PrE-Exposure Prophylaxis (PrEP)
A “New” Tool to Fight HIV

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University of Mississippi Medical Center
HIV/AIDS in Mississippi

- Mississippi ranked 7th in the nation for HIV/AIDS prevalence in 2013
  - 76% of the new HIV cases documented in 2013 were African-American with diagnosis rates 8 times higher than Whites.
- Jackson had the 7th highest HIV and 2nd highest AIDS diagnosis rates in 2013 of any US metropolitan statistical area (MSA) with a population 500,000 or greater
  - Nearly one-half of new HIV diagnoses in 2011 in Jackson were among African-American MSM
- Between 2009-2011 HIV incidence increased 171% among 13-24 years old

Sources: 2013 MSDH STD/HIV Surveillance; CDC 2013 HIV Surveillance Report
Potential Intervention Approaches to Prevent HIV Transmission

**Decrease Source of HIV Infection**
- Barrier protection
- STI treatment
- Blood screening
- ART
  - Maternal-to-child transmission
  - Decrease partner’s viral load
  - Treatment of acute HIV infection

**Decrease Host Susceptibility to HIV Infection**
- Barrier protection
- STI treatment
- PEP
- PrEP
- Topical microbicides
- Vaccines
- Infection control
- Circumcision

**Alter Risk-Taking Behavior**
- Condom promotion
- Individual intervention
- Couples intervention
- Community based intervention
- Structural intervention

PrEP Rationale

Having HIV drugs present at the site of exposure should reduce the risk of infection.
Indication: TRUVADA for PrEP

- TRUVADA is indicated in combination with safer sex practices for PrEP to reduce the risk of sexually acquired HIV-1 in adults at high risk
- This indication is based on clinical trials in Men who have sex with Men (MSM) and in heterosexual serodiscordant couples at high risk for HIV-1 infection
- TRUVADA for PrEP requires taking one pill, once daily

FTC, emtricitabine; TDF, tenofovir disoproxil fumarate.
TRUVADA Prescribing Information. Gilead Sciences, Inc. 2013.

Pill image is for illustration only; not actual size.
PrEP: Efficacy Rates in Clinical Trials

<table>
<thead>
<tr>
<th>Study</th>
<th>iPrEx (TDF/FTC)</th>
<th>FEM-PrEP (TDF/FTC)</th>
<th>TDF2 (TDF/FTC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PrEP Efficacy Rates in Clinical Trials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CI: 20-83</td>
<td>CI: 28-84</td>
<td>CI: 54-94</td>
<td></td>
</tr>
<tr>
<td>CI: 49-80</td>
<td>CI: -22-81</td>
<td>CI: 25-97</td>
<td></td>
</tr>
<tr>
<td>63%</td>
<td>71%</td>
<td>84%</td>
<td></td>
</tr>
<tr>
<td>Courtesy of Raphael J Landovitz</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# PrEP: Results from Clinical Trials

<table>
<thead>
<tr>
<th>Clinical trial</th>
<th>Participants</th>
<th>Number</th>
<th>Drug</th>
<th>mITT a efficacy of % reduction in acquisition of HIV infection b</th>
<th>Adherence-adjusted efficacy based on TDF detection in blood c</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iPrEx</td>
<td>Men who have sex with men (MSM)</td>
<td>2499</td>
<td>TVD</td>
<td>42 (15-63)</td>
<td>92 (40-99)</td>
</tr>
<tr>
<td>Partners PrEP</td>
<td>HIV discordant couples</td>
<td>4747</td>
<td>TDF</td>
<td>67 (44-81)</td>
<td>86 (67-94)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TVD</td>
<td>75 (55-87)</td>
<td>90 (58-98)</td>
</tr>
<tr>
<td>TDF 2</td>
<td>Heterosexually active men and women</td>
<td>1200</td>
<td>TVD</td>
<td>63 (22-81)</td>
<td>85d NS</td>
</tr>
<tr>
<td>Bangkok Tenofovir Study</td>
<td>IDU</td>
<td>2413</td>
<td>TDF</td>
<td>49 (10-72)</td>
<td>74 (17-94)</td>
</tr>
<tr>
<td>FEM-PreEP</td>
<td>Heterosexually active women</td>
<td>1951</td>
<td>TVD</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>VOICE</td>
<td>Heterosexually active women</td>
<td>5029</td>
<td>TVD</td>
<td>NR</td>
<td>NR</td>
</tr>
</tbody>
</table>

a. Modified Intent to Treat  
b. Excluded only those enrolled patients later found to be infected at randomization and those with no follow-up visit or HIV test  
c. The percentage of reduction in HIV incidence among those with TFV detected in blood, compared with those without detectable TFV  
d. Finding not statistically significant

