

SUPPLEMENTARY TABLE S3. KEY CHARACTERISTICS OF INCLUDED QUANTITATIVE STUDIES (N=26)

<i>First author (year)</i>	<i>Location</i>	<i>Time of survey</i>	<i>Characteristics of participants</i>	<i>No. of participants</i>	<i>Recruitment/sampling regime</i>	<i>Study design</i>	<i>Key measurement</i>
Adams (2016) <sup>S1</sup>	Mixed	June 2014	HIV care providers with 47.3% being female	N=260	Members of the American Academy of HIV Medicine (AAHIVM) were invited through e-mail to complete the survey/convenience sampling	Cross-sectional	Hypothetical willingness of prescription
Bacon (2017) <sup>S2</sup>	San Francisco	May 2014	A mixed group of HIV specialists and nonspecialists: aged 43 years (median); 56% female, 69% white	N=99	A 20-item electronic structured questionnaire was e-mailed to PCPs in May 2014 through the nine-county San Francisco Bay Area Collaborative Research Network/convenience sampling	Cross-sectional	PrEP knowledge, prior PrEP prescribing experience
Blackstock (2016) <sup>S38</sup>	Mixed	April to May 2015	A total of 266 PCPs were included	N=266	Members of a national professional organization for academic PCP/convenience sampling	Cross-sectional	PrEP awareness, PrEP adoption and PrEP knowledge and attitudes
Blaylock (2018) <sup>S3</sup>	Mixed	2015–2017	Medical providers recruited from military service system	N=1599	Army, navy, and air force health care providers were asked to respond to a web-based survey/convenience sampling	Cross-sectional	PrEP knowledge, endorsement and PrEP
Blumenthal (2015) <sup>S4</sup>	New Yew and California	2014	HIV and non-HIV health care providers aged 40 years (mean), 59% being white, and 60% being female	N=233	Providers who work at the UCSD HIV or Infectious Diseases Clinics and regularly attend AIDS rounds but were not present when the study was offered were asked to complete the survey during their office hours. HIV providers in Los Angeles who are part of a Southern California research group with access to the iPads but with no prior knowledge of this study were also asked to complete the survey during their office hours/convenience sampling	Cross-sectional	PrEP knowledge; PrEP perception; PrEP prescription experience

(continued)

SUPPLEMENTARY TABLE S3. (CONTINUED)

<i>First author (year)</i>	<i>Location</i>	<i>Time of survey</i>	<i>Characteristics of participants</i>	<i>No. of participants</i>	<i>Recruitment/sampling regime</i>	<i>Study design</i>	<i>Key measurement</i>
Calabrese (2014) <sup>S5</sup>	Northeastern United States	January 2013	Medical school students: age (mean = 25.7, SD = 2.8), 50% female, 48% white	N = 102	Medical school students in the northeastern United States were recruited to participate in an anonymous online survey/convenience sampling	Cross-sectional	Hypothetical willingness of PrEP prescription based upon patients' races
Castel (2015) <sup>S6</sup>	Miami, FL, and Washington, DC	March 2012–2013	HIV providers in Miami, FL, and Washington, DC, who had treated at least one HIV+ patient	N = 142	Listing of HIV providers from physician societies, training centers, and health departments in both cities was used to identify potential participants/convenience sampling	Cross-sectional	PrEP knowledge, experience, and likelihood of prescribing
Clement (2017) <sup>S39</sup>	North Carolina	Baseline: October 2015; post-test: September 2016	PCPs at an academic medical center; at baseline: 56/115 = 48.7% are female; 94/115 (81.7%) are white. Most seeing MSM patients	Baseline = 115, follow-up = 79	An online survey was sent to a large network of PCPs at an academic medical center in North Carolina/convenience sampling	Pre-post	PrEP prescription; HIV knowledge
Edelman (2017) <sup>S7</sup>	Mixed	April to May 2015	Members of a society for academic general internists: aged 41 years, 72% were white, 62% were women, and most were attending physicians (79%)	N = 250	Convenience sampling among members of the Society of General Internal Medicine using Qualtrics for web-based survey	Cross-sectional	Hypothetical willingness of PrEP prescription among people who inject drugs
Hakre (2016) <sup>S8</sup>	San Antoni, TX	2015	PCPs and ID physicians working at Air Force HIV Medical Evaluation Unit, with mean age of 36.7 years, 41% being female and 74% being white	N = 403	The director of the Air Force HIV Medical Evaluation Unit contacted active duty PCPs and ID physicians by e-mail with an invitation to participate in a web-based needs assessment survey/convenience sampling	Cross-sectional	Experience and willingness of PrEP provision
Karris (2014) <sup>S40</sup>	Mixed	June to July 2013	Adult ID physicians across the country	N = 573	An electronic survey was sent by staff at the EIN coordinating center to members with an adult ID practice/convenience sampling	Cross-sectional	Prescription experience

