PREP IMPLEMENTATION
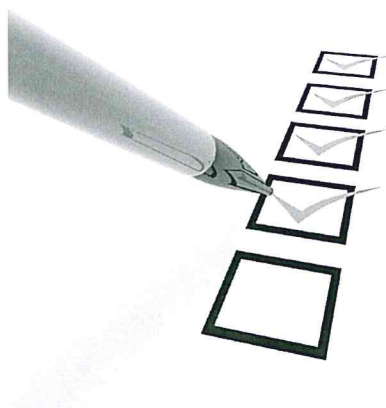
CLINIC PROTOCOL CHECK LISTS

SAMPLE PREP CONSENT

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Clinic Protocol for PrEP Outreach/Inreach

ACTIVITY

- ☐ Make PrEP/PEP information brochures available in the waiting room
- ☐ Hang PrEP/PEP posters on the walls of clinic rooms.
- ☐ Tell patients about the availability of PrEP and PEP at every visit, and encourage them to pick up brochures or talk to their provider for more information.

Patients who Express Interest in PrEP

- ☐ Provide basic education about PrEP, using the Patient Education Sheet
- ☐ Refer to HIV or STI testing, as appropriate
- ☐ Refer for PrEP conversation/screening, if interested

The Following Patients will be Referred for PrEP Conversation/Screening

- ☐ Presents to clinic for HIV testing
- ☐ Presents to clinic for STI screening/concern/symptoms
- ☐ Hx of STIs in past 6 months
- ☐ Hx of PEP use/PEP follow-up visit
- ☐ MSM who reports condomless anal sex
- ☐ Reports HIV+ romantic/sexual partner
- ☐ Self-reported concern/anxiety about HIV infection

Patients Referred for PrEP Conversation/Screening

- ☐ Take PrEP-focused sexual history
- ☐ Provide basic education about PrEP, using the Patient Education Sheet
- ☐ Discuss pros and cons of PrEP for this patient
- ☐ Discuss how patient will pay for PrEP and provide referral to insurance navigation, if necessary
- ☐ Provide risk reduction counseling, HIV testing, and STI testing as appropriate
- ☐ Initiate PrEP medical screening, if patient wants to start PrEP

Clinic Protocol for PrEP Medical Screening & Prescription
1. Confirm HIV-negative status
☐ HIV-negative rapid result
☐ Screen for acute HIV symptoms

☐ Conduct confirmatory HIV test if necessary
  o Acute HIV symptoms
  o Reported condomless sex with HIV+ partner in past month

2. Screening Tests
☐ Basic metabolic panel   o Confirm creatinine clearance > 60/mL
☐ Urinalysis   o Document pre-existing proteinuria
☐ Hepatitis B serology

☐ Screen for STIs
  o Rectal GC and Chlamydia
  o Genital GC and Chlamydia
  o Pharyngeal GC and Chlamydia
  o RPR for syphilis

3. If PrEP Eligible (confirmed HIV-negative and CrCL > 60/ml)

☐ Provide Adherence Education
  o How PrEP works
  o Importance of daily dosing
  o What to do if you miss a pill
  o Strategies for adherence (establish routine, set a reminder)

☐ Provide Education about Side Effects and Management
☐ Remind patients of common STI symptoms and importance of screening.
☐ Ask patient how confident they are about their ability to adhere, on a scale from 1-10.

☐ For patients who score 8 or below, initiate targeted adherence counseling
  o What time will you take the medication every day?
  o What about changes to your schedule (holidays, weekends, etc.)?
  o Where will you keep the medication?
  o How will you remember to take it?

☐ Recommend that patients store an emergency dose (or two) in tin-foil in their wallet.
☐ Write prescription for Truvada 1 table PO daily
☐ Schedule patient for 3-month follow-up visit

Protocol for Immediate PrEP Follow-up
Two DAYS after PrEP visit
☐ Confirm CrCl test result   o If CrCL < 60/mL call patient to discontinue PrEP and come to clinic for follow-up
☐ Confirm STI test results   o If positive, contact patient for treatment
Two WEEKS after PrEP Prescription Visit
☐ Call patient to check in about side effects and adherence
☐ Verify that patient got STI treatment, if necessary
☐ Remind patient of 3-month visit

Protocol for PrEP Follow-up Visits
1. Confirm HIV-negative status
☐ HIV-negative rapid result
☐ Screen for acute HIV symptoms (conduct confirmatory test if necessary)
2. Assess Adherence and Side Effects
☐ Ask patient about side effect concerns
☐ Ask patient about concerns with adherence   o Refer for targeted adherence counseling, if necessary
3. Screening
☐ CrCL (every 6-months only)
☐ Rectal GC and Chlamydia
☐ Genital GC and Chlamydia
☐ Pharyngeal GC and Chlamydia
☐ RPR for syphilis
☐ Hepatitis C testing (every year only)
☐ Pregnancy testing (if applicable)
4. Discuss need/desire to continue PrEP
☐ Is the patient satisfied with how PrEP is impacting his/her life?
☐ Does the patient feel a need and/or desire to continue PrEP?
☐ How would the patient take care of his/her sexual health without PrEP?
5. Reinforce PrEP Education
☐ Importance of daily dosing
☐ Importance of not stopping and starting PrEP
☐ Provide STI risk reduction counseling
☐ Answer any questions

PrEP Consent

I understand that Truvada is the medication used for PrEP.

I understand that I will be evaluated to see if Truvada is appropriate for me and I may not be eligible for Truvada if I have certain medical conditions.

I understand that Magnet can only provide an evaluation for Truvada. Magnet will assist me in obtaining coverage for the medication but they cannot guarantee access to the medication if there are certain financial hurdles or eligibility limitations to assistance programs.

I understand that while Truvada can be highly effective at preventing HIV infection, there is still a chance that I can get HIV even if I take my pills every day.

I understand that my provider will review the potential side effects of Truvada including but not limited to kidney problems, bone loss, nausea, and vomiting.

I understand that my ability to take my pills every day is related to how well Truvada will work for me. The better I am at taking my pill every day the more protection I will have against HIV.

I understand it will take 1 week before I have maximum protection from Truvada.

I understand that if I become infected with HIV while on Truvada there is a possibility that Truvada will no longer work for me.

I understand there are some medications I shouldn't be taking with Truvada and I will notify Magnet of any changes in the medications I take.

I understand that I will be screened for hepatitis B. If I have hepatitis B, I may need to stay on Truvada for many years.

I understand that Truvada does not prevent syphilis, gonorrhea, chlamydia, hepatitis B or C, or pregnancy. Truvada is just a part of my comprehensive sexual health strategy that includes other risk reduction strategies that are appropriate for me.

I understand that I need to have my health monitored while on Truvada and I will do my best to attend my follow up appointments.