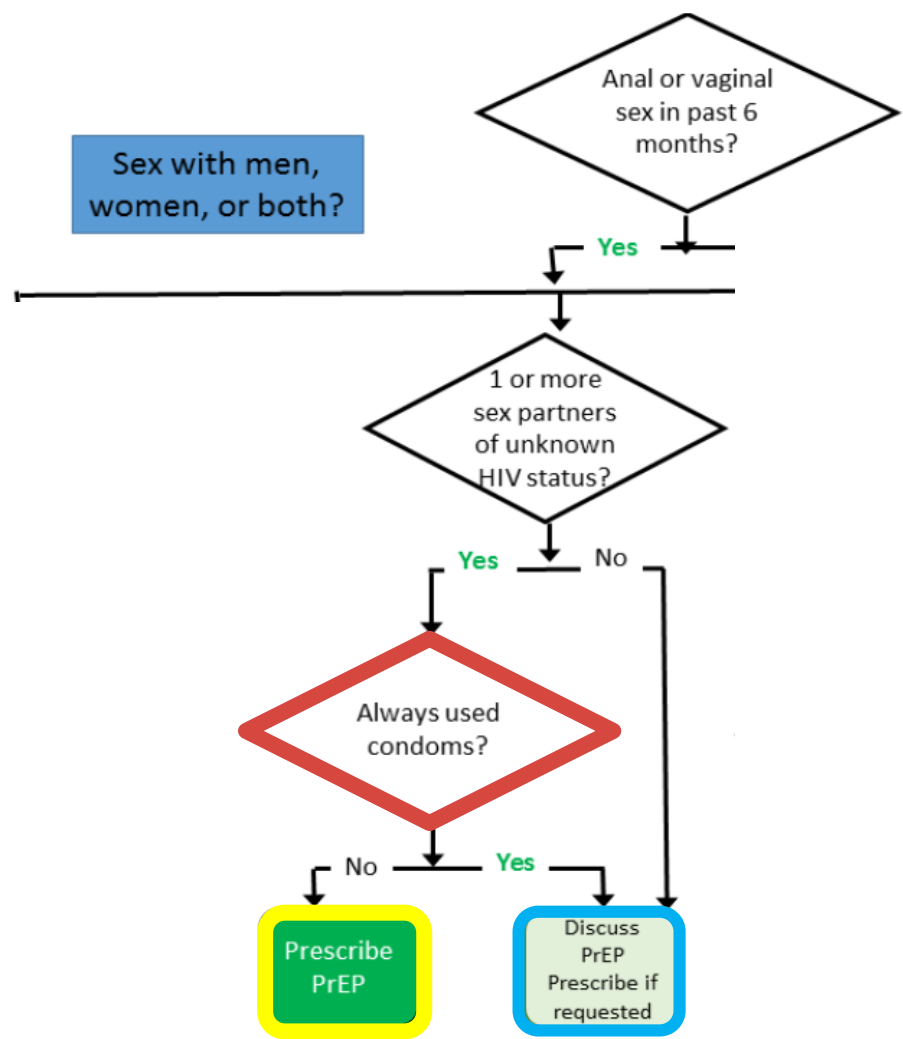
Yes No

Discuss PrEP Prescribe if requested

# PrEP Indications for Sexually Active Individuals



# PrEP Indications for Sexually Active Individuals

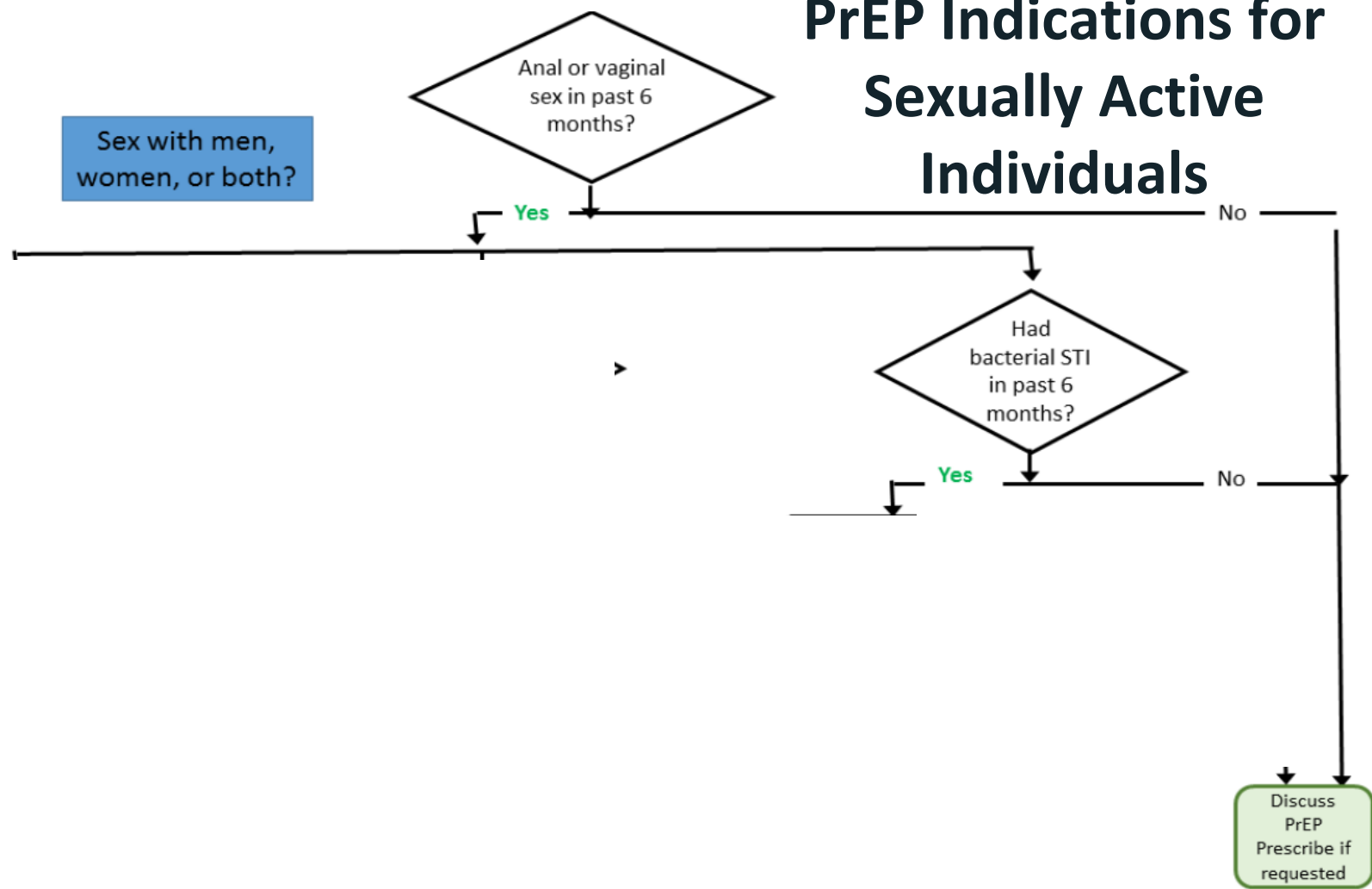


Sex with men, women, or both?

