



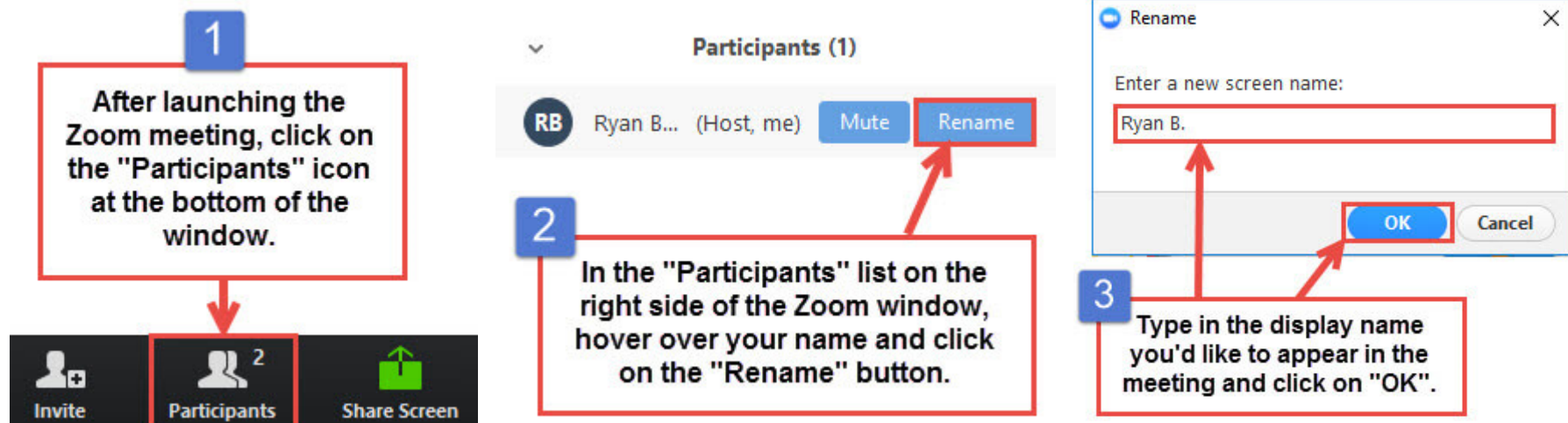
# HIV Prevention Learning Collaborative

Session Four: April 22<sup>nd</sup>, 2024



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- Please change your participant name to your full name and organization
  - “Meaghan Angers CHCI”



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## Session 4 Agenda

1:00 – 1:05	Welcome
1:05 – 2:05	PrEP Regimens and Eligibility
2:05 – 2:25	Process workflow & different models of care
2:25 – 2:30	Q & A and Next Steps



# Learning Collaborative Structure

- Six 90-minute Learning Collaborative video conference sessions
- Bi-weekly calls between coach mentors and practice coach
- Internal team workgroup meetings
- Use the Weitzman Education Platform to access resources and receive CME credit

Learning Session Dates	
Learning Session 1	Monday January 29 <sup>th</sup>
Learning Session 2	Monday February 26 <sup>th</sup>
Learning Session 3	Monday March 25 <sup>th</sup>
Learning Session 4	Monday April 22 <sup>nd</sup>
Learning Session 5	Monday May 20 <sup>th</sup>
Learning Session 6	Monday June 10 <sup>th</sup>



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The **Center for Key Populations** is the first center of its kind that focuses on key groups who experience health disparities secondary to stigma and discrimination and who belong to communities that have suffered many barriers to healthcare.

The Center brings together healthcare, training, research, and advocacy for:

**People who use drugs, the LGB and Transgender populations, the homeless and those experiencing housing instability, the recently incarcerated, and sex workers.**



HIV Primary Care



Viral Hepatitis  
Screening and  
Treatment



Substance Use  
Health



Health Care for  
the Homeless



LGB Health and  
Gender Affirming  
Care



Migrant Farmer  
Health Program



HIV Prevention:  
Testing, PrEP,  
and PEP



Sexually  
Transmitted  
Infections



# 2024 Cohort

Affinia Healthcare	St. Louis, Missouri
Asian American Health Coalition dba HOPE Clinic	Houston, Texas
East Central Oklahoma Family Health Center	Wetumka, Oklahoma
FirstMed Health and Wellness	Las Vegas, Nevada
Hi-Desert Memorial Health Care District	California
International Community Health Services	Seattle, Washington
Jane Pauley Community Health Center	Indianapolis, Indiana
North County Health Project, Inc. DBA TrueCare	San Marcos, California
Promise Healthcare	Champaign, Illinois
The HealthCare Connection, Inc.	Cincinnati, Ohio
WellSpace Health	Sacramento, California





# PrEP Eligibility and Regimens







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# PrEP Protocol: Based on CDC Guideline 2021

US Public Health Service

PREEXPOSURE PROPHYLAXIS FOR  
THE PREVENTION OF HIV  
INFECTION IN THE UNITED STATES  
– 2021 UPDATE

A CLINICAL PRACTICE GUIDELINE



# Oral PrEP Medication



Table 1a: Summary of Clinician Guidance for Daily Oral PrEP Use

	Sexually-Active Adults and Adolescents <sup>1</sup>	Persons Who Inject Drug <sup>2</sup>
Identifying substantial risk of acquiring HIV infection	Anal or vaginal sex in past 6 months AND any of the following: <ul style="list-style-type: none"> <li>HIV-positive sexual partner (especially if partner has an unknown or detectable viral load)</li> <li>Bacterial STI in past 6 months<sup>3</sup></li> <li>History of inconsistent or no condom use with sexual partner(s)</li> </ul>	HIV-positive injecting partner OR Sharing injection equipment
Clinically eligible	<p style="text-align: center;"><b><u>ALL OF THE FOLLOWING CONDITIONS ARE MET:</u></b></p> <ul style="list-style-type: none"> <li>Documented negative HIV Ag/Ab test result within 1 week before initially prescribing PrEP</li> <li>No signs/symptoms of acute HIV infection</li> <li>Estimated creatinine clearance <math>\geq 30</math> ml/min<sup>4</sup></li> <li>No contraindicated medications</li> </ul>	
Dosage	<ul style="list-style-type: none"> <li>Daily, continuing, oral doses of F/TDF (Truvada®), <math>\leq 90</math>-day supply</li> <li>OR</li> <li>For men and transgender women at risk for sexual acquisition of HIV; daily, continuing, oral doses of F/TAF (Descovy®), <math>\leq 90</math>-day supply</li> </ul>	
Follow-up care	<p><b><u>Follow-up visits at least every 3 months to provide the following:</u></b></p> <ul style="list-style-type: none"> <li>HIV Ag/Ab test and HIV-1 RNA assay, medication adherence and behavioral risk reduction support</li> <li>Bacterial STI screening for MSM and transgender women who have sex with men<sup>3</sup> – oral, rectal, urine, blood</li> <li>Access to clean needles/syringes and drug treatment services for PWID</li> </ul> <p><b><u>Follow-up visits every 6 months to provide the following:</u></b></p> <ul style="list-style-type: none"> <li>Assess renal function for patients aged <math>\geq 50</math> years or who have an eCrCl <math>&lt; 90</math> ml/min at PrEP initiation</li> <li>Bacterial STI screening for all sexually-active patients<sup>3</sup> – [vaginal, oral, rectal, urine- as indicated], blood</li> </ul> <p><b><u>Follow-up visits every 12 months to provide the following:</u></b></p> <ul style="list-style-type: none"> <li>Assess renal function for all patients</li> <li>Chlamydia screening for heterosexually active women and men – vaginal, urine</li> <li>For patients on F/TAF, assess weight, triglyceride and cholesterol levels</li> </ul>	

<sup>1</sup> adolescents weighing at least 35 kg (77 lb)

<sup>2</sup> Because most PWID are also sexually active, they should be assessed for sexual risk and provided the option of CAB for PrEP when indicated

<sup>3</sup> Sexually transmitted infection (STI): Gonorrhea, chlamydia, and syphilis for MSM and transgender women who have sex with men including those who inject drugs; Gonorrhea and syphilis for heterosexual women and men including persons who inject drugs

<sup>4</sup> estimated creatine clearance (eCrCl) by Cockcroft Gault formula  $\geq 60$  ml/min for F/TDF use,  $\geq 30$  ml/min for F/TAF use





