

HIV Pre-Exposure Prophylaxis (PrEP)

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Conflict of Interest Disclosure Statement

- Speakers have nothing to disclose.

Learning Objectives

- Learn why PrEP is important
- Identify who can benefit from PrEP
- Describe guidelines for prescribing PrEP
- Understand models of PrEP care

Ending the HIV Epidemic



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.

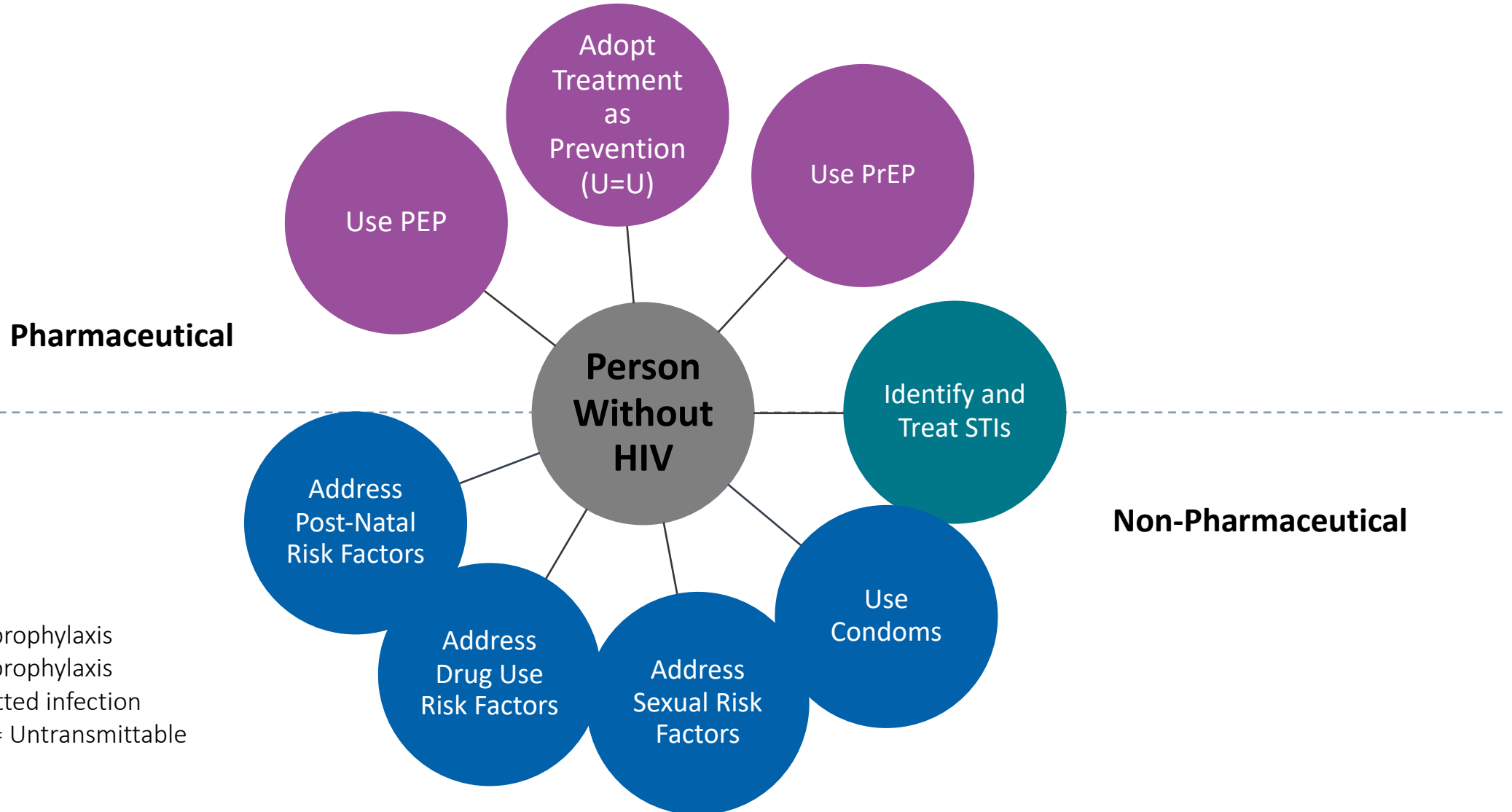


Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

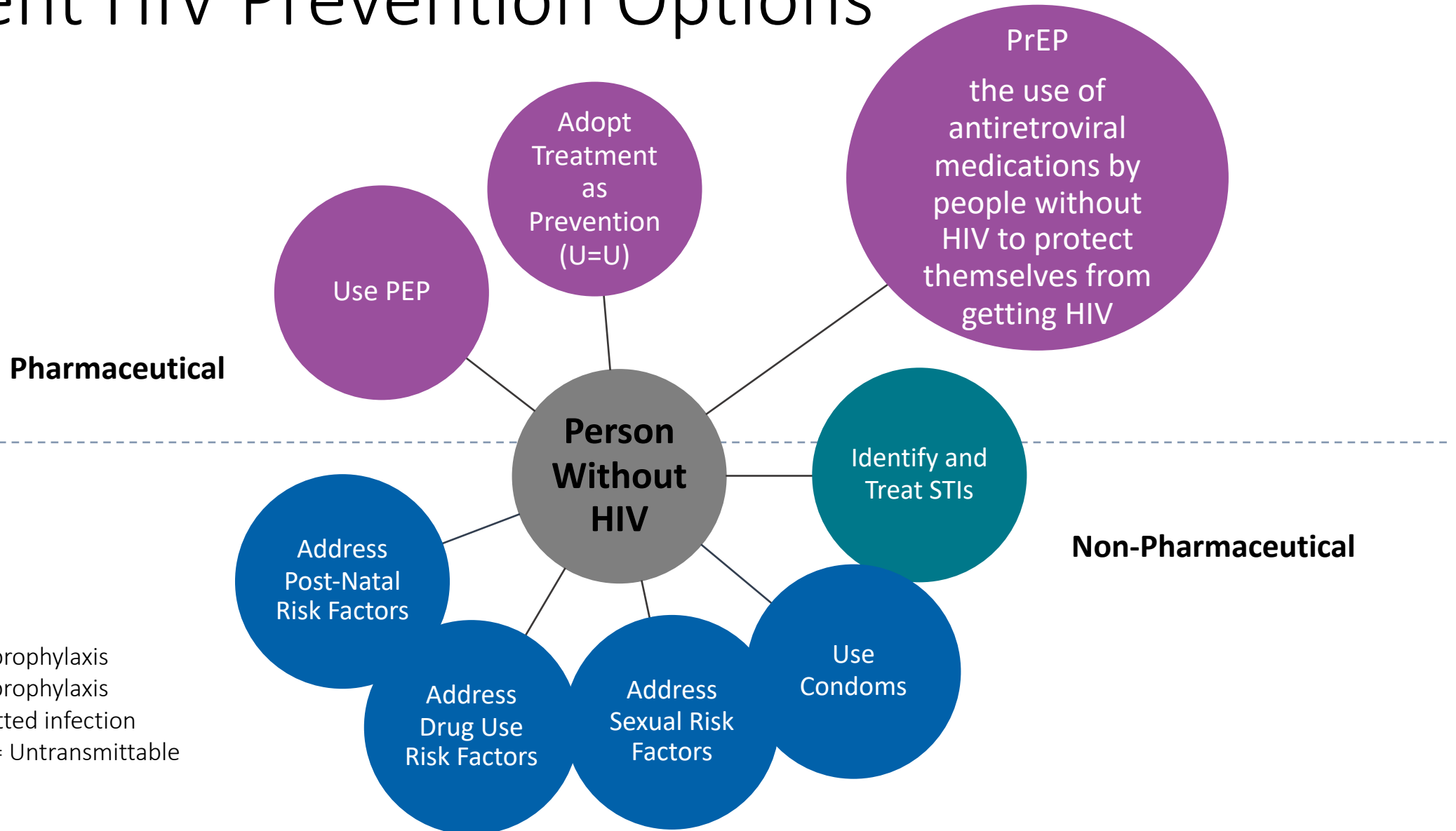


Current HIV Prevention Options



PEP: post-exposure prophylaxis
PrEP: pre-exposure prophylaxis
STI: sexually transmitted infection
U=U: Undetectable = Untransmittable

Current HIV Prevention Options



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Efficacy of PrEP

Multiple studies have demonstrated that PrEP is highly effective when taken as prescribed