(continued)

SUPPLEMENTARY TABLE S3. (CONTINUED)

<i>First author (year)</i>	<i>Location</i>	<i>Time of survey</i>	<i>Characteristics of participants</i>	<i>No. of participants</i>	<i>Recruitment/sampling regime</i>	<i>Study design</i>	<i>Key measurement</i>
Krakower (2016) <sup>S9-S11</sup>	Boston, MA	2015	Primary care clinicians with mean age of 37 years, 53% being female and 81% being white	N=32	All PCPs (n=35) at Fenway Health were invited to complete anonymous 35-item surveys assessing experiences with PrEP provision/convenience sampling.	Cross-sectional	Experience and willingness of PrEP provision
Krakower (2016) <sup>S9-S11</sup>	Mixed	September 2014	Almost half of the 1,191 active members invited (48.1%) participated; 415 (72.4%) were HIV care providers	N=1191	An electronic or faxed confidential survey was sent to the 1,320 Emerging Infectious Network members practicing adult IDs/convenience sampling	Cross-sectional	PrEP prescription and consultation
Krawkower (2015) <sup>S41</sup>	New England	September to December 2013	Health care providers in New England: age (mean=44 years), 58% were female and 82% were white	N=184	Health care practitioners affiliated with a regional AIDS Education and Training Center in New England were invited to complete online surveys/convenience sampling	Cross-sectional	PrEP awareness and prescription, willingness of PrEP prescription
Mullins (2017) <sup>S12</sup>	14 US locations	January and April 2014	Clinicians who were based at one of the 14 US locations and provided care to HIV-infected youth: age=45.9 years (SD=10.7); half (n=27, 5%) self-described as non-Hispanic white; 43 (77%) reported female gender at birth (n=36; 64%) were physicians	N=56	Online survey: participants were recruited through the National Institutes of Health funded Adolescent Medicine Trials Network for HIV/AIDS; interventions (ATN)/convenience sampling	Cross-sectional	Intention to prescribe PrEP; actual prescription of PrEP to adults and adolescents
Scherer (2014) <sup>S13</sup>	New York City	October 2013	New York area care providers for PLWHA: 71% (n=71) are female; 60% are white (n=87); age (mean) = 50 (24–69)	N=145	Distributed during a HIV-related conference/convenience sampling	Cross-sectional	Attitudes, knowledge, and practice pattern toward fertility and conception in serodiscordant couples

(continued)

SUPPLEMENTARY TABLE S3. (CONTINUED)