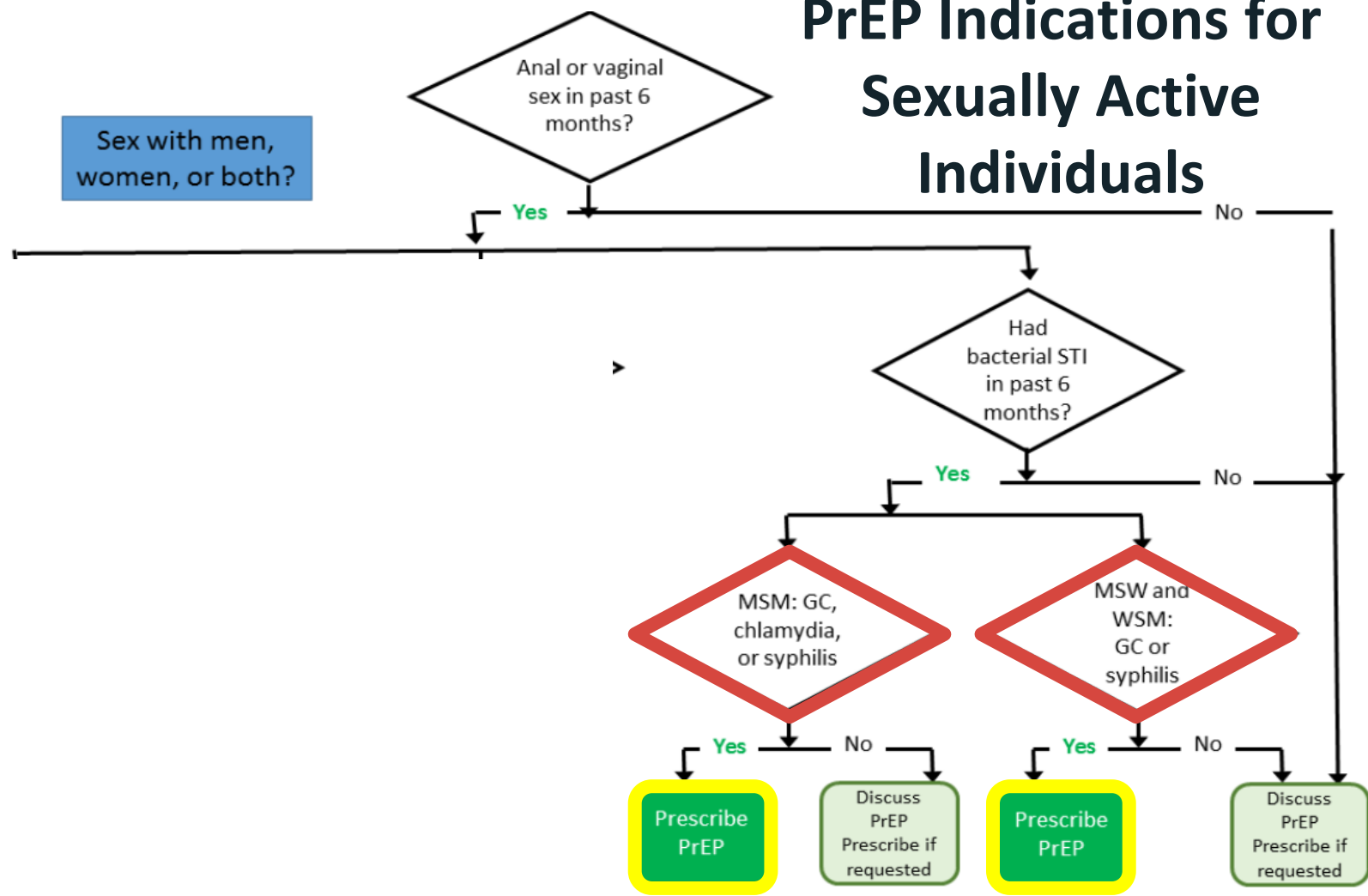
Prescribe PrEP

Discuss PrEP  
Prescribe if requested

