



# PrEP Essentials:

## A Practical Toolkit on HIV Prevention for Primary Care Physicians

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Yakima Medical Society — March 2026

Last Updated: March 2026



# Disclosures

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Drug samples received from Gilead Sciences for patient care purposes. No speaker fees or consulting arrangements

*Funding: This presentation was made possible by 1TR7HA53202-01-00 from HRSA HIV/AIDS Bureau.  
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# Acknowledgment

This Mountain West AIDS Education and Training (MWAETC) program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,820,772 with 0% financed with non-governmental sources.

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# HIV in the United States — Who Is Most Affected?

>30,000

new HIV diagnoses  
per year in the US

1.2M

Americans with  
PrEP indication

26%

with indication  
actually on PrEP

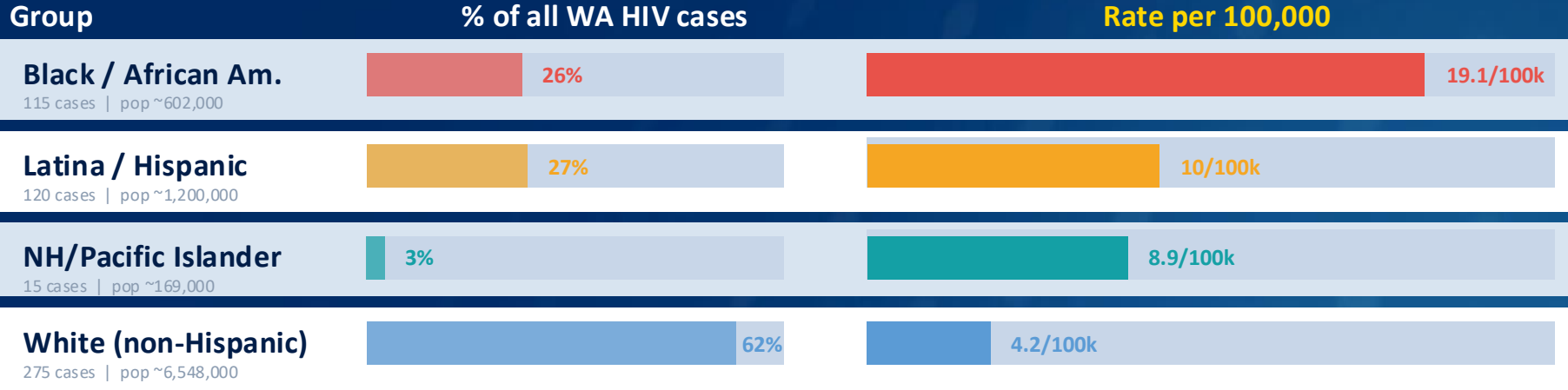
15%

unaware  
of HIV status

52%

new cases in  
the South

## WA 2024: Share of Diagnoses vs Rate per 100,000



# HIV in Our Region — Yakima & Washington State 2024

## Yakima County — 2024 Data

- 10 new HIV diagnoses
- 90% linkage to HIV care
- 20% diagnosed late
- Syphilis: 326% increase in 2021

## Washington State — 2024 Highlights

- 445 new HIV diagnoses statewide in 2024
- Heterosexual contact: 32% of exposures
- PWID: 7%
- MSM: 51%
- Viral suppression declining for 3rd consecutive year
- Goal: 90% reduction in new cases by 2030 (EHE)

# Learning Objectives

- 1 Review HIV screening recommendations
- 2 Identify candidates for PrEP using a serostatus-neutral approach
- 3 Obtain an effective sexual history using the 5 Ps framework
- 4 Prescribe PrEP: oral vs injectable options and lab monitoring
- 5 Develop strategies for follow-up care, adherence support, and patient concerns
- 6 Safely discontinue PrEP including tail phase management