<i>First author (year)</i>	<i>Location</i>	<i>Time of survey</i>	<i>Characteristics of participants</i>	<i>No. of participants</i>	<i>Recruitment/sampling regime</i>	<i>Study design</i>	<i>Key measurement</i>
Seidman (2016) <sup>S14</sup>	Mixed	2015	Family planning providers: being female (95%), being white (81%), being a nurse practitioner or physician assistant (53%), being 55 years old and over (42%) and seeing 20 or more patients per week (58%)	<i>N</i> = 495	Family planning providers recruited through website postings, national meetings, and e-mail completed an anonymous survey/convenience sampling	Cross-sectional	PrEP prescribing experience
Shaeer (2014) <sup>S15</sup>	Florida	March to July 2013	Pharmacists practicing in FL: white (67%), women (50%), age (mean = 45.7, SD = 13.9)	<i>N</i> = 225	In-person surveys were distributed during a state pharmacist meeting and online anonymous survey were sent through FL pharmacist newsletter/convenience sampling	Cross-sectional	Experience of dispensing PrEP, willingness of providing consultation
Smith (2015) <sup>S16</sup>	Mixed	2009–2015	Physicians and nurse practitioners were surveyed in 2009–2015	<i>N</i> = 1,500 (2009); <i>N</i> = 1,504 (2010); <i>N</i> = 1,503 (2012); <i>N</i> = 251 (2012, pharmacist); <i>N</i> = 1,507 (2013); <i>N</i> = 1,508 (2014); <i>N</i> = 1,751 (2015)	Web-based surveys with a main sample of primary care physicians and additional samples of other selected specialties/convenience sampling	Cross-sectional	Willingness and prescription of PrEP
Tellalian (2013) <sup>S17</sup>	Mixed	April to September 2011	Members of AAHIVM, with 44% females	<i>N</i> = 189	Survey was sent to members of AAHIVM/convenience sampling	Cross-sectional	Knowledge, perceptions, attitudes, prescription, and concerns about PrEP

(continued)

SUPPLEMENTARY TABLE S3. (CONTINUED)

<i>First author (year)</i>	<i>Location</i>	<i>Time of survey</i>	<i>Characteristics of participants</i>	<i>No. of participants</i>	<i>Recruitment/sampling regime</i>	<i>Study design</i>	<i>Key measurement</i>
Tripathi (2012) <sup>S18,a</sup>	South Carolina and Mississippi	September 2006 to January 2008	Providers from sexually transmitted disease and family planning clinics: median age was 46.9 years and a majority were women [279 (78%)], non-Hispanic white [277 (78%)], non-physicians [254 (71%)], and public health care providers [223 (62%)] Community pharmacists: 75% PharmD, 61% male, 42% > 10 years' experience as a pharmacist	N = 360	The final survey was mailed to 480 providers at sexually transmitted disease and family planning care settings/convenience sampling	Cross-sectional	PrEP knowledge; hypothetical willingness of prescribing PrEP
Unni (2016) <sup>S19</sup>	Utah	January and February 2015		N = 251	Participants were recruited through a confidential list bought from the Utah Division of Occupational and Professional Licensing, which has a complete list of licensed Utah pharmacists/convenience sampling	Cross-sectional	Intention to provide consultation regarding PrEP use; PrEP knowledge
Walsh (2017) <sup>S20</sup> / Petroll (2017) <sup>S21</sup>	Mixed	July 2014 to May 2015	A total of 280 PCPs were included in the analytical analyses with a mean age of 50 years (SD = 8), 56% white and 48% of women	N = 280	Potential participants were recruited using databases from three professional organizations. Only providers who practice in the 10 US cities with largest number of HIV cases were recruited; providers should be within zip code where HIV prevalence was at least 0.5%/purposive sampling	Cross-sectional	PrEP awareness, and prescription, and discussion with patients regarding PrEP
Weiser (2017) <sup>S22</sup>	Mixed	2013–2014	Nationwide HIV care providers, with 41% being female and 64% being white	N = 935	Data describing provider characteristics and practices were obtained from the 2013 to 2014 Medical Monitoring Project Provider Survey/probability sampling	Cross-sectional	PrEP prescribing experience

(continued)

SUPPLEMENTARY TABLE S3. (CONTINUED)

<i>First author (year)</i>	<i>Location</i>	<i>Time of survey</i>	<i>Characteristics of participants</i>	<i>No. of participants</i>	<i>Recruitment/sampling regime</i>	<i>Study design</i>	<i>Key measurement</i>
White (2012) <sup>S23</sup> / Mimiaga (2014) <sup>S24</sup>	Massachusetts	Baseline: 2010; follow-up: 2011	Self-reported HIV specialist or generalist. pretest: 131/178 are HIV specialist, 99/178 female; age=43 years (SD=9.2); post-test: 69/115 HIV specialist, 73/115 female, age=42 (SD=9.8)	N = 178 (pretest) and N = 115 (post-test)	Massachusetts physicians were recruited through e-mail to complete an online survey/convenience sampling	Pre-post comparison	PrEP knowledge; experience and preference; motivators/barriers
Wood (2018) <sup>S25</sup>	Mixed	May 2016	Licensed medical providers from WA state Department of Health	N = 735	Survey was sent based upon e-mail list of licensed health providers at WA/convenience sampling	Cross-sectional	PrEP knowledge, attitudes, prescription experience, and identify implementation barriers

<sup>a</sup>The corresponding author has been contacted for acquiring information but authors did not respond.