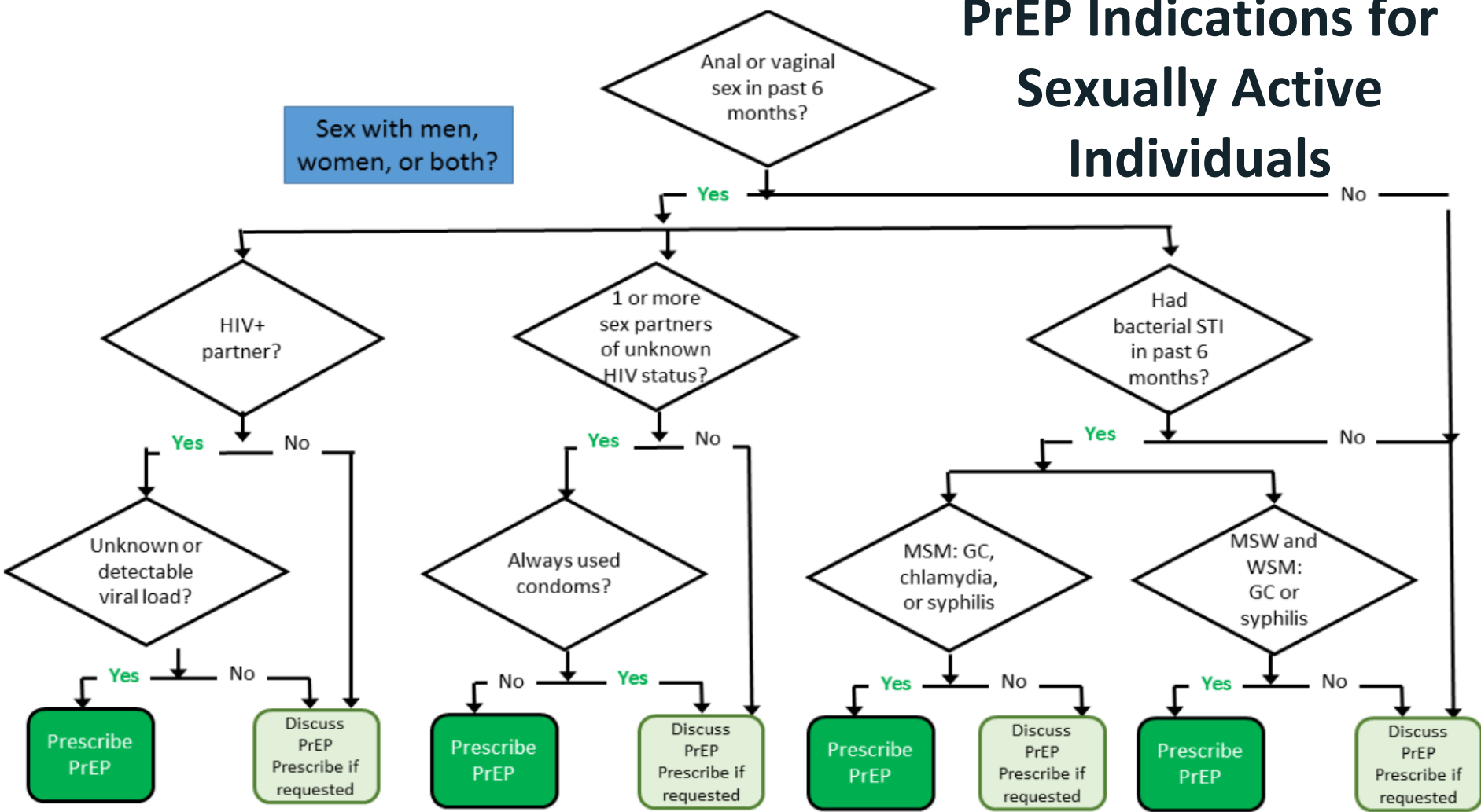
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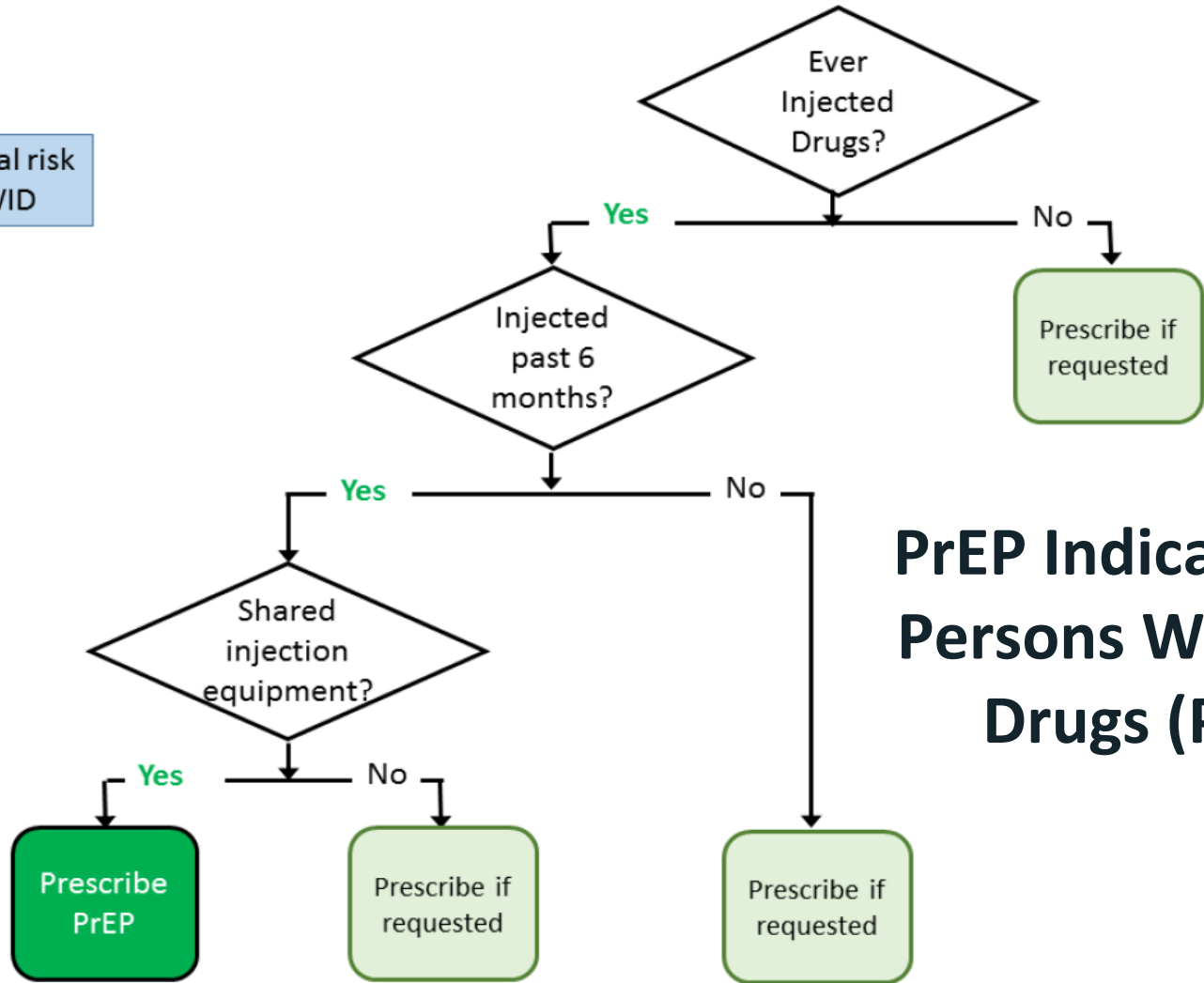


