



Enhance HIV Prevention Efforts At Your Health Center

Thursday May 7th, 2026 | 3:00 - 4:00pm Eastern

Continuing Education Credits (CEUs)

Through MWHS, the Weitzman Institute can award continuing education credit (CEUs) to physicians, nurse practitioners, pharmacists, nurses, physician associates/assistants, dentists, psychologists, social workers, and dietitians. Please note that continuing education credit requirements differ by state, jurisdiction, and licensing agency. It is your responsibility to confirm if your licensing/credentialing agency will accept the credits offered by Weitzman Education activities.

To learn more, please visit:

<https://education.weitzmaninstitute.org/content/about-us>



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Disclosure

- With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the party listed above (or spouse/partner) and any for-profit company in the past 12 months which would be considered a conflict of interest.
- The views expressed in this presentation are those of the presenters and may not reflect official policy of Community Health Center, Inc. and its Weitzman Institute.
- We strive to create a respectful and welcoming learning environment. If anything in today's session makes you feel uncomfortable, please let us know via email at nca@chc1.com.
- We are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA approved) and any limitations on the information that we present, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.
- This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

**MORE THAN
WHAT WE DO.
IT'S WHO WE
DO IT FOR.**



Learn More at mwhs1.com



MOSES/WEITZMAN Health System

Always groundbreaking. Always grounded.

Community Health Center, Inc.

A leading Federally Qualified Health Center based in Connecticut.

CeCN

A national eConsult platform improving patient access to specialty care.

The Consortium for Advanced Practice Providers

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

The Weitzman Institute

A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.

Locations & Service Sites



Overview

- Founded: May 1, 1972
- Staff: 1,400
- Active Patients: 150,000
- Patients CY: 107,225
- SBHCs across CT: 152

Year	2022	2023	2024
Patients Seen	102,275	104,917	107,225



National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides **free** training and technical assistance to federally funded health centers and look-alikes across the nation through webinars, activity sessions, communities of practice, trainings, publications, and more!

To learn more, please visit <https://www.weitzmaninstitute.org/nca>.

Speakers

- Marwan Haddad, MD, MPH, AAHIVS, Medical Director of the Center for Key Populations, Community Health Center, Inc. (CHCI)
- Jeannie McIntosh, APRN, FNP-C, AAHIVS, Center for Key Populations, Community Health Center, Inc. (CHCI)

Learning Objectives

1. Identify the core components of pre-exposure prophylaxis (PrEP) in clinical settings.
2. Explore recent updates and guidelines related to prescribing PrEP.
3. Understand how to apply best practices for integrating PrEP into clinical workflows, including use of telehealth models such as tele-PrEP.

Overview of PrEP

Assessing Eligibility for PrEP

- Determine eligibility based on a good sexual and substance use history.
- 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 viral load (VL) or
 - Has one or more sexual partners with no or inconsistent condom use or
 - Had bacterial sexually transmitted infection (STI) (gonorrhea, chlamydia, syphilis) in past 6 months
 - Individual has injected in past 6 months and
 - Has injecting partner with HIV *or*
 - Has shared injection equipment
 - Individual requests PrEP

**Let's talk
about PrEP!**

Proactive Identification of Individuals Who Potentially Could Benefit from PrEP

- Identification of individuals at high exposure rates to HIV from electronic health records
 - Through sexual risk assessments
- HIV/STI testing
 - Syphilis, gonorrhea, chlamydia in last 6 months
- Substance use disorder diagnoses
 - ICD-10
 - Buprenorphine/methadone/naltrexone on medication list

Laboratory Tests Prior To Prescribing PrEP

- HIV Testing
 - Negative within 7 days prior to starting PrEP
 - Use of HIV Ab/Ag 4th generation test recommended
 - Rapid such as the Alere (result in 20 minutes)
 - » In certain cases, 3rd generation test could be used such as the INSTI (results in 1 minute)
 - Lab-based blood draw
 - If rapid HIV test used, a lab-based test should be done when possible, within 1 week of start
 - If possible, add HIV Ribonucleic Acid (RNA) test
- 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
- Rapid Plasma Reagin (RPR)