AAHIVM, American Academy of HIV Medicine; EIN, Emerging Infections Network; ID, infectious disease; MSM, men who have sex with men; PCP, primary care provider; PLWHA, people living with HIV/AIDS; SD, standard deviation.

SUPPLEMENTARY TABLE S4. KEY CHARACTERISTICS OF INCLUDED QUALITATIVE STUDIES (N=10)

<i>First author (year)</i>	<i>Location</i>	<i>Time of survey</i>	<i>Participants</i>	<i>N</i>	<i>Recruitment/sample regime</i>	<i>Key topics</i>
Arnold (2012) <sup>S26</sup>	SF/Oakland/LA	2011	Health providers including primary care physicians seeing high number of MSM and TG women, HIV specialists, community health clinic providers, and public health officials	22	In-depth interview/snowball sampling	Assessing general knowledge of the iPrEx trial results and PrEP, the suggested CDC guidance, considerations of cost, the capacity of primary care practices to complete necessary billing and follow-up care, dosing schedules and toxicity monitoring, and following patients regularly over long periods of time
Calabrese (2016/2017) <sup>S27,S28</sup>	Nationwide	September 2014 to February 2015	US-based health providers with PrEP experience: mean age = 43 years (SD = 8.3), 28% female, 39% white, 67% practicing at northeastern United States and 22% practicing at southern United States	18	In-depth interview in-person or by phone/convince sampling	PrEP experience, attitudes, and prescribing intentions, risk assessment, training experiences and recommendations
Collier (2017) <sup>S29</sup>	New York City	2014	Staff participants who are participating organizations in a direct service role were eligible to participate (e.g., social workers, case managers, counselors, and intake and referral coordinators) were eligible	21	Focus group discussions/convenience sampling	(1) PrEP knowledge, (2) attitudes about PrEP, (3) perceived facilitators to uptake/usage, (4) perceived barriers to uptake/usage, and (5) PrEP message preferences
Doblecki-lewis (2016) <sup>S30</sup>	South Florida	October to December 2014	Six medical providers, 7 administrators, and 9 case managers: 23% non-Hispanic white, all were at least with 2 years of experience with HIV-related patients	22	Focus groups/convenience sampling	Practical concerns and perceive limitations regarding PrEP implementation

(continued)

SUPPLEMENTARY TABLE S4. (CONTINUED)

<i>First author (year)</i>	<i>Location</i>	<i>Time of survey</i>	<i>Participants</i>	<i>N</i>	<i>Recruitment/sample regime</i>	<i>Key topics</i>
Finocchario-Kessler (2016) <sup>S31</sup>	Atlanta, Baltimore, Houston, Kansas City, Newark, Philadelphia, and San Francisco	August 2013 to October 2014	Health provider treating patients with HIV: 67.1% female, mean age of 43 years, 70.4% white	85	Mixed methods (survey and in-depth interviews); purposive sampling	PrEP willingness and prescription experience
Hoffman (2016) <sup>S32</sup>	New York City regions	Late 2012 to early 2013	Of the 30 participants, 24 were physicians, 4 were nurse practitioners, and 2 were physician assistants	30	In-depth interview/purposive sampling	PrEP prescription experience, anticipated challenges, intention to implement PrEP care, and training needs
Krakower (2014) <sup>S33</sup>	Boston	May to June 2012	HIV care providers: 66% white, 82% practice at hospital-based clinics and 18% practice at a community health center	39	Focus groups/convenience sampling	Perceived barriers and facilitators to PrEP implementation
Krakower (2017) <sup>S34</sup>	Boston/MA	September 2013 to August 2014	12 PCPs from LGBT specialist and 19 PCPs from a general academic medical center	31	In-depth interview/purposive sampling	How they approach decisions about prescribing PrEP to MSM and their experiences with PrEP provision
Mullins (2015/2016) <sup>S35, S36</sup>	Nationwide	2012–2013	US clinicians caring for HIV-infected and at-risk youth	15	In-depth interview/convince sampling	Belief about the role of PrEP in HIV prevention for adolescents, perceived barriers/facilitators regarding PrEP care
Spector (2015) <sup>S37</sup>	New York City	2013	36 providers were surveyed from 6 outpatient substance abuse treatment clinics, with 8 medical providers, 6 clinic directors, and 22 counsellors	36	Semistructured interview/community-based participatory research approach	Limited awareness of PrEP, ambivalent perspectives toward offering PrEP, challenges in delivering PrEP, concerns about adherence, safety/side effects, and barriers to conducting clinical trials