# WHY ASSESS BACTERIAL STIs?



Identifies evidence  
of sexual activity  
that could lead to  
**HIV exposure**

Assess sexual risk  
for all PWID



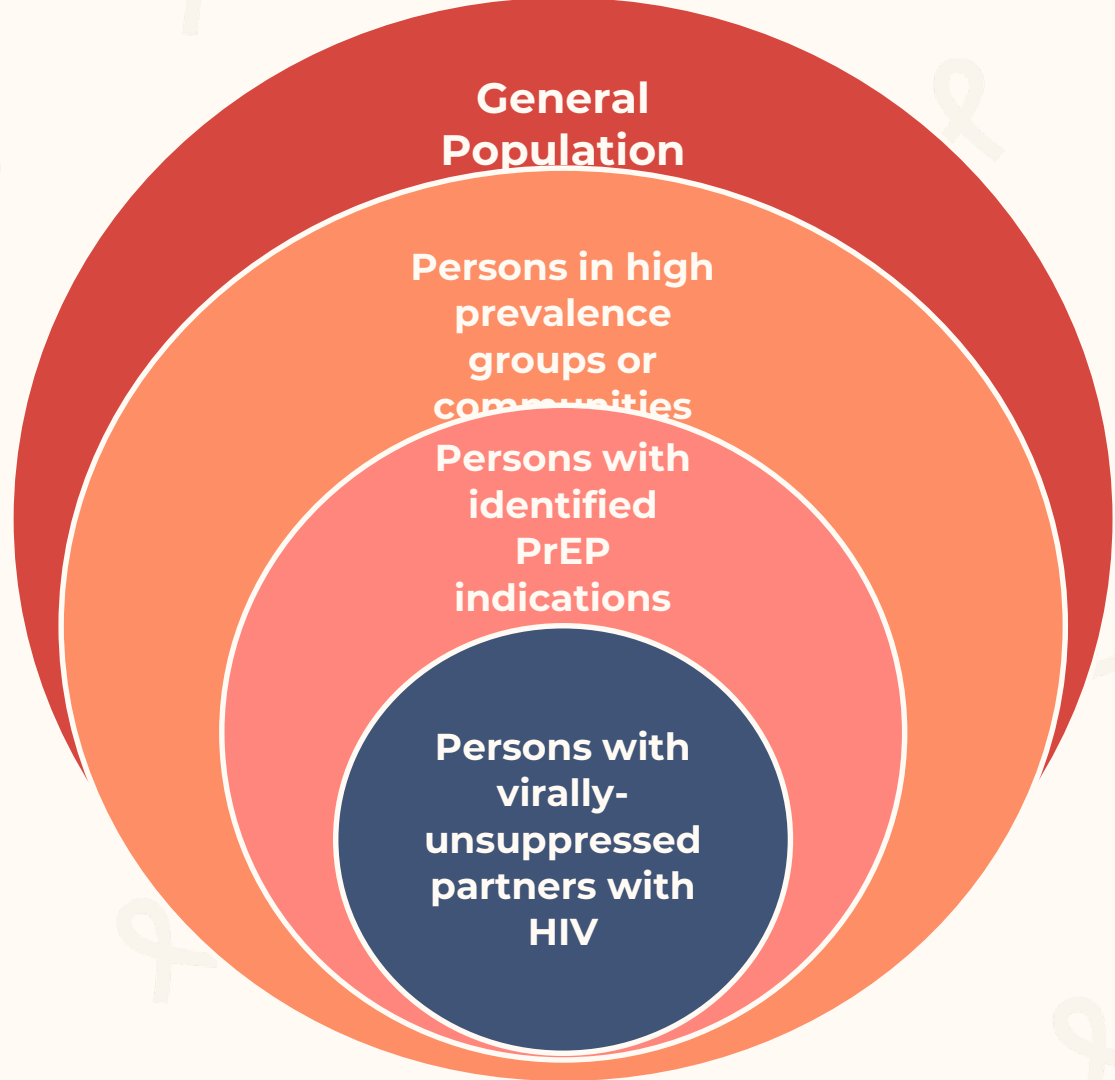
# PrEP Indications for Persons Who Inject Drugs (PWID)