Part 1

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# HIV Screening

# HIV Screening Recommendations

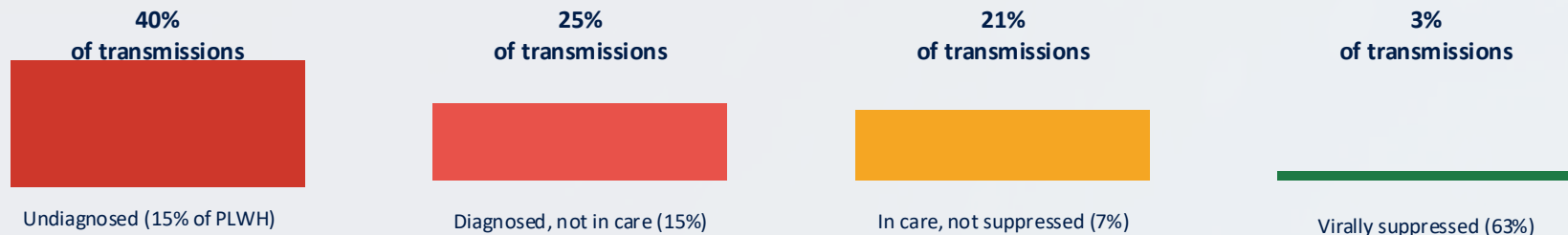
## Universal Opt-Out Screening

- All sexually active adults (USPSTF Grade A)
- Ages 15–65 at minimum; offer to all ages
- 4th Gen HIV Ag/Ab assay preferred
- Opt-out approach significantly improves uptake
- Pregnancy: screen at 1st visit & repeat in 3rd trimester
- 51% of people with HIV are now >50 years old

## More Frequent Testing (Annual+)

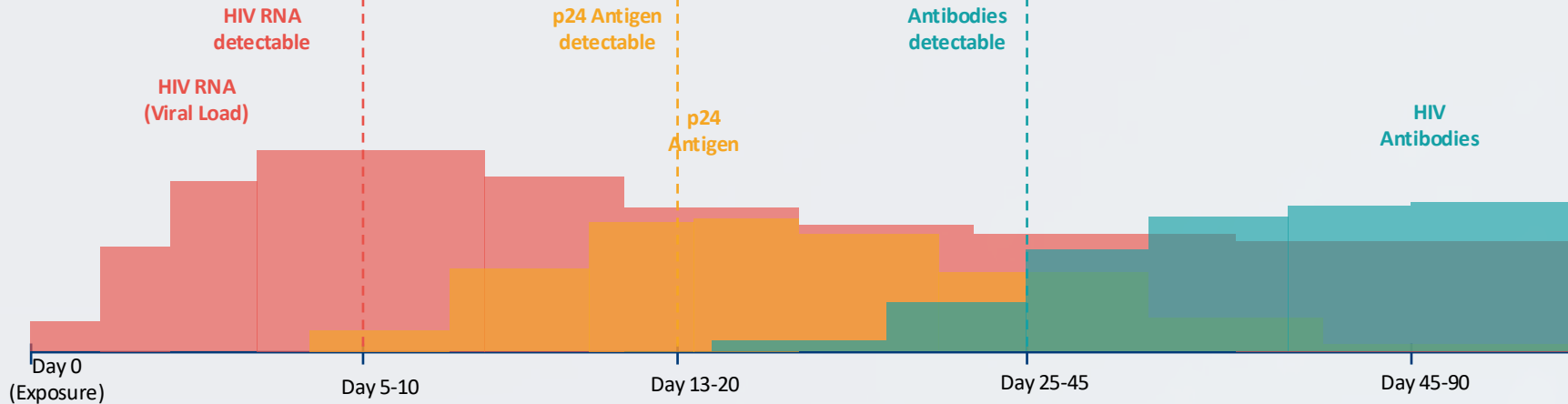
- Multiple sex partners or inconsistent condom use
- Known HIV-positive partner
- Recent bacterial STI (gonorrhea, syphilis, chlamydia)
- Injection drug use
- Transactional sex
- Prior to Hep B, Hep C, or TB treatment
- History of sexual assault

## Why Screening Matters — HIV Transmission by Diagnosis Status



# HIV Diagnostic Testing — Understanding Window Periods

What happens in the body after HIV exposure:



Test Type	Window Period	Sensitivity	Use for PrEP?
HIV RNA (NAT/PCR)	~Day 10	High sensitivity	REQUIRED for CAB & LEN Best for acute infection
4th Gen Ag/Ab (lab)	~Day 25-45	>99.7% sensitivity	Preferred for oral PrEP
4th Gen Ag/Ab (POC)	~Day 25-45	~99% sensitivity	Acceptable; confirm with lab

Part 2

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# Identifying PrEP Candidates

# Taking an Effective Sexual & Drug Use History — The 5 Ps

<b>Partners</b>	How many partners in past 6 months?
<b>Practices</b>	Vaginal, anal, oral? — determines anatomic STI test sites
<b>Protection</b>	Condom use? Consistent? On PrEP or other HIV prevention?
<b>Prior STIs</b>	Recent gonorrhea, chlamydia, syphilis?
<b>Pregnancy</b>	Trying to conceive? Could you be pregnant?

