CMEO Snack

Staying Current

Navigating the Latest Advances in PrEP Options

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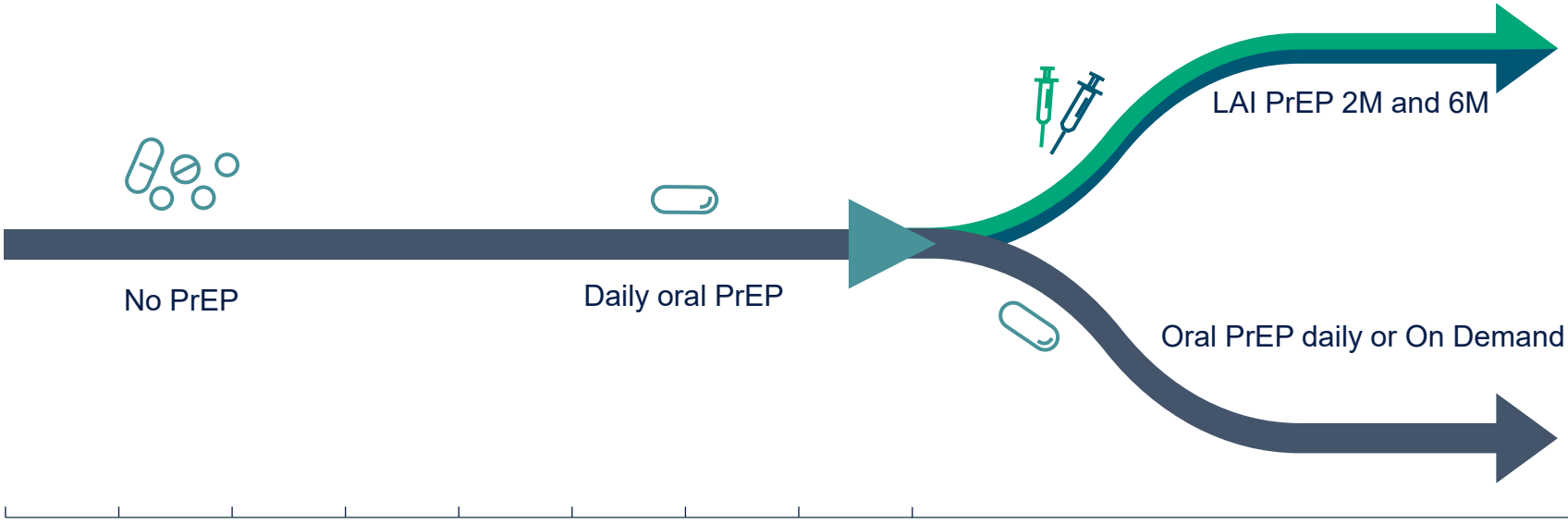
CMEO Snack

LEARNING OBJECTIVE 1

Evaluate the latest data on PrEP options including efficacy, safety, MOA, and mode of administration

Changing Route: Clinicians Addressing Needs Beyond Efficacy with PrEP



In the early days

Behavioral prevention only

As PrEP evolved

Treatment as prevention, Oral TDF/ FTC as PrEP, TAF/FTC

Today

CAB 2M and LEN 6M

More emphasis on persistence being integral to success

2M = Every 2 months; 6M = Every 6 months; CAB = cabotegravir; FTC = emtricitabine; LAI = long-acting injectable; LEN = lenacapavir; PrEP = pre-exposure prophylaxis; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumarate.

Haberer JE, et al. *Lancet HIV*. 2023;10(6):e404-e411. McFadden WM, et al. *Trends Mol Med*. 2025;31(9):801-813.

PrEP vs PEP Introduction

PrEP		PEP
Before HIV exposure: • Before sex, injection drug use, or other potential HIV exposure	**When is it taken?**	After HIV exposure: • In emergency situations, is started **within 72 hours** after possible exposure and **taken for 28 days**
For individuals without HIV for whom transmission may be a concern	**Who is it for?**	For individuals without HIV who may have been exposed
Consistent use of PrEP reduces the risk of HIV transmission by up to 99% when taken as prescribed	**How effective is it?**	PEP can reduce the risk of HIV acquisition when initiated promptly and taken as prescribed; effectiveness depends on timing, adherence, and exposure characteristics*
Rx from an HCP	**How do you get it?**	ASAP, within **72 hours** after potential exposure, get an Rx from an HCP, urgent care, or an emergency department

*Based on both animal models and human observational data (no randomized controlled trials in humans).
ASAP = as soon as possible; HCP = health care practitioner; Rx = prescription; PEP = post-exposure prophylaxis.
HIV Info.NIH.gov. HIV Info.NIH.gov Website. 2025. https://hivinfo.nih.gov/understanding-hiv/infographics/prep-vs-pep. Sagaon-Teyssier L, et al. *AIDS Care.* 2016;28(Suppl 1):48-55.