# HIV Acquisition Risk According to Population

Local prevalence  
estimates

<http://www.AIDSvu.org>

<http://www.cdc.gov/nchhstp/atlas/>





**Lab Testing & Diagnostic  
Procedures**

# SIGNS/SYMPTOMS OF ACUTE HIV INFECTION

HIV testing

Acute HIV infection

Fever



Fatigue



Myalgia



Skin rash



Headache



Pharyngitis



Arthralgia



Diarrrhea



**MSM:** men who have sex with men  
**PWID:** persons who inject drugs  
**TGW:** transgender women

# Monitoring for Oral PrEP

Test	Initial Visit	Q 3 mo	Q 6 mo	Q 12 mo	Discontinuation Visit
<b>HIV test</b>	<b>X</b> & assess for acute HIV infx	<b>X</b>			<b>X</b> & assess for acute HIV infx
<b>eCrCl</b>	<b>X</b>		≥50 yo <b>OR</b> eCrCl <90 mL/min at initiation	<50 yo & eCrCl ≥90 mL/min at initiation	<b>X</b>
<b>Syphilis</b>	<b>X</b>	MSM/ TGW	<b>X</b>		MSM/TGW
<b>Gonorrhea</b>	<b>X</b>	MSM/ TGW	<b>X</b>		MSM/TGW
<b>Chlamydia</b>	<b>X</b>	MSM/ TGW	<b>X</b>		MSM/TGW
<b>Lipid panel (F/TAF)</b>	<b>X</b>			<b>X</b>	
<b>Hep B serology</b>	<b>X</b>				
<b>Hep C serology</b>	MSM, TGW & PWID			MSM, TGW & PWID	

# Monitoring for Injectable PrEP

**MSM:** men who have sex with men

**PWID:** persons who inject drugs

**TGW:** transgender women

Test	Initiation Visit	1 mo visit	Q 2 mo	Q 4 mo	Q 6 mo	Q 12 mo	Discontinuation Visit
<b>HIV-1 RNA assay</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Syphilis</b>	<b>X</b>			MSM/TGW	Heterosexually-active women & men	<b>X</b>	MSM/TGW
<b>Gonorrhea</b>	<b>X</b>			MSM/TGW	Heterosexually-active women & men	<b>X</b>	MSM/TGW
<b>Chlamydia</b>	<b>X</b>			MSM/TGW	MSM/TGW	Heterosexually-active women & men	MSM/TGW

# CLINICAL ELIGIBILITY for ORAL PrEP

Negative HIV  
Ag/Ab within 1  
week of  
initiation

No  
signs/symptoms  
of acute HIV  
infection

eCrCl  $\geq$ 30  
mL/min

No  
contraindicated  
medications



# CLINICAL ELIGIBILITY for INJECTABLE PrEP

Negative HIV  
Ag/Ab within 1  
week of  
initiation

No  
signs/symptoms  
of acute HIV  
infection

No  
contraindicated  
medications or  
conditions



03

# Types of PrEP

# Oral PrEP

- Truvada<sup>®</sup> (FTC/TDF)
- Descovy<sup>®</sup> (FTC/TAF)

Emtricitabine (**FTC**)

Tenofovir disoproxil fumarate (**TDF**)

Tenofovir alafenamide (**TAF**)



Emtricitabine (**FTC**)

Tenofovir disoproxil fumarate (**TDF**)

**Truvada<sup>®</sup>**

(FTC 200 mg + TDF 300 mg)

men & women

Sexually active adults/  
adolescents  $\geq 77$  lbs

Persons who inject drugs  
(PWID)  
or  
injection drug users (IDU)

# Truvada®

Dose	Frequency	Side Effects	Clinical Pearls
FTC 200 mg + TDF 300 mg	Once daily	<ul style="list-style-type: none"><li>• Headache</li><li>• Abdominal pain</li><li>• Weight loss</li></ul>	<ul style="list-style-type: none"><li>• Contraindicated in eCrCl &lt;60 mL/min</li><li>• Avoid with high-dose or multiple NSAIDs or drugs that worsen renal function</li></ul>



**Descovy<sup>®</sup>**

(FTC 200 mg + TAF 25 mg)

For men & transgender women  
(TGW)

Emtricitabine (**FTC**)

Tenofovir alafenamide (**TAF**)

# Descovy<sup>®</sup>

Dose	Frequency	Side Effects	Clinical Pearls
FTC 200 mg + TAF 25 mg	Once daily	<ul style="list-style-type: none"><li>• Diarrhea</li><li>• Weight gain</li></ul>	<ul style="list-style-type: none"><li>• May use in eCrCl 30 – 60 mL/min</li><li>• Don't use with St. John's Wort</li></ul>



# BONE HEALTH



**Truvada<sup>®</sup>** (FTC/TDF): ↓ in bone mineral density

**Descovy<sup>®</sup>** (FTC/TAF): ↑ in bone mineral density

**No difference** in fracture frequency

**No routine monitoring** for osteoporosis needed for PrEP



**A 48 YOM presents to clinic because of frequent headache after starting PrEP 2 months ago. He asks about switching from TDF/F to TAF/F. Which of the following adverse effects is most likely to occur after this switch?**