PrEP: Better Adherence Correlates with Higher Efficacy

Trials where the majority of subjects were adherent demonstrated HIV protection, with higher protection estimates when more of the population was adherent.

PrEP: Low Adherence Correlates with Poor Efficacy

Adherence, %

HIV protection effectiveness

iPrEx\(^1\)
51% adherence/44% efficacy

Partners PrEP\(^3\)
81% adherence/75% efficacy

TDF2\(^4\)
84% adherence/62% efficacy

Bangkok\(^2\)
67% adherence/49% efficacy

FEM-PrEP\(^5\) and VOICE\(^6\)
\(\leq 30\)% adherence/
No efficacy

Trials where only a minority of subjects were adherent did not/could not demonstrate HIV protection

Treatment as Prevention (TasP): Better Adherence Correlates with Higher Efficacy

HPTN 052 showed that suppressive ART, from very high adherence, nearly eliminated HIV transmission risk

Mississippi Continuum of Care, overall population Diagnosed in 2012 and living through 2013

“Treatment as Prevention” is limited by gaps in the HIV Treatment Cascade

- Infected: 100%
- Diagnosed: 82%
- At least one visit: 46%
- Two or more visits: 27%
- Virally suppressed: 28%
PrEP Protection by the Numbers

Context Matters

• **44%** efficacy seen with primary iPrEX analysis
• **92%** efficacy among the 51% of iPrEX pts who had drug detected in their systems
• **99%** protection based on modeling drug levels if drug taken every day
• **100%** of iPrEX open label participants did not got infected if their drug levels were c/w taking PrEP >/= 4 X a week
The largest PAF was for men who had RAI without a condom, regardless of HIV status of partners (HIV+, “HIV-”, or HIV-unknown).

Even in this group, the number needed to treat was only 36
# PrEP clinical questions

<table>
<thead>
<tr>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms: Start-up, GI, uncommon</td>
</tr>
<tr>
<td>Renal: uncommon with monitoring</td>
</tr>
<tr>
<td>Bone: some decrease BMD, no pathologic fractures</td>
</tr>
<tr>
<td>Selection for resistance: rare, almost all 184V</td>
</tr>
<tr>
<td>Risk compensation vs. reaching those at risk</td>
</tr>
<tr>
<td>Other STI: need for frequent monitoring; HSV-2?</td>
</tr>
<tr>
<td>Other approaches: microbicides, immunoprophylaxis</td>
</tr>
</tbody>
</table>
PROUD: Pragmatic Open-Label Randomized Trial of Pre-Exposure Prophylaxis

Study Design/Results

Randomized, multicenter, open-label pilot study in the UK

High-risk, HIV-uninfected MSM engaging in CAI N=545

Immediate (IMM) TVD (n=276)

Deferred (DEF) TVD (start at Month 12) (n=269)

86% (90% CI: 58%-96%) Risk Reduction; \( P=0.0002 \)
Number needed to treat=13 (90% CI: 9-25)

CAI, condomless anal intercourse
All subjects received comprehensive HIV prevention services, including condoms, risk-reduction counseling, testing and treatment for sexually transmitted infections, and HIV pre- and post-test counseling

McCormack S, et al. CROI 2015; Seattle, WA. #22LB
IPERGAY: On-Demand PrEP

Study Design

High-risk, HIV-uninfected MSM
N=400
- Condomless anal sex with ≥2 partners within 6 months
- eGFR > 60 mL/min

Double-blind, randomized

“On-demand” TVD treatment (n=199)

All participants received a package of preventative measures:
- counseling
- repeated HIV testing
- screening & treatment for other STIs
- HBV and HAV vaccination
- condoms and gel

“On-demand” TVD placebo (n=201)