**+ INJECTION DRUG USE: Ever inject drugs not prescribed? Share equipment? When last? — Ask every patient**

# 2021 CDC Guideline — Who Qualifies for PrEP?

## Sexually Active Adults (≥35 kg, sex in past 6 mo)

- Sex partner with HIV
- Bacterial STI in past 6 months\*
- Inconsistent or no condom use

## Persons Who Inject Drugs

- Injecting partner with HIV
- Sharing injection equipment
- Sexual risk for HIV acquisition

U=U: Undetectable = Untransmissible — if partner with HIV has sustained viral suppression, PrEP indication is significantly reduced |

\*STIs: GC & syphilis (all); + chlamydia for MSM

# ★ 2024 Update: Serostatus-Neutral Approach to PrEP — IAS-USA

## IAS-USA 2024 Recommendation (Evidence Rating: All):

*"Offer PrEP to all sexually active individuals without requiring specific risk criteria, screening tools, or documented HIV risk factors."*

### What This Means in Practice

- Any sexually active adult can be offered PrEP
- One does not need a 'high risk' history to prescribe
- Patient request alone is sufficient indication
- Normalizes PrEP as routine preventive care

### Why This Matters

- Patients often do not disclose full risk to providers
- Providers may not ask about sexual practices with all patients
- Risk-based screening misses many eligible patients
- Only 26% of those with PrEP indication receive it

Part 3

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# Prescribing PrEP

# PrEP Regimens at a Glance

TDF/FTC



**Route:**

Daily Oral

**Dosing:**

1 tablet daily

**For:**

All adults  $\geq 35$  kg

Includes PWID & women

**Evidence:**

IPreX

Partners PrEP

**Note:**

GFR  $>60$  mL/min

TAF/FTC



**Route:**

Daily Oral

**Dosing:**

1 tablet daily

**For:**

MSM

NOT for vaginal sex or PWID

**Evidence:**

DISCOVER

**Note:**

Better renal & bone profile

GFR  $>30$  mL/min

Cabotegravir



**Route:**

Injectable IM

**Dosing:**

Q2 months (gluteal)

**For:**

All adults  $\geq 35$  kg

NOT for PWID

**Evidence:**

Superior to TDF/FTC in HPTN083 & 084

**Note:**

Optional oral lead-in  $\times 28$  days, no renal restrictions

Lenacapavir



**Route:**

Injectable SQ

**Dosing:**

Q6 months (subcut.)

**For:**

All adults & adolescents  $\geq 35$  kg

**Evidence:**

100% efficacy women (PURPOSE 1)

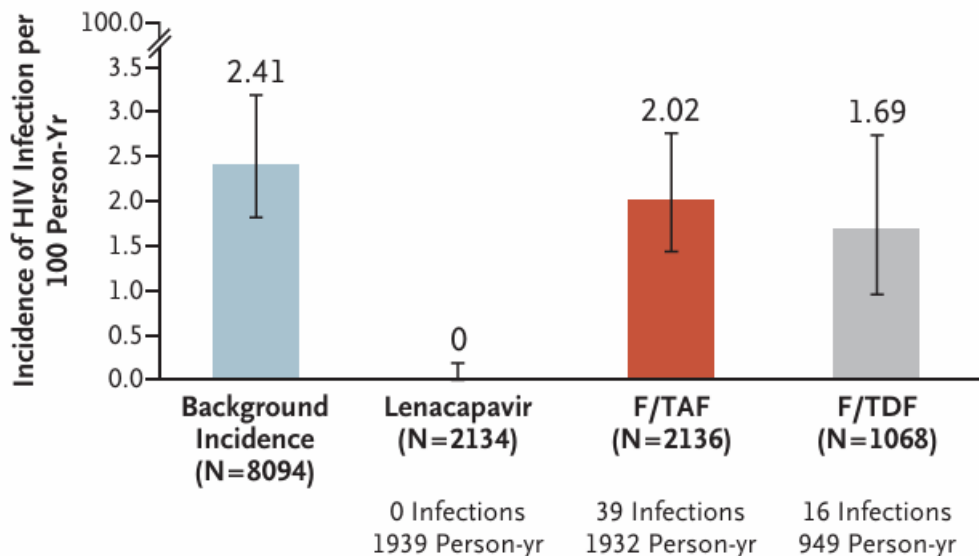
96% efficacy MSM/GD (PURPOSE 2)