Decreased bone mineral density

**A**

Increased serum creatinine

**B**

Decreased total cholesterol

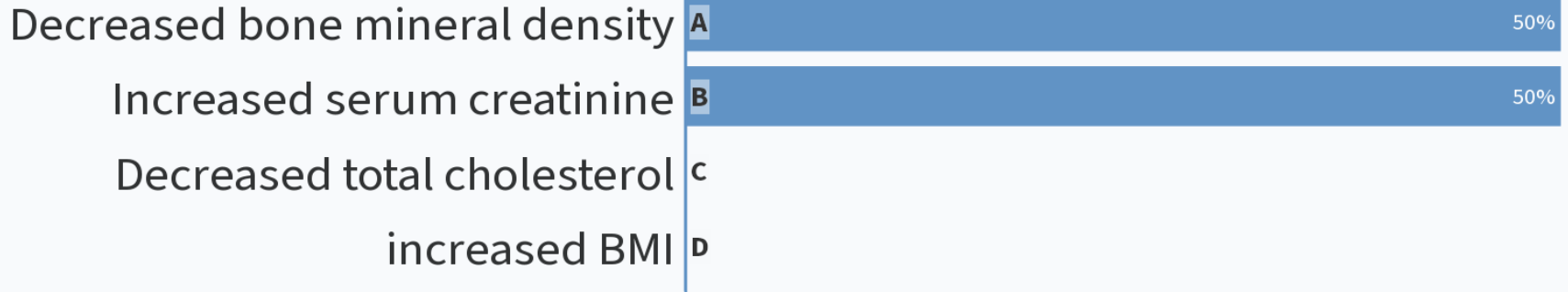
**C**

increased BMI

**D**

Total Results: 2

**A 48 YOM presents to clinic because of frequent headache after starting PrEP 2 months ago. He asks about switching from TDF/F to TAF/F. Which of the following adverse effects is most likely to occur after this switch?**



**A 48 YOM presents to clinic because of frequent headache after starting PrEP 2 months ago. He asks about switching from TDF/F to TAF/F. Which of the following adverse effects is most likely to occur after this switch?**

Decreased bone mineral density

A

50%

Increased serum creatinine

B

50%

Decreased total cholesterol

C

increased BMI

D

# Injectable PrEP



**Apretude**  
cabotegravir 200 mg/mL  
extended-release injectable suspension

- Apretude<sup>®</sup> (CAB)

# Apretude<sup>®</sup>

Cabotegravir (**CAB**)

Dose	Frequency	Side Effects	Clinical Pearls
CAB 600 mg/3 mL	<ul style="list-style-type: none"><li>• IM gluteal muscle q 2 mo</li></ul>	<ul style="list-style-type: none"><li>• Injection site reactions</li><li>• N/V/D</li><li>• Headache</li><li>• Pyrexia</li><li>• Fatigue</li><li>• Dizziness</li><li>• ↓ appetite</li><li>• Back pain</li><li>• Upper respiratory tract infections</li></ul>	<ul style="list-style-type: none"><li>• May use in eCrCl &lt;30 mL/min</li><li>• Don't use with rifampicin, rifapentine, carbamazepine, oxcarbazepine, phenytoin, phenobarbital</li></ul>
CAB 30 mg	<ul style="list-style-type: none"><li>• (Optional) oral 4-week lead-in before injections</li></ul>		