# Injectable PrEP Medication

Table 1b: Summary of Clinician Guidance for Cabotegravir Injection PrEP Use

	Sexually-Active Adults	Persons Who Inject Drugs <sup>1</sup>
Identifying substantial risk of acquiring HIV infection	Anal or vaginal sex in past 6 months AND any of the following: <ul style="list-style-type: none"> <li>• HIV-positive sexual partner (especially if partner has an unknown or detectable viral load)</li> <li>• Bacterial STI in past 6 months<sup>2</sup></li> <li>• History of inconsistent or no condom use with sexual partner(s)</li> </ul>	HIV-positive injecting partner OR Sharing injection equipment
Clinically eligible	<b>ALL OF THE FOLLOWING CONDITIONS ARE MET:</b> <ul style="list-style-type: none"> <li>• Documented negative HIV Ag/Ab test result within 1 week before initial cabotegravir injection</li> <li>• No signs/symptoms of acute HIV infection</li> <li>• No contraindicated medications or conditions</li> </ul>	
Dosage	<ul style="list-style-type: none"> <li>• 600 mg cabotegravir administered as one 3 ml intramuscular injection in the gluteal muscle               <ul style="list-style-type: none"> <li>○ Initial dose</li> <li>○ Second dose 4 weeks after first dose (month 1 follow-up visit)</li> <li>○ Every 8 weeks thereafter (month 3,5,7, follow-up visits etc)</li> </ul> </li> </ul>	
Follow-up care	<p><b><u>At follow-up visit 1 month after first injection</u></b></p> <ul style="list-style-type: none"> <li>• HIV Ag/Ab test and HIV-1 RNA assay</li> </ul> <p><b><u>At follow-up visits every 2 months (beginning with the third injection – month 3) provide the following:</u></b></p> <ul style="list-style-type: none"> <li>• HIV Ag/Ab test and HIV-1 RNA assay</li> <li>• Access to clean needles/syringes and drug treatment services for PWID</li> </ul> <p><b><u>At follow-up visits every 4 months (beginning with the third injection- month 3) provide the following:</u></b></p> <ul style="list-style-type: none"> <li>• Bacterial STI screening<sup>2</sup> for MSM and transgender women who have sex with men<sup>2</sup> – oral, rectal, urine, blood</li> </ul> <p><b><u>At follow-up visits every 6 months (beginning with the fifth injection – month 7) provide the following:</u></b></p> <ul style="list-style-type: none"> <li>• Bacterial STI screening<sup>1</sup> for all heterosexually-active women and men – [vaginal, rectal, urine - as indicated], blood</li> </ul> <p><b><u>At follow-up visits at least every 12 months (after the first injection) provide the following:</u></b></p> <ul style="list-style-type: none"> <li>• Assess desire to continue injections for PrEP</li> <li>• Chlamydia screening for heterosexually active women and men – vaginal, urine</li> </ul> <p><b><u>At follow-up visits when discontinuing cabotegravir injections provide the following:</u></b></p>	

<sup>1</sup> Because most PWID are also sexually active, they should be assessed for sexual risk and provided the option of CAB for PrEP when indicated

<sup>2</sup> Sexually transmitted infection (STI): Gonorrhea, chlamydia, and syphilis for MSM and transgender women who have sex with men including those who inject drugs; Gonorrhea and syphilis for heterosexual women and men including persons who inject drugs





## PrEP Eligibility: Sexual Risk

- All sexually active adults and adolescents should be informed about PrEP.
  - A brief targeted sexual history is recommended for all
- Prescribe PrEP if:
  - Individual has engaged in anal or vaginal sex in past 6 months and
    - Has partner with HIV, especially if unknown or detectable VL
    - Has one or more sexual partners with no or inconsistent condom use
    - Had bacterial STI (GC, chlamydia, syphilis) in past 6 months
  - Individual requests PrEP





## PrEP Eligibility: Injection Risk

- All adults should be screened for injection practices and other illicit drug use.
  - This includes illicit substance use as well as non-prescribed treatments such as gender affirming hormones, silicone/fillers, anabolic steroids
- Prescribe PrEP if:
  - Individual has injected in past 6 months and
    - Has injecting partner with HIV
    - Has shared injection equipment
- Individual requests PrEP





# Laboratory Tests Prior To Prescribing PrEP

- HIV Testing
  - Negative within 7 days of PrEP prescription
    - 4th generation test (Ab/Ag test)
      - Rapid test
      - Blood draw (serum)
- No symptoms or signs of acute HIV infection in past 4-6 weeks
  - E.g. fever, fatigue, myalgia, rash, headache, sore throat, cervical adenopathy, arthralgia, night sweats, diarrhea





# Laboratory Tests Prior To Prescribing PrEP

## STI Testing

- Can be done as part of initial work up
  - PrEP prescription should not be delayed if unable to do STI testing initially

## Syphilis

- Syphilis cascade
- RPR

## Gonorrhea and Chlamydia

- Nucleic Acid Amplification Test (NAAT)
- 3- site testing of areas of exposure
  - Pharyngeal (GC)
  - Cervical/urethral
  - Rectal
  - Self collection acceptable





# Laboratory Tests Prior To Oral PrEP

## Renal Function

- TDF/FTC if Creatinine Clearance  $\geq 60$  mL/min
- TAF/FTC if Creatinine Clearance  $\geq 30$  mL/min
- NO ORAL PrEP if  $\leq 30$  mL/min

## Hepatitis B Virus (HBV)

- HBVsAg, sAb, cAb
- If chronic HBV, can experience hepatitis flares when TDF/TAF is discontinued
- Can start PrEP prior to having results

## Lipid Profile

- For TAF/FTC only
- Baseline cholesterol and triglyceride levels







# Laboratory Tests NOT Routinely Indicated

- Bone mineral density DEXA scans
- Liver function tests
- Hematologic assays (CBC)
- Urinalysis



# Check for Medication Interactions



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A screenshot of the HIV Drug Interactions website. The top navigation bar is dark blue with the 'HIV Drug Interactions' logo and 'UNIVERSITY OF LIVERPOOL' branding. It includes buttons for 'Donate Now' and 'Interaction Checker'. Below this is a light blue navigation bar with links for 'Interaction Charts', 'Site Updates', 'About Us', 'Pharmacology Resources', 'Contact Us', and 'Support Us'. A green banner below the navigation bar reads 'HIV iChart app users - please update to the newest version to ensure up-to-date information'. The main content area features the title 'HIV Drug Interaction Checker' and a sub-headline: 'Access our comprehensive, user-friendly, free drug interaction charts. Providing clinically useful, reliable, up-to date, evidence-based information'. A green 'Start Now' button is centered below the text. At the bottom, a legend box contains two rows of icons and labels: 'Do Not Coadminister' (red circle), 'Potential Interaction' (orange square), 'No Interaction Expected' (green diamond), and 'No Clear Data' (grey diamond).

<http://www.hiv-druginteractions.org/>

AND/OR

Free App: Liverpool HIV iChart





## PrEP Prescribing Choices

- TDF/FTC (Truvada or generic) for MSM, transgender women, heterosexually active men and women, and people who inject drugs who meet PrEP prescribing criteria.
- TAF/FTC (Descovy) for MSM and transgender women at sexual risk.
  - Both dosed as a single pill once daily
- Injectable cabotegravir (Apretude) for adults/adolescents 35 kg + at sexual risk.
  - Monthly injection for 2 months then every other month.





## 2-1-1 PrEP On-Demand with TDF/FTC

- ONLY with TDF/FTC
- ONLY for MSM/Transwomen (not studied in other populations)
  - ANRS Ipergay, ANRS Prevenir, AMPPrEP
- Taking PrEP before and after sex, instead of daily
  - 2 pills at least 2-24 hours before sex
  - 1 pill 24 hours after first dose
  - 1 pill 48 hours after first dose
  - If sexually activity continues, take 1 pill every 24 hrs until 48 hrs after last sex
- Not FDA approved
- Best avoid in people with chronic HBV
  - Can trigger hepatitis flares with being on and off TDF/FTC





# Oral PrEP Prescribing

- Limit refills based on recommended intervals for HIV testing
  - Daily PrEP ( $\leq 90$  days)
  - 2-1-1 PrEP ( $\leq 30$  days)





# Side Effects

- Side effects resolve usually within 1-2 months of starting meds.
  - May not be the case with 2-1-1 approach
  - Treat side effects if need be, e.g. anti-nausea medication, anti-diarrheal, non-opioid pain meds

## TDF/FTC

- Nausea, fatigue, headache, weight loss, abdominal pain
- Renal toxicity (creatinine increase, proteinuria), bone toxicity
- Rare hepatotoxicity, lactic acidosis
- Potential for HIV resistance

## TAF/FTC

- Nausea, fatigue, headache, abdominal pain, diarrhea, weight gain
- Rare hepatotoxicity, lactic acidosis
- Potential for HIV resistance

## Cabotegravir

- Injection site reactions
- Potential for HIV resistance





# IM Cabotegravir

## MANAGING INJECTION SITE REACTIONS

In the clinical trials, injection site reactions (pain, tenderness, induration) were frequent following CAB injections. These reactions were generally mild or moderate, lasted only a few days, and occurred most frequently after the first 2-3 injections. Patients should be informed that these reactions are common and transient. In addition, they should be provided with proactive management advice

- for the first 2-3 injections
  - take an over-the-counter pain medication within a couple of hours before or soon after the injection and continue as needed for one to two days
  - apply a warm compress or heating pad to the injection site for 15-20 minutes after the injection (e.g., after arriving back at home)
- thereafter, as needed for subsequent injections