Gonorrhea and Chlamydia

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

Laboratory Tests Prior To Oral PrEP

Renal Function

- TDF/FTC if Creatinine Clearance ≥ 60 mL/min
- TAF/FTC if Creatinine Clearance ≥ 30 mL/min
- NO ORAL PrEP if ≤ 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

Check for Medication Interactions

HIV Drug Interactions UNIVERSITY OF LIVERPOOL

Donate Now →
Interaction Checker →

Interaction Charts Site Updates About Us Pharmacology Resources Contact Us Support Us

HIV iChart app users - please update to the newest version to ensure up-to-date information

HIV Drug Interaction Checker

Access our comprehensive, user-friendly, free drug interaction charts. Providing clinically useful, reliable, up-to date, evidence-based information

Start Now →

● Do Not Coadminister ■ Potential Interaction ◆ No Interaction Expected ✦ No Clear Data
● Do Not Coadminister ■ Potential Interaction ◆ No Interaction Expected ✦ No Clear Data

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

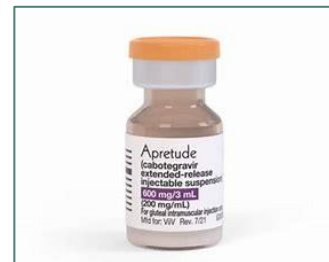
AND/OR

Free App: Liverpool HIV iChart

PrEP Regimens

Recommended PrEP Regimens

- Fixed-dose TDF/FTC (Truvada or generic) for all individuals with sexual or injection risk
 - Single pill once daily
 - On-Demand 2-1-1 (Men Who Have Sex with Men (MSM) only)
- Fixed-dose TAF/FTC (Descovy) for sexual prevention in men who have sex with men
 - Single pill once daily
- Injectable cabotegravir (Apretude) for adults and adolescents at least 35 kg
 - Monthly intramuscular injection for 2 months then every other month
- Injectable lenacapavir (Yeztugo) for adults and adolescents at least 35 kg
 - Subcutaneous injections (x2) on Day 1 with 2 pills once a day on Day 1 and Day 2
 - Next subcutaneous injections every 6 months



2-1-1 Oral PrEP On-Demand

- 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 sexual activity continues, take 1 pill every 24 hrs until 48 hrs after last encounter
- Only studied in MSM and only with TDF/FTC (Truvada).
 - ANRS Ipergay, ANRS Prevenir, AMPrEP studies
- Not FDA approved but is recommended as an option in CDC Guidelines.
- For those who experience side effects, they may continue to occur with every use.
- Best to avoid in a person with chronic active Hepatitis B infection.



Oral PrEP Prescribing

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

Drug Manufacturers Patient Assistance Programs

Descovy and Yeztugo

- Copay Coupon Card for commercially insured patients with high copay
- Patient Support Program for patients without prescription drug coverage



Apretude

- Savings Program for commercially insured patients
 - up to \$7,500 in assistance with out-of-pocket costs per year
- Patient Assistance Program (PAP)
 - Free medication for patients with very limited (or no) prescription drug coverage
 - Household income \leq 500% federal poverty level



Discounted Generic Emtricitabine/Tenofovir DF

- 30-day supply for less than \$30 per month
- A good option for patients who want to pick up the prescription (Rx) immediately and do not mind paying out-of-pocket
- **Options:**
 - 340B – at eligible clinics serving low-income communities
 - Pharmacy discount programs
 - GoodRx <https://www.goodrx.com/truvada>

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 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 and every 6 months for all others
- **Injectable PrEP Monitoring (Lenacapavir)**
 - HIV test (Ab/Ag +/- HIV RNA) every 6 months
 - STI screening every 3-6 months based on exposure risk
 - HIV testing can be repeated with STI screening if done more frequently than every 6 months, based on exposure risk

PrEP Side Effects

- Side effects resolve usually within 1-2 months of start
 - May not be the case with 2-1-1 approach
- Treat side effects as needed (e.g., anti-nausea medications, antidiarrheals, non-opioid pain medications)

PrEP Side Effects

- **Oral PrEP (TDF/TAF/FTC)**
 - Nausea, fatigue, headache, abdominal pain, weight gain (TAF), weight loss (TDF), diarrhea (TAF)
 - TDF: renal (creatinine increase, proteinuria) and bone toxicity
 - Rare hepatotoxicity, lactic acidosis