# INJECTION SITE REACTIONS



Pain, tenderness, induration

Transient

Most common after first 2-3 injections

Management

- OTC analgesic within 2 hrs of injection
- Warm compress x 15-20 mins

# SWITCHING FROM ORAL TO INJECTABLE PrEP

Ensure no  
acute or  
chronic HIV

- Exclude **acute HIV** with HIV-1 RNA assay
- **1 week** before initiation

Baseline STI  
tests

04

# Starting/ Stopping PrEP

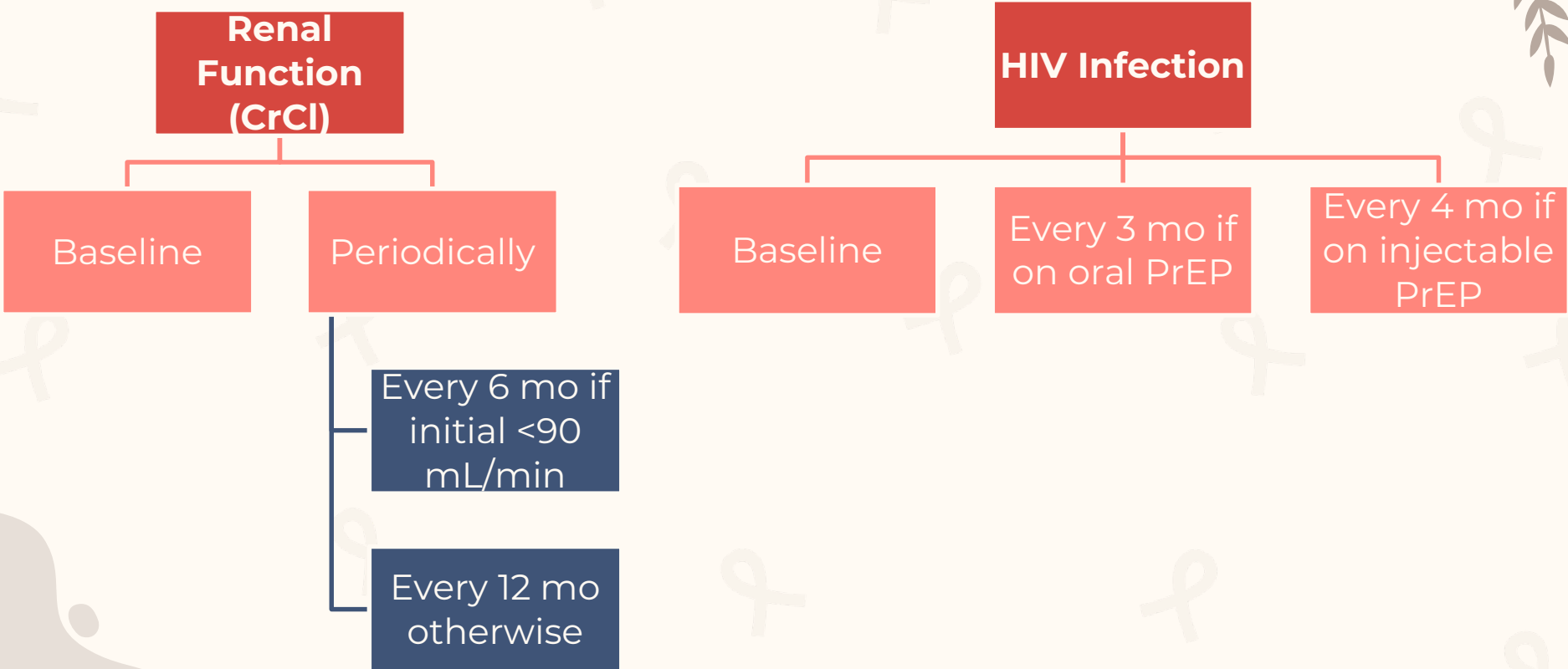




The background features a repeating pattern of a stylized symbol resembling a lowercase 'p' or a similar character, rendered in a light gray color. This pattern is set against a light beige background. In the top-left and bottom-right corners, there are decorative illustrations of leaves and branches in a muted brownish-gray tone. The word "Monitoring" is centered in a bold, red, sans-serif font.

# Monitoring

# MONITORING



# ADHERENCE



Need to be on  
time, every time



↓ effectiveness  
with missed  
doses

AKA

“Event-Driven, Intermittent, or On-Demand PrEP”

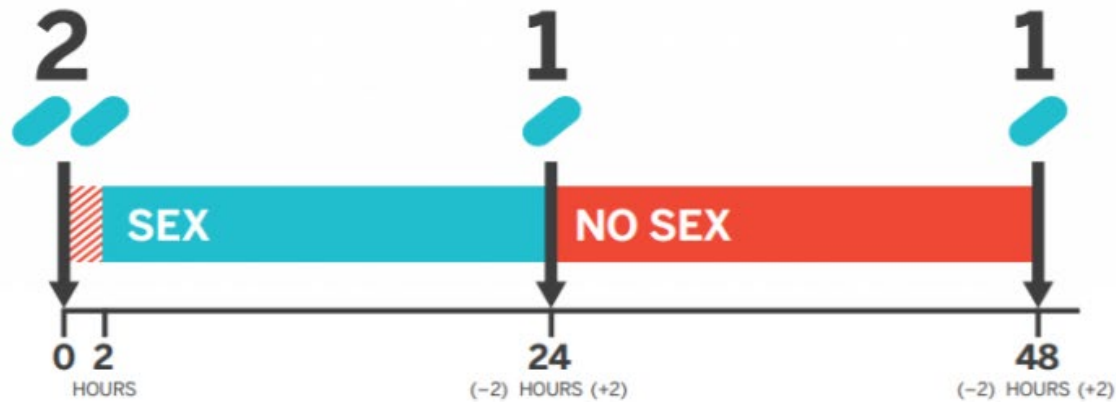
# THE 2-1-1: UNDERSTANDING PREP ON-DEMAND FOR HIV PREVENTION

Image from: <http://prepdaily.org/the-2-1-1-understanding-prep-on-demand-for-hiv-prevention/>

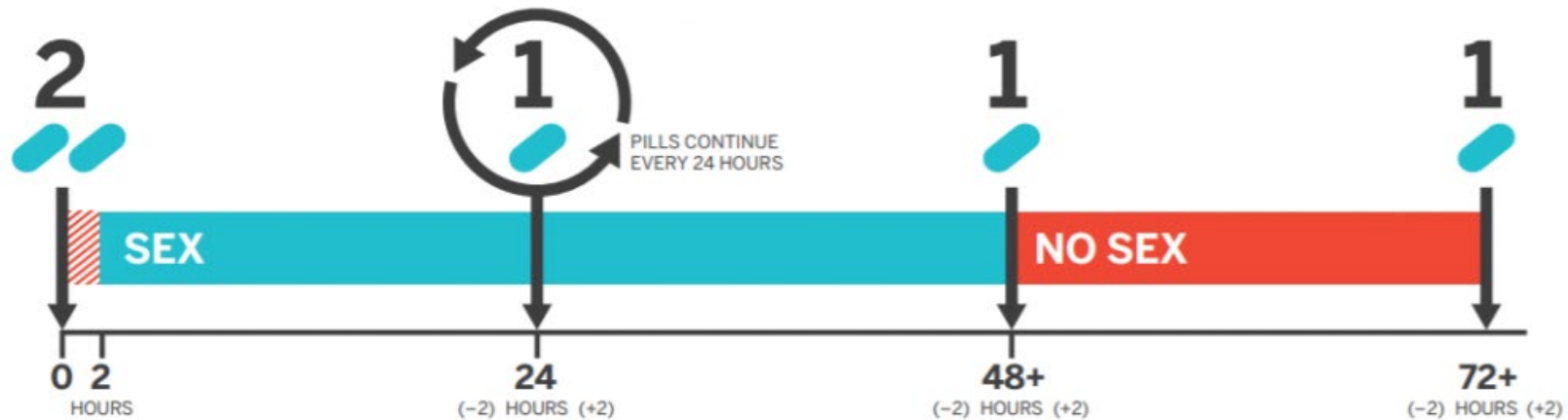


## SEX WITHIN 24 HOURS OF THE FIRST DOSE

Image from: <https://www.sfaf.org/resource-library/qa-prep-2-1-1-for-anal-sex/>  
Prereposure prophylaxis for the prevention of HIV infection in the United States. CDC. 2021.