# Adherence Assessment and Counseling

## Box B: Key Components of Oral Medication Adherence Counseling

### **Establish trust and bidirectional communication**

### **Provide simple explanations and education**

- Medication dosage and schedule
- Management of common side effects
- Relationship of adherence to the efficacy of PrEP
- Signs and symptoms of acute HIV infection and recommended actions

### **Support adherence**

- Tailor daily dose to patient's daily routine
- Identify reminders and devices to minimize forgetting doses
- Identify and address barriers to adherence
- Reinforce benefit relative to uncommon harms

### **Monitor medication adherence in a non-judgmental manner**

- Normalize occasional missed doses, while ensuring patient understands importance of daily dosing for optimal protection
- Reinforce success
- Identify factors interfering with adherence and plan with patient to address them
- Assess side effects and plan how to manage them







# Oral PrEP Monitoring

Table 5 Timing of Oral PrEP-associated Laboratory Tests

Test	Screening/Baseline Visit	Q 3 months	Q 6 months	Q 12 months	When stopping PrEP
HIV Test	X*	X			X*
eCrCl	X		If age $\geq 50$ or eCrCL $< 90$ ml/min at PrEP initiation	If age $< 50$ and eCrCl $\geq 90$ ml/min at PrEP initiation	X
Syphilis	X	MSM /TGW	X		MSM/TGW
Gonorrhea	X	MSM /TGW	X		MSM /TGW
Chlamydia	X	MSM /TGW	X		MSM /TGW
Lipid panel (F/TAF)	X			X	
Hep B serology	X				
Hep C serology	MSM, TGW, and PWID only			MSM, TGW, and PWID only	

\* Assess for acute HIV infection (see Figure 4)





# IM PrEP Monitoring

Table 7 Timing of CAB PrEP-associated Laboratory Tests

Test	Initiation Visit	1 month visit	Q2 months	Q4 months	Q6 months	Q12 months	When Stopping CAB
HIV*	X	X	X	X	X	X	X
Syphilis	X			MSM^/TGW~ only	Heterosexually active women and men only	X	MSM/TGW only
Gonorrhea	X			MSM/TGW only	Heterosexually active women and men only	X	MSM/TGW only
Chlamydia	X			MSM/TGW only	MSM/TGW only	Heterosexually active women and men only	MSM/TGW only

\* HIV-1 RNA assay

X all PrEP patients

^ men who have sex with men

~ persons assigned male sex at birth whose gender identification is female





# PrEP Monitoring

- **Oral PrEP Monitoring (F/TDF, F/TAF)**
  - HIV test (Ab/Ag + HIV RNA) every 3 months
  - STI screening every 3 months for MSM/transwomen and every 6 months for all others
  - Renal function every 6 months for 50+ and GFR<90, once a year for all others.
  - If on F/TAF, lipids once a year
- **Injectable PrEP Monitoring (Cabotegravir)**
  - HIV test (Ab/Ag + HIV RNA) every 2 months
  - STI screening every 4 months for MSM/transwomen and every 6 months for all others





# Protocols

- Serve as reference for providers and other clinical team members.
- Set clinical expectations.
- Include information that clinical providers/teams would want.
- Evidence-based/Guidelines-based





- ✓ Rationale
- ✓ PrEP Program Info
- ✓ Definition
- ✓ Identification of PrEP Candidates
- ✓ Eligibility
- ✓ PrEP Initiation
  - ✓ Choice of PrEP
  - ✓ Dosing and Adherence
  - ✓ Adverse Effects
  - ✓ Protection against HIV after PrEP Start and D/C
- ✓ Prescribing and Monitoring Recommendations
- ✓ PrEP Medication Switch
- ✓ Discontinuation
- ✓ Pregnancy
- ✓ Risk Reduction Counseling
- ✓ Adherence Counseling
- ✓ Access and Coverage of PrEP
- ✓ Appendices: Useful Websites/Guidelines, Templates

**Policy Name:** Pre-exposure Prophylaxis for HIV  
**Department:** Medical  
**Location of Policy:** Provision of Care, Treatment and Services  
**Date Effective:**  
**Revision:** December, 2014 (Dr. Huddleston)  
August, 2015 (Dr. Haddad); May 3, 2021, July 2022  
**Reviewed:** July 2017

**A. Rationale:**

The National HIV/AIDS Strategy and the Ending the HIV Epidemic Initiative have at their foundation the Status Neutral Approach, a strategy consisting of two arms: identifying 1) all individuals with HIV living in the U.S. and engaging them in care and antiretroviral (ARV) treatment and 2) all individuals at risk for HIV and connecting them to prevention care and in particular, with HIV pre-exposure prophylaxis (PrEP). Though increasingly treatable, HIV remains without cure. Prevention strategies





**B. Definition:**

HIV PrEP is treating individuals without HIV who are at risk of acquiring HIV with medication before exposure to prevent transmission. Individuals at risk include those who are at risk through sexual exposure and those at risk through injection drug use exposure. Current available PrEP medication include oral 200 mg emtricitabine/300 mg tenofovir disoproxil fumarate (brand name Truvada), oral 200 mg emtricitabine/25 mg tenofovir alafenamide (brand name Descovy), or injectable 600 mg cabotegravir (brand name Apretude).

**C. Identification of PrEP Candidates:**

- a. Discuss HIV PrEP with every sexually active adult and adolescent (weighing at least 35 kg) and every individual who injects drugs.
- b. Identify through sexual risk assessment and through drug-using behavior assessment who may be eligible for PrEP and offer PrEP to them. This includes:
  - a. Any individual who has had anal or vaginal sex in the last 6 months AND either has inconsistent use or no use of condoms OR had a bacterial STI (gonorrhea, chlamydia, or syphilis in men and transgender women who have sex with men including those





**E. Eligibility:**

- a. Documented negative HIV Ag/Ab (4<sup>th</sup> generation) test result within 1 week before PrEP initiation.
- b. No signs or symptoms of acute HIV infection (e.g. febrile flu-like illness in the last 4-6 weeks, e.g. fever, fatigue, myalgia, rash, headache, sore throat, cervical adenopathy, arthralgia, night sweats, diarrhea)
- c. Estimated creatinine clearance  $\geq 60$  mL/min. for Truvada/Descovy.
- d. No contraindicated medications.
- e. If considering use of Truvada or Descovy, screen for HBV. If positive, treatment components are treatment for active HBV.

**F. PrEP Initiation:**

1. Delaying start of PrEP for those at-risk could result in missed prescription.

2. PrEP can be started as soon as possible once patient eligibility is determined as per Section D and patient meets the following criteria:
  - a. Fits into at-risk category as per Section D.
  - b. HIV negative by testing (within 1 week of start of PrEP), and no symptoms of acute HIV (febrile flu-like illness in the last 6 weeks).
  - c. Creatinine clearance  $\geq 60$  mL/min for Truvada or  $\geq 30$  mL/min if eligible for Descovy. No renal restrictions for IM cabotegravir.
  - d. Willing to adhere to medication regimen.
  - e. Pregnancy test negative and not attempting to become pregnant.
    - i. Discuss and consider birth control methods.
    - ii. If attempting to become pregnant or pregnancy test positive, discuss risk v. benefit of PrEP.
  - f. HBV status determined when considering use of Truvada/Descovy.
  - g. If person inquiring after PrEP is not a CHC patient, person can be registered and enrolled as patient prior to treatment or advised to discuss PrEP and treatment with their own PCP.
3. If PrEP would not be delayed, the following can be done prior to prescribing; otherwise the following could be collected after PrEP start:
  - a. Screen for other STI's and treat as needed.
    - i. Gonorrhea and chlamydia—3 site testing if needed (oral, cervical/urethral, rectal).
    - ii. Syphilis





4. Choice of PrEP medication

a. Truvada:

- i. Can be used for all men, women, transgender women and men, and people who inject drugs.
- ii. Can be dosed one pill orally once a day.
- iii. Can be dosed as needed with 2-1-1 protocol ONLY for men who have sex with men and transgender women (see Section d ii below). May be appropriate for individuals who are not engaging in at-risk sexual encounters regularly, e.g. less than once a week; once a month.

b. Descovy:

- i. Can be used ONLY for men and transgender women who have sex with men for sexual risk.
- ii. CANNOT be dosed with 2-1-1 protocol.

iii. CANNOT be used for injection drug use risk.

iv. Appropriate to use for individuals with creatinine clearance under 60 ml/min but above 30 ml/min and/or with osteopenia/osteoporosis.

v. Dosed as one pill orally once a day.

c. Cabotegravir

- i. Can be used for all men, women, and transgender individuals for sexual risk.
- ii. CANNOT be used for injection drug use only.
- iii. Assess people who inject drugs for sexual risk and if eligible for PrEP for sexual risk, can use cabotegravir.
- iv. Dosed as 600 mg/3 ml IM gluteal injection. First two shots one month apart. Then subsequent shots are every 60 days.