# Lenacapavir — Science 2024 Breakthrough of the Year

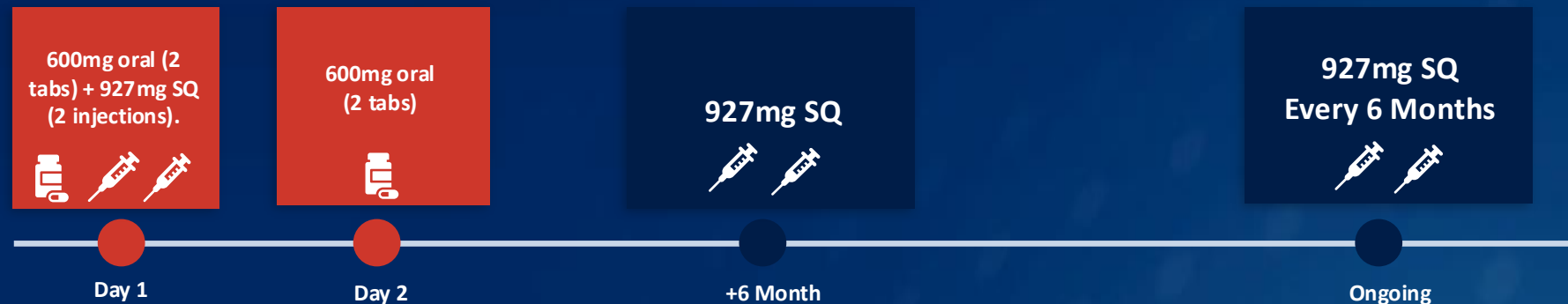
## PURPOSE Trial Results

- PURPOSE 1 — Women (n=5,338): 100% efficacy — ZERO HIV infections in lenacapavir group; superior to TDF/FTC and background HIV incidence; trial stopped early
- PURPOSE 2 — MSM, anal sex (n=3,272, 6 countries): 96% efficacy vs background; 89% superior to TDF/FTC; only 2 HIV infections among 2,179 participants; trial stopped early

A Background HIV Incidence and HIV Incidence in Lenacapavir, F/TAF, and F/TDF Groups



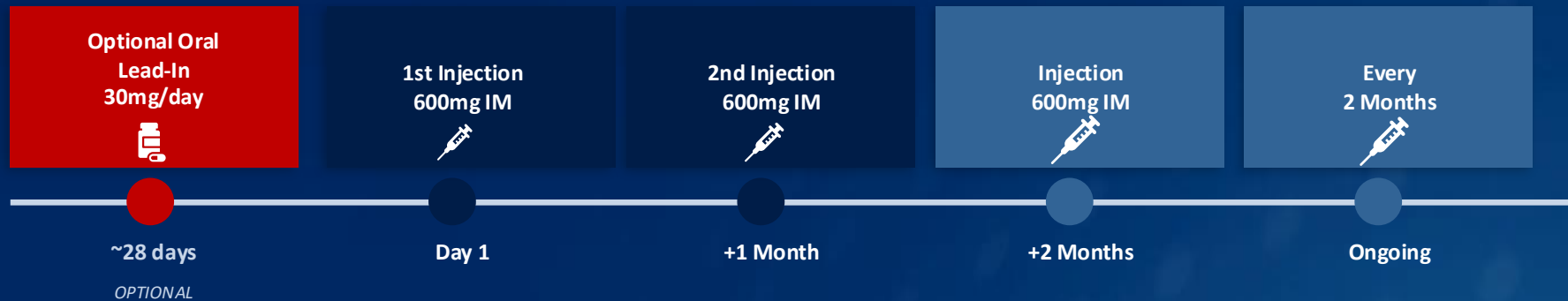
# Lenacapavir — Dosing & Key Considerations



## Key Points for Cabotegravir

- Approved For: All adults & adolescents  $\geq 35$  kg at risk for sexually acquired HIV
- Renal: No dose adjustments
- Side Effects: Injection site reactions
- Tail Phase: Levels persist  $\geq 48$  months — bridge with oHIV riskral PrEP if stopping with ongoing

