



HIV PrEP

A Toolkit for Providers



SEXUAL HEALTH &
HARM REDUCTION
SERVICE



OKLAHOMA
State Department
of Health



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What is PrEP?

PrEP (pre-exposure prophylaxis) is the use of FDA-approved antiretroviral medication to prevent HIV transmission. PrEP is indicated for individuals who are HIV-negative and may be at risk of HIV exposure through sex or injection drug use, and should also be considered for any patient who requests it as a proactive strategy for HIV prevention.

Any licensed prescriber can prescribe PrEP. Talk to your sexually active patients who are HIV-negative about PrEP for HIV prevention. When taken as prescribed, oral and injectable PrEP can reduce the risk of HIV from sex by about 99%. Oral PrEP has been shown to reduce risk of HIV from injection drug use by at least 74%.

This toolkit is a guide for assessing if PrEP is right for your client and how to prescribe it.



Evaluation

Sexual History

Whether or not a client is requesting PrEP services, it is important to take a sexual history as a part of routine health care to learn about their sexual health. This includes assessing symptoms or physical exam findings that suggest STIs.

It is important to create a welcoming and stigma-free environment when taking a sexual history so that the client feels safe to discuss their health.

The Six Ps of Taking a Sexual History

Partners	Are you currently having sex of any kind – oral, vaginal, or anal – with anyone? (Are you having sex?)
Practices	What kind of sexual contact do you have, or have you had? What parts of your body are involved when you have sex?
Protection from STIs	If you use prevention tools, what methods do you use? (For example, external or internal condoms, dental dams, etc.)
Past History of STIs	Have you ever been tested for STIs and HIV? Would you like to be tested? Have you been diagnosed with an STI in the past? When? Did you get treatment?
Pregnancy Intention	Are you or your partner using contraception or practicing any form of birth control? Would you like to talk about ways to prevent pregnancy?
Plus	Do you feel comfortable communicating your needs and boundaries with partners? Do you have any concerns about stigma, discrimination, or safety related to your relationships or sexual health? Are you experiencing any pain, discomfort, or difficulties during sex? Do you have any concerns about performance, arousal, or orgasm? Is there anything else about your sexual health that you'd like to discuss today? What are your goals when it comes to your sexual health?

Detecting High-Risk Behavior

Men Who Have Sex with Men	Heterosexual Women and Men	Persons Who Inject Drugs
<ul style="list-style-type: none"> • Sex partner with HIV • Recent bacterial STI • More than one sex partner • History of inconsistent or no condom use • Commercial sex work 	<ul style="list-style-type: none"> • Sex partner with HIV • Recent bacterial STI • More than one sex partner • History of inconsistent or no condom use • Commercial sex work • Lives in high-prevalence area of network 	<ul style="list-style-type: none"> • Injecting partner with HIV • Shares injection equipment • Recent drug treatment (but currently injecting)

Review Vaccine History

Certain vaccines are recommended for preventing sexually transmitted infections. These vaccines should be offered to eligible individuals:

- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Mpox
- Risk Reduction Strategies

After collecting a sexual history, it is important to educate clients on risk reduction strategies based on your assessment. Some topics to discuss with sexually active clients include:

- Encourage consistent and correct usage of condoms during sex.
- Encourage regular testing for STIs.
- Encourage getting vaccinated.
- Encourage clients to discuss getting tested for STIs and HIV with their sex partners.

Intervention Strategies

- Provide condoms, lubrication, and other harm reduction supplies as needed.
- Offer rapid HIV and STI testing at your facility.

DoxyPEP

Doxycycline post-exposure prophylaxis (DoxyPEP) helps prevent STIs by taking the antibiotic doxycycline after sex. Recent studies show DoxyPEP can reduce an individual's chances of getting syphilis and chlamydia by 74% to 88% and gonorrhea by 55% to 57%.