“On-demand” regimen constitutes:
- 2 TVD or 2 placebo 2 - 24 hrs prior to sexual intercourse exposure
- 1 TVD or placebo 24 hrs and then 48 hrs after first intake

Primary endpoint: HIV seroconversion

Secondary endpoints: Sexual behavior, safety events, adherence

Molina J, et al. CROI 2015; Seattle, WA. #23LB
IPERGAY: On-Demand PrEP

Results: Efficacy*

- 16 subjects infected
  - PBO=14 (incidence: 6.6/100 PY)
  - TVD=2 (incidence: 0.94/100 PY)
- Average 16 pills / month
- Average 2 sexual encounters a week
- Number needed to treated: **18** for 1 year to prevent 1 HIV infection

86% (95% CI: 40-99, *p*=0.002) reduction in MSM at high risk of HIV infection who took on-demand PrEP

Molina J, et al. CROI 2015; Seattle, WA. #23LB
Dosing Schedule: 1 Sexual Event

- **Monday**: 2 tablets (TVD + placebo) 2-24 hours before sex
- **Tuesday**: Sexual Event
- **Wednesday**: 1 tablet (TVD or placebo) 24 hours later
- **Thursday**: 1 tablet (TVD or placebo) 48 hours later

Molina J, et al. CROI 2015; Seattle, WA. #23LB
IPERGAY: On-Demand PrEP

Dosing Schedule

- IPERGAY results provide the first evidence that an event-driven regimen was effective among high-risk MSM with frequent sex
  - Median of 10 sex acts per month and 8 partners every two months.
  - In this study overall, available data suggest that men were taking PrEP an average of three to four days per week
- CDC continues to recommend **daily dosing of PrEP**. Other studies show that daily dosing improves adherence.
- CDC cautions that researchers do not yet know if the Ipergay regimen will work among MSM who have sex less frequently or among other populations at high risk for HIV infection.

Molina J, et al. CROI 2015; Seattle, WA. #23LB
## Adherence to PrEP Surrounding Recent Sexual Intercourse

<table>
<thead>
<tr>
<th>PrEP use, % (min-max)</th>
<th>TVD n=649 sex events</th>
<th>Placebo n=563 sex events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct use*</td>
<td>45 (36-57)</td>
<td>40 (22-49)</td>
</tr>
<tr>
<td>Suboptimal use</td>
<td>27 (14-35)</td>
<td>31 (18-44)</td>
</tr>
<tr>
<td>No PrEP</td>
<td>27 (15-37)</td>
<td>29 (24-44)</td>
</tr>
</tbody>
</table>

*According to the protocol or at least one pill before and one pill after sex

"On demand PrEP" was not used as indicated by the protocol for almost 60% of the 1,212 sexual events reported by the 319 participants.
Planning for the Pre-Event Dose: Social Network Survey

Last anal sex planned

N= 1013 US MSM

51%

49%

How far ahead planned?

- Unplanned
- Planned

Minutes

Hours

1-3 days

>3 days

17

45

22

17

59% reported last sex was unplanned or planned only minutes in advance

PrEP Implementation Concerns
Purview Paradox: Contradictory Beliefs about Which Providers Will Prescribe PrEP

HIV providers: Primary care providers are in the best position to prescribe PrEP

Primary care providers: It would not be feasible to prescribe PrEP

(Krakower, AIDS and Behavior, 2014)
Potential PrEP Providers

STD care providers

Primary care providers

HIV uninfected at substantial risk

HIV care providers

Drug Treatment Providers
HIV Screening Recommendation

• **CDC (2006, revised in 2013)**
  – All patients in all health-care settings
  – High risk patients at least annually

• **USPSTF (2013) GRADE A**
  – Adolescents and Adults 15-65
  – Younger adolescents and older adults at risk
Assessing for High-Risk Behaviors

Have you ever had a sexually transmitted infection?

Do you know the HIV status of your partners?

Have you had anal sex? Was it receptive (another person’s penis in your anus), insertive (your penis in another person’s anus), or both?

Have you exchanged sex for money, goods, or services?

Have you had sex with strangers?
A tool for risk-stratifying MSM: CDC risk index ("HIRI")

“In the past (year) have you had sex?”

“With men, women, or both?”