PrEP Options: Routes, Dosing, and Key Considerations

Agent	Route	Schedule	Indications	Key Efficacy and Safety Considerations	Regulatory Status
Emtricitabine/ tenofovir disoproxil fumarate (TDF/FTC)	Oral	Daily	Indicated for PrEP in at-risk adults and adolescents ≥35 kg to reduce risk of sexually acquired HIV-1 infection; confirm HIV-1 negative status prior to initiation.	High efficacy with consistent daily adherence; renal function monitoring recommended; small decreases in bone mineral density observed; assess hepatitis B virus (HBV) status prior to initiation and monitor if discontinued.	FDA- and EMA-approved; recommended in WHO guidelines
Emtricitabine/ tenofovir alafenamide (TAF/FTC)	Oral	Daily	Indicated for PrEP in at-risk adults and adolescents ≥35 kg, excluding individuals at risk from receptive vaginal sex; confirm HIV-1 negative status.	High efficacy with daily adherence (noninferior to TDF/FTC in studied populations); smaller changes in renal and bone biomarkers vs TDF; assess HBV status prior to initiation.	FDA (U.S. only; excludes receptive vaginal sex)
Cabotegravir long-acting (CAB-LAI)	Intramuscular clinic-based administration	Every 2 months, (after 2 initiation injections 1 month apart)	Indicated for PrEP in at-risk adults and adolescents ≥35 kg.	High efficacy independent of daily oral adherence; injection every 2 months; confirm HIV-1 status prior to each dose; resistance risk if infection occurs during dosing delays or PK tail.	FDA- and EMA-approved for prevention
Lenacapavir long-acting	Subcutaneous injection by practitioner	Every 6 months after loading dose	Indicated for PrEP in at-risk adults and adolescents ≥35 kg.	High efficacy independent of daily adherence (clinical trial data); 6-month dosing interval following initiation regimen; clinician-administered injection; confirm HIV-1 negative status prior to dosing.	FDA-approved (U.S.) and European Commission–authorized (EU/EEA).
Dapivirine (DVR)	Vaginal ring (self-inserted)	Monthly	Indicated in select countries for use by cisgender women at high risk of HIV-1 infection.	Modest efficacy observed in clinical trials; locally administered; generally well tolerated; no significant systemic safety concerns identified in studies.	Approved by EMA and WHO; not FDA-approved

Indications and availability vary by country and regulatory authority (FDA, EMA, WHO, national ministries). Clinicians should consult local guidance to confirm approved PrEP options in their region. Cabotegravir [package insert]. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/215499Orig1s004lbl.pdf. Emtricitabine and tenofovir alafenamide [package insert]. https://rsc.niaid.nih.gov/sites/default/files/emtricitabine-tenofovir-alafenamide-descovy-pi_june-2025.pdf. Emtricitabine and tenofovir disoproxil fumarate [package insert]. https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/021356s058%2C022577s014lbl.pdf. Lenacapavir [package insert]. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/220020s000lbl.pdf. Mayer KH, et al. *Lancet*. 2020;396(10246):239-254.

