



FACT SHEET

WHAT HEALTH CARE PROVIDERS NEED TO KNOW ABOUT Pre-Exposure Prophylaxis (PrEP)

February, 2015

Information for Clinicians

In May 2014, the US Public Health Service issued clinical practice guidelines for HIV pre-exposure prophylaxis, or PrEP. PrEP is one of several prevention options for people who are at high risk of getting HIV.

Truvada (co-formulated tenofovir (300 mg) and emtricitabine (200 mg)) taken once daily is FDA-approved for HIV prevention and can often stop the HIV virus from establishing itself and spreading through the body. CDPH supports the use of PrEP, in conjunction with condoms, for HIV-negative persons at substantial risk for HIV.

A series of clinical trials have demonstrated the effectiveness of PrEP. The guidelines are based on strong evidence from clinical trials of PrEP use in high-risk populations. All participants in these trials received pills containing either PrEP or placebo (a pill without any medicine in it), along with intensive counseling on safe-sex behavior, regular testing for STDs, and a regular supply of condoms. In all of these studies, HIV acquisition was lowest for **participants who took the pill consistently**.

None of the studies found any significant safety concerns with use of daily oral PrEP. Some trial participants reported side effects such as an upset stomach or loss of appetite but these were mild and usually resolved in the first month.

National Pre-Exposure Prophylaxis Consultation Service (PrEPline)

1-855-448-7737 (1-855-HIV-PREP)

8 a.m. – 3 p.m. Pacific Time, Monday through Friday

[Clinical Consultation Center](#) Website

The PrEPline provides free, expert advice from HIV clinicians for healthcare professionals on the indications for and proper implementation PrEP.

Clinical Trial Summaries ([CDC Link](#))

- Among gay and bisexual men, those who were given PrEP were 44% less likely overall to get HIV than those who were given a placebo. Among the men with detectable levels of medicine in their blood (meaning they had taken the pill consistently), PrEP reduced the risk of infection by as much as 92%. ([iPrEx Study](#))
- Among heterosexually active men and women, PrEP reduced the risk of getting HIV by 62%. Participants who became infected had far less drug in their blood, compared with matched participants who remained uninfected. ([TDF2 Study](#))
- Among men and women in HIV discordant couples, negative partners who received PrEP were 75% less likely to become infected than those on placebo. Among those with detectable levels of medicine in their blood, PrEP reduced the risk of HIV infection by up to 90%. ([Partners PrEP Study](#))
- Among injection drug users, a once-daily tablet containing tenofovir reduced the risk of acquiring HIV by 49%. For participants who had detectable tenofovir in their blood, PrEP reduced the risk of infection by 74%. ([Bangkok Tenofovir Study](#))

CDC Guidance and Resources for Clinical Providers

- [USPHS Clinical Practice Guidelines, “Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014.”](#)
- [Clinical Providers’ Supplement](#) Includes a checklist for initiating PrEP, patient information sheets, PrEP-related ICD, CPT and LONIC codes, as well as other resources.
- [PrEP During Conception, Pregnancy, and Breastfeeding](#)
- [PrEP During Conception, Pregnancy, and Breastfeeding \(Spanish Version\)](#)
- [Talk to Your Doctor About PrEP](#), (patient brochure)