Score < 9: standard prevention
Score ≥ 10: consider PrEP

<table>
<thead>
<tr>
<th>HIV-infected in next 6 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score ≥ 10</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Smith JAIDS 2012
Self Perception of HIV Risk is Low

Persons (N=3,533; >90% African-American) undergoing HIV rapid testing in Philadelphia were surveyed between July 2012 and Dec 2013.

A large proportion of patients at high-risk for HIV infection do not perceive themselves at high risk.

Kwakwa H, et al. IAC 2014; Melbourne, Australia. #TUPE090
CDC Guidance on Prescribing PrEP

• Determine Eligibility (negative HIV test, at high-risk for HIV acquisition, screen/treat for STDs, screen/vaccinate for Hep B; pregnancy test) and r/o acute infection

• Prescribe tenofovir-emtricitabine 1 tablet by mouth daily x 90 days

• Provide condoms, adherence and risk-reduction counseling or referral

• Monitor
  – HIV status every 3 months
  – Renal function at 3 months and every 6 months
  – Risk reduction, condoms, STI assessments /rx
## Medications for prevention-type II diabetes vs sexually-acquired HIV infection

<table>
<thead>
<tr>
<th>Indication (package insert)</th>
<th>Metformin</th>
<th>TDF/FTC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indication (package insert)</strong></td>
<td>indicated as an <strong>adjunct to diet and exercise to improve glycemic control...</strong></td>
<td>is indicated in combination with safer sex practices ...reduce the risk of sexually acquired ...</td>
</tr>
<tr>
<td><strong>Diagnosis</strong></td>
<td>Impaired fasting glucose (&lt;126 mg/dl)</td>
<td>Negative HIV antibody/antigen test</td>
</tr>
<tr>
<td></td>
<td>Hemoglobin A1c (5.7-6.4%)</td>
<td>Sexual behavior and STI history</td>
</tr>
<tr>
<td><strong>Behavioral intervention</strong></td>
<td>Weight loss (at least 7%)</td>
<td>Condom use</td>
</tr>
<tr>
<td></td>
<td>Increase physical activity (150 min/wk)</td>
<td>Reduce # of partners</td>
</tr>
<tr>
<td></td>
<td>Reduce calories and dietary fat intake</td>
<td>Know HIV (tx) status of partners</td>
</tr>
<tr>
<td></td>
<td>Education and counseling</td>
<td>Education and counseling</td>
</tr>
<tr>
<td><strong>Clinical assessments/follow-up</strong></td>
<td>Renal function, toxicities (ongoing)</td>
<td>Renal function, toxicities (ongoing)</td>
</tr>
<tr>
<td></td>
<td>A1c every 3-6 months</td>
<td>Hepatitis B infection status</td>
</tr>
<tr>
<td></td>
<td>Weight</td>
<td>HIV every 3 months</td>
</tr>
<tr>
<td></td>
<td>Co-morbidities (e.g., HBP, dyslipidemia)</td>
<td>STI every 6 months</td>
</tr>
<tr>
<td><strong>Black box warning</strong></td>
<td>“Lactic acidosis... (~0.03 cases/1000 py, ~0.015 fatal cases/1000 py). In more than 20,000 patient-years exposure to metformin in clinical trials, there were no reports of lactic acidosis.”</td>
<td>Lactic Acidosis &lt;0.85/1000 py in HIV+ treatment trials. Not seen in any PrEP trial patients.</td>
</tr>
<tr>
<td><strong>Adherence</strong></td>
<td>70% (at least 80% of doses)</td>
<td>77% (4 or more doses/week)</td>
</tr>
</tbody>
</table>

PrEPline, 855-448-7737
The CCC Pre-Exposure Prophylaxis Service
12 p.m. – 7 p.m. CT

All other hours: Leandro Mena at 601-815-3885
PrEP Utilization in a Managed Care System

- 388 person-years of PrEP use
- Mean duration of use 7.2 months
- Mean age 37
- 99% MSM (3 women, 1 trans man)
- Behavioral survey (n=143)
  - Sex partners unchanged in 74%
    - Decrease 15%; Increase 11%
  - Condom use unchanged in 56%
    - Decrease 41%; Increase 3%
- STD: 30% at 6 mo., 50% at 12 mo.
  - No baseline STD data available
- Zero HIV transmissions

Kaiser Permanente

Volk J, et al., CID, 2015, Sept 1, Pub online
844.YES.PREP

SAY yes TO PrEP

Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV to prevent HIV infection by taking a pill once a day. When taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by up to 92%.