PrEP Side Effects

- **Injectable PrEP (cabotegravir/lenacapavir)**
 - Injection site reactions
 - Pain, tenderness, induration, swelling, itching, redness/bruising
 - Generally mild to moderate, lasting only a few days
 - Occurs most frequently after the first 2-3 injections
 - Can ice area prior to injection to reduce site reactions.
 - 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.
 - Apply a warm compress or heating pad to the injection site for 15-20 minutes after the injection (e.g., upon returning home).
 - Nausea, headache (lenacapavir)

PrEP Side Effects

- Potential for HIV drug resistance to emerge if medication not taken regularly and HIV infection ensues.
 - Poor adherence to oral PrEP (TDF or TAF/FTC)
 - Injectable PrEP (cabotegravir/lenacapavir) can result in ongoing levels for many months after last injection and can last past a year.
 - If D/C and ongoing exposure to HIV, switch to the other injectable or to oral PrEP within 8 weeks (cabotegravir) or 6 months (lenacapavir) of last injection.

Time to HIV Protection after PrEP Start

- TDF/FTC: 7 days for anal exposure
- TDF/FTC: 20 days for cervicovaginal exposure
- Lenacapavir: 2 hours after 2nd oral dose if subcutaneous (SC) injections and oral dosing completed as prescribed
 - 21-28 days if no oral loading doses taken
- All other medications: no estimates/studies

Time to HIV Protection Loss After PrEP D/C

- **Oral PrEP:**
 - Protection will likely wane over 7-10 days.
- **Injectable PrEP:**
 - Levels persist for many months after last injection but are considered not protective against HIV 2 months after last injection of cabotegravir and 6 months after last injection of lenacapavir.
- If ongoing risk, discuss alternative protections such as other PrEP choices, condom use, non-occupational Post Exposure Prophylaxis (nPEP).

Follow-Up Visits



- Discuss:
 - Desire to continue PrEP
 - Ongoing exposure
 - Exposure reduction
 - Condom use for other STI prevention
 - Regular STI testing
 - U=U (undetectable = untransmittable)
 - No sharing of injecting equipment
 - Syringe Services Program
 - Overdose prevention (Narcan)
 - Medication for substance use disorders (bup, methadone)
 - Post-exposure prophylaxis (PEP)
 - Side effects
 - Adherence
 - Options for ongoing prevention

STI Prevention: DoxyPEP

- Eligibility: Men who have sex with men with STI in the past 12 months
 - Insufficient data in women (consider with shared decision making)
- **Doxycycline 200 mg single dose soon after sexual encounter and within 72 hours**
 - No more than one dose of 200 mg in 24 hours
- Screen for STIs regularly while using doxyPEP
- Efficacy against
 - Chlamydia (74-86%)
 - Syphilis (77-79%)
 - GC (33-57%) likely due to baseline tetracycline resistance
- Antimicrobial resistance ongoing concern and being studied



Pregnancy

- Consider pregnancy tests at follow up visits, as indicated
- Weight risk of HIV acquisition vs. benefit of PrEP
 - Risk of transmission to fetus during acute HIV is high
 - TDF/TAF/FTC widely used in pregnancy
 - Cabotegravir and lenacapavir very limited information
 - Other integrase inhibitors used in pregnancy
- Shared decision making is essential

Transitioning from Oral ↔ Injectable PrEP

- Evaluating patient preferences
- Assessing adherence challenges
- Discussing potential benefits
- Considering individual circumstances
- Addressing concerns
- Monitoring and support
- Coverage:
 - Insurance; prior authorization
 - Patient Assistance Programs (uninsured and underinsured)

PrEP Process Workflow

PrEP Protocol and Policy

- 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
- CHCI Example – [access here](#)

Policy Name:	Pre-exposure Prophylaxis for HIV		
Reviewed and Revised Date:	10/1/2025	Next Scheduled Review Date:	10/1/2028
Statute/Regulation:			
Regulatory Agency:	N/A	Owner:	Medical Director, Center for Key Populations and Chief Medical Officer
Department(s):	Medical	Policy Location:	PC - Provision of Care
Applicable Organization(s):	<input type="checkbox"/> MWHS <input type="checkbox"/> CHC <input type="checkbox"/> NIMAA <input type="checkbox"/> CeCN <input type="checkbox"/> NNPRFTC <input type="checkbox"/> Contingent Workers <input type="checkbox"/> Vendors <input type="checkbox"/> Other: _____		

CHCI PrEP Policy Overview

- 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

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
 - Extension for Community Healthcare Outcomes (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 ...		