Oral PrEP Options

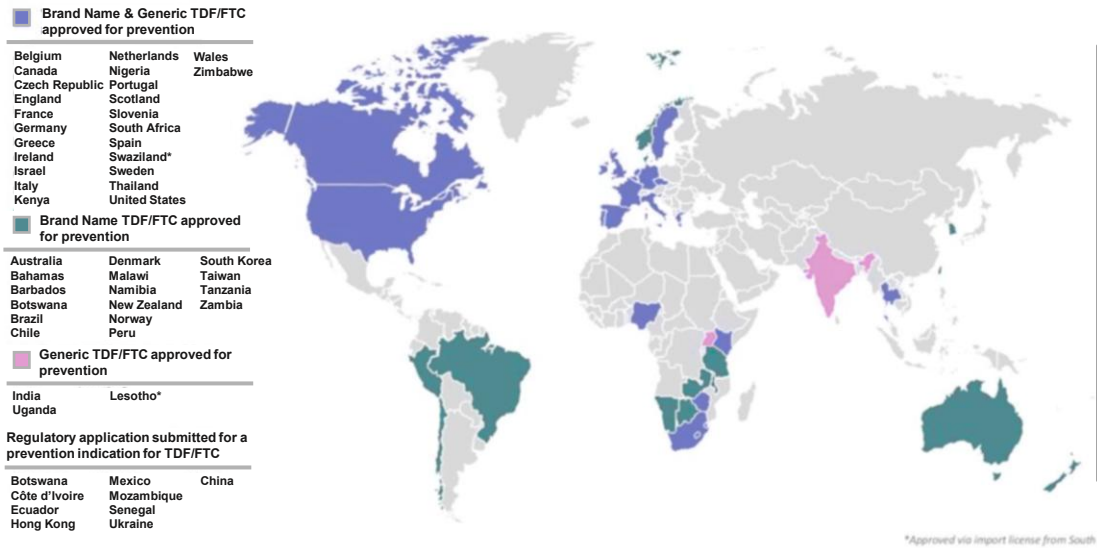
	TDF/FTC (1 tablet daily)	TAF/FTC (1 tablet daily)
Approval	FDA-approved July 2012 for adults and adolescents ≥35 kg	FDA-approved October 2019 for adults and adolescents ≥35 kg; *excludes those at risk via receptive vaginal sex*
MOA	NRTI: Inhibits reverse transcription via DNA chain termination	NRTI: Inhibits reverse transcription via DNA chain termination
Efficacy	~99% when taken as prescribed	~99% when taken as prescribed
Safety	Small, reversible BMD decrease; higher plasma tenofovir exposure—renal monitoring recommended	Smaller BMD changes; lower plasma tenofovir—more favorable renal/bone profile vs TDF

BMD = bone marrow density; DNA = deoxyribonucleic acid; MOA = mechanism of action; NRTI = nucleoside reverse transcriptase inhibitor.

Centers for Disease Control and Prevention [CDC]. *MMWR Morb Mortal Wkly Rep.* 2012;61(31):586-589. Emtricitabine and tenofovir alafenamide [package insert]. https://rsc.niaid.nih.gov/sites/default/files/emtricitabine-tenofovir-alafenamide-descovy-pi_june-2025.pdf. Emtricitabine and tenofovir disoproxil fumarate [package insert]. https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/021356s058%2C022577s014lbl.pdf. Mayer KH, et al. *Lancet*. 2020;396(10246):239-254. Wu L, et al. *Front Reprod Health.* 2024;6:1325257.

Global Regulatory Approvals: Oral Therapies

Regulatory Status of TDF/FTC for PrEP



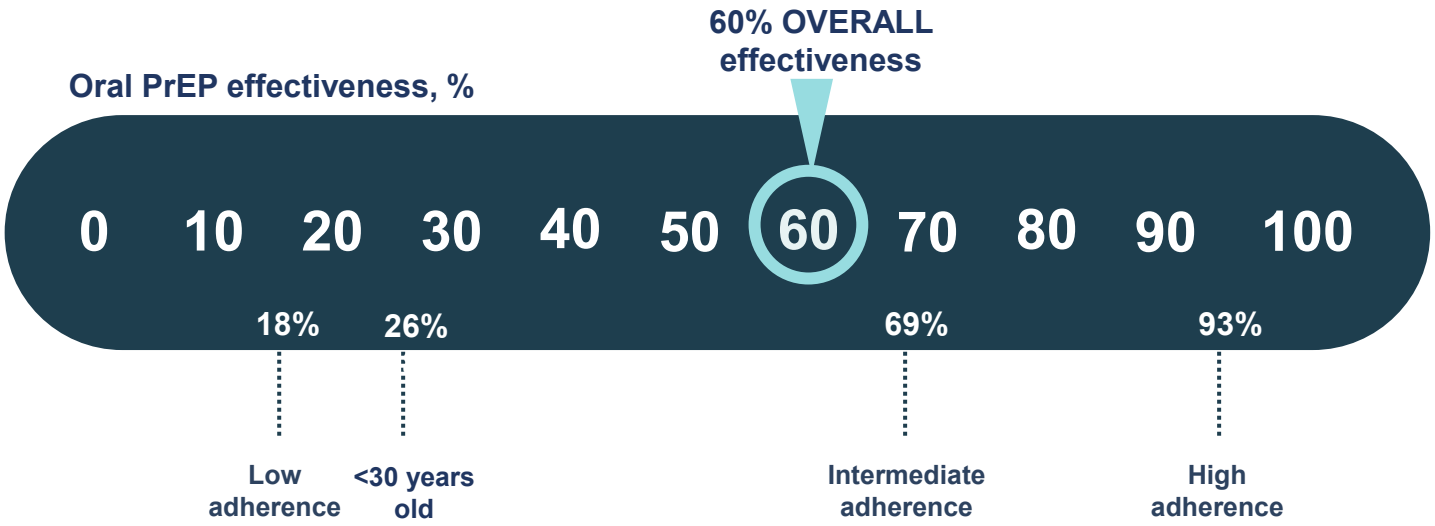
Regulatory Status of TAF/FTC for PrEP

TAF/FTC for PrEP has more limited global approval than TDF/FTC. In many countries, only TDF-based PrEP is available. Clinicians should consider local availability, costs, and national guideline recommendations before prescribing.