Transmission Route **Effectiveness Estimate**

Interpretation

Sexual	~99%	Very high levels of adherence to PrEP provide maximum effectiveness
Injection drug use	at least 74%	This estimate is based on tenofovir alone and not necessarily when taken daily The effectiveness may be greater for the two-drug oral therapy and if used daily

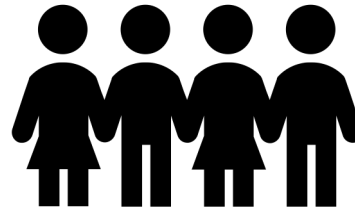
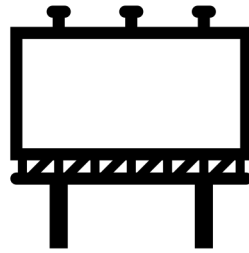
¹ Centers for Disease Control and Prevention. Effectiveness of prevention strategies to reduce the risk of acquiring or transmitting HIV. Updated June 17, 2022. Accessed January 20, 2023. <https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.htm>

² Centers for Disease Control and Prevention, US Public Health Service. *Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 update—a clinical practice guideline*. Published December 2021. Accessed January 20, 2023. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>

Slide adapted from: <https://www.cdc.gov/hiv/pdf/clinicians/materials/cdc-hiv-nexus-slideset-prescribing-prep.pdf>

The background features several overlapping geometric shapes. On the left, there are three diagonal bands of color: a dark teal band at the top, a dark blue band in the middle, and a light blue band at the bottom. On the right, there are three diagonal bands of color: an orange band at the top, a red band in the middle, and a purple band at the bottom. The text is centered in the white space between these colored areas.

Who can benefit from PrEP?



Knowledge About PrEP

Example of PrEP Conversation

First, start the conversation: Inform all adult and adolescent about PrEP
Then, assess behavior:

Sexual Behavior:

? In the past 6 months, how many partners have you had sex with?

? What are the genders of your sexual partners?

? Do you use condoms consistently?

? Did any of your partners have HIV?

Drug Injection Behavior:

? Have you ever injected drugs that were not prescribed for you?

If YES:

? When did you last inject drugs?

? Do you ever inject using works that were used by another person?

Indications for PrEP

Sexually Active People

- Sexual partner(s) living with HIV with a detectable or unknown viral load
- Sexual partner(s) unaware of their HIV status
- Bacterial STI in past 12 months
- History of inconsistent or no condom use with sexual partner(s)

People who Inject Drugs

- Injecting partner(s) living with HIV with a detectable or unknown viral load
- Injecting partner(s) unaware of their HIV status
- History of sharing injection equipment with injecting partner(s)

Indications for PrEP

Sexually Active

- Sexual partner(s) living with HIV with a detectable or unknown viral load
- Sexual partner(s) unaware of their HIV status

If someone asks for it

injecting partner(s)

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Guidelines for prescribing PrEP

HIV PrEP Medications

	Tenofovir disoproxil fumarate/emtricitabine (Truvada, F/TDF)
Dosing	1 tab daily
Patients	All
Crcl	≥ 60
HepB status	Important
Potential side effects	More bone and renal considerations than TAF
Medication interactions	

HIV PrEP Medications

	Tenofovir disoproxil fumarate/emtricitabine (Truvada, F/TDF)	Tenofovir alafenamide/emtricitabine (Descovy, F/TAF)
Dosing	1 tab daily	1 tab daily
Patients	All	Not if risk from receptive vaginal sex
Crcl	≥ 60	≥30
HepB status	Important	Important
Potential side effects	More bone and renal considerations than TAF	More weight and lipid concerns than TDF
Medication interactions		

HIV PrEP Medications

	Tenofovir disoproxil fumarate/emtricitabine (Truvada, F/TDF)	Tenofovir alafenamide/emtricitabine (Descovy, F/TAF)	Cabotegravir (Apretude, CAB)
Dosing	1 tab daily	1 tab daily	Injection every other month (can start with oral lead-in or monthly injection x2)
Patients	All	Not if risk from receptive vaginal sex	All
Crcl	≥ 60	≥30	N/A
HepB status	Important	Important	Not as relevant
Potential side effects	More bone and renal considerations than TAF	More weight and lipid concerns than TDF	Injection site reactions
Medication interactions			Carbamazepine, oxcarbazepine, phenobarbital, phenytoin, rifampin, and rifapentine