d. Dosing and Adherence for Oral PrEP

- i. For Truvada and Descovy, one pill once a day.
  1. Recommended and FDA approved.
  2. The iPrex OLE study **for Truvada only** demonstrated that
    - a. 4-6 daily doses a week similar efficacy as 7 daily doses a week.
    - b. 2-3 daily doses a week still has significant risk reduction but higher rates of resistance if HIV infection develops.
    - c. <2 daily doses a week, not effective.
- ii. 2-1-1 or On-Demand PrEP
  1. **Only studied for Truvada for sexual risk and only in MSM/transgender women.**
  2. NOT FDA approved dosing.
  3. Best to avoid 2-1-1 dosing in people with chronic HBV since being on and off Truvada can trigger hepatitis flare-ups.
  4. Take 2 tablets 2-24 hours prior to sex, then 1 tablet 24 hours after first 2 pills and then 1 tablet 48 hours after first 2 pills.
    - a. If ongoing exposure is occurring, continue with 1 tablet a day until 48 hours after last sexual activity.





e. Potential Adverse Effects

- i. Side effects resolve usually within 1-2 months of starting meds.
  1. May not be the case with 2-1-1 approach
- ii. Treat side effects if need be, e.g. anti-nausea medication, anti-diarrheal, non-opioid pain meds
- iii. TDF/FTC
  1. Nausea, fatigue, headache, weight loss, abdominal pain
  2. Renal toxicity (creatinine increase, proteinuria), bone toxicity
  3. Rare hepatotoxicity, lactic acidosis
  4. Potential for HIV resistance
- iv. TAF/FTC
  1. Nausea, fatigue, headache, abdominal pain, diarrhea, weight gain
  2. Rare hepatotoxicity, lactic acidosis
  3. Potential for HIV resistance
- v. Cabotegravir
  1. Injection site reactions
    - a. Pain, tenderness, induration at site of injection

- b. Generally mild to moderate, lasting only a few days
- c. Occurs most frequently after the first 2-3 injections
  - i. Can use over the counter pain medication within a couple of hours before or soon after injection and continue as needed for 1-2 days.
  - ii. Apply a warm compress or heating pad to the injection site for 15-20 minutes after the injection, e.g. after arriving back at home.
2. Potential for HIV resistance
- vi. Potential for HIV drug resistance to emerge if medication not taken regularly and HIV infection ensues.
  1. Poor adherence to Truvada or Descovy.
  2. Cabotegravir injection can result in ongoing levels for many months after last injection and can last past a year. For those who stop cabotegravir and are at ongoing risk for HIV should be put on oral PrEP (Truvada/Descovy) within 8 weeks of last injection.



# HIV Protection after PrEP Initiation and Discontinuation

- f. Protection against HIV after PrEP Initiation
  - i. Truvada: adequate levels of Truvada has been measured in anal tissue after 7 days of medication and in cervicovaginal tissue after 20 days of medication. No studies have been done in penile tissue.
  - ii. Descovy: unknown since no studies have been done.
  - iii. Cabotegravir: unknown since no studies have been done.
- g. Protection against HIV after PrEP Discontinuation
  - i. Truvada and Descovy:
    1. Protection will likely wane over 7-10 days.
    2. If ongoing risk, discuss immediate alternative protections against HIV like condom use and ensure patient aware of non-occupational Post Exposure Prophylaxis.
  - ii. Cabotegravir:
    1. Levels persist for many months after last injection.
    2. Protection will eventually wane and it is unclear when that would be.
    3. If ongoing risk, ensure alternative protections are considered such as oral PrEP, condom use within 8 weeks of last injection.
    4. Ensure patient aware of non-occupational Post Exposure Prophylaxis.





- d. **What if the partner with HIV is on treatment with an undetectable viral load?**
- a. Multiple studies (HPTN 052, PARTNER1, PARTNER2, and Opposites Attract) showed definitively that when the person with HIV is durably virologically suppressed, they do not transmit HIV to their sexual partners. This was demonstrated in heterosexual men and women and in MSM and transwomen.
    - i. Bottom line:
      1. If the partner with HIV is stable on treatment with a viral load less than 200 copies/ml there is no chance of sexual transmission to their partners. Document in the chart the discussion and that the partner with HIV is durably undetectable (for at least 6 months).
      2. Condoms are reasonable to prevent other STIs.
      3. If the partner with HIV is starting HIV medication and is not yet undetectable, consideration of PrEP for the negative partner during the first 3-6 months until the partner reaches undetectable viral load and another 6 months to demonstrate durability of viral load suppression is warranted.
      4. Otherwise, any further protective benefit of PrEP for the negative partner is minimal to the point of absence and will rarely be merited given the known burdens of this treatment.
      5. If the patient is unaware of partner's HIV treatment, adherence to ARVs, and response to treatment or the patient requests PrEP for any other reason (e.g. outside partners, peace of mind, etc.), PrEP should be prescribed.





**G: Prescribing and Monitoring Recommendations:**

1. Oral PrEP:

- a. For the first prescription for oral PrEP, write prescription length based on recommended HIV testing intervals (usually  $\leq 90$  day supply for daily PrEP and  $\leq 30$  day supply for 2-1-1 PrEP).
  - i. Though not FDA approved, discussing on-demand 2-1-1 PrEP with Truvada for MSM/transgender women who do not have chronic HBV and who would prefer this regimen dosing based on frequency of exposure may be a reasonable strategy.

- b. Follow up often with patient within 2 weeks of initiation and on an ongoing basis to check adherence and potential side effects. Follow up could be done by PrEP navigator, nurse, or any other member of the clinical team.
  - c. Follow up visits at least every 3 months.
  - d. Order HIV testing (HIV Ag/Ab test and HIV-1 RNA) every 3 months for everyone.
  - e. Order STI screening (gonorrhea, chlamydia 3 site testing where indicated and syphilis) every 3 months for MSM/transwomen and every 6 months for all others.
  - f. Order renal function every 6 months for those ages 50+ and for those with  $GFR < 90$ , otherwise once a year for all others.
  - g. If on Descovy, order lipids and check weight once a year.
  - h. The following lab tests are NOT routinely indicated: bone mineral density, urinalysis, LFTs, CBC.
2. Injectable Cabotegravir:
- a. At follow up visit for second injection at 1 month, HIV Ag/Ab test and HIV-1 RNA assay on everyone.
  - b. At follow up visits every 2 months after that, HIV Ag/Ab test and HIV-1 RNA assay on everyone.
  - c. STI screening (gonorrhea, chlamydia 3 site testing where indicated and syphilis) every 4 months for MSM/transwomen and every 6 months for all others.
3. At all visits, discuss desire to continue PrEP, ongoing risk, risk reduction, side effects, adherence and options for ongoing prevention. (See Sections J and K)
4. Consider pregnancy tests every 2-3 months during follow up visits for individuals who could become pregnant.





## H. PrEP Medication Switch

### 1. Oral PrEP to Oral PrEP

- a. If you are switching the patient between Truvada and Descovy made without any overlap. The day of the switch, the patient can (e.g. Truvada) medication and can start the new Oral PrEP (e.r.
- b. Since there are data indicating Truvada takes about 7 days to in the anal mucosa and about 21 days to reach appropriate level when switching from Descovy to Truvada, the patient can be advised methods of protection against HIV during that period of time if sexual activity.
- c. Since there are no data about how long Descovy takes to achieve through shared decision making, patients can be advised they should use methods of protection against HIV for about 1-4 weeks if they engage in sexual activity when switching from Truvada to Descovy.

### 2. Oral PrEP to Injectable PrEP

- a. If you are switching the patient from Truvada or Descovy to Apretude, the switch can be made.
- b. Since there are no data about how long Apretude takes to achieve through shared decision making, the following approaches could be used:
  - i. Oral PrEP (Truvada or Descovy) can be stopped on the day of the first injection of Apretude and the patient uses barrier methods of protection against HIV for about 1-4 weeks if they engage in sexual activity.

- ii. Oral PrEP (Truvada or Descovy) can be continued after the first injection of Apretude for 1-4 weeks, if tolerated, and if they plan on engaging in sexual activity. Descovy would need to be continued as daily oral PrEP. Truvada could be continued as daily oral PrEP or if they are MSM, could continue 2-1-1 PrEP if that is how they were taking oral PrEP or start using Truvada as 2-1-1 PrEP during the period of transition.