PI Notes:PrEP Discu... TESTPATIENT, aeiou 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		x
<input type="checkbox"/> Risk: Injecting Drugs		x
<input type="checkbox"/> Outcome:		x

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

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

Default Default For All Clear Cle

Name	Value	Notes
<input type="checkbox"/> Risk: Sexually Active Past 6 Months		x
<input type="checkbox"/> Risk: Injecting Drugs		x
<input type="checkbox"/> Outcome:		x

[Select all]
 Injecting partner with HIV
 Sharing injection equipment
 NA

HPI Notes:PrEP Discu... TESTPATIENT, aeiou 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		x
<input type="checkbox"/> Risk: Injecting Drugs		x
<input type="checkbox"/> Outcome:		x

Offered and will consider
 Accepted
 Declined

PrEP Initial Visit

HPI | Notes:PrEP Initial TESTPATIENT, aeious | Jan 1, 1991 (31 yo F) | Acc No. 695455

Side Effects Reviewed: Reviewed for TDF/FTC Discussed Risk Reduction

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

Custom [Next]

Custom [Next]

TDF/FTC

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 infecte

[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, aeion | 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	<input type="text"/>	<input type="radio"/> Every 3 months at least, for MSM and transw <input type="radio"/> Every 6 months at least, for all others
<input type="checkbox"/> Risk Reduction Counseling	<input type="checkbox"/> [Select all] <input type="checkbox"/> Condom use for STIs <input type="checkbox"/> No sharing of injecting equipment <input type="checkbox"/> Syringe Services Program <input type="checkbox"/> PEP <input type="checkbox"/> U=U <input type="checkbox"/> Medication for substance use disorders <input type="checkbox"/> Regular STI testing	x
<input type="checkbox"/> HIV Ab/Ag+HIV RNA at Least Every 3 Month ...	<input type="checkbox"/> [Select all] <input type="checkbox"/> Assessed ongoing HIV risks <input type="checkbox"/> If ongoing risk, advised on other prevention s <input type="checkbox"/> Continue follow up with HIV testing regularly	x
<input type="checkbox"/> STI Screening (syphilis, GC, chlamydia 3 ...		x
<input type="checkbox"/> Renal Function		x
<input type="checkbox"/> Lipid Levels for TAF/FTC		x
<input type="checkbox"/> Pregnant?		x
<input type="checkbox"/> Discussion if discontinuing Oral PrEP		x

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"/> [Select all] <input type="checkbox"/> Oral <input type="checkbox"/> Rectal <input type="checkbox"/> Urine <input type="checkbox"/> Blood
<input type="checkbox"/> Pregnant?	
<input type="checkbox"/> Discussion if discontinuing Cabotegravir	

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

★ [User Icon] PRACTICE ADMINISTRATOR

Medication	Dose	Frequency	Instructions	Duration	Quantity	Route	Form	Kit
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/ endocervical/urethral 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	⊘