CDC, Centers for Disease Control and Prevention; iPrEx, Preexposure Prophylaxis Initiative; LGBT, lesbian, gay, bisexual, and transgender; TG, transgendered.



SUPPLEMENTARY TABLE S5. PREP IMPLEMENTATION CASCADE FROM 2013 TO 2015

	<i>Study</i>	<i>ES</i>	<i>95%CI</i>	<i>% weight</i>	
<b>Awareness</b>	Smith 2015 (2013)	0.51	0.48–0.54	11.41	
	Smith 2015 (2014)	0.61	0.59–0.62	11.41	
	Smith 2015 (2015)	0.66	0.64–0.68	11.42	
	Krawkower 2015	0.89	0.84–0.93	10.93	
	Collier 2017	0.38	0.21–0.59	8.04	
	Bacon 2017	0.92	0.85–0.96	10.51	
	Petroll 2017	0.44	0.40–0.48	11.28	
	Blackstock 2016	0.93	0.89–0.95	11.09	
	Spector 2015	0.11	0.04–0.25	9.17	
	Dobleck-Lewis 2015	1.00	0.61–1.00	4.75	
	<b>Random pooled ES</b>	<b>0.66</b>	<b>0.55–0.77</b>	<b>100.00</b>	
<b>Willingness</b>	Karris 2013	0.74	0.70–0.77	5.86	
	Calabrese 2014	0.75	0.66–0.82	5.68	
	Shaeer 2013	0.53	0.46–0.59	5.80	
	Krawkower 2015	0.58	0.51–0.65	5.78	
	Finocchairo-Kessler 2016	0.73	0.63–0.81	5.64	
	Admas 2016	0.60	0.54–0.65	5.81	
	Calabrese 2016/2017	1.00	0.82–1.00	4.86	
	Blumenthal 2015	0.64	0.58–0.70	5.80	
	Bacon 2017	0.70	0.60–0.78	5.67	
	Krawkower 2016b	0.97	0.84–0.99	5.26	
	Seidman 2016	0.25	0.21–0.29	5.85	
	Unni 2016	0.17	0.13–0.22	5.81	
	Edelman 2017	0.74	0.68–0.79	5.81	
	Clement 2017	1.00	0.96–1.00	5.70	
	Petroll 2017	0.50	0.46–0.54	5.86	
	Blackstock 2016	0.32	0.26–0.37	5.81	
	Spector 2015	0.81	0.65–0.90	5.32	
	Dobleck-Lewis 2015	1.00	0.61–1.00	3.67	
	<b>Random pooled ES</b>	<b>0.68</b>	<b>0.56–0.79</b>	<b>100.00</b>	
<b>Consultation</b>	Shaeer 2013	0.22	0.17–0.28	24.83	
	Scherer 2014	0.38	0.31–0.46	24.28	
	Krakower 2016a	0.59	0.55–0.63	25.46	
	Petroll 2017	0.39	0.35–0.43	25.42	
		<b>Random pooled ES</b>	<b>0.39</b>	<b>0.24–0.55</b>	<b>100.00</b>
<b>Prescription</b>	Smith 2015 (2013)	0.04	0.03–0.05	4.39	
	Smith 2015 (2014)	0.04	0.03–0.05	4.39	
	Smith 2015 (2015)	0.07	0.06–0.08	4.40	
	Karris 2013	0.09	0.07–0.12	4.36	
	Scherer 2014	0.17	0.12–0.24	4.22	
	Krawkower 2015	0.19	0.14–0.25	4.26	
	Weiser 2017	0.26	0.23–0.29	4.38	
	Finocchairo-Kessler	0.19	0.12–0.28	4.10	
	Hoffman 2016	0.23	0.12–0.41	3.62	
	Krawkower 2017	0.39	0.24–0.56	3.64	
	Mullins 2016/2017	0.40	0.20–0.64	3.09	
	Mullins 2017_adult	0.63	0.50–0.74	3.95	
	Collier 2017	0.00	0.00–0.15	3.37	
	Calabrese 2016/2017	0.94	0.74–0.99	3.25	
	Blumenthal 2015	0.21	0.16–0.27	4.29	
	Krakower 2016a	0.32	0.28–0.36	4.36	
	Bacon 2017	0.26	0.18–0.35	4.14	
	Hakre 2016	0.09	0.07–0.12	4.34	
	Krakower 2016b	0.97	0.84–0.99	3.66	
	Seidman 2016	0.04	0.03–0.06	4.35	
	Clement 2017_Pre	0.17	0.11–0.24	4.17	
	Petroll 2017	0.39	0.35–0.43	4.36	
	Blackstock 2016	0.32	0.27–0.38	4.31	
	Blaylock 2018	0.29	0.27–0.32	4.40	
	Doblecki_Lewis 2015	0.83	0.44–0.97	2.18	
		<b>Random pooled ES</b>	<b>0.25</b>	<b>0.18–0.33</b>	<b>100.00</b>