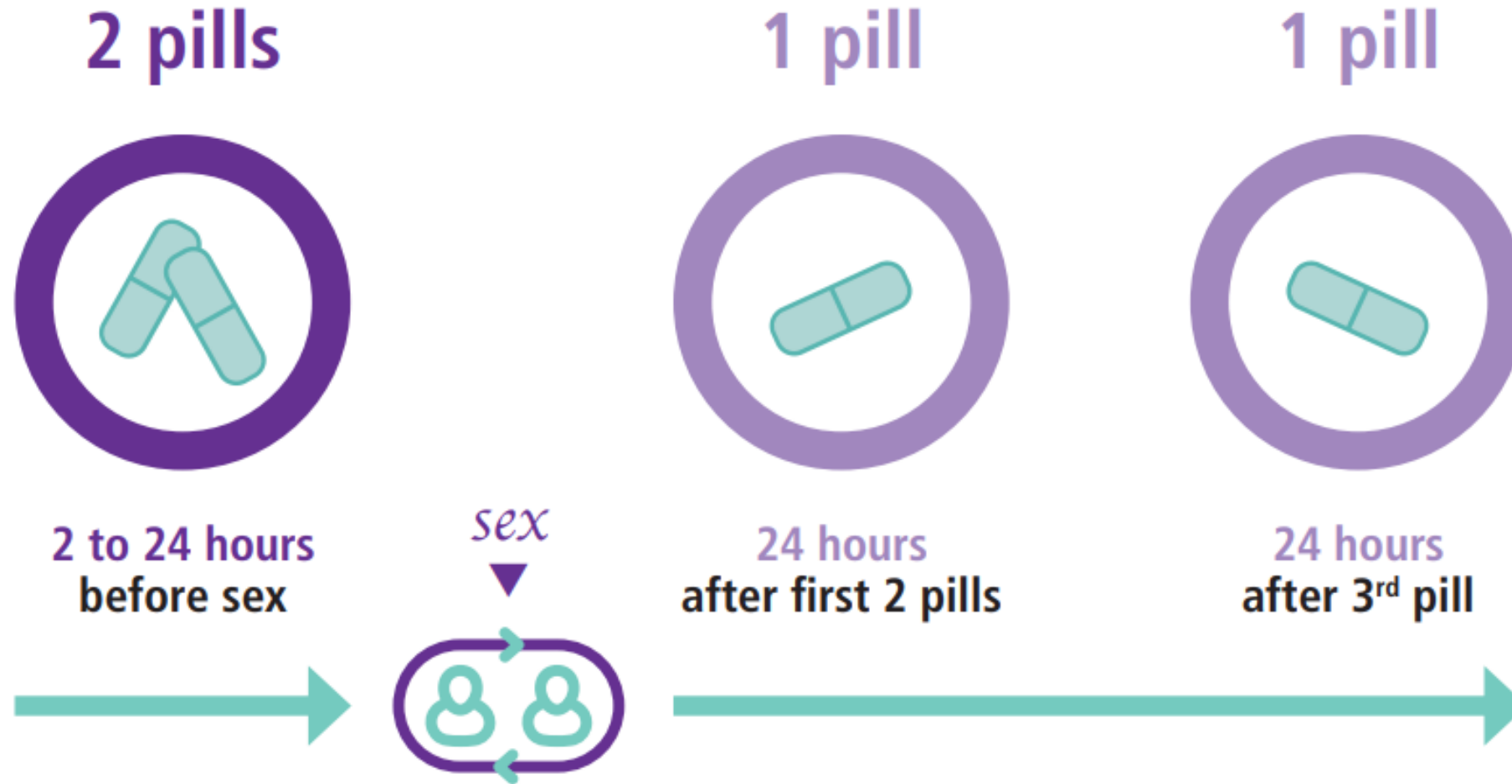
Preferred Regimen
On national core formulary

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On-Demand/Event-Driven PrEP

Cisgender men and transgender women who have sex with men



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Dosing	1 tab daily	2-1-1 On-demand, event-driven	1 tab daily	Injection every other month (can start with oral lead-in or monthly injection x2)
Patients	All	Not if at risk from receptive vaginal sex or through IDU	Not if at risk from receptive vaginal sex	All
Crcl	≥ 60		≥30	N/A
HepB status	Important		Important	Not as relevant
Potential side effects	More bone and renal considerations than TAF		More weight and lipid concerns than TDF	Injection site reactions
Medication interactions				Carbamazepine, oxcarbazepine, phenobarbital, phenytoin, rifampin, and rifapentine