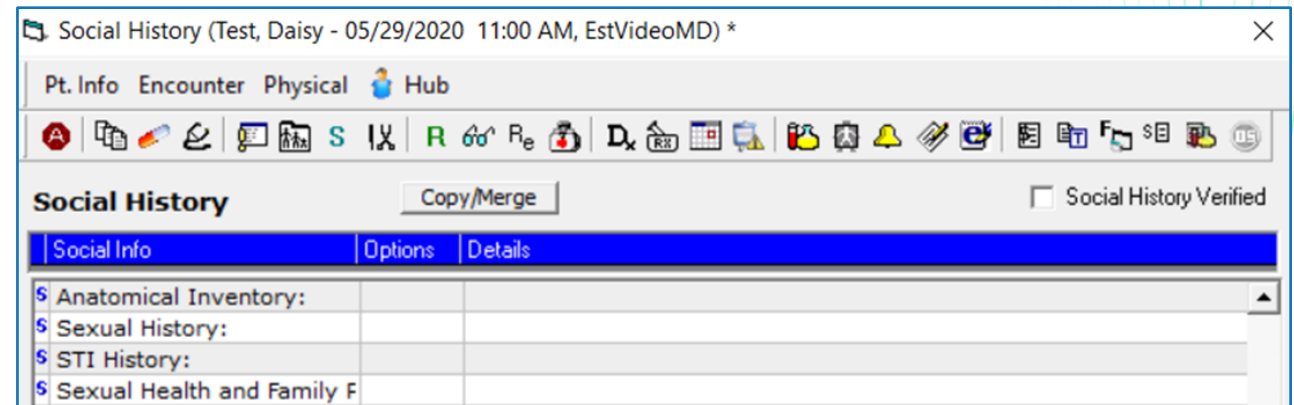
Nursing Role

- Provider support
- Patient support and resource
- Risk reduction counseling
- Self-management goals
- Planned care/PrEP dashboards
- Nursing visits for PrEP/STI screening
 - Specimen Collections
 - HIV Rapid Testing
 - Injections



STI Nursing Visit

- Provider-directed and/or patient-focused visits
 - Standing orders for patient-directed visit
- 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)



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 within 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 done/offered to patients ages 13-64 at least once.
HCV Screening (USPSTF)	<ul style="list-style-type: none"> HCV screening for persons at high risk for infection One time screening in individuals born between 1945-1965
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

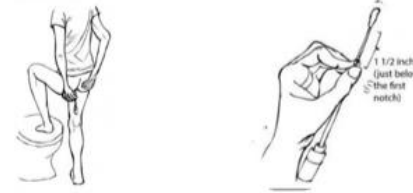
- Routine annual STI Screening for specific groups:
 - Women 13-24 (chlamydia)
 - MSM and others at increased exposure risk (3-site testing chlamydia/gonorrhea, syphilis)
 - PrEP Patients (3-site testing chlamydia/gonorrhea, syphilis)

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.				STI screening recommend 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 by Telehealth

- PrEP screening, initiation, and follow up visits can be done through telehealth (phone or video-based)
- HIV, STI, renal function and other-related tests can be ordered and completed at:
 - Laboratory of choice
 - At home
 - Home specimen collection kits
 - Fingertick/self collected swabs or urine
 - HIV test can be done by patient at home and if needed, while on telehealth.
 - Mailed to patient and mailed back to lab

PrEP by Telehealth

- Provide prescription for 90 days for oral PrEP
 - Minimizes trips to pharmacy; facilitates adherence
 - Can prescribe and have patient wait for confirmation of HIV result prior to filling
- For injectable PrEP, must come in for visit
 - Injections can be nursing visits
- Arranging in-person visits as needed for physical examination
 - Can be done as indicated with oral PrEP
 - Can be done during visits for injections

Tele-PrEP Case Study

Case: Manuel

- 20-year-old male who learns of your health center's PrEP program through outreach team at a community event and is interested in starting on PrEP.
- Sexual History:
 - Sexually active with multiple male partners over past year.
 - In open relationship - primary partner has HIV but with suppressed viral load on ART; unsure of HIV status of other partners.
 - Engages in receptive anal sex and gives/receives oral sex.
 - Treated for primary syphilis with a single dose of IM Bicillin three months ago.
- Other Relevant History:
 - Uninsured and not insurance eligible based on citizenship status.
 - Already a patient of health center and accesses care through sliding scale and 340B RX program.
 - Working 2 jobs. Usually only has availability for visits in the evening or on weekends.
 - Has type 1 diabetes (well controlled on insulin; unable to afford insulin pump so administers multiple subcutaneous (SQ) injections per day).
 - Also takes tadalafil PRN for erectile dysfunction.
 - Snorts cocaine at parties 1-2 x per month. Once accidentally overdosed from incidental fentanyl exposure. Denies any opioid or other drug use outside of this.