## Supplementary References

- S1. Adams LM, Balderson BH. HIV providers' likelihood to prescribe pre-exposure prophylaxis (PrEP) for HIV prevention differs by patient type: A short report. *AIDS Care* 2016;28:1154–1158.
- S2. Bacon O, Gonzalez R, Andrew E, et al. Brief report: Informing strategies to build PrEP capacity among San Francisco Bay Area clinicians. *J Acquir Immune Defic Syndr* 2017;74:175–179.
- S3. Blaylock JM, Hakre S, Okulicz JF, et al. HIV preexposure prophylaxis in the U.S. military services—2014–2016. *MMWR Morb Mortal Wkly Rep* 2018;67:569–574.
- S4. Blumenthal J, Jain S, Krakower D, et al. Knowledge is power! Increased provider knowledge scores regarding pre-exposure prophylaxis (PrEP) are associated with higher rates of PrEP prescription and future intent to prescribe PrEP. *AIDS Behav* 2015;19:802–810.
- S5. Calabrese SK, Earnshaw VA, Underhill K, Hansen NB, Dovidio JF. The impact of patient race on clinical decisions related to prescribing HIV pre-exposure prophylaxis (PrEP): Assumptions about sexual risk compensation and implications for access. *AIDS Behav* 2014;18:226–240.
- S6. Castel AD, Feaster DJ, Tang W, et al. Understanding HIV care provider attitudes regarding intentions to prescribe PrEP. *J Acquir Immune Defic Syndr* 2015;70:520–528.
- S7. Edelman EJ, Moore BA, Calabrese SK, et al. Primary care physicians' willingness to prescribe HIV pre-exposure prophylaxis for people who inject drugs. *AIDS Behav* 2017;21:1025–1033.
- S8. Hakre S, Blaylock JM, Dawson P, et al. Knowledge, attitudes, and beliefs about HIV pre-exposure prophylaxis among US Air Force Health Care Providers. *Medicine (Baltimore)* 2016;95:e4511.
- S9. Krakower DS, Mayer KH. The role of healthcare providers in the roll out of preexposure prophylaxis. *Curr Opin HIV AIDS* 2016;11:41–48.
- S10. Krakower DS, Beekmann SE, Polgreen PM, Mayer KH. Diffusion of newer HIV prevention innovations: Variable practices of frontline infectious diseases physicians. *Clin Infect Dis* 2016;62:99–105.
- S11. Krakower DS, Maloney KM, Grasso C, Melbourne K, Mayer KH. Primary care clinicians' experiences prescribing HIV pre-exposure prophylaxis at a specialized community health centre in Boston: Lessons from early adopters. *J Int AIDS Soc* 2016;19:21165.
- S12. Mullins TLK, Zimet G, Lally M, Xu J, Thornton S, Kahn JA. HIV care providers' intentions to prescribe and actual prescription of pre-exposure prophylaxis to at-risk adolescents and adults. *AIDS Patient Care STDS* 2017;31:504–516.
- S13. Scherer ML, Douglas NC, Churnet BH, et al. Survey of HIV care providers on management of HIV serodiscordant couples—Assessment of attitudes, knowledge, and practices. *AIDS Care* 2014;26:1435–1439.
- S14. Seidman D, Carlson K, Weber S, Witt J, Kelly PJ. United States family planning providers' knowledge of and attitudes towards preexposure prophylaxis for HIV prevention: A national survey. *Contraception* 2016;93:463–469.
- S15. Shafer KM, Sherman EM, Shafiq S, Hardigan P. Exploratory survey of Florida pharmacists' experience, knowledge, and perception of HIV pre-exposure prophylaxis. *J Am Pharm Assoc* 2014;54:610–617.