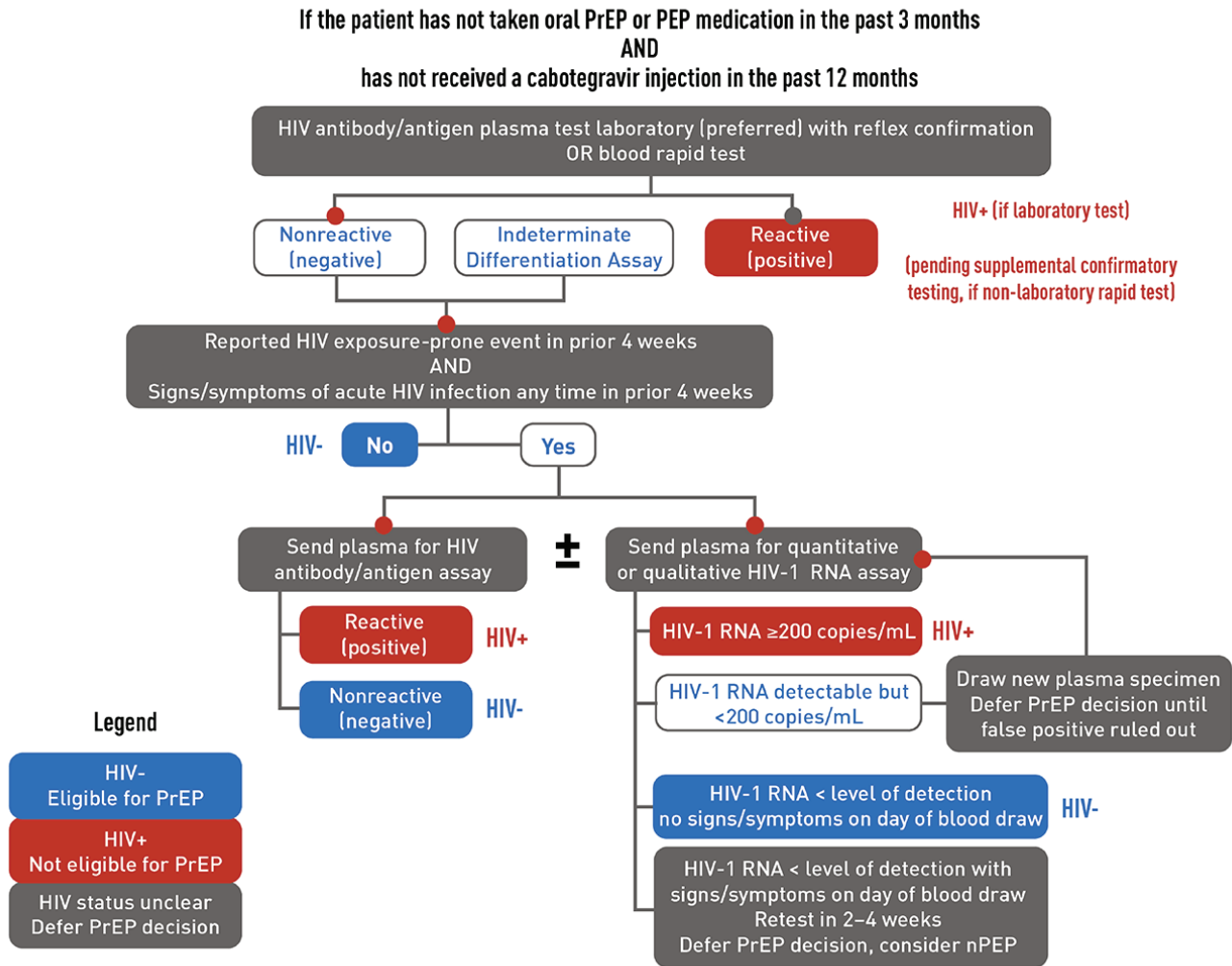
DoxyPEP is recommended for individuals born male who have sex with men or anyone engaging in anal or oral sex. It's especially helpful if the individual:

- Is currently taking HIV PrEP
- Has had a bacterial STI in the past year
- Has sex without condoms or with more than one partner

For more information on DoxyPEP visit the CDC's website:

