

Oral* PrEP Service Delivery Checklist



Ending
the
HIV
Epidemic

Starting PrEP

_____ Discuss PrEP with all sexually active adults and adolescents. Consider PrEP for anyone who requests it unless contraindications are present.

_____ Recommend PrEP to any patient with:

- Condomless vaginal or anal sex with a partner who has HIV or unknown HIV status
- HIV+ sex partner (especially if partner is not virally suppressed or if trying to conceive)
- Recent bacterial STI, especially syphilis (50% HIV and syphilis co-infection rates in LA County)
- Injection drug use with sharing needles/equipment
- Any survival/transactional sex

_____ PrEP education/counseling

- Options:
 - Oral PrEP with either TDF/FTC (Truvada) or TAF/FTC (Descovy)
 - TAF/FTC is not for those at risk from receptive vaginal sex
 - Maximum protection takes 7 days (anal sex), and 21 days (vaginal sex)
 - PrEP On-Demand with TDF/FTC, most suited for MSM with infrequent sex, aka 2-1-1
 - Note: On-Demand has only been demonstrated to be protective for insertive and anal receptive sex.
- With good adherence, Oral PrEP is highly effective (>99%)
- Possible side effects: n/v, diarrhea (resolves within 1 month), renal dysfunction- reversible if PrEP stopped (TDF), slight loss of BMD (TDF), possible weight gain (TAF)
- Importance of regular HIV testing, especially if start/stop or with 2-1-1
- For individuals with Hep B, disease can flare if PrEP is stopped abruptly

_____ Obtain past medical history, specifically about history of kidney and liver disease (particularly HBV), osteoporosis. For patients who can get pregnant, assess pregnancy desires.

Contraindications: Current HIV infection, weight<77lbs, eCrCl<60 for TDF/FTC and <30 for TAF/FTC, possible HIV exposure in last 72 hours, offer PEP. For assistance, call National PEpline.

_____ Assess for and educate on symptoms of acute HIV infection (e.g., flu-like illness, lymphadenopathy).

_____ Lab Screening:

- HIV test: 4th generation Ag/Ab test (or HIV viral load) to rule out acute HIV
- STD (RPR or Trep EIA/CIA, GC/CT urine, GC/CT rectum, GC pharynx)
- Creatinine to estimate creatinine clearance (CrCl)
- Hepatitis Screening: HepB sAb/cAb/Ag and HCV Ab
- Pregnancy test (if applicable)

_____ Provide prescription for PrEP

- **Oral PrEP:** TDF/FTC (Truvada) or TAF/FTC (Descovy)* #30 tabs, 2 refills
- **PrEP On-Demand:** #30 pills, no refills because patient needs an HIV test before refill

_____ Offer Hepatitis B vaccine series, meningococcal and HPV vaccinations, as indicated.

_____ Assess for substance abuse and mental health needs and make referrals as needed.

_____ Schedule follow-up visits at least every 3 months and create a plan for communication between visits.

_____ Consider check-in call in 1 week to ensure Rx picked up, assess side effects and adherence.

_____ Consider 1- month visit in some cases with repeat HIV test if recent high-risk behavior.

Follow-up Appointments

_____ Assess the following at each visit

- Patient's desire to continue PrEP
- Side effects
- Medication adherence
- Signs/symptoms of acute HIV infection
- Possibility of pregnancy (if applicable)

_____ Laboratory tests at each visit

- HIV 4th generation Ag/Ab (or RNA)
- STD (RPR or Trep EIA/CIA, GC/CT urine, GC/CT rectum, GC pharynx)
- For persons >=50 yo or with eCrCl<90, check Creatinine every 6 months
- Cholesterol and TG levels every 12 months
- For MSM, TG Women, people who inject drugs, HCV Ab every 12 months
- Pregnancy test (if applicable)

_____ Treat any STDs and report to LAC DPH

http://ph.lacounty.gov/dhsp/ReportCase.htm#STD_Reporting_Information

Call DPH STD Clinical Consultation Line if you need assistance: (213) 368-7441

_____ Provide medication adherence counseling, if needed.

_____ Provide prescription for PrEP

- **Oral PrEP:** TDF/FTC (Truvada) or TAF/FTC (Descovy)* #30 tabs, 2 refills
- **PrEP On-Demand:** #30 pills, no refills because needs an HIV test before refill

_____ Assess for substance abuse and mental health needs and make referrals as needed.

_____ Schedule f/u visits at least every three months and create a plan for communication between visits.

Offer Telehealth (aka virtual) visits if it is an option, as it may improve long-term persistence with PrEP.

_____ Offer Hepatitis B, meningococcal, and HPV vaccination, as indicated.

**This checklist is specifically for prescribing oral PrEP with either TDF/FTC or TAF/FTC. A specific checklist for injectable PrEP is forthcoming.*

National PrEP Clinical Consultation PrEPLine: Monday – Friday 9am to 8pm ET at (855) 448-7737 or (855) HIV-PrEP

National PEP Clinical Consultation PEPLine: Monday – Friday 9am to 8pm ET, and weekends & holidays 11am to 8 pm ET at (888) 448-4911

CDC, US Public Health Service PrEP Guidelines, 2021. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>

Prescribing PrEP tips, visit <https://aidsetc.org/prep>.

For assistance with STD management, call County of Los Angeles Department of Public Health's Division of HIV and STD Programs - Clinical Consultation Line Monday – Friday 8am to 5pm PT at (213) 368-7441.