- S16. Smith DK, Van Handel M, Wolitski RJ, et al. Vital signs: Estimated percentages and numbers of adults with indications for preexposure prophylaxis to prevent HIV acquisition—United States, 2015. *J Miss State Med Assoc* 2015;56:364–371.
- S17. Tellalian D, Maznavi K, Bredeek UF, Hardy WD. Pre-exposure prophylaxis (PrEP) for HIV infection: Results of a survey of HIV healthcare providers evaluating their knowledge, attitudes, and prescribing practices. *AIDS Patient Care STDS* 2013;27:553–559.
- S18. Tripathi A, Ogbuanu C, Monger M, Gibson JJ, Duffus WA. Preexposure prophylaxis for HIV infection: Healthcare providers' knowledge, perception, and willingness to adopt future implementation in the southern US. *South Med J* 2012;105:199–206.
- S19. Unni EJ, Lian N, Kuykendall W. Understanding community pharmacist perceptions and knowledge about HIV preexposure prophylaxis (PrEP) therapy in a Mountain West state. *J Am Pharm Assoc* 2016;56:527.e521–532.e521.
- S20. Walsh JL, Petroll AE. Factors related to pre-exposure prophylaxis prescription by U.S. primary care physicians. *Am J Prev Med* 2017;52:e165–e172.
- S21. Petroll AE, Walsh JL, Owczarzak JL, McAuliffe TL, Bogart LM, Kelly JA. PrEP awareness, familiarity, comfort, and prescribing experience among US primary care providers and HIV specialists. *AIDS Behav* 2017;21:1256–1267.
- S22. Weiser J, Garg S, Beer L, Skarbinski J. Prescribing of human immunodeficiency virus (HIV) pre-exposure prophylaxis by HIV medical providers in the United States, 2013–2014. *Open Forum Infect Dis* 2017;4:ofx003.
- S23. White JM, Mimiaga MJ, Krakower DS, Mayer KH. Evolution of Massachusetts physician attitudes, knowledge, and experience regarding the use of antiretrovirals for HIV prevention. *AIDS Patient Care STDS* 2012;26:395–405.
- S24. Mimiaga MJ, White JM, Krakower DS, Biello KB, Mayer KH. Suboptimal awareness and comprehension of published preexposure prophylaxis efficacy results among physicians in Massachusetts. *AIDS Care* 2014;26:684–693.
- S25. Wood BR, McMahan VM, Naismith K, Stockton JB, Delaney LA, Stekler JD. Knowledge, practices, and barriers to HIV preexposure prophylaxis prescribing among Washington State medical providers. *Sex Transm Dis* 2018;45:452–458.
- S26. Arnold EA, Hazelton P, Lane T, et al. A qualitative study of provider thoughts on implementing pre-exposure prophylaxis (PrEP) in clinical settings to prevent HIV infection. *PLoS One* 2012;7:e40603.
- S27. Calabrese SK, Magnus M, Mayer KH, et al. Putting PrEP into practice: Lessons learned from early-adopting U.S. providers' firsthand experiences providing HIV pre-exposure prophylaxis and associated care. *PLoS One* 2016;11:e0157324.
- S28. Calabrese SK, Magnus M, Mayer KH, et al. "Support your client at the space that they're in": HIV pre-exposure prophylaxis (PrEP) prescribers' perspectives on PrEP-related risk compensation. *AIDS Patient Care STDS* 2017;31:196–204.
- S29. Collier KL, Colarossi LG, Sanders K. Raising awareness of pre-exposure prophylaxis (PrEP) among women in New York City: Community and provider perspectives. *J Health Commun* 2017;22:183–189.