Map reflects regulatory status as of 2019; availability may have changed in some regions.

AIDS Vaccine Advocacy Coalition [AVAC]. AVAC/PrEP Watch Website. 2019. https://avac.org/resource/infographic/regulatory-status-of-tdf-ftc-for-prep-2/#:~:text=Embed%20infographic&text=The%20TDF/FTC%20combination%20pill,use%20are%20another%20key%20step. Spinelli MA, et al. *JAMA*. 2024;332(18):1574-1575.

Oral PrEP Efficacy and Real-World Effectiveness: Adherence Challenges



While oral PrEP has an efficacy rate >90%, real-world effectiveness Is 60%

Suboptimal **PrEP** use and therapy discontinuations may impact real-world effectiveness of PrEP compared to selected RCT participants

Adherence – how closely a person follows the dosing regimen recommended by their healthcare providers.
*Lower real-world effectiveness was primarily driven by low PrEP consumption and high discontinuation, particularly among individuals younger than 30 years and socioeconomically deprived populations.
RCT= randomized clinical trial.
Jourdain et al. *Lancet Public Health*. 2022;7(6):e529-e536 .

Cabotegravir: Long-Acting Injectable (LAI) PrEP

LAI PrEP CAB-LA:

- FDA-approved December 2021 for PrEP in adults and adolescents ≥35 kg
- **MOA:** INSTI: blocks HIV DNA integration
- **Route of administration: Gluteal IM injection:** 600 mg at month 1, month 2, then every 2 months (with optional oral lead-in)
- **Efficacy, Effectiveness, and Implementation:**
  - **Opera** and **Trio Health** real-world cohorts demonstrated **> 99% effectiveness** (n = 1,300); 85% initiation, 69% on-time injection adherence; stigma reduction reported (**PILLAR** implementation study); Emerging data suggest CAB-LA was generally well tolerated when exposure occurred before or during pregnancy; data remain limited
- **Safety:** Safe, tolerable, and acceptable in clinical studies, supporting further implementation research in adolescent populations

IM = intramuscular; INSTI = integrase strand transfer inhibitor; MOA = mechanism of action.

Ambrosioni J, et al. *HIV Med*. 2026;27(1):18-32. Cairns G. aidsmap Website. 2022. https://www.aidsmap.com/news/feb-2022/injected-prep-cabotegravir-maintains-its-advantage-over-four-years. Fonner VA, et al. *AIDS*. 2023;37(6):957-966. İnan A, et al. *Infect Dis Clin Microbiol*. 2026;1:14-25. Landovitz RJ, et al. *Lancet HIV*. 2023;10(12):e767-e778. Mussini C, et al. *AIDS Behav*. 2025;29(1):64-76. National Institutes of Health [NIH]. NIH Website. 2024. https://www.nih.gov/news-events/news-releases/long-acting-injectable-cabotegravir-hiv-prevention-safe-pregnancy. Stranix-Chibanda L, et al. *Lancet HIV*. 2025;12(4):e252-e260.