Baseline Evaluation

1. Any signs/symptoms of acute HIV in the past 4 weeks (flu-like symptoms, rash, swollen lymph nodes): if present, test for acute HIV, consider deferring HIV PrEP until test results back
2. Offer PEP if potential HIV exposure in past 72 hours, then can bridge to PrEP
3. Assess for history of renal or bone disease

HIV test: - antigen/antibody
(negative within 7d or pending)
- HIV viral load if recent
PEP/PrEP use

Hepatitis B screening (F/TDF and F/TAF) if
not known to be immune to hep B

Lipid profile for F/TAF

Kidney Function

F/TDF: CrCl > 60 mL/min

F/TAF: Crcl > 30 mL/min

CAB: Not required

STI tests for chlamydia, gonorrhea, and
syphilis, hepatitis C

Pregnancy test if applicable

F/TDF: emtricitabine/tenofovir disoproxil fumarate (Truvada), F/TAF: emtricitabine/tenofovir alafenamide (Descovy) CAB: cabotegravir (Apretude)

Baseline Evaluation

Offer mpox vaccine
Discuss doxyPEP

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Ongoing Assessments for People Using Oral PrEP

Every 3 months

- HIV antigen/antibody test and HIV viral load
- STI testing based on risk
- Provide support, answer questions, refill med

Every 6 months

- CrCl for patients who are ≥ 50 years or had an CrCl < 90 mL/min when they started oral PrEP
- STI testing based on risk

Every 12 months

- CrCl for all patients
- If on F/TAF: triglyceride, cholesterol and weight
- STI testing for everyone

Ongoing Assessments for People Using Injectable PrEP

After 1st visit
and every 2
months

- HIV antigen/antibody test and HIV viral load
- Provide support, answer questions

Every 4 months

- STI testing based on risk

Every 12
months

- STI testing for everyone

Discontinuing PrEP

Discuss how to safely discontinue and restart PrEP use, both **when someone starts using PrEP** and **when they discontinue it**



Oral PrEP

- Protection from HIV will wane over 7-10 days
- Assess ongoing HIV risk factors
- Discuss other prevention methods if HIV exposure is anticipated (e.g., PEP)



Injectable PrEP

- CAB levels slowly wane over many months, known as the “tail phase”
- Counsel on risk of developing drug-resistant HIV during the tail phase
- Assess ongoing HIV risk and prescribe daily oral PrEP or other prevention methods if HIV exposure is anticipated
- Continue follow-up visits quarterly for 12 months and conduct HIV testing

New I.H.S. PrEP Policies

- Nurse-Driven
- Pharmacist-Driven
- Provider-Driven

The screenshot shows the website ihs.gov/nptc/strategic-initiatives/. The page features a navigation menu with links for About IHS, Locations, for Patients, for Providers, Community Health, Careers@IHS, and Newsroom. The main content area is titled "Strategic Initiatives" and includes a sidebar for the "National Pharmacy & Therapeutics Committee" with various sub-sections. The "Strategic Initiatives" section lists several initiatives, including "Sexually Transmitted Infections (STI) Initiative" and "STI Toolkit". Under the "STI Toolkit" section, a list of documents is provided, with three items highlighted in a red box: "Nurse Driven HIV PrEP Policy", "Pharmacist Driven HIV PrEP Policy", and "Provider Driven HIV PrEP Policy".

Inter... CDC Disposition of Non-... CDC Interim U.S. Guidan... CDC What's New | CDC COVID Info Compila... Home- Antimicrobi... FDA SARS-CoV-2 Viral M... Isolation and Quara...