Case: Manuel

1. At outreach event has a negative rapid HIV test and briefly discusses PrEP options with outreach team.
2. PrEP navigator follows up with phone call:
 - Discusses PrEP options in more detail. Patient is most interested in lenacapavir injection
 - Schedules PrEP intake visit with nurse practitioner by video (able to attend from work)
3. Video appointment with APRN:
 - PrEP and lenacapavir eligibility confirmed
 - Counseled on dosing, importance of on-time injections, potential side effects, timeline for medication becoming protective, etc.
 - Drug interactions checked on Liverpool database
 - Baseline labs ordered – HIV ½ Ag/Ab screen, HIV-1 RNA, 3-site gonorrhea/chlamydia testing, RPR, HCV and triple HBV screenings
 - Discussed DoxyPEP
 - Narcan prescribed – provided overdose prevention counseling around cocaine use

Case: Manuel



Potential Interaction
Lenacapavir for PrEP
Tadalafil (Erectile Dysfunction)

Plasma concentration of PDE-5 inhibitors may be increased when co-administered with lenacapavir. For use as needed: no more than tadalafil 10 mg every 72 hours. For once daily use: tadalafil dose not to exceed 2.5 mg.

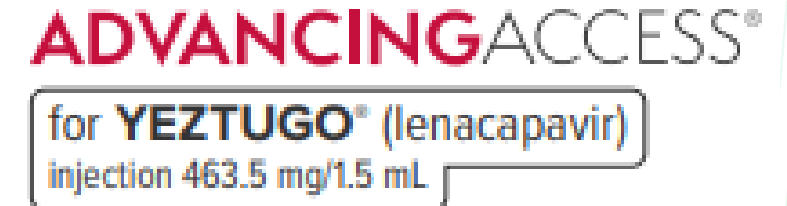
Potential Weak Interaction
Lenacapavir for PrEP
Cocaine

Coadministration has not been studied. Cocaine is metabolized by several pathways (CYP and non CYP mediated), with metabolism to norcocaine by CYP3A4 being less than 10% of the overall metabolic clearance. Lenacapavir is mainly cleared as unchanged drug and is a moderate inhibitor of CYP3A4 and could potentially increase concentrations of the parent compound. The clinical relevance is unknown as cocaine is metabolized by other non-CYP mediated pathways. Ensure the patient is aware of signs/symptoms of cocaine toxicity.

Case: Manuel

4. Once negative HIV test result received, PrEP navigator:

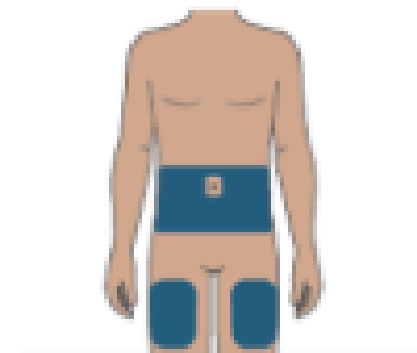
- Enrolls patient in Yeztugo patient assistance program and coordinates delivery
- Sets up in-person RN visit for first injection in the evening after work



5. RN visit:

- Oral and rectal GC/CT swabs collected
- Yeztugo administered:
 - Ice pack applied for 10 minutes prior (and after if needed)
 - Two 1.5 mL SQ injections administered at least 4 in. (10 cm) apart – opted for thighs because patient usually administers insulin in abdomen
 - Given two oral tablets during visit and dispensed two tablets to take at home one day later (oral loading dose with first injection only)
 - Scheduled for next injection in 26 weeks +/- 2 weeks

● = Injection site options (at least 2 inches from navel)



Case: Manuel

6. Follow-up video visit with APRN in 4 weeks:

- Assessed for side effects – injection site discomfort was tolerable/transient; does have residual subcutaneous nodule (advised this is expected)
- Ordered repeat HIV screening
- Rectal swab + gonorrhea – returned for second RN visit and was treated with IM ceftriaxone; patient wishes to start DoxyPEP now
- Confirmed patient wishes to continue on Yeztugo for PrEP

Care was initiated via tele-PrEP to provide immediate access; the next follow-up visit is planned in person to address additional health concerns.

Questions?

Wrap-Up

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](#)

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



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 for more information.

Health Center Resource Clearinghouse



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

Contact Information

For information on future webinars, activity sessions, and learning collaboratives: please reach out to nca@chc1.com or visit <https://www.chc1.com/nca>

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.