Cabotegravir Summary: Efficacy and Safety Data

	HPTN 083 (N=4,566)	HPTN 084 (N=3,223)
Study Design	**Phase 2b-3, randomized, double-blind, double-dummy, noninferiority, active-controlled trial**	**Phase 3, randomized, double-dummy, active-controlled, superiority trial**
Methodology	• Participants were randomized 1:1 to receive either Q2M IM CAB 600 mg at Weeks 5, 9, and every 2 months thereafter + daily oral TDF/FTC placebo or oral daily TDF/FTC + Q2M IM CAB placebo at Weeks 5, 9, and every 2 months thereafter	• Participants were randomized 1:1 to receive either Q2M IM CAB 600 mg at Weeks 5, 9, and every 2 months thereafter + daily placebo or Oral daily TDF/FTC + Q2M IM CAB placebo at Weeks 5, 9, and every 2 months thereafter
Primary Endpoint	Incident HIV infection	
Study Population	**Cisgender men who have sex with men and transgender women who have sex with men, with a high likelihood of acquiring HIV** • **Argentina, Brazil, Peru, South Africa, Vietnam, Thailand, US**	**Participants assigned female sex at birth in seven countries in sub-Saharan Africa** • **Botswana, Eswatini, Kenya, Malawi, South Africa, Uganda, Zimbabwe**
Efficacy Outcomes	• Q2M IM CAB reduced HIV incidence **by 66%** compared with daily TDF/FTC (HR 0.34; 95% CI [0.18-0.62]; P<0.001) meeting criteria for superiority and consistent across prespecified subgroups • Following primary analysis, extended retrospective virologic testing was done to better characterize timing of HIV-1 cases; 1/13 incident cases in CAB group was reclassified as a baseline case • Adherence to CAB Q2M: Advantage over daily oral pill was observed	• Q2M IM CAB reduced HIV incidence **by 88%** compared with daily TDF/FTC (HR 0.12; 95% CI [0.05–0.31]; P<0.0001), after adjusting for site and the group-sequential design • Following primary analysis, extended retrospective virologic testing was done to better characterize timing of HIV-1 cases; 1/4 incident cases in CAB group was reclassified as a baseline case • Adherence to CAB Q2M: Advantage over daily oral pill was observed
Safety Data	Common non-ISR AEs (≥1%; across trial safety reporting) included diarrhea, headache, pyrexia, fatigue, nausea, dizziness The percentage of participants with non-ISR adverse events was similar between treatment and comparator groups in both studies CAB-LA was discontinued due to injection-site reactions in ~2% of participants in the CAB arm in HPTN 083	
Pregnancy Data	• N/A	• OLE showed CAB maternal and pregnancy outcomes to be consistent across CAB and TDF/FTC exposure groups with the expected background rates
Hypersensitivity Reactions[1]*	• Hypersensitivity reactions have been reported in association with integrase inhibitors including cabotegravir	

Q2M for PrEP* Identified during postmarketing use of CAB or CAB-containing regimens. Since these reactions are voluntarily reported from a population of unknown size, reliably estimating their frequency or confirming a causal link to drug exposure is not always feasible.

Availability and indications may vary by country. Confirm local regulatory guidance.

AE= adverse event; CI = confidence interval; HPTN = HIV Prevention Trials Network; HR = hazard ratio; ISR = injection-site reaction; OLE = open label extension; Q2M: every 2 months.

Cabotegravir [Package insert]. https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/215499s000lbl.pdf. Landovitz RJ, et al. *N Engl J Med*. 2021;385(7):595-608. Delany-Moretlwe S, et al. *Lancet*. 2022;399(10337):1779-1789. Delany-Moretlwe et al. International AIDS Conference; 2024. https://www.natap.org/2024/IAS/IAS_50.htm.

Lenacapavir: LAI PrEP

LAI PrEP Lenacapavir

- FDA-approved June 2025 for HIV PrEP in adults and adolescents ≥35 kg
- **MOA:** Interferes with capsid-mediated processes including uncoating, nuclear import, and virion assembly
- **Route of administration: SC injection** every 6 months following oral and injectable loading doses
- **Efficacy:**
  - **PURPOSE 1** (cisgender women, Africa): no incident HIV infections in the lenacapavir arm; superior to oral TDF/FTC, with limited pregnancy exposure data; no safety signals identified to date
  - **PURPOSE 2** (cisgender men, gender-nonbinary & transgender populations): **met primary endpoint,** with superior reduction in HIV incidence compared with daily oral PrEP
- **Safety:** most common adverse events included injection-site reactions and nausea (≥3%, all grades); discontinuations due to adverse events were uncommon (1.2%)

AI-generated visuals
SC = subcutaneous

Bekker LG, et al. *N Engl J Med.* 2024;391(13):1179-1192. Jogiraju V, et al. *Lancet*. 2025;405(10485):1147-1154. Kelley CF, et al. *N Engl J Med.* 2025;392(13):1261-1276. Lenacapavir [package insert]. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/220020s000lbl.pdf. Mansoor LE, et al. Conference on Retroviruses and Opportunistic Infections [CROI]; 2025. Abstract No. 1230. https://www.croiconference.org/abstract/1160-2025/.