# Cabotegravir — Dosing & Key Considerations

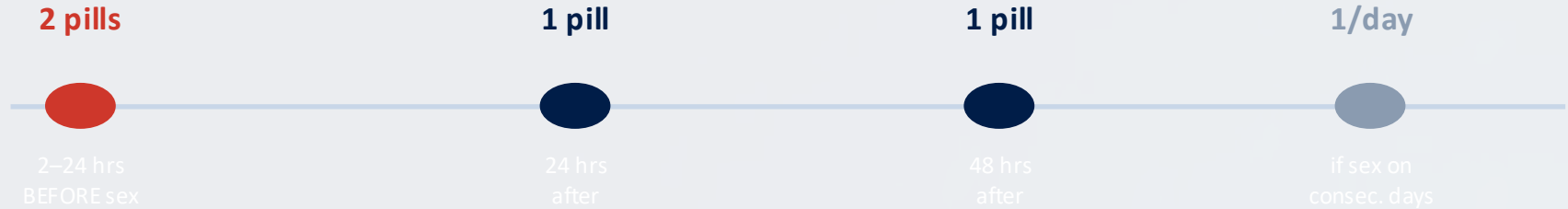


## Key Points for Cabotegravir

- HPTN083 (MSM) & HPTN084 (women): Both demonstrated superiority over daily TDF/FTC
- HIV RNA REQUIRED before first injection (+ Ag/Ab); RNA can remain pending at initiation
- No renal dose adjustments
- TAIL PHASE: Levels persist  $\geq 12$  months — bridge with oral PrEP if stopping with ongoing HIV risk
- DDIs: Avoid anticonvulsants (CBZ, PHB, PHT) & rifamycins (strong UGT1A1 inducers); rifabutin requires alternate regimen

# On-Demand (2-1-1) Dosing — Off-Label TDF/FTC for MSM

## The 2-1-1 Schedule



## When to Use 2-1-1

- Infrequent or planned sexual activity
- Can anticipate sex at least 2 hours ahead
- IPERGAY trial: 86% relative risk reduction

## When NOT to Use 2-1-1

- Women (vaginal sex)
- Persons who inject drugs
- Chronic Hepatitis B coinfection
- Cannot reliably predict timing of sex
- Prefers simplicity → consider injectable PrEP

# Choosing the Right PrEP Regimen — Quick Reference

Patient Profile	TDF/FTC	TAF/FTC	Cabotegravir	Lenacapavir
MSM (anal sex)	✓	✓	✓	✓
Women (vaginal)	✓	✗	✓	✓
Persons who inject drugs	✓	✗	✗	Instuff. data
GFR 30–60 mL/min	✗	✓	✓	✓
GFR < 30 mL/min	✗	YES (dialysis)	✓	✓
Chronic Hepatitis B*	YES†	YES†	✓	✓
Pregnancy	✓	✗	✗	Instuff. data
Adherence concerns	Less ideal	Less ideal	Q2 months	Q6 months ★
On-demand (2-1-1)	YES (off-label)	✗	✗	✗
Prefers no daily pill	✗	✗	✓	YES ★

\*†TDF/FTC and TAF/FTC both TREAT hepatitis B virus — they should be used AND monitored. On DISCONTINUATION: risk of HBV flare — taper carefully and monitor LFTs for several months. CAB/LEN: no HBV activity — Hep B requires separate treatment if indicated. Source: 2021 CDC PrEP Guideline: MMWR 2025

# PrEP Side Effects & Drug-Drug Interactions — Quick Reference

Side Effect	TDF/FTC	TAF/FTC	Cabotegravir	Lenacapavir
Start-up syndrome	Yes, ~1 month	Yes, ~1 month	Rare	Rare
Renal toxicity	Monitor (GFR>60)	Minimal (GFR>30)	None	None
Bone density	Small, reversible	None	None	None
Lipid changes	None	↑TG, ↑cholesterol	None	Under study
Weight gain	None	Mild	None	Under study
Injection site rxn	N/A	N/A	Pain/tenderness ~3 days; 2% d/c	Nodules persist 6–12 months
HBV flare on D/C	⚠️ YES — monitor	⚠️ YES — monitor	None	None

⚠️ Key DDIs — ALL INJECTABLES & TAF/FTC: Strong inducers (anticonvulsants: CBZ, PHT, PHB; rifamycins: rifampin, rifapentine) decrease drug levels — use TDF/FTC instead | St. John's wort: avoid with TAF, CAB, LEN | Lenacapavir: moderate CYP3A inhibitor — effects persist up to 9 months after last injection

Part 4

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# Baseline Labs & Monitoring