About IHS Locations for Patients for Providers Community Health Careers@IHS Newsroom

National Pharmacy & Therapeutics Committee / Strategic Initiatives

National Pharmacy & Therapeutics Committee

Archive

Antimicrobial Stewardship

About

Charter

Clinical Guidance

Formulary

Meetings Schedule

Meeting Updates

Pharmacovigilance

Contact Us

Strategic Initiatives

Albuquerque Area Protocol

Chapa De Protocol

Warm Springs Protocol

Clairemore Indian Hospital Protocol

Gallup Indian Medical Center Protocols

Strategic Initiatives

+ Asthma Control in Tribal communities (ACT)

+ E3 Vaccine Strategy

+ Latent Tuberculosis Initiative

- Sexually Transmitted Infections (STI) Initiative

- STI Toolkit

- [Appendix Standing Order \(PCN-Syphilis\) - Updated](#) - [PDF - 148 KB]
- [CDC 2021 HIV PrEP Guidelines](#) - [PDF - 1617 KB]
- [Chembio POC Test P&P: HIV-Syphilis](#) - [PDF - 210 KB]
- [Clinician Quick Guide HIV PrEP Update \(Flyer\)](#) - [PDF - 371 KB]
- [Express STI Guide](#) - [PDF - 1491 KB]
- [GIMC Walk-In Clinic STI Testing Procedure](#) - [PDF - 350 KB]
- [HIV PrEP Appendix](#) - [PDF - 246 KB]
- [IHS STI Guidance \(Fall 2023\)](#) - [PDF - 147 KB]
- [Interim IHS DoxyPEP Guidance \(Oct 2, 2023\)](#) - [PDF - 144 KB]
- [Navajo Area PHN Policy - Syphilis and Gonorrhea Field Rx](#) - [PDF - 96 KB]
- [NPTC Formulary Brief: HIV Injectables and PrEP treatments](#) - [PDF - 194 KB]
- [NPTC Formulary Brief: STI Guidelines \(Part II\)](#) - [PDF - 271 KB]
- [NPTC Formulary Brief: STIs \(Part I\)](#) - [PDF - 512 KB]
- [NPTC Formulary Brief: STIs \(Part III\)](#) - [PDF - 610 KB]
- [NPTC Med Update: *UPDATED* Limited Supply of Benzathine Penicillin G Syphilis](#) - [PDF - 92 KB]
- [NPTC Med Update: Doxy PEP CDC Draft Guidelines](#) - [PDF - 100 KB]
- [Nurse Driven HIV PrEP Policy](#) - [PDF - 156 KB]
- [Pharmacist Driven HIV PrEP Policy](#) - [PDF - 158 KB]
- [Provider Driven HIV PrEP Policy](#) - [PDF - 152 KB]

Chinle Experience

Examples of Tools for PrEP

PATIENT CHART

ED DASHBOARD

RESOURCES

LOCAL EHR HELP

RPMS

RCIS (REFERRALS BY PROVIDER)

Internal External Resources



➤ Communication

One Note Workbooks:

[IM/FP Orientation Guide](#)
[Pediatric One Note](#)
[ED/UC One Note](#)

Web Conferencing:

[IHS Webex](#)

COVID-19:

[COVID-19 Resp. Clinic One Note](#)
[COVID-19 Vaccines](#)
[COVID-19 Treatments](#)
[List of Community Resources](#)
[COVID19 - Community Resources](#)
[COVID19 – Chinle Isolation Guide](#)
[Mask Fitting](#)

SDT / Emails

[Outlook IHS Email](#)
[IHS Secure Data Transfer Service](#)
[Direct Messaging Directory.\(RPMS\)](#)
[Direct Messaging.\(RPMS\)](#)

Phone Listing:

[CSU PHN Phone Listing](#)
[Case Manager Phone Listing](#)
[Interpreter Services](#)

Online Tools:

[Intranet](#)
[Webcident](#)
[Personal Health Record Video](#)

➤ Decision Support

Calculators

[MD+ CALC](#)

[Pediatric Emergency Drug / Fluid Calculator](#)

IM/FP Clinic Resources

[ALTCS Application](#)

SUD Treatment

[Buprenorphine for OUD](#)
[OUD Buprenorphine Handout](#)

Diabetes

[DM Folder](#)

Clinical Decision Support Tools

[HTN Decision Support](#)
[Osteoporosis Decision Support](#)
[Weight Loss Algorithm & Provider List](#)
[Weight Management Decision Support Tool](#)
[Power Point for Weight Management](#)

General Reference

[Dynamed](#)
[Familydoctor.org](#)
[MedAbbrev](#)
[Medline](#)
[Up-to-date](#)
[NIH Library](#)