Lenacapavir Summary: Efficacy and Safety Data

	PURPOSE 1	PURPOSE 2
Study Design	Phase 3, double-blind, active-controlled, multicenter, randomized studies	
Methodology	• Background HIV-1 (bHIV) incidence – i.e., the HIV incidence expected without PrEP (same as placebo group), calculated in the screened population • Participants randomly assigned (2:2:1) to twice-yearly lenacapavir (LEN), once-daily F/TAF (emtricitabine/tenofovir alafenamide), or once-daily TDF/FTC (emtricitabine/tenofovir disoproxil fumarate) + corresponding oral tablet placebo or placebo injection[3]	• Background HIV-1 incidence calculated in the screened population • Participants randomized to twice-yearly LEN or once-daily TDF/FTC in a 2:1 ratio[4]
Primary Endpoint	Incident HIV infection	
Study Population	**Cisgender women**[3] **South Africa, Uganda**	**Cisgender men, transgender women, transgender men, and gender-nonbinary persons who have sex with partners assigned male at birth** **United States, Mexico, Peru, Argentina, Brazil, South Africa, Thailand**
Efficacy Outcomes	• Twice-yearly LEN = **no incident HIV infections**, with a statistically significant reduction compared with background HIV incidence (P<0.001) and daily F/TDF (P<0.0001) • Adherence to LEN: Most injections were delivered on time	• Twice-yearly LEN reduced HIV incidence **by 96%** compared with bHIV incidence (P<0.001) and by 89% compared with daily daily TDF/FTC (*p*=0.002) • Adherence to LEN: Most injections were delivered on time
Safety Data	• Most common (≥1%) AEs reported in both PURPOSE 1 and PURPOSE 2 were ISRs; no hypersensitivity reactions reported • Percentage of participants with non-ISR AEs was similar in all groups in PURPOSE 1 (headache, UTI, genitourinary chlamydia) and PURPOSE 2 (rectal chlamydia, oropharyngeal and rectal gonococcal infection) • LEN was discontinued due to ISRs in 4 (0.2%) participants in PURPOSE 1 and 26 (1.2%) participants in PURPOSE 2	
Pregnancy Data	• Available pregnancy outcomes were consistent with expected background rates for the population.	N/A - participants assigned female at birth who had the ability to become pregnant were required to use contraception. None became pregnant.

AEs = adverse events; CYP3A = Cytochrome P450, family 3, subfamily A; ISR = injection-site reaction; P-gp = P-glucoprotein; SmPc = Summary of Product Characteristics; USPI = United States prescribing information; UTI = urinary tract infection.

Availability and indications may vary by country. Confirm local regulatory guidance.

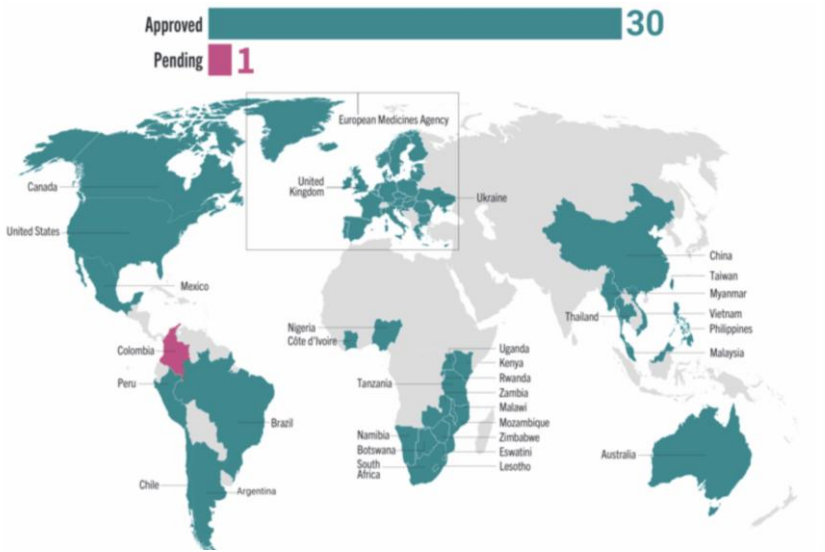
Bekker LG, et al. *N Engl J Med*. 2024;391(13):1179-1192. Kelley C, et al. *N Engl J Med*. 2025;392(13):1261-1276. Lenacapavir [package insert]. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/220020s000lbl.pdf.