# Baseline Laboratory Evaluation Before Starting PrEP

<b>HIV Testing</b>	HIV Ag/Ab immunoassay (lab, within 7 days) — ALL regimens   + HIV RNA before CAB or LEN (results can be pending for LEN)
<b>Renal (SCr/GFR)</b>	Required: TDF/FTC (GFR >60) or TAF/FTC (GFR >30)   Not required for CAB or LEN
<b>STI Screening</b>	GC/CT by NAAT from ALL anatomic exposure sites (genital, rectal, pharyngeal)   Syphilis serology
<b>Hepatitis B Panel</b>	HBsAg, Anti-HBc, Anti-HBsAg — check ALL patients   Offer Hep B vaccine if nonimmune
<b>Hepatitis C</b>	HCV Ab, then RNA if Ab+
<b>Lipid Panel</b>	Required if starting TAF/FTC (can raise TG and cholesterol)
<b>Pregnancy Test</b>	Women of childbearing potential — repeat q3 months on PrEP

# Follow-Up Lab Monitoring — Quick Reference Card

Test	TDF/FTC (oral)	TAF/FTC (oral)	Cabotegravir (injectable)	Lenacapavir (injectable)
HIV Testing (Ag/Ab + RNA)	Q3 months	Q3 months	Q2 months (+1mo after 1st inj) No routine RNA*	Q3–6 months
Renal (SCr/GFR)	Q6–12 months†	Q6–12 months†	Not needed	Not needed
STIs (GC/CT/Syphilis)	Q3 mo (MSM) Q6 mo (others)	Q3 mo (MSM) Q6 mo (others)	Q4 mo (MSM) Q6 mo (others)	Q3–6 mo (MSM) Q6 mo (others)
Lipids/Weight	Not needed	Q12 months	Not needed	Not needed
Hepatitis C	Q12 mo MSM/PWID	Q12 mo MSM/PWID	Q12 mo MSM/PWID	Q12 mo MSM/PWID
Pregnancy test	Q3 months	Q3 months	Q3 months	Q3 months

† Renal: Q6 mo if age ≥50 or baseline GFR 60–90; Q12 mo if <50 and GFR ≥90 | \*IAS-USA 2024: Do NOT routinely add HIV RNA at CAB follow-up — low PPV, risk of harm from false positives

# STI Screening — Test All Relevant Anatomic Sites

**Gonorrhea and Chlamydia must be tested by NAAT from ALL sites of sexual exposure — not just genital.**

*Many infections are asymptomatic and site-specific — missing rectal or pharyngeal testing leads to missed diagnoses.*

Urethral / Vaginal / Cervical	Rectal	Pharyngeal	Syphilis Serology
<p><b>Who:</b></p> <p>All sexually active patients</p> <p><b>Tests:</b></p> <p>GC NAAT CT NAAT</p>	<p><b>Who:</b></p> <p>All who report receptive anal sex</p> <p><b>Tests:</b></p> <p>GC NAAT CT NAAT</p>	<p><b>Who:</b></p> <p>All who report oral sex</p> <p><b>Tests:</b></p> <p>GC NAAT (CT lower yield)</p>	<p><b>Who:</b></p> <p>All PrEP patients (blood draw)</p> <p><b>Tests:</b></p> <p>Syphilis AB TP-PA RPR or VDRL</p>

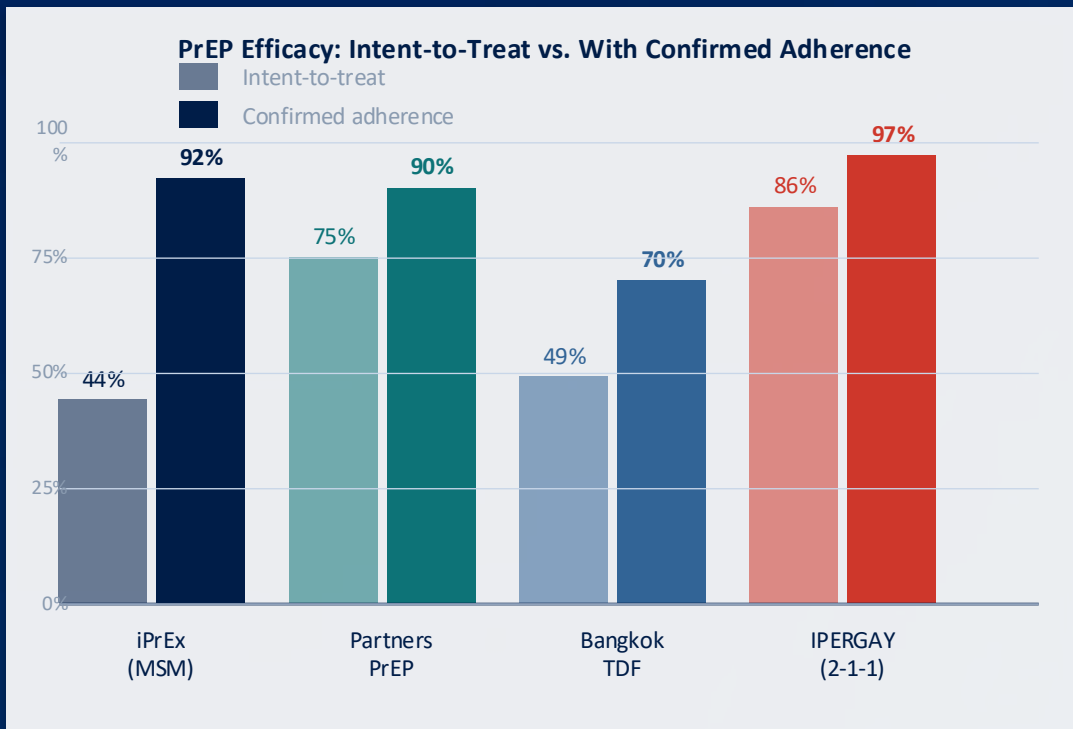
**DoxyPEP: Offer doxycycline 200mg within 72h after condomless sex to MSM — significantly reduces GC, CT, and syphilis**