### 3. Injectable PrEP to Oral PrEP

- a. If you are switching the patient from Apretude to Oral PrEP Truvada:
  - i. If Truvada is to be used as 2-1-1 PrEP (e.g. for MSM), then on the day when they would have been due for the next injection of Apretude, the patient can start using Truvada as per 2-1-1 protocol.
  - ii. If Truvada is to be used as daily PrEP, then on the day when the next injection of Apretude would have been due, Truvada can be started. Barrier methods of protection against HIV can be used for 7 days for anal mucosal protection and for 21 days for vaginal mucosal protection.
  - iii. Truvada can also be started 7 days (anal mucosa protection) or 21 days (vaginal mucosa protection) prior to when the next injection of Apretude would have been due if medications are well tolerated and the patient wants to engage in sexual activity and does not want to use barrier methods during this period of transition.
  - iv. The approach should be chosen through shared decision making with the patient given there are limited data on how long before Truvada reaches appropriate levels in anal and vaginal mucosa and no or very minimal data on how long Descovy and Apretude reach appropriate levels. There are no definitive data either on how long after stopping one medication does a patient remain protected.
- b. If you are switching the patient from Apretude to Oral PrEP Descovy:
  - i. On the day when the next injection of Apretude would have been due, Descovy can be started. Barrier methods of protection against HIV can be used for 1-4





**I. Discontinuation:**

1. If the patient is no longer willing (or able) to continue the medication.
2. If on Truvada, presentation of renal disease (creatinine clearance decreases by more than 20% or GFR goes below 60 mL/min.) and ineligible for Descovy and cabotegravir.
3. If pregnancy and benefits of stopping outweigh the benefits of continuing.
4. If HIV infection.
5. If on Truvada/Descovy and the patient also has HBV, consult with ECHO clinician prior to discontinuation. Discontinuation may cause hepatitis flare-ups and monitoring of liver is warranted if medication stopped.
6. See Section F.(g) for guidance on discussion and treatment when discontinuing Oral or IM PrEP when patient is still at risk for HIV.





**J. Pregnancy:**

1. Patients with HIV often take Truvada during pregnancy.
2. Descovy/cabotegravir have limited information in pregnancy (other integrase inhibitors have been taken during pregnancy but data are limited).
3. In HIV negative women who are at risk for HIV transmission, the risk must be weighed against the benefit. Shared decision making is essential. Risk of transmission to the fetus during acute HIV infection during pregnancy is high and consideration of PrEP for those women who are at high risk is important to weigh against the use of Truvada/Descovy/cabotegravir during pregnancy.

**K. Risk Reduction Counseling Points to Review**

1. Condom use for other STI prevention.
2. Regular STI testing.
3. U=U (undetectable = untransmittable)
4. No sharing of injecting equipment
5. Syringe Services Program
6. Overdose prevention (Narcan)
7. Medication for substance use disorders (e.g. buprenorphine, methadone)
8. Post exposure prophylaxis (PEP)







**L. Adherence Counseling (from CDC Guidelines 2021)**

**Box B: Key Components of Oral Medication Adherence Counseling**

**Establish trust and bidirectional communication**

**Provide simple explanations and education**

- Medication dosage and schedule
- Management of common side effects
- Relationship of adherence to the efficacy of PrEP
- Signs and symptoms of acute HIV infection and recommended actions

**Support adherence**

- Tailor daily dose to patient's daily routine
- Identify reminders and devices to minimize forgetting doses
- Identify and address barriers to adherence
- Reinforce benefit relative to uncommon harms

**Monitor medication adherence in a non-judgmental manner**

- Normalize occasional missed doses, while ensuring patient understands importance of daily dosing for optimal protection
- Reinforce success
- Identify factors interfering with adherence and plan with patient to address them
- Assess side effects and plan how to manage them

**M. Access and Coverage of PrEP**

1. Majority of Medicaid/Medicare/third party payers will cover some form of PrEP for those with insurance.
2. The pharmaceutical manufacturers have assistance for those with co-pays.
3. Pharmaceutical manufacturers also provide Patient Assistance Programs for those uninsured and will provide the medications for free.
4. Generic tenofovir/emtricitabine may be more affordable for some.
5. Looking into other programs like 340B may also be helpful.
6. Ready, Set, PrEP program also is available for those who do not have insurance or cannot afford costs associated with the prescriptions. <https://readyssetprep.hiv.gov/external/icon>
7. Please reach out to the PrEP Team in the Center for Key Populations at CHC for help:





Appendix A: Useful Websites/Guidelines/Resources

CDC websites

[Learn About PrEP | Preventing New HIV Infections | Clinicians](#)

[Pre-Exposure Prophylaxis \(PrEP\) | HIV Risk and Prevention](#)

<https://www.cdc.gov/hiv/basics/prep.html>

[HIV Prevention | Materials for Your Practice and Patients | Clinicians](#)

2021 CDC Guidelines

[US Public Health Service: PREEXPOSURE PROPHYLAXIS FOR HIV INFECTION IN THE UNITED STATES – 2021 UPDATE, \(cdc.gov\)](#)

[Preexposure prophylaxis \(cdc.gov\) Supplemental Guide with](#)

[Clinicians' Quick Guide: Preexposure Prophylaxis for the Prevention of HIV Infection in the United States—2021 Update—A Clinical Practice Guideline \(cdc.gov\)](#)

Patient Fact Sheets

[PrEP Patient Fact Sheet English.pdf](#)

[PrEP Patient Fact Sheet Spanish.pdf](#)

[PrEP Truvada Fact Sheet English.pdf](#)

[PrEP Truvada Fact Sheet Spanish.pdf](#)

Appendix B: PrEP Support Tools/Templates

PrEP HPI Templates:

Pt. Info Encounter Physical Hub

Weight Screening i Behavioral Health MDE Nursing Visit Nursing Care Coord Behavioral Health Prenatal PrEP PrEP Assessment ICM WYA HPI Registry Routine Gyn ICM TeleDerm Consult Tobacco Cessation SBHC Nutrition Domestic Violence

PrEP  Show popup for c/o Order Categories

c/o	denis	Symptom	Duration	Notes	Clk
\$		PrEP Discussion			X
\$		PrEP Initial			X
\$		Oral PrEP Follow Up			X
\$		Injectable PrEP Follow Up			X
\$		zzPrEP Initial			X
\$		zzPrEP Discussions			X
\$		zzPrEP 4 Week Follow Up			X
\$		zzPrEP Q 90 Day			X

Denies All Clear All Custom

Notes  Header  Footer Browse Spellcheck Clear





# Process workflow & different models of care





# Clinician Prescriber Role

- Essential to PrEP Program
  - Sets tone for program and for Clinical Team Members
- Identifying PrEP Champion Provider
- Provider Training and Support
  - Webinars
  - Protocols/Guidelines/Quick References
  - Mentorships
  - ECHOs
- PrEP Templates in Health Records
- Sexual Risk Assessment Template in Health Records



# PrEP Discussion



c/o	Denies	Symptom	Duration	Notes
S		PrEP Discussion		
S		PrEP Initial		
S		Oral PrEP Follow...		
S		Injectable PrEP ...		

Notes:PrEP Discu... TESTPATIENT, aeion Jan 1, 1991 (31 yo F) Acc No. 695455 App: (11/11/2021 ...)

Default Default For All Clear Clear All

Name	Value	Notes
<input type="checkbox"/> Risk: Sexually Active Past 6 Months		
<input type="checkbox"/> Risk: Injecting Drugs	<input type="checkbox"/> [Select all] <input type="checkbox"/> Sexual Partner with HIV <input type="checkbox"/> Bacterial STI past 6 months <input type="checkbox"/> Inconsistent or no condom use <input type="checkbox"/> NA	
<input type="checkbox"/> Outcome:		

HPI Notes:PrEP Discu... TESTPATIENT, aeion Jan 1, 1991 (31 yo F) Acc No. 695455 App: (11/11/2021 ...)

Default Default For All Clear Clear All

Name	Value	Notes
<input type="checkbox"/> Risk: Sexually Active Past 6 Months		
<input type="checkbox"/> Risk: Injecting Drugs	<input type="checkbox"/> [Select all] <input type="checkbox"/> Injecting partner with HIV <input type="checkbox"/> Sharing injection equipment <input type="checkbox"/> NA	
<input type="checkbox"/> Outcome:		

HPI Notes:PrEP Discu... TESTPATIENT, aeion Jan 1, 1991 (31 yo F) Acc No. 695455 App: (11/11/2021 ...)

Default Default For All Clear Clear All

Name	Value	Notes
<input type="checkbox"/> Risk: Sexually Active Past 6 Months		
<input type="checkbox"/> Risk: Injecting Drugs		
<input type="checkbox"/> Outcome:	<input type="radio"/> Offered and will consider <input type="radio"/> Accepted <input type="radio"/> Declined	





# PrEP Initial Visit

HPI Notes:PrEP Initial TESTPATIENT, aeion Jan 1, 1991 (31 yo F) Acc No. 695455 App: (11/11/2021 ...)

Default Default For All Clear Clear All

Name	Value	Notes
<input type="checkbox"/> Risk: Sexually Active Past 6 months		
<input type="checkbox"/> Risk: Injecting Drugs		
<input type="checkbox"/> HIV Testing		
<input type="checkbox"/> Symptoms of acute HIV in the last 6 week ...		
<input type="checkbox"/> Creatinine Clearance for Oral PrEP		
<input type="checkbox"/> Pregnant?		
<input type="checkbox"/> Screen for Hepatitis B:		▼ ×
<input type="checkbox"/> Screen for Hepatitis C:		▼ ×
<input type="checkbox"/> STI Screen: (syphilis, GC, chlamydia 3 s ...		▼ ×
<input type="checkbox"/> Willing to Adhere to Regimen:		▼ ×
<input type="checkbox"/> Side Effects Reviewed:		▼ ×
<input type="checkbox"/> Discussed Risk Reduction		▼ ×

Search

- [Select all]
- Sexual Partner with HIV
- Bacterial STI past 6 months
- Inconsistent of no condom use
- NA

Side Effects Reviewed:

Reviewed for TDF/FTC

Discussed Risk Reduction

Next

TDF/FTC

Search

- Nausea
- Fatigue
- Headache
- Weight Loss
- Abdominal Pain
- Renal Toxicity (Creatinine increase/protein)
- Reduction in bone mineral density
- Rare hepatotoxicity/lactic acidosis
- Potential for HIV drug resistance if infected

Discussed Risk Reduction

Next

Search

- [Select all]
- Condom use for STIs
- No sharing of injecting equipment
- Syringe Services Program
- PEP
- U=U
- Medication for substance use disorders
- Regular STI testing





# Oral PrEP Monitoring Visit

Oral Prep:

HPI Notes:Oral PrEP ... TESTPATIENT, aeious Jan 1, 1991 (31 yo F) Acc No. 695455 Appt: (11/11/2021 ...)