LAI Regulatory Approval for PrEP

Cabotegravir Regulatory Approval

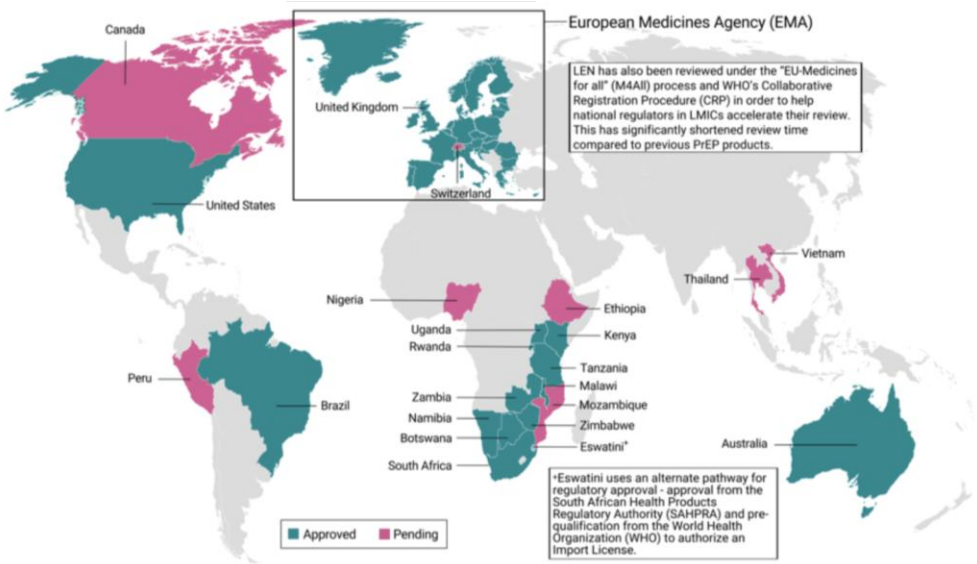
30 regulatory approvals (62 countries in total), 1 pending for CAB as of January 2026

Vietnam is newly approved in Q1 2026



Lenacapavir Regulatory Approval

15 regulatory approvals, 8 pending approvals as of January 2026



Approval counts verified against public regulatory communications and PrepWatch status tracker (January 2026).

PrEP Watch. PrEPWatch Website. 2026. https://www.prepwatch.org/long-acting-status-update/.

CME OUTFITTERS

Discussion

PrEP Options: Patient Eligibility Considerations, Consensus and Different Perspectives

	Oral Options			Injectable Options	
	F/TDF		F/TAF	Cabotegravir	Lenacapavir
	Daily	On-Demand	Daily	Every 2 Months	Every 6 Months
MSM	FDA On-Label Guideline Recommended (DHHS, IAS-USA, WHO)	FDA Off-Label Guideline Recommended (IAS-USA, WHO)	FDA On-Label Guideline Recommended (DHHS, IAS-USA, WHO)	FDA On-Label* Guideline Recommended (DHHS, IAS-USA, WHO)	FDA On-Label* Guideline Recommended (IAS-USA, WHO)
Transgender women		FDA Off-Label Not Recommended			
Heterosexual men					
Heterosexual women			FDA Off-Label Not Recommended		
Transgender men					

People who inject drugs: assess and consider sexual risk.
CDC indicates that people who inject drugs are likely to benefit from any FDA-approved PrEP option with or without a sexual risk indication.
*Except pregnancy: insufficient human data to adequately assess a drug-associated risk of birth defects and miscarriage.

DHHS = Department of Health and Human Services; IAS-USA = International Antiviral Society-United States of America. MSM = men who have sex with men

Gandhi RT, et al. *JAMA*. 2025;333(7):609-628. World Health Organization [WHO]. WHO Website. 2025. https://www.who.int/publications/i/item/9789240111608. Centers for Disease Control and Prevention [CDC]. CDC Website. 2025. https://www.cdc.gov/hivnexus/hcp/prep/index.html.

Patient Eligibility Considerations for PrEP

- **Baseline testing:**
  - HIV-negative status confirmed via 4th-gen Ag/Ab (plus NAAT if acute infection suspected)
  - RNA testing is highly recommended
- **Renal and bone health:**
  - TAF/FTC may be preferred over TDF/FTC in individuals with renal impairment or bone density concerns (where indicated and approved)
- **Age and pregnancy:**
  - TAF/FTC and CAB-LA may be used in adolescents ≥35 kg consistent with FDA labeling and CDC PrEP guidance; during pregnancy, CDC recommends oral TDF/FTC for those at ongoing risk, and CAB-LA may be initiated or continued following shared decision-making and risk–benefit assessment
  - Based on limited available data, lenacapavir PrEP may be used during pregnancy or continued if pregnancy occurs, following HCP–patient shared decision-making and consideration of HIV acquisition risk per 2025 MMWR guidance
- **Barriers:**
  - Access, stigma, patient-advocated adherence support
  - Clinician awareness and comfort prescribing, administering, and managing
  - Cost and insurance coverage

MMWR = morbidity and mortality weekly report.

Patel RR, et al. *MMWR Morb Mortal Wkly Rep.* 2025;74(35):541-549. Saidi F, et al. *Curr HIV/AIDS Rep.* 2025;22(1):44. Spinelli MA, et al. *JAMA.* 2024;332(18):1574-1575.