Part 5

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# Adherence & Discontinuation

# Adherence: The #1 Factor in PrEP Efficacy



## Adherence Counseling Pearls

- Prescribe 90-day supply → links to q3-month follow-up
- Tie daily pill to existing routine
- Discuss side effects proactively
- Consider injectable if daily adherence is a significant barrier

# Discontinuing PrEP — Safe Transitions

## Stopping Oral PrEP (TDF/FTC or TAF/FTC)

- Protection wanes within 7–10 days of last pill
- Chronic Hep B: monitor LFTs for HBV flare for several months; may need Hep B treatment
- Offer PEP counseling
- If restarting later → repeat full baseline workup

## Stopping Injectable CAB or LEN

- Both have 'tail phase'
- Subtherapeutic levels → increased resistance risk if HIV acquired
- CAB: drug persists in tissue up to 4 years
- LEN: drug persists ≥12 months
- CAB: start oral PrEP within 2 months of last injection
- LEN: start oral PrEP if ongoing risk during 12-month tail
- Continue quarterly HIV during tail phase

**At ALL PrEP discontinuations: Repeat HIV test | Document reason | Continue HIV testing & risk-reduction counseling | Bridge oral PrEP during injectable tail phase**

# Transitioning from nPEP to PrEP — No Gap in Protection



## Key Steps for nPEP → PrEP Transition

- At day 25–27 visit: repeat HIV Ag/Ab + RNA; assess for acute HIV symptoms (fever, lymphadenopathy, rash, pharyngitis)
- If labs pending → may start PrEP provisionally at Day 29; convert immediately to full treatment if HIV confirmed
- Counsel about all PrEP options including injectable — may be preferred after experience with daily nPEP pills
- For complex cases: PrEpline 1-855-448-7737 (free, 24/7 clinical consultation)

# If HIV Acquisition Occurs While on PrEP

1

## Baseline Labs ASAP

- HIV RNA quantitative
- CD4 count + CBC
- CMP (metabolic panel)
- HIV genotype resistance: NRTI, NNRTI, PI
- ADD integrase resistance if on CAB or LEN

2

## Start ART Promptly

- On oral PrEP or LEN → integrase-based: BIC/TAF/FTC or DTG + TAF/FTC
- On CAB → boosted DRV + TDF/FTC or TAF/FTC (switch to INSTI if integrase genotype clear)
- Modify with resistance results

3

## Counsel, Link & Report

- Counsel on HIV diagnosis & steps to prevent transmission
- Partner notification
- Report to WA DOH
- Refer to HIV specialist if not experienced with ART management