Infectious Diseases

[**CSU Monkeypox Guidance](#)
[**CSU Monkeypox OPD Flowchart & Guidance](#)
[CSU Monkeypox/Jynneos Step-by-Step Vaccination Guide](#)
[CSU COVID-19 Testing Protocol](#)
[CSU COVID-19 Inpatient Guidance](#)
[CSU COVID-19 Outpatient Guidance](#)
[CSU COVID-19 Vaccine Guidance](#)
[CSU COVID-19 Post COVID Guidance](#)
[CSU COVID-19 Newborn Protocol](#)
[CSU COVID-19 Testing More Than 90 Days](#)
[CSU COVID-19 Community Resource Guide](#)
[Pulse Ox Handout](#)
[Antibiogram Folder](#)
[Infection Treatment Guidelines](#)
[PrEP Information](#)

Examples of Tools for PrEP

△ Templates

- COVID MEDICATIONS
- DATA OBJECT
- EMERGENCY
- Family Coping Disable Care Plan
- INPATIENT
- LAB
- MISCELLANEOUS
- NURSING
- OUTPATIENT
 - Audiology
 - Baa Hozho
 - Behavioral Health
 - Social Work
 - Case Management
 - Diabetes
 - Durable Medical Equipment
 - Form Letters
 - General Medicine
 - Isolation Facility Note
 - Asthma Action Plan
 - Home BP Visit-HT
 - CHRONIC OPIOID TEMPLATE
 - PrEP Note
 - Attestations
 - Chinle Letters
 - ELDERCARE Comprehensive Exam
 - Medicine Templates
 - Reminders (Alarm clock)
 - Procedure Note

#Contact/exposure to HIV

- Patient is a good candidate for PrEP- will order 30d w 2 refills
- Pt has been counseled on how PrEP works, how to take it, potential side effects, to not stop and restart without seeing provider, that will need screening every 3 months
- Will send HIV Ag/Ab test (if pt has received any PEP or PrEP medications in the past 3mo will also send HIV-1 RNA assay), BMP, HepB sAg, HepB sAb, HepB cAb Total, RPR, HCV Ab, GC/CT urine (and based on sexual practices: will send GC/CT rectal swab and pharyngeal swab), lipid screen
- Obtained good contact information for patient in case of results that prohibit PrEP use (ie positive HIV test, CrCl <60 for TDF/FTC or < 30 for TAF/FTC)
- Will vaccinate for HepB if not immune
- Advised condom use at least until PrEP has reached protective levels (for TDF/FTC 7 days for rectal tissue, 20 days for blood or vaginal tissue) and preferable continued condom use even in the setting of PrEP to protect from other STIs
- Patient informed that he will need to return in 12 weeks to assess for side effects, medication adherence and repeat STI screening/HIV test in order to have refill of emtricitabine/tenofovir prescription
- For follow-up patient will need HIV Ag/Ab test and HIV-1 RNA assay every 3 months, bacterial STI testing every 3-6 months (RPR, urine GC/CT, pharyngeal GC/CT, rectal GC/CT), HCV Ab every year, Cr check q6 months if age over 50 and/or Crcl<90 at baseline, otherwise Cr check every year and lipid panel yearly if on TAF/FTC
- Consider anal pap screening for immunocompetent MSM age greater than 40 y/o.

Follow-up:

Examples of Tools for PrEP

New Patient

- Hepatitis B Surface Ag
- Hep B Core Ab Total
- Hepatitis B Surface Ab
- GC/Chlamydia Pharynx
- GC/Chlamydia Rectal
- HIV
- HIV1 Qnt RT PCR (Viral Load)
- GC/Chlamydia Urine (>14 Years Old ONLY)
- RPR Chinle
- HCV Ab Screen
- BMP

Follow Up

- GC/Chlamydia Urine (>14 Years Old ONLY)
- GC/Chlamydia Pharynx
- GC/Chlamydia Rectal
- HIV
- HIV1 Qnt RT PCR (Viral Load)
- RPR Chinle
- BMP

*****CHECK HIV AG/AB AND HIV VL EVERY 3 MONTHS
*****ORDER BOTH HIV LABS ON ORDER SET

* Renal function should be checked every 6 months
for patients 50 or older or who have
CrCl <90ml/min at PrEP initiation
for everyone else can be done yearly.

