

## PrEP Service Delivery Checklist

### PrEP Initiation Visit

- \_\_\_\_\_ Perform an HIV risk assessment to determine whether PrEP is indicated for patient.
- \_\_\_\_\_ Provide basic education about PrEP
- \_\_\_\_\_ Obtain past medical history. Query specifically about history of kidney and liver (e.g., hepatitis B) disease, bone disease, and fractures. For women of child bearing age, assess pregnancy desires.
- \_\_\_\_\_ Review current and recent symptoms. Assess for symptoms of acute HIV infection.
- \_\_\_\_\_ Order all laboratory results to assess for contraindications. If laboratory tests were already performed, review at this visit.
  - HIV test: 4<sup>th</sup> generation Ag/Ab test (or HIV viral load) to rule out acute HIV
  - STD (GC/CT urine, GC/CT rectum, GC pharynx, RPR)
  - Serum Creatinine to calculate CrCl
  - HBsAg and HBsAb and HCV Ab
  - Check patient weight for CrCl
  - Pregnancy test (if applicable)
- \_\_\_\_\_ Provide prescription for Truvada (#30 tabs).
- \_\_\_\_\_ PrEP education/counseling with patient; ask questions to elicit patient understanding. Ensure all questions answered regarding substance abuse and mental health needs and that referrals are made as appropriate.
- \_\_\_\_\_ Review importance of regular clinic follow-up and ask patient about the best method of communication for reminders (call, email, text). Schedule follow-up visit for 1-month and provide appointment card PRN.
- \_\_\_\_\_ Start Hepatitis B vaccine series, administer meningococcal vaccine and HPV vaccination, as indicated.
- \_\_\_\_\_ Review, as needed, any lab results after the visit, and calculate CrCl. If patient is HIV positive or CrCl<60, call patient to tell him/her to stop the medication. Make arrangements for follow-up based on patient's needs.

### 1 Month Follow-Up Appointment

- \_\_\_\_\_ Assess the following at this visit
  - Patient's desire to continue on PrEP.
  - Side effects
  - Medication adherence
  - Signs/symptoms of acute HIV.
  - Possibility of pregnancy (if applicable)
- \_\_\_\_\_ Provide prescription for two-month supply of Truvada (#60 tabs).
- \_\_\_\_\_ Provide medication adherence counseling, if needed.
- \_\_\_\_\_ Schedule f/u visits. Provide reminder card with appointment and contact information.

### 3, 6, 9, 12 Month Follow-Up Appointments

- \_\_\_\_\_ Assess the following at each visit
  - Patient's desire to continue on PrEP
  - Side effects
  - Medication adherence
  - Signs/symptoms of acute HIV
  - Possibility of pregnancy (if applicable)
- \_\_\_\_\_ Order Laboratory tests at each visit
  - HIV test: 4<sup>th</sup> generation Ag/Ab test is best; if not available, 3<sup>rd</sup> generation test is sufficient as long as concern for acute HIV or seroconversion is low
  - STD (GC/CT urine, GC/CT rectum, GC pharynx, RPR)
  - Serum Creatinine to calculate CrCl (every 3-6 months)
  - Pregnancy test (if applicable)
- \_\_\_\_\_ Provide prescription for Truvada (#90 tabs).
- \_\_\_\_\_ Provide risk reduction counseling
- \_\_\_\_\_ Provide medication adherence counseling, if needed.
- \_\_\_\_\_ Assess for substance abuse and mental health needs and make referrals as needed.
- \_\_\_\_\_ Schedule f/u visits. Provide reminder card with appointment and contact information.
- \_\_\_\_\_ Administer Hepatitis B vaccine series, meningococcal vaccine and HPV vaccination, as indicated.
- \_\_\_\_\_ Review, as needed, any lab results after the visit, and calculate CrCl. If patient is HIV positive or CrCl<60, call patient to tell him/her to stop the medication. Make arrangements for follow-up based on patient's needs.