Emerging PrEP Formulations: What is on the Horizon

- **Lenacapavir LAI (IM)***
  - **Phase:** Phase I data (data presented at CROI 2025): show sustained plasma concentrations exceeding the model-based target exposure associated with prevention through ≥52–56 weeks, supporting further evaluation of once-yearly dosing.
  - **Route of administration:** investigational once-yearly IM LAI
  - **Safety:** Preliminary data suggest acceptable tolerability and safety
  - **Efficacy:** Pharmacokinetic data under evaluation for IM formulations; clinical PrEP efficacy established for twice-yearly SC lenacapavir dosing
  - Potential implications for adherence and implementation are being evaluated.
- **MK-8527****
  - **Phase:** Preclinical/early clinical trials are ongoing
  - **MOA:** Nucleoside reverse transcriptase translocation inhibitor (NRTTI) being studied as a long-acting PrEP agent
  - **Route of administration:** oral and potential LAI formulations in development
  - Designed to support less frequent dosing; adherence characteristics remain under study.

Discussion: Emerging monthly oral PrEP approaches (islatravir-class) and potential combination strategies with long-acting agents (e.g., lenacapavir)

AI-generated visuals

*Lenacapavir is not FDA-approved for IM injection as HIV PrEP.

**MK-8527 is not FDA-approved as an oral or injectable PrEP option.

Bekker LG, et al. *N Engl J Med*. 2024;391(13):1179-1192. Gillespie G, et al. *Clin Transl Sci*. 2025;18(9):e70331. Jogiraju V, et al. *Lancet*. 2025;405(10485):1147-1154. Kelley CF, et al. *N Engl J Med*. 2025;392(13):1261-1276. Raheem IT, et al. Conference on Retroviruses and Opportunistic Infections [CROI]; 2024. Abstract No. 638. https://www.croiconference.org/wp-content/uploads/sites/2/posters/2024/638.pdf.

AI-generated visuals
Tools available at https://www.cmeoutfitters.com/infectious-disease-hub/.

Using patient education tools in practice to discuss options, in supportive not prescriptive ways

"My job is to offer options. You choose what PrEP best fits your life"

- Start with patient goals + preferences
- Match option to routine + access realities
- Confirm understanding + plan for follow-up/testing

SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

Put information into action! Consider the following goals; then *set a time frame* that fits with your work environment and *a reasonable improvement target* that aligns with your patient population.

- **Use a PrEP options counseling aid** to initiate PrEP discussions and support shared decision-making in your clinic or practice team, **in the next 30 days**.
- **Implement a standardized PrEP initiation approach** for both daily oral and long-acting options, including appropriate HIV testing and symptom assessment per local guidance, **in the next 60 days**.
- **Develop and apply a clinic workflow to support ongoing PrEP use**, including plans for missed doses or injections (with oral PrEP bridging when appropriate), patient follow-up reminders, use of patient education materials, and discussion of clinic resources to address cost and access barriers, **in the next 60–90 days**.

CME OUTFITTERS

Additional Resources

Visit www.cmeoutfitters.com for clinical information and certified educational activities

CME OUTFITTERS

Visit the
Infectious Disease Hub

Free resources and education for health care professionals and patients

https://www.cmeoutfitters.com/infectious-disease-hub/

HCP: Comparing PrEP Choices: Efficacy, Safety, and What's New
Patients: Finding the Right PrEP Option for You

CMEO Snack

Other programs in this series include:

1. **Breaking Barriers – Implementing Status-Neutral HIV Screening and Prevention for All**

   Oni Blackstock, MD, MHS (Moderator)
   Cristina Mussini, MD
   Sunil Suhas Solomon, MBBS, PhD, MPH
   Boghuma K. Titanji, MD, MSc., DTM&H, PhD

3. **Expanding Access – Optimizing Use of Long-Acting Injectable PrEP**

   David Alain Wohl, MD (Moderator)
   Jakkrapatara Boonruang, MD
   Cristina Mussini, MD
   Landon Myer, MD, PhD

4. **Partnering for Success – Patient Engagement and PrEP Adherence Strategies**

   Florence Momplaisir, MD, MSHP (Moderator)
   Tristan J. Barber, MA, MD, FRCP
   Linda-Gail Bekker, MBChB, DTMH, DCH, FCP, PhD
   Sunil Suhas Solomon, MBBS, PhD, MPH

To Receive Credit

To receive CME/CE credit for this activity, participants must complete the post-test and evaluation online.

Participants will be able to download and print their certificate immediately upon completion.