* Bacterial STI screening for MSM and transgender women
who have sex with men (GC and CT pharyngeal rectal and urine)
RPR every 3 months

* Bacterial STI screening for all sexually active patients
GC and CT pharyngeal rectal and urine

Chinle Experience

- Increase in HIV diagnoses the past 2 years
- PrEP retention in care was low
 - 63% picked up meds within 3 months versus 91% viral suppression of HIV patients
- Developed PrEP Case Management Consult

PrEP Case Management Consult

PUBLIC HEALTH/CULTURAL/ENVIRONMENTAL/EDUCATION

Community Health Rep.(CHR)

Lactation Education

Native Medicine

Office of Environmental Health (OEH)

Public Health Nursing

Family Spirit

Wellness Center

Youth Lifestyle Management "Yeigo"

Inpatient Carseat Consult

PrEP Case Management Consult

- By putting in this referral the following will happen:
 - 1 week and 1 month: patient will be called to see how patient is doing on PrEP and answer any questions
 - Monthly: chart will be checked as labs are due or med refills are due to be picked up and if overdue, case manager will reach out to patient (and provider, if needed, for orders)
- Your responsibility as the provider
 - Ensure patient knows they will be called by the PrEP case manager
 - You are still primarily responsible for the PrEP prescribing for this patient including ordering the medication, ordering labs and giving the patient the lab results (if not, place ID consult to have PrEP prescribing taken over by another provider)
- If patient declines this referral then best practice has been to use E.H.R. notifications every 2-3 months to make sure HIV test has been done and patient is still engaged in PrEP care

Chinle Experience

Chinle Service Unit

Chinle Comprehensive Health Care Facility

Public Health Nursing Department

Pre-Exposure Prophylaxis (PrEP) Customer Satisfaction Survey

Example question:

Do you have any challenges to taking PrEP medication?

Yes

No

If yes can you please identify?

Relationship status

College/School involvement

Forgetting to take medication

Substance use (alcohol, meth, cannabis)

Side effects

Keeping PrEP medication private from others

Lessons learned from ongoing survey

- Medication adherence
- Transportation
 - 90 days at a time would be helpful
- Consolidate visits of lab and med pickup
- Interest in injectable PrEP

Chinle Experience

- Recommendations based on our experience
 - Encourage and support prescribers to offer PrEP to patients
 - Review PrEP retention in care
 - Can be pharmacy-led, provider-led, nursing-led or multidisciplinary team
 - Discuss with patients about potential barriers
 - Consider setting reminders to check in with patients

Gallup Experience

Gallup Experience

- Referral from all departments in the hospital (ER, IMC, FMC, PHN, WIPCC)
- PrEP clinic will follow up with patients discussing about the program, clinic policy, risks and benefits, and schedule their first visit
- PrEP clinic attempts to contact patient within the first week of receiving the referral

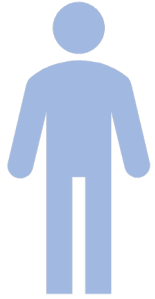
Challenges

- Transportation difficulty
- Lack of awareness
- Schedule conflict
- Multiple appointments
- Medication adherence

Overcome the Challenges

- Schedule follow up appointment in clinic prior to discharge
- Provide appointment letter in person or mail
- Pharmacy MSA assists with reminding patients to go to lab the week prior to their appointments
- Medication mail out program
- Tele-visit available per request
- Long-acting injectable medication available

Summary



HIV PrEP should be considered as part of a **comprehensive HIV-prevention plan** and can be provided by any licensed prescriber

When taken as prescribed, HIV PrEP is well tolerated and **reduces the risk of getting HIV** from sex by about 99% and from injection drug use by at least 74%

Three forms of HIV PrEP available:

1. Oral F/TAF (Descovy[®])
2. Oral F/TDF (Truvada[®] or generic equivalent)
3. Injectable CAB (Apretude[®])

PrEP can be prescribed to **any adult or adolescent patient who asks for it**, even if they don't report specific risk factors for HIV

References

- Centers for Disease Control and Prevention, US Public Health Service. *Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 update—a clinical practice guideline*. Published December 2021. Accessed January 20, 2023. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>
- Centers for Disease Control and Prevention. Effectiveness of prevention strategies to reduce the risk of acquiring or transmitting HIV. Updated June 17, 2022. Accessed January 20, 2023. <https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html>

Questions?

- How is PrEP working at your site?
- Any advice about overcoming barriers to PrEP care?
- Any recommendations for increasing PrEP uptake?