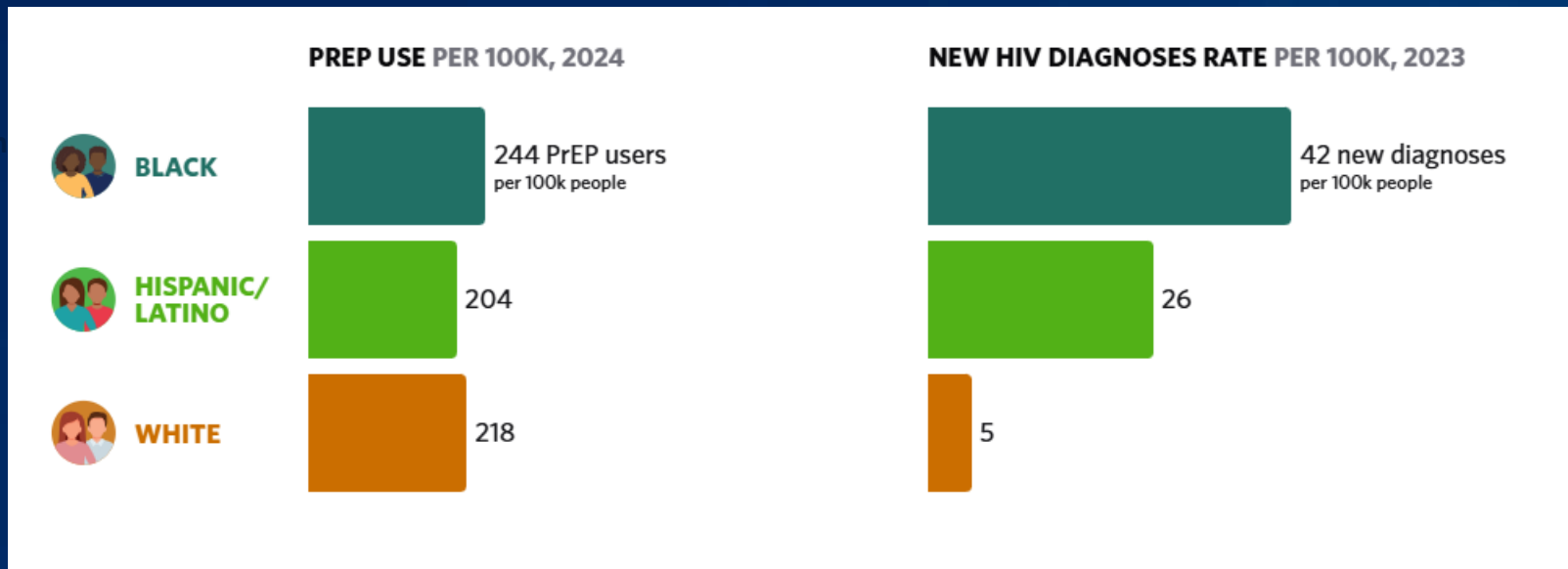
**⚠ Order resistance testing BEFORE starting ART | Order integrase genotype separately if any prior CAB or LEN exposure**

Part 6

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# Access and Local Resources

# PrEP Uptake Gaps — Who We Are Missing



## What Primary Care Can Do in Yakima:

- Routinely ask about sexual health & drug use with ALL patients
- Offer PrEP to anyone who asks
- Consider language concordant care, interpreter services, and extended hours

# Resources for Your Practice & Your Patients

## Free Medication Access

- WA DOH PreP DAP
- ACA mandate: private insurance covers PrEP without cost-sharing
- WA Apple Health (Medicaid): covers all PrEP + monitoring

## Clinical Resources

- HIV National Curriculum: [hivnationalcurriculum.org](http://hivnationalcurriculum.org) (UW/Dr. Spach)
- 2021 CDC PrEP Clinical Practice Guideline
- MMWR Sept 2025: Lenacapavir PrEP Recommendations (CDC)
- IAS-USA 2024 Guidelines: Gandhi et al. JAMA 2025
- PrEPline: 1-855-448-7737 — free clinical consult (24/7)

## Local Yakima Resources

Yakima Health District STI Clinic: Tuesdays from 9:30am-4:00pm and Wednesdays from 8:30am-4:00pm)

# Key Takeaways

- 1 Screen EVERYONE
- 2 Serostatus-neutral approach (IAS-USA 2024)
- 3 4 PrEP options —match to the patient
- 4 Baseline labs: HIV Ag/Ab (+ RNA for injectables), GFR, all STIs, Hep B, Hep C, lipids (TAF), pregnancy
- 5 Monitor q2-3mo
- 6 Discontinue safely: repeat HIV test; bridge oral PrEP during tail phase (CAB up to 4 yrs, LEN  $\geq$ 12 months)

# Questions?

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***PrEP saves lives. Every primary care visit is an opportunity.***

PrEPline: 1-855-448-7737 | [hivnationalcurriculum.org](http://hivnationalcurriculum.org) | [readysprep.hhs.gov](http://readysprep.hhs.gov) | [mwaetc.org](http://mwaetc.org)