## SEX BEYOND 24 HOURS AFTER THE FIRST DOSE



# WHEN TO CONSIDER 2-1-1

MSM who:

Have **infrequent sex**  
(less than  
once/week)

Can anticipate/delay  
sex to  
**allow dosing 2 hrs  
prior to sex**

🌐 When poll is active, respond at [pollev.com/katiepearce098](https://pollev.com/katiepearce098)

📱 Text **KATIEPEARCE098** to **22333** once to join

**A 25 YO cisgender bisexual female is interested in the "2-1-1" dosing scheme because she heard about it from one of her friends. Is this strategy appropriate in this patient? Why or why not?**

Total Results: 0

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**A 25 YO cisgender bisexual female is interested in the "2-1-1" dosing scheme because she heard about it from one of her friends. Is this strategy appropriate in this patient? Why or why not?**



**A 25 YO cisgender bisexual female is interested in the "2-1-1" dosing scheme because she heard about it from one of her friends. Is this strategy appropriate in this patient? Why or why not?**

Yes, any patient requesting PrEP should be prescribed it if HIV negative

Yes, the 2-1-1 scheme was studied in bisexual men and women

No, the 2-1-1 scheme was studied only in MSM

No, the FDA labeling is for ages 30 and older



**Stopping/Starting Oral  
PrEP**

# DISCONTINUING ORAL PrEP

## Reasons for discontinuing:

- ↓ risk
- Intolerable toxicities
- Chronic non-adherence
- Acquisition of HIV

Protection wanes after 7-10 days

## Document:

- HIV status
- Reason for discontinuation
- Adherence & sexual behaviors

Monitor for Hep B flares

# RESTARTING ORAL PrEP

If decide to resume PrEP:

- Same evaluation as when first initiating
- Assess circumstance changes
- Ensure commitment to adherence

# FOLLOW-UP VISITS for ORAL PrEP

	Q 3 mo	Q 6 mo	Q 12 mo
<b>HIV Ag/Ab test</b>	X		
<b>HIV-1 RNA Assay</b>	X		
<b>Medication adherence &amp; behavioral risk reduction</b>	X		
<b>Bacterial STI screening</b>	X MSM & TGW who have sex with men	X All sexually active patients	
<b>Access to clean needles/syringes, drug treatment services</b>	X		
<b>Renal function</b>		X	
<b>Chlamydia Screening</b> (heterosexually-active women & men)			X
<b>Metabolic Parameters (FTC/TAF)</b>			X



**Stopping/Starting  
Injectable PrEP**

# DISCONTINUING CABOTEGRAVIR

Educate on risks

Assess HIV risk/prevention

Consider switch to oral PrEP

Test for HIV every 3 months x 1 year

# FOLLOW-UP VISITS for INJECTABLE PrEP

	1 mo after 1 <sup>st</sup> injection	Q 2 mo (beg. mo 3)	Q 4 mo (beg. mo 3)	Q 6 mo (beg. mo 7)	Q ≤12 mo
<b>HIV Ag/Ab test</b>	X	X			
<b>HIV-1 RNA Assay</b>	X	X			
<b>Bacterial STI screening</b>			X MSM & TGW who have sex with men	X Heterosexually- active women & men	
<b>Access to clean needles/syringes, drug treatment services</b>		X PWID			
<b>Chlamydia Screening</b>					X Heterosexually-active women & men
<b>Desire to continue injections for PrEP</b>					X





**Implementing in Practice**

# HOW CAN I HELP END HIV STIGMA?



**Talk**  
about HIV.



**Share**  
the facts.



**Support**  
people with HIV.

# WHAT YOU CAN DO

Take a brief,  
targeted sexual  
history

Don't defer  
due to  
discomfort

Don't limit to  
certain  
populations

Assess Adherence

“Many find it hard to take  
medications every day.  
How many times in the past week  
have you **not** taken your medicine?”

# INTRODUCING THE TOPIC



“Taking a brief sexual history is routine practice for all our patients.”

“This information is vital for me to provide you with appropriate sexual health care.”

“What you share with me is entirely confidential.”



05

**PrEP**

**CASE**

**SCENARIOS**

# Case #1: MH

- MH is a 45 YOF who presents to a primary care clinic for treatment of vaginal discharge.
- She reports multiple sex partners with inconsistent condom use. She received a diagnosis of gonorrhea and HPV 3 months ago.
- She admits to a history of substance abuse but has not used in the past 6 months after enrolling in counseling.
- An HIV test was negative about 1 year ago.

When poll is active, respond at [pollev.com/katiepearce098](https://pollev.com/katiepearce098)

Text **KATIEPEARCE098** to **22333** once to join

## Which of the following risk factors is most likely to result in receipt of PrEP for MH?

multiple sex partners with inconsistent condom use

history of substance use

previous diagnosis of human papilloma virus

negative HIV test from 1 year ago

Total Results: 0

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# Which of the following risk factors is most likely to result in receipt of PrEP for MH?

multiple sex partners with  
inconsistent condom use

history of substance use

previous diagnosis of  
human papilloma virus

negative HIV test from 1  
year ago



# Which of the following risk factors is most likely to result in receipt of PrEP for MH?

multiple sex partners with  
inconsistent condom use

history of substance use

previous diagnosis of  
human papilloma virus

negative HIV test from 1  
year ago

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**A 38 YOM presents to an infectious diseases clinic to be evaluated for PrEP. The patient is in an "open relationship" and discloses active substance abuse, predominantly injection drug use. Which one of the following is best to recommend?**

TDF

TDF/F

TAF/F

CAB

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06

# SUMMARY



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**PrEP** is highly effective  
in preventing HIV

Everyone **13-64 yo**  
should be tested for  
HIV

## F/TDF (Truvada®)

- indicated for PWID or sexually active adults
- Avoid in CrCl <60 mL/min

## F/TAF (Descovy®)

- indicated for men or TGW
- Weight gain is a potential side effect

## F/TDF (Truvada®) & F/TAF (Descovy®)

- not associated with differences in fracture frequency

## CAB (Apretude®)

- only injectable PrEP
- indicated for MSM & TGW

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**Questions?**  
**Thank You!**





# Adding PrEP in Your Step: Pre-Exposure Prophylaxis for HIV

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