

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 tests to assess for contraindications. If laboratory tests were already performed, review at this visit.
 - HIV test: 4th 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).
- _____ Provide PrEP education/counseling to 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.
- _____ 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 PrEP
 - Side effects
 - Medication adherence
 - Signs/symptoms of acute HIV
 - Possibility of pregnancy (if applicable)
- _____ Provide prescription for Truvada (#60 tabs).
- _____ Provide medication adherence counseling.
- _____ Schedule follow-up 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 PrEP
 - Side effects
 - Medication adherence
 - Signs/symptoms of acute HIV
 - Possibility of pregnancy (if applicable)
- _____ Order laboratory tests at each visit:
 - HIV test: 4th generation Ag/Ab test is best; if not available, 3rd 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.
- _____ Assess for substance abuse and mental health needs and make referrals as needed.
- _____ Schedule follow-up 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.