Default Default For All Clear Clear All

Name	Value	Notes
<input type="checkbox"/> Wanting to continue PrEP?	<input type="text"/>	x
<input type="checkbox"/> Adherence Assessed?	<input type="radio"/> Yes <input type="radio"/> No	x
<input type="checkbox"/> Side Effects		x
<input type="checkbox"/> Risk Reduction Counseling		x
<input type="checkbox"/> HIV Ab/Ag+HIV RNA at Least Every 3 Month ...		x
<input type="checkbox"/> STI Screening (syphilis, GC, chlamydia 3 ...		
<input type="checkbox"/> Renal Function		
<input type="checkbox"/> Lipid Levels for TAF/FTC		
<input type="checkbox"/> Pregnant?		
<input type="checkbox"/> Discussion if discontinuing Oral PrEP		

- [Select all]
- Assessed ongoing HIV risks
- If ongoing risk, advised on other prevention s
- Continue follow up with HIV testing regularly

- [Select all]
- Condom use for STIs
- No sharing of injecting equipment
- Syringe Services Program
- PEP
- U=U
- Medication for substance use disorders
- Regular STI testing

- Every 3 months at least, for MSM and transw
- Every 6 months at least, for all others





# Injectable PrEP Monitoring Visit

Name	Value		
<input type="checkbox"/> Wanting to continue PrEP?	Yes	▼	×
<input type="checkbox"/> Adherence Assessed?	Yes	▼	×
<input type="checkbox"/> Cabotegravir Side Effects Reviewed	Injection site reactions, Poten...	▼	×
<input type="checkbox"/> Risk Reduction Counseling	Condom use for STIs, No sha...	▼	×
<input type="checkbox"/> HIV Ab/Ag+HIV RNA at Every Injection Vis ...	Positive	▼	×
<input checked="" type="checkbox"/> STI Screening (syphilis, GC, chlamydia 3 ...	Every 4 months at least, for ...	▼	×
<input type="checkbox"/> Ordered:			
<input type="checkbox"/> Pregnant?			
<input type="checkbox"/> Discussion if discontinuing Cabotegravir			

[Select all]

Reviewed risk of persistent Cabotegravir level

Assessed ongoing HIV risks

If ongoing risk, advised to take oral PrEP with

Continue follow up with HIV testing regularly

[Select all]

Oral

Rectal

Urine

Blood







# PrEP Order Set

ORDER SET: PrEP [New] [Copy] [Update] [Delete] MEASURE: QUICK ORDER SET: YES

DIAGNOSES (TRIGGER):  
DIAGNOSES (LINKED): (SAME AS TRIGGER)  
AGE (TRIGGER): All Age  
GENDER (TRIGGER): Unknown

Display Labs/DI based on  
 Show All  
 Show Favorite Lab Companies Only

PRACTICE ADMINISTRATOR

• Truvada	200 mg-300 mg	sex, then 1 tab a day for the next 2 days	as directed	30 day(s)	0	Orally	tablet	30	
• Descovy	200 mg-25 mg	1 tab(s)	once a day	30 day(s)	0	orally	tablet	30	
• Apretude (cabotegravir)	600mg/3ml	inject 3ml	as directed	60 days	0	IM	injection	1 kit	

Labs								Browse
	Description		Lab Company				Delete	
•	COMPREHENSIVE METABOLIC PANEL		QuestQLS					
•	LIPID PANEL		QuestQLS					
•	Renal Function Panel w/eGFR 10314		QuestQLS					
•	Syphilis Antibody Cascading Reflex 90349		QuestQLS					
•	Trichomonas Urine Female 19550		QuestQLS					
•	Trichomonas Urine Male 90801		QuestQLS					
•	Gonorrhea RNA, TMA, RECTAL 16504		QuestQLS					
•	Gonorrhea RNA, TMA, THROAT 70049		QuestQLS					
•	Hepatitis Panel, Acute incl IGM C2228		QuestQLS					
•	Hepatitis Panel, Chronic w reflex C2229		QuestQLS					
•	RPR (Monitor) w/rfx Titer 799		QuestQLS					
•	RPR (DX) W/REFL TITER AND CONFIRMATORY TESTING 36126		QuestQLS					
•	HCV Ab w/ refl to HCV RNA, QN PCR 8472		QuestQLS					
•	HBV core Ab,Total 501		QuestQLS					
•	HBV s Ag w/reflex conf 498		QuestQLS					
•	HBV Surface AB, QL w rfx QN 26526		QuestQLS					
•	HIV 1 /HIV-2 Screen 91431		QuestQLS					
•	HIV 1 /RNA, quantitative, real-time PCR 40085		QuestQLS					
•	HIV 1 /HIV-2 Rapid Test (Alere Determine) IH		QuestQLS					
•	Chl/GC aptima urine/encocervical/urethal 11363		QuestQLS					
•	Chlamydia trachomatis RNA TMA, Urogenital 15083		QuestQLS					
•	Chlamydia trachomatis RNA, TMA, Urogenital 11361		QuestQLS					
•	Chlamydia Trachomatis, RNA, TMA, Rectal 16505		QuestQLS					
•	Chlamydia Trachomatis, RNA, TMA, Throat 70048		QuestQLS					
•	Chlamydia Trachomatis/Neisseria Gonorrhoeae, RNA, TMA, Throat 70051		QuestQLS					
•	Chlamydia/N. gonorrhoeae and T. vaginalis RNA, Qualitative, TMA, Pap Vial 91448		QuestQLS					
•	Chlamydia/N. gonorrhoeae, T. vaginalis, Qualitative, TMA and HSV-1/2 DNA, Real-Time PCR, Pap Vial 91437		QuestQLS					
•	Chlamydia/Neisseria gonorrhoeae RNA, TMA, Rectal 16506		QuestQLS					





## Nursing Role

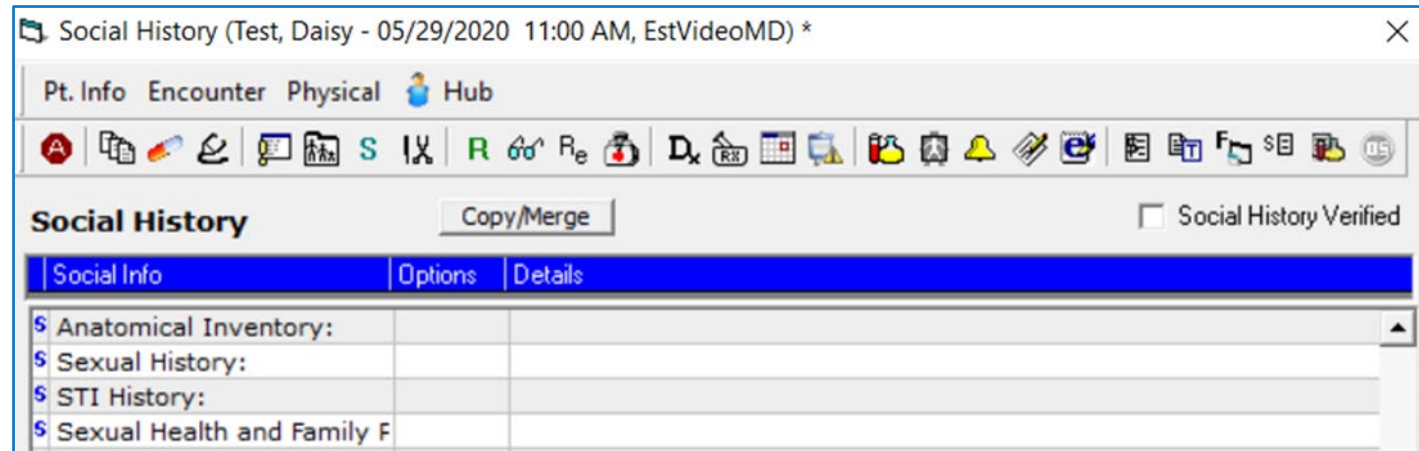
- Provider Support
- Patient Resource and Support
- Patient Counseling/Risk Reduction Counseling
- Self-management Goals
- Planned Care/PrEP Dashboards
- Nursing Visits for PrEP/STI Screening
  - Specimen Collections
  - HIV Rapid Testing





