

Is PrEP right for me?

A primer for women considering options to prevent HIV



1. What is PrEP?

PrEP stands for “**Pre-Exposure Prophylaxis**.” PrEP is an HIV prevention strategy where HIV negative people who are at risk for getting HIV take one pill, once a day, everyday to reduce their chance of getting HIV. The pill currently approved is called “Truvada.” Truvada is one pill that is taken one time per day, every day. It combines two drugs (tenofovir and emtricitabine) in a single pill.

2. How does PrEP work?

PrEP works because the drugs in the pill help prevent HIV from multiplying. Meaning, if you are exposed to HIV, it is less likely HIV will be able to multiply in your cells, so there is a lower chance that you will become HIV infected. It is important to take Truvada as prescribed. In research studies, people who were adherent to their PrEP regimen (took the pill as prescribed) decreased their chance of getting HIV by 90%. Truvada will only work if it is taken correctly. “Adherence” is how often a person takes their medication as prescribed. **If you decide to take PrEP, you must take one pill, once a day, every day.**

3. What else can I do to decrease my chance of getting HIV?

PrEP is one of several ways to decrease your chance of becoming HIV infected. If your partner/s has HIV or you are unsure if they are HIV positive, condoms are strongly recommended. Condoms decrease your chance of getting HIV and some other sexually transmitted diseases in addition to preventing pregnancy. No other form of birth control can decrease your chance of getting of HIV. An active sexually transmitted infection (STI) increases the chance of both passing on and acquiring HIV. You and your partner/s should be screened and treated for STIs.

If you know your partner has HIV, your risk of getting HIV is lower if he is taking HIV medication correctly and has an undetectable viral load. When an HIV-infected person takes HIV medication as prescribed it decreases the amount of HIV in their body, making HIV harder to pass along through sex. Some women help their partner take his HIV medications correctly and follow up with his medical provider. Also, make sure your provider and your partner’s HIV provider know you are HIV negative because this could affect the medications you both are prescribed.

4. What are the risks of taking Truvada?

If you decide to take Truvada, you may have nausea in the first 1-2 months. Other less common side effects include decreased bone mineral density (weaker bones), liver or kidney damage, and fat redistribution. People who become infected with HIV while taking Truvada, have a risk the HIV will become “resistant” against the Truvada, so other medications will be needed to treat the HIV. If you become pregnant or breastfeed while taking Truvada, your baby will be exposed to the medicines, but there is no known increased chance of birth defects.

Truvada is usually well-tolerated by pregnant women. You and your doctor can discuss the pros and cons of continuing versus stopping Truvada if you become pregnant or are breastfeeding.

5. How do I get started?

First, find a provider who is able to prescribe Truvada. Talk to your medical provider about benefits, risks, adherence, and other ways to decrease your chance of getting HIV. If you and your provider decide that Truvada is a good option for you, you will need to have a blood draw before starting. You will be tested for HIV and Hepatitis B and your kidneys will be evaluated.



6. How do I pay for Truvada?

Some insurance companies (public and private) will cover the costs. Gilead (the company that makes the pill) provides Truvada through a patient assistance program to those who cannot afford to pay for it: <https://start.truvada.com/>

7. Where can I get more information?

CDC: <http://www.cdc.gov/hiv/prep/>

Fact Sheet: <http://www.cdc.gov/hiv/prep/pdf/PrEPfactsheet.pdf>

BAPAC: <http://hiv.ucsf.edu/care/perinatal.html>

The Well Project: http://www.thewellproject.org/en_US/Treatment_and_Trials/Things_to_Consider/PrEP_for_Women.jsp