- S30. Doblecki-Lewis S, Jones D. Community federally qualified health centers as homes for HIV preexposure prophylaxis: Perspectives from South Florida. *J Int Assoc Provid AIDS Care* 2016;15:522–528.
- S31. Finocchiaro-Kessler S, Champassak S, Hoyt MJ, et al. Pre-exposure prophylaxis (PrEP) for safer conception among serodifferent couples: Findings from healthcare providers serving patients with HIV in seven US cities. *AIDS Patient Care STDS* 2016;30:125–133.
- S32. Hoffman S, Guidry JA, Collier KL, et al. A clinical home for preexposure prophylaxis: Diverse health care providers' perspectives on the "purview paradox." *J Int Assoc Provid AIDS Care* 2016;15:59–65.
- S33. Krakower D, Ware N, Mitty JA, Maloney K, Mayer KH. HIV providers' perceived barriers and facilitators to implementing pre-exposure prophylaxis in care settings: A qualitative study. *AIDS Behav* 2014;18:1712–1721.
- S34. Krakower DS, Ware NC, Maloney KM, Wilson IB, Wong JB, Mayer KH. Differing experiences with pre-exposure prophylaxis in Boston among lesbian, gay, bisexual, and transgender specialists and generalists in primary care: Implications for scale-up. *AIDS Patient Care STDS* 2017; 31:297–304.
- S35. Mullins TL, Lally M, Zimet G, Kahn JA. Clinician attitudes toward CDC interim pre-exposure prophylaxis (PrEP) guidance and operationalizing PrEP for adolescents. *AIDS Patient Care STDS* 2015;29:193–203.
- S36. Mullins TL, Zimet G, Lally M, Kahn JA. Adolescent human immunodeficiency virus care providers' attitudes toward the use of oral pre-exposure prophylaxis in youth. *AIDS Patient Care STDS* 2016;30:339–348.
- S37. Spector AY, Remien RH, Tross S. PrEP in substance abuse treatment: A qualitative study of treatment provider perspectives. *Subst Abuse Treat Prev Policy* 2015;10:1.
- S38. Blackstock OJ, Moore BA, Berkenblit GC, et al. A cross-sectional online survey of HIV pre-exposure prophylaxis adoption among primary care physicians. *J Gen Int Med* 2016;32:62–70.
- S39. Clement ME, Seidelman J, Wu J, et al. An educational initiative in response to identified PrEP prescribing needs among PCPs in the Southern U.S. *AIDS Care* 2018 May;30:650–655. doi: 10.1080/09540121.2017.1384534. Epub 2017 Oct 3. PubMed PMID: 28971705.
- S40. Karris MY, Beekmann SE, Mehta SR, Anderson CM, Polgreen PM. Are we prepped for preexposure prophylaxis (PrEP)? Provider opinions on the real-world use of PrEP in the United States and Canada. *Clinical infectious diseases: an official publication of the Infectious Diseases Society of America*. 2014;58:704–712.
- S41. Krakower DS, Oldenburg CE, Mitty JA, et al. Knowledge, beliefs and practices regarding antiretroviral medications for HIV prevention: Results from a survey of health-care providers in New England. *PLoS One* 2015;10: e0132398.