# STI Nursing Visit

- Provider-directed visit currently
- Standing order for patient-directed visit (near future)
- History including 5 P's
  - Anatomical inventory
  - Sexual History
  - STI History
  - Sexual Health and Family Planning
- Testing:
  - Urine and pharyngeal swab collection
  - Self collection of rectal/vaginal swabs
  - HIV rapid test
- Lab orders for blood draw (HIV, syphilis, HCV, HBV)
- Vaccinations (e.g. HAV, HBV, HPV)
- Patient education/counseling (PrEP, condom distribution)





MOSES/WEITZMAN  
Health System

# Medical Assistant Role

- Planned Care Dashboard
- PrEP Dashboard
- Specimen Collections
- HIV Rapid Testing
- Patient Support





# Planned Care Dashboard and Clinical Expectation: Universal HIV Screening

ALERTS	Last Date	Due Date	Value	Notes
Needs Flu Vaccine 2016-2017				
DM Retinopathy	4/14/2015	4/14/2016		
Body Mass Index	5/16/2016		34.41	Needs Education
HIV Screen Needed				Once, 13-64 yrs old

**Policy:** Clinical Expectations for Medical Providers  
**Location:** Provision of Care, Treatment, and Services  
**Department:** Medical

Lung Cancer (USPSTF)	Asymptomatic adults aged 55 to 80 years who have a 30 pack year smoking history and currently smoke or have quit with in the past 15 years: Screen annually with low dose Computed Tomography until the patient has not smoked for 15 years.
HIV Screening (CDC)	HIV screening been <u>done/offered</u> to patients ages 13-64 at least once.
HCV Screening (USPSTF)	<ul style="list-style-type: none"> <li>HCV screening for persons at high risk for infection</li> <li>One time screening in individuals born between 1945-1965</li> </ul>
Depression Screening – adolescents (AAP/USPSTF)	Annual depression screening for adolescents ages 12 and above.
Depression Screening – adults (USPSTF)	Annual depression screening for adults ages 18 and above.





# Planned Care Dashboard: STI Screening

- Routine annual STI Screening for specific groups:
  - Women 13-24 (chlamydia)
  - MSM/Transgender individuals (3-site testing chlamydia/gonorrhea, syphilis)
  - PrEP Patients (3-site testing chlamydia/gonorrhea, syphilis)

ALERTS	Last Date	Due Date	Value	Notes
Dental Exam				
Needs Flu Vaccine 2017-2018				
Body Mass Index	2/23/2018		58.89	Needs Education if BMI is under 19 OR over 25
HIV Screen Needed				Once, 13-64 yrs old
SBIRT	10/4/2016			Yearly, 18+ yrs old
HTN	2/23/2018		140/87	
STI Screening: Chlamydia. Gonorrhea. Syphilis.				MSM and Trans - STI screening recommended annually.





# Rectal Specimen Patient Self-Collection

## INSTRUCTIONS FOR PATIENTS: How to Swab Your Bottom:

1. Wash your hands.
2. Take out the blue swab from the package.
3. Open your bottom by using one hand to spread your cheek.
4. Put the swab inside your bottom about 1 – 2 inches. That is about the length of your pinkie finger.



5. Turn the swab around 3 times.
6. Make sure the swab touches all sides of the inside of your bottom



7. Take the swab out of your bottom.
8. Put the cotton tip of the swab inside the tube.
9. Break the swab at the mark that is near the end of the swab handle.
10. Throw away the end of the handle.
11. Close the tube with the cotton end of the swab inside.
12. Give it back to your provider





# PrEP Outreach

Organize, promote and facilitate outreach events to educate and raise awareness to the public about HIV risk and PrEP options.

- Brainstorming potential community partners.
- Working closely with community partners to plan and execute various outreach events.
- Engagement with local communities.
- Maintaining a calendar for outreach events.
- Build public relations: Press releases, brochures distribution, social media engagement, email campaigns.
- Provide HIV & Hepatitis C testing to at-risk populations in the community, and at community events.
- Lunch & Learn internal meetings scheduled with PrEP Outreach Coordinator, Provider and PrEP Navigator to promote PrEP services internally.
- PrEP Outreach staff are mostly bi-lingual.







# PrEP Navigator

The PrEP Navigator will work to empower clients to navigate medical and social systems on their own

- PrEP Navigator will assist PrEP clients with services including:
  - Health insurance enrollment
  - PrEP provider identification
  - Appointment scheduling
  - Partner notification services support
  - Screenings for other STI's
  - Education on the benefits of PrEP
  - Ongoing maintenance
- Referrals are made internally through PCP referrals or externally through community agencies





# PrEP Assessment

- Used by PrEP Navigator, other clinical team members

**PrEP Assessment**  Show popup for c/o

General PrEP Assessment

	c/o	denie	Symptom	Duration	Notes	Cl
\$			Partners:			X
\$			Practices:			X
\$			Protection from STIs:			X
\$			Past History of STIs:			X
\$			Pregnancy:			X
\$			Adherence:			X
\$			Drug and Alcohol Use:			X
\$			How did you hear about Pr			X





## PrEP Dashboard

- Used by PrEP Navigator, Medical Assistant, Nurse, Provider
- Helps with PrEP Follow up and Monitoring
- Can be searched by Medical Provider and by PrEP Medication
- Includes:

Age

Gender Identity

Sexual Orientation

Prescriber

Last Visit

Next Visit

Last Rx Name and Date

Last Sexual Risk  
Assessment Date

Last HIV Screen

Last STI Screens

Renal Function and Date

Hep B screen

Hep A and B vaccination





# PrEP Dashboard

Age	Gender	Gender Identity	Sexual Orientation	PCP	Prescribing Provider	Last Visit with Prescribing Provider	Next Visit with Prescribing Provider	Last Visit with PCP	Next Visit with PCP	Last Rx Name and Date	SH Sexual Hist Date	Last H
47	M	Male	Straight or heterosexual	McIntosh, Jeannie	McIntosh, Jeannie					Date: 7/3/2019		Date:
37	M	Transgender Female/Trans Woman	Lesbian or gay or homosexual	McIntosh, Jeannie	McIntosh, Jeannie	4/12/2022	4/26/2022	4/12/2022	4/26/2022	Descovy Date: 3/6/2022	8/22/2013	Val Re Date:
51	U	Transgender Female/Trans Woman	Straight or heterosexual	McIntosh, Jeannie	McIntosh, Jeannie	4/1/2022	5/6/2022	4/1/2022	5/6/2022	Truvada Date: 11/27/2018	4/1/2022	Val Date:
17	F	Female	Bisexual	Smith, Tonya	McIntosh, Jeannie	6/10/2021		2/18/2022		Truvada Date: 6/12/2021	3/31/2022	Val Date:
49	M	Male	Straight or heterosexual	McIntosh, Jeannie	McIntosh, Jeannie	9/5/2018		9/5/2018		Truvada Date: 9/5/2018	9/5/2018	Val Date:
34	F	Female	Straight or heterosexual	Piekarz Dyjak, Elzbieta	McIntosh, Jeannie	5/5/2020		12/21/2020		Truvada Date: 3/31/2020		Val Date:
33	M	Transgender Female/Trans Woman	Bisexual	McIntosh, Jeannie	McIntosh, Jeannie	2/18/2022	4/18/2022	2/18/2022	4/18/2022	Truvada Date: 11/13/2021	2/18/2022	Val Date:
28	F	Female	Straight or heterosexual	McIntosh, Jeannie	McIntosh, Jeannie	12/17/2021		12/17/2021		Truvada Date: 10/6/2020		Value Date:
31	M	Male	Lesbian or gay or homosexual	Silva, Meaghan	McIntosh, Jeannie	12/15/2020		3/1/2022		Descovy Date: 12/15/2020	3/1/2022	Val Date:
51	M	Male	Lesbian, gay, or homosexual	Borgonos, Ovanes	McIntosh, Jeannie	3/25/2022		3/22/2022		Truvada Date: 4/21/2020	3/25/2022	Val Date:

Parameters

Prescribing Provider

Last Prescription Name





# PrEP Dashboard

Last HIV Screen	Last Syphilis Screen	Last Gonorrhea Urethral Cervical Screen	Last Gonorrhea Throat Screen	Last Gonorrhea Rectal Screen	Chlamydia Urethral Cervical Screen	Chlamydia Throat Screen	Chlamydia Rectal Screen	Renal Function (Creatinine) Screen	Hep B s Ag Screen	Hep A
Value: Non-Reactive Date: 4/11/2022	Value: Reactive Date: 4/11/2022	Value: Not Detected Date: 4/11/2022	Value: oral GC neg Date: 4/12/2022	Value: Not Detected Date: 4/12/2022	Value: Not Detected Date: 4/11/2022	Value: oral GC/CT neg Date: 1/22/2022	Value: Not Detected Date: 4/12/2022	Value: 0.77 Date: 4/11/2022	Value: NON-REACTIVE Date: 9/12/2017	Not V