Post-exposure prophylaxis, or PEP, involves taking antiretroviral medicines as soon as possible after you may have been exposed to HIV, to try to reduce the chance of becoming HIV-positive.

PrEP AND PEP ARE AVAILABLE IN YOUR AREA. CALL TO LEARN MORE.

844-YES-PREP

WITH OR WITHOUT HEALTH INSURANCE
Open Arms Healthcare Center (OAHCC)
500 E Woodrow Wilson Blvd. Suite M
Jackson, MS 39214

Assistance is available for both PrEP and PEP for individuals without health insurance or high medical visit or medication co-payment. Call OAHCC at 601-500-7660 for more information.

Monday-Friday 7:00 a.m. to 7:00 p.m.
Special Populations

Adolescents and Young Adults

Pregnant and Breastfeeding Women
PrEP Safety Study of Young Men who Have Sex with Men (YMSM)

Blinded, open-label study among YMSM ages 18-22 years (N=200)

Adherence:
TFV-DP* Levels via DBS and Dosing Estimates

By Week 48, only 34% TVF-DP levels, as measured by DBS, consistent with having ≥4 doses/week (considered protective level)

- Adherence decreased for all participants as study visits decreased in frequency at Week 12, regardless of race/ethnicity
- Condomless sex was reported by >80% of participants throughout the study
- Condomless anal sex with last partner was associated with higher TFV-DP levels

AA MSM 18-29 years on PrEP OAHCC

- Received Prescription for PrEP: 100%
- Initiated PrEP: 69%
- Retained in Care at 3 Months: 56%
- Retained in Care at 6 Months: 35%
Pregnancy, Breastfeeding, and PrEP

• Of the men and women with a HIV-negative partner, 46% of men and 51% of women intend to have children\(^1\)
• Oral PrEP may be an option for discordant couples wanting to conceive\(^2\).
• Combination antiretroviral therapy (cART) for the infected partner may not be fully protective against sexual transmission of HIV.\(^3\)
• Approaches to reduce the risk of HIV transmission during attempted conception for all couples include:\(^2\)
  – Treatment of the HIV-infected partner to achieve maximal viral suppression
  – Truvada for PrEP for the uninfected individual
  – Limiting conception attempts to the periovulation period
  – Screening both partners for STIs and treat for any found
• For HIV+ women with HIV- male partners:\(^2\)
  – Elective male circumcision, artificial insemination, PrEP for male partner
• For HIV+ men with HIV- female partners:\(^2\)
  – Semen collection and processing, continuing PrEP during pregnancy
• Breastfeeding is not recommended with PrEP

Payers for PrEP in an Open-Label Demonstration Study in Seattle, WA

- Private insurance: $23,979 (58%)
- Medicaid/Medicare Part D: $10,345 (25%)
- Manufacturer: $4,462 (11%)
- PrEP DAP: $2,690 (6%)
- Patient Out-of-Pocket: $125 (0.3%)

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>Description</th>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V08</td>
<td>Human immunodeficiency virus infection, asymptomatic</td>
<td>Z21</td>
<td>Asymptomatic human immunodeficiency virus (HIV) infection status</td>
</tr>
</tbody>
</table>
Medication Assistance

Gilead will provide Truvada for PrEP at no cost for individuals who qualify for the assistance program

<table>
<thead>
<tr>
<th>Program Element</th>
<th>Truvada PrEP Medication Assistance Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility Criteria</td>
<td>US resident, uninsured or no drug coverage, HIV-negative, low income</td>
</tr>
<tr>
<td>Drug Fulfillment</td>
<td>Product dispensed by Covance Specialty Pharmacy, labeled for individual patient use and shipped to prescriber (30 day supply); no card or voucher option</td>
</tr>
<tr>
<td>Recertification Period</td>
<td>6 months, with 90 day status check</td>
</tr>
</tbody>
</table>
How to Access Gilead PrEP Assistance Programs

Alternatively, you can visit www.start.truvada.com
Overall population could benefit from PrEP evaluated for PrEP prescribed PrEP