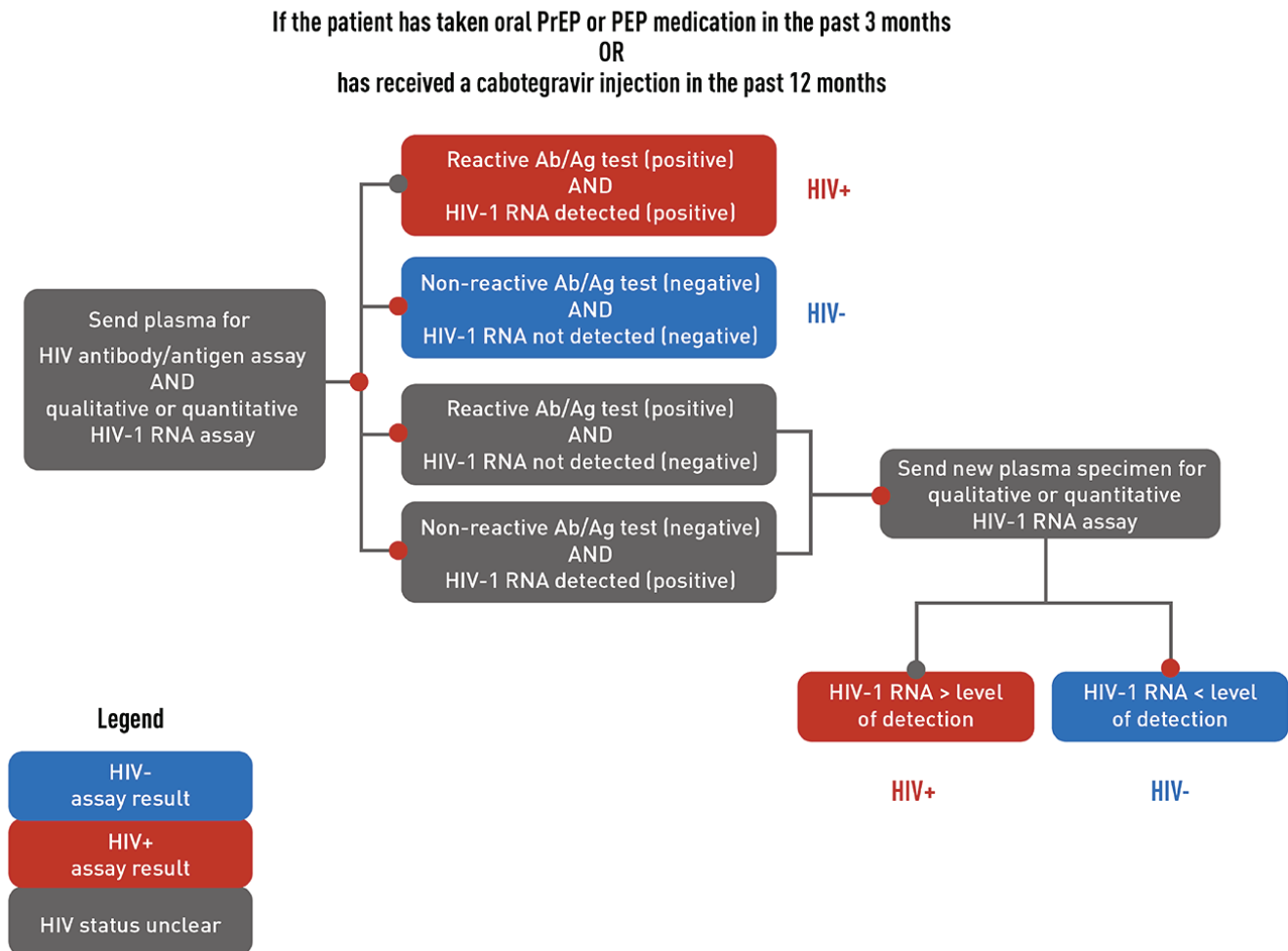
<https://www.cdc.gov/sti/hcp/doxy-pep/index.html>

How to test patients for HIV who are starting or restarting PrEP after a long stop



Source: [Clinical Guidance for PrEP | HIV Nexus | CDC](#)

How to test patients for HIV who are taking or have recently taken PrEP



Source: [Clinical Guidance for PrEP | HIV Nexus | CDC](#)

Laboratory Assessments

Before prescribing PrEP, perform the following required baseline assessments.

NOTE: PrEP should be initiated if indicated, even before testing results are available.

HIV Testing

A negative HIV-1/HIV-2 result is required prior to prescribing PrEP.

HIV Ab/Ag screening (4th generation preferred): If a patient has a negative antigen/antibody test confirming they do not have HIV, PrEP can be prescribed. Avoid using oral rapid tests to screen for HIV when considering offering or continuing PrEP because they are less sensitive than blood tests and may not detect recent HIV infection.

HIV-1 RNA: This test is recommended if available but is not required for PrEP initiation. Acute HIV infection should be suspected in patients who may have been recently exposed. In this case it is best to test the patient's viral load.

Kidney Function

For patients taking F/TDF or F/TAF as oral PrEP, assess kidney function before starting PrEP using the Cockcroft-Gault formula with the patient's serum creatinine value to calculate their estimated creatinine clearance (eCrCl):

- F/TDF (brand name Truvada®) is approved for use in people with eCrCl >60 mL/min.
- F/TAF (brand name Descovy®) is approved for use in people with eCrCl ≥30 mL/min or who have a clearance <15 mL/Min and are on hemodialysis.

HBV Serology

Emtricitabine and tenofovir can be used to treat active hepatitis B virus (HBV) infection. However, in people with active HBV, stopping these medicines can result in a rebound of HBV replication leading to liver damage.

HBV infection is not a contraindication to PrEP, but all people considered for oral PrEP with F/TDF or F/TAF must be screened for HBV. Patients with active HBV infection should be educated about the risks of stopping oral PrEP without appropriate follow-up so that if they stop using oral PrEP, their liver function can be closely monitored for reactivation of HBV replication.

Lipid Profile

For patients taking F/TAF as oral PrEP, assess cholesterol and triglyceride levels before starting PrEP.

Other Tests:

- Screen for STIs: syphilis (serum testing), gonorrhea and chlamydia (using 3 site testing if available: oral, rectal, urine OR vaginal if indicated)

Pregnancy test (if applicable)

Medication

Four FDA-approved PrEP medications are available:

Emtricitabine (F) 200 mg in combination with tenofovir disoproxil fumarate (TDF) 300 mg (F/TDF—brand name Truvada® or generic equivalent).

- Daily oral PrEP with F/TDF is recommended to prevent HIV among all people with sex or injection drug use risk factors.

Emtricitabine (F) 200 mg in combination with tenofovir alafenamide (TAF) 25 mg (F/TAF—brand name Descovy®).

- Daily oral PrEP with F/TAF is recommended to prevent HIV through sexual transmission, excluding people likely to get HIV through receptive vaginal sex. F/TAF has not had enough data regarding use and efficacy in people assigned female at birth who could get HIV through receptive vaginal sex

Cabotegravir (CAB) 600 mg injection (brand name Apretude®).

- Injectable PrEP with CAB is recommended to prevent sexual transmission of HIV among all people. CAB is given as an intramuscular injection. CAB for PrEP is started by administering the first injection followed by a second injection 1 month after the first. CAB injections are given every 2 months thereafter. There is an optional 30 day oral lead-in available to confirm tolerance of the medication.

Lenacapavir (LEN) 463.5 mg injection (brand name Yeztugo®).

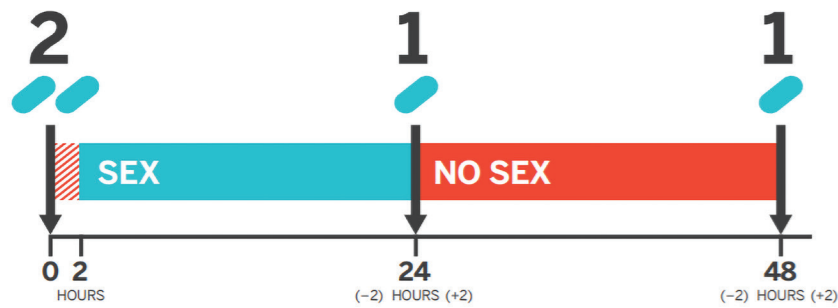
- Injectable PrEP with LEN is recommended to prevent sexual transmission of HIV among all people. LEN is initiated with two injections and oral tablets taken only during the initiation phase: two tablets on Day 1 and two tablets on Day 2. This allows patients to achieve optimal protection within 2 days. After initiation, patients return for follow-up injections once every 6 months, with a dosing window that allows injections to be administered up to 2 weeks before or 2 weeks after the target injection date. If a patient is unable to receive their next injection within this window, they may take two oral tablets once weekly for up to 6 months until they are able to resume injections. LEN has been approved for individuals weighing more than 35 kg who have a confirmed negative HIV test and are at risk of contracting HIV through sex. Approval for people who inject drugs (PWID) may come later, following completion of an ongoing study expected to conclude in 2028.

**Oral PrEP reaches maximum drug levels associated with protection from HIV for receptive anal sex at about 7 days of daily use. For receptive vaginal sex and injection drug use, oral PrEP reaches maximum drug levels at up to about 21 days of daily use. There are no available data for CAB to estimate how long it takes to reach maximal protection against HIV. Data for LEN indicates that optimal protection can be achieved in as little as 2 days.*

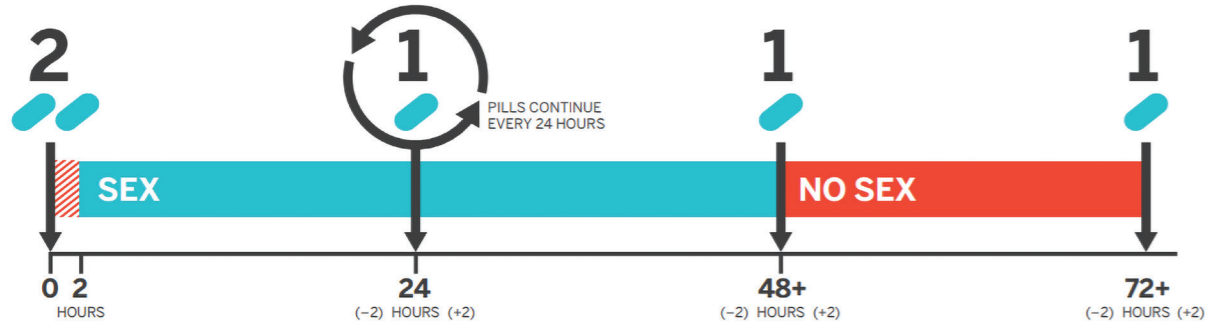
2-1-1 Dosing of Oral PrEP

While this “on-demand” method is NOT approved by the FDA or recommended by the CDC, Oral PrEP with emtricitabine/tenofovir disoproxil fumarate (F/TDF) can be prescribed off-label using “2-1-1” dosing for adult men who have sex with men. This is also known as event-driven, intermittent, on-demand, or coitally timed PrEP.

SEX WITHIN 24 HOURS OF THE FIRST DOSE



SEX BEYOND 24 HOURS AFTER THE FIRST DOSE



Source: <https://www.sfaf.org/resource-library/qa-prep-2-1-1-for-anal-sex/>

Side Effects

Oral PrEP Side Effects

Most people do not experience side effects while taking PrEP, however, one might experience some of the following side effects when starting the medication:

- Upset stomach
- Headache
- Loss of appetite
- Nausea
- Vomiting

Injectable PrEP Side Effects

Most people do not experience major side effects with injectable PrEP, but there are some reported injection site related effects:

- Pain
- Lumps
- Swelling
- Redness

Along with some other, systemic side effects

- Headache
- Diarrhea
- Sleep issues
- Fatigue
- Nausea
- Mood changes

These systemic effects often improve on their own.

Adverse Effects

In rare cases patients might experience adverse reactions to oral PrEP.

- Severe acute exacerbations of Hepatitis B in patients with HBV infection
- New onset or worsening renal impairment
- Immune reconstitution syndrome
- Bone loss and mineralization defects
- Lactic acidosis/severe hepatomegaly with steatosis

PrEP Management—Oral PrEP

At least every 3 months
Repeat HIV antigen/antibody and HIV-1 RNA tests if available and assess for signs or symptoms of acute HIV infection to confirm that patients do not have HIV.
Provide a prescription or refill authorization of daily oral PrEP medication for no more than 90 days (until the next HIV test).
Assess and provide support for medication adherence and risk-reduction behaviors.
Test sexually active patients for sexually transmitted infections (STIs). Screen all individuals with certain risk factors for recurrent bacterial STIs (oral, rectal, urine, blood), especially those who have a history of STIs, or who have more than one sex partner
Provide access to sterile needles/syringes and substance use disorder treatment services for people who inject drugs.
Respond to new questions and provide any new information about PrEP use.
At least every 6 months
Monitor estimated creatinine clearance (eCrCl) for patients age ≥ 50 years or who had an eCrCl < 90 mL/min when they started oral PrEP.
If there are other threats to kidney safety (e.g., hypertension, diabetes), kidney function may need to be monitored more often or checked using additional tests (e.g., urinalysis for proteinuria).
A rise in serum creatinine is not a reason to withhold PrEP if eCrCl remains ≥ 60 mL/min for F/TDF or ≥ 30 mL/min for emtricitabine/tenofovir alafenamide (F/TAF).
If eCrCl is declining steadily (but still ≥ 60 mL/min for F/TDF or ≥ 30 mL/min for F/TAF), consult with a nephrologist, if needed, or evaluate other possible threats to kidney health.
Screen sexually active people for STIs (vaginal, oral, rectal, urine, as indicated; blood): syphilis, chlamydia, and gonorrhea for all PrEP users, even if asymptomatic.
Assess interest in continuing or stopping PrEP.
At least every 12 months
Monitor eCrCl for all patients continuing oral PrEP medication.
Monitor triglyceride and cholesterol levels and weight for patients prescribed F/TAF for PrEP.
Screen sexually active people for STIs, even if asymptomatic.

Screen all patients for bacterial STIs (oral, rectal, urine, vaginal, as indicated; blood)

PrEP Management—Injectable CAB

Initial visit
Test for HIV with antigen/antibody and HIV-1 RNA assays and assess for signs or symptoms of acute infection up to seven days prior to first dose
Test for pregnancy.
Provide access or resources for sterile needles/syringes and substance use disorder treatment services for people who inject drugs
Screen all patients for bacterial STIs (oral, vaginal, rectal, urine, as indicated; blood).
Screen all patients for HBV and HCV. Administer CAB injection.
At visit 1 month after initial injection (month 1)
Test for HIV with antigen/antibody and HIV-1 RNA assays and assess for signs or symptoms of acute infection.
Administer CAB injection.
Respond to new questions.
Provide medication adherence and behavioral risk-reduction support.
Provide access or resources for sterile needles/syringes and substance use disorder treatment services for people who inject drugs
Screen all patients for bacterial STIs (oral, vaginal, rectal, urine, as indicated; blood).
At least every 2 months (beginning in month 3)
Test for HIV with antigen/antibody and HIV-1 RNA assays and assess for signs or symptoms of acute infection.
Administer CAB injection.
Provide access or resources for sterile needles/syringes and substance use disorder treatment services for people who inject drugs
Respond to new questions and provide any new information about CAB for PrEP.
Discuss the benefits of persistent CAB for PrEP use and adherence to schedule injection visits.
Screen all patients for bacterial STIs (oral, vaginal, rectal, urine, as indicated; blood).
At least every 4 months (beginning in month 3)
Screen all patients for bacterial STIs (oral, rectal, urine, vaginal, as indicated; blood)
Provide access or resources for sterile needles/syringes and substance use disorder treatment services for people who inject drugs
At least every 6 months (beginning in month 7)
Screen all patients for bacterial STIs (oral, vaginal, rectal, urine, as indicated; blood).
Provide access or resources for sterile needles/syringes and substance use disorder treatment services for people who inject drugs
At least every 12 months (beginning in month 13)
Assess desire to continue PrEP injections and screen all patients for Hep C, even if asymptomatic.
Screen all patients for bacterial STIs (oral, vaginal, rectal, urine, as indicated; blood).

STI Testing: This schedule is a minimum rule, some cases, based on sexual history, may need frequent STI testing. Screen all patients for bacterial STIs (oral, rectal, urine, vaginal, as indicated; blood)

PrEP Management— Injectable LEN

Initial visit
Test for HIV with antigen/antibody and HIV-1 RNA assays and assess for signs or symptoms of acute infection up to seven days prior to first dose
Test for pregnancy.
Screen all patients for bacterial STIs (oral, rectal, urine, vaginal, as indicated; blood)
Screen all patients for HBV and HCV. Administer LEN injections.
Initiate tablets
At least every 6 months
Test for HIV with antigen/antibody and HIV-1 RNA assays and assess for signs or symptoms of acute infection.
Test for pregnancy.
Respond to new questions.
Provide medication adherence and behavioral risk-reduction support.
Provide access or resources for sterile needles/syringes and substance use disorder treatment services for people who inject drugs
Screen all patients for bacterial STIs (oral, rectal, urine, vaginal, as indicated; blood)
Every 6 months
Administer LEN injection
Provide access or resources for sterile needles/syringes and substance use disorder treatment services for people who inject drugs
Screen all patients for bacterial STIs (oral, rectal, urine, vaginal, as indicated; blood)
At least every 12 months
Test for HIV with antigen/antibody and HIV-1 RNA assays and assess for signs or symptoms of acute infection.
Screen all patients for bacterial STIs (vaginal, rectal, urine, as indicated; blood).
Provide access or resources for sterile needles/syringes and substance use disorder treatment services for people who inject drugs
Respond to new questions and provide any new information about LEN for PrEP.
Discuss the benefits of persistent LEN for PrEP use and adherence to schedule injection visits.
Screen all patients for HCV.
Screen all patients for bacterial STIs (oral, rectal, urine, vaginal, as indicated; blood)

Billing Codes

CPT Code	Description
99401	Preventive counseling (15 min)
99402	Preventive counseling (30 min)
99403	Preventive counseling (45 min)
99404	Preventive counseling (60 min)

ICD-9	ICD-10	Description
V74.5	Z11.3	Encounter for screening for STI
V73.89	Z11.4	Encounter for screening for HIV
V01.6	Z20.2	Contact with and exposure to STI
V01.79	Z20.6	Contact with and exposure to HIV