## Same Day PrEP

- HIV test and serum creatinine
  - Point of care
  - Blood draw
- Assistance for enrolling in health insurance, copayment assistance, medication assistance programs for uninsured or underinsured.
- Rapid follow up contact for patients (e.g. for positive/abnormal results)
- Scheduled follow up visits
- Clinicians available to prescribe oral PrEP or administer IM injection
- STI testing if available/possible





# Same Day PrEP

- NOT APPROPRIATE if:
  - Ambivalence about PrEP
  - Cannot draw blood
  - Signs/symptoms of possible acute HIV
  - History of renal disease or associated conditions (DM, HTN)
  - No insurance or means to pay
  - No confirmed means of contact
- May not be appropriate if:
  - Very recent possible HIV exposure
    - May be eligible for nPEP (started within 72 hours, taken for 28 days, and if ongoing risk, can immediately switch to PrEP with HIV negative screen at end of 28 days of nPEP)
  - Not easily contacted for return visits
  - Mental health conditions present that interfere with understanding of PrEP requirements





# PrEP by Telehealth

- Conduct PrEP screening, initiation, or follow up visits by phone or video-based telehealth.
- Obtain specimens for HIV, STI, renal function and other-related tests
  - Laboratory visits for specimen collection only
  - Order home specimen collection kits for specified tests
    - Fingertick
    - Self collected swabs or urine
    - Mailed to patient and mailed back to lab
- When HIV negative is confirmed, provide prescription for 90 days to minimize trips to pharmacy and to facilitate adherence.







# Questions?



# Next Steps

## Agenda items for your meetings during this action period

- Discuss challenges for implementing PreP treatment
- Begin preparing showcase materials

## Assignments

- Review or develop protocols/policy/workflows for PreP treatment

CME and Resource Page

Access Code: HIV2024



<https://education.weitzmaninstitute.org/content/nttap-hiv-prevention-learning-collaborative-2024>



# Showcase Overview

- Due Date: Wednesday May 29<sup>th</sup>
- Showcase Date: Monday June 10<sup>th</sup>
- Team coaches will be sent a template, including:
  - Innovations\*
  - 'Aha' Moments\*
  - Recommendations to others\*
  - Aim Statement
  - Measures/Impacts
  - Key Partners
  - Quote from leadership
  - Quote from team member
  - Process Map or other visuals (i.e. photos, graphs)

\*Required

**HIV PREVENTION**  
2022 NTTAP Learning Collaborative

**communityclinic**  
A HEALTHCARE MINISTRY OF ST. FRANCIS HOUSE NWA

**HEALTH CENTER DESCRIPTION**  
Community Clinic's mission is "Delivering exceptional, accessible & comprehensive care through patient-focused service to our communities." The P.R.E.P. NWA goals are to raise awareness about HIV risk and prevention throughout Community Clinic and the community as a whole, as well as to implement universal HIV risk screening for all patients, testing for those at risk or based on best practice recommendations, and connection to on-going HIV prevention and treatment services.

**KEY PARTNERS**  
Internal: P.R.E.P. NWA team, Leadership, Administrative staff, Providers, Clinical staff, School-based clinics. External: HIV specialists, Shelters. Outreach: Billing, EMR team, CLIA Manager, Compliance Director, Patients. Health Department, Ounit.

**PATIENT PROFILE**  
We are the largest safety net organization in the area. Goals for outreach include social media campaigns, Pride events, development of community groups, & expanded mobile unit outreach for underserved & at-risk populations. Providers & staff are trained on risk screening, testing, PrEP, & connection to services. The majority of P.R.E.P. NWA referrals are for 18-35-year-old gay men.

**HIV PROGRAM NARRATIVE**  
Fully staffed (RN Case Mgr., Patient Advocate, Pharm.D., BI, Outreach). Established internal workflows and protocols. Trained all staff/providers. Developed EHR templates and lab orders. Prescribed PrEP and connected to its assistance. Engaged ( & will continue ) with community awareness and testing events. Launched P.R.E.P. NWA social media campaigns and developed printed materials. Established relationships with HIV treatment specialists.

**VOICE OF THE TEAM**  
This program is going to give hope and security to those who have not had a safe place to turn in a time of need. We will be a supportive space that provide comprehensive healthcare, hope, and trust. I have already felt the impact we have made in such a short time. The positive feedback from patients is reassurance that what we are doing is important and needed. - Britney Pember, RN Case Manager

**VOICE OF LEADERSHIP**  
Access for all and breaking down stigma, prejudice, & discrimination is at the heart of being a health center. I am so proud of Community Clinic for developing this HIV prevention program, as it enhances awareness, understanding, and compassion amongst our employees & the community in general, thus creating a safe place to receive healthcare & connection to resources. - Gillen Woods, Quality Mgr.

**SOGI DATA COLLECTION**  
We already collected SOGI data prior to the Collaborative, yet it was inconsistent. We did process change as a result of this collaborative. We are now finding better ways to document preferred names as well as implement trainings with all staff in regards to the importance of SOGI data collection, documentation, scripting, etc.

**SEXUAL RISK ASSESSMENT & STI TESTING**  
We currently collect sexual history/behavior on all new patients. In development is the standardized HIV risk assessment for all patients, at least annually, & more frequently based on known risks. The Collaborative affected the HIV risk screening addition into the Social History section of the EHR, the RN Case Manager assessments, & the staff training.

**WORKFLOW HIV & STI TESTING/SCREENING**  
Each patient is screened for HIV by completing the HIV screening in the Social History section of the EHR. A clinical team member completes this. Patient responses prompt provider assessment to determine labs, PrEP, and/or P.R.E.P. NWA team referral needs. The Collaborative impacted the workflow for universal risk screening, specifically with tools, in-depth questions, etc.

**WORKFLOW PrEP TREATMENT**  
Provider screens and orders labs. RN CM contacts patient with results & completes comprehensive assessment. Patient then meets with the Patient Advocate for SOGI needs & patient assistance. RN follows the care of the patient to ensure lab work, medication adherence, care coordination, etc. The Collaborative taught us best practices that affected standardized protocols & workflows.

**INNOVATIONS**  
Implementing staff training to all staff & providers on the new P.R.E.P. NWA program as well as education on stigma associated with HIV, pre & post-exposure prophylaxis options, & new risk screening, testing, & treatment protocols. Creating template specific for HIV prevention & lab order sets that are easily accessible. Implementing community finding awareness, education, & testing events during various Pride celebrations. Developing and posting social media campaigns for HIV prevention, as well as printed program materials.

**PrEP OUTREACH**  
Outreach: Staff/Provider training, Social Media, Dating apps (Grindr), Community Events, Flyers, Organization landing page (in development). Challenges: Coverage for uninsured, Preferred pharmacies.

**MEASURES**  
Within 2 weeks of the initial PrEP provider training & program rollout, 10 patients were referred to the P.R.E.P. NWA team. All of these patients were successfully prescribed PrEP & are engaged in the on-going service.

**'AHA' MOMENT**  
Aightfully moment our team experienced is being that we all have the same struggle when it comes to implementing something new. We were able to problem solve as a group & focus on the main purpose of this program to better understand how to implement the program successfully & effectively. A significant lightbulb moment is when we were able create a flowchart to really lay out the flow of our program and seeing that the other Learning Collaborative organizations all had similar processes.

**RECOMMENDATIONS**  
Draft a specific plan for program priorities prior to program development & rollout. E.g., Internal clinic patient service vs. community engagement. Ensure appropriate staff training takes place prior to program rollout. Goal to create tools & secure plan for all patients. Communicate to all staff a streamlined workflow & point person/program champion.

## NTTAP Contact Information

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**REMINDER: Complete evaluation in the poll!**

Upcoming Coach Calls: May 13<sup>th</sup>

Next Learning Session is **Monday May 20<sup>th</sup>!**



# Explore more resources!

## National Learning Library: Resources for Clinical Workforce Development

National Learning Library



CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.

[Learn More](#)



The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through:

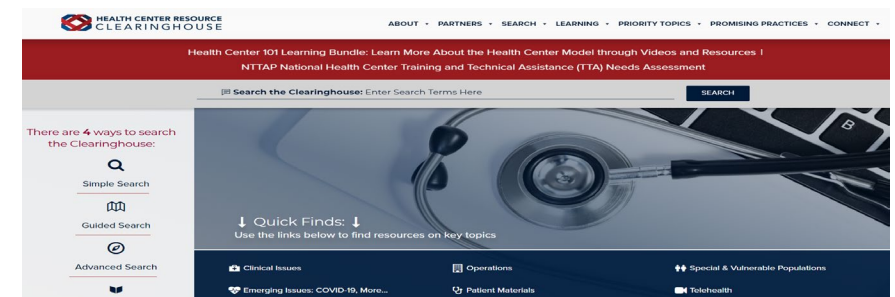
**National Webinars** on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

**Invited participation in Learning Collaboratives** to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email [NCA@chc1.com](mailto:NCA@chc1.com) for more information.

<https://www.weitzmaninstitute.org/ncaresources>

## Health Center Resource Clearinghouse



<https://www.healthcenterinfo.org/>