Potential domains of PrEP services

Education Identification Referral Clinical support PrEP prescriber
Open Arms Healthcare Center

- Located in Jackson, MS
- Opened in 2012
- LGBT Healthcare
- Staff: 2 MDs (PT), 1 NP, 1 Clinical Psychologist, 1 RN, 1 LPN, 1 NA, 2 Case Managers
- PrEP awareness
  - 2014: < 15%
  - 2015: 28%

### MSM Tested for HIV 2014 (n=538)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>&lt;18</td>
<td>1</td>
</tr>
<tr>
<td>18-24</td>
<td>49</td>
</tr>
<tr>
<td>25-34</td>
<td>33</td>
</tr>
<tr>
<td>35+</td>
<td>17</td>
</tr>
<tr>
<td>Race/Ethnicity:</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>11.1</td>
</tr>
<tr>
<td>African-American</td>
<td>78.3</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.2</td>
</tr>
<tr>
<td>HIV-positive rate</td>
<td>12.9</td>
</tr>
</tbody>
</table>
Open Arms Healthcare Center

PrEP IMPLEMENTATION

1. Screen for risk behaviors
2. HIV/STD Testing
3. Discuss PrEP
4. Follow-up Appointment
5. Prescribe PrEP
6. Q3 Month Follow-ups
Patients’ Experiences

• “Peace of mind”

• Challenges to adherence
  – Storage and incorporation in daily routine

• Experiences with frequent testing
  – Positive reflections on routine testing and clinic visits
  – “I want to be healthy”
Future of PrEP

• PrEP of 2015 will not necessarily be the PrEP of 2020 or 2030

• Ongoing research needed on women, adolescents, youth (15-17 currently being studied in ATN 113)

• Potential novel agents for PrEP and/or novel delivery systems:
  – Tenofovir alafenamide for PrEP (pro-drug to TDF) less buildup in bones and kidneys
  – IM long acting integrase inhibitor- will be studied in HPTN
  – Tenofovir vaginal ring (pending phase 1 data)
  – Long-acting tenofovir alafenamide (GS-7340) subdermal implant

• Additional ongoing research on different dosing regimens:
  – HPTN 067
  – IPERGAY open label
National HIV/AIDS Strategy

- **Goal 1:** Reducing new HIV infections
- **Goal 2:** Increasing access to care and improving health outcomes for people living with HIV
- **Goal 3:** Reducing HIV-related disparities and health inequities
- **Goal 4:** Achieving a more coordinated national response to the HIV epidemic
Resources, Web/Video

- **UMMC AIDS Education and Training Center**
  - Technical Assistance
- **Ken Like Barbie: The Frontier of HIV Prevention is Changing - A Video Fact Sheet on PrEP**
  - [http://myprepexperience.blogspot.com/2013/05/ken-like-barbie-frontier-of-hiv.html](http://myprepexperience.blogspot.com/2013/05/ken-like-barbie-frontier-of-hiv.html)
- **Project inform: videos, booklets**
  - [http://www.projectinform.org/prep/](http://www.projectinform.org/prep/)
- **YouTube**
  - [https://www.youtube.com/watch?v=aVvhMsFRa-M&feature=youtu.be](https://www.youtube.com/watch?v=aVvhMsFRa-M&feature=youtu.be)
  - [http://men.prepfacts.org](http://men.prepfacts.org)
  - [https://www.youtube.com/watch?v=RXtRfNEMiuE&index=17&list=PLhAEglxleeK_ZmjwiZW0XKnImKJU5o66E](https://www.youtube.com/watch?v=RXtRfNEMiuE&index=17&list=PLhAEglxleeK_ZmjwiZW0XKnImKJU5o66E)
  - [https://www.youtube.com/watch?v=KoMFKoup2kA&index=18&list=PLhAEglxleeK_ZmjwiZW0XKnImKJU5o66E](https://www.youtube.com/watch?v=KoMFKoup2kA&index=18&list=PLhAEglxleeK_ZmjwiZW0XKnImKJU5o66E)
  - [https://www.youtube.com/watch?v=-Xx92whZS0o](https://www.youtube.com/watch?v=-Xx92whZS0o)
- **Fenway**
  - [http://thefenwayinstitute.org/prepinfo/](http://thefenwayinstitute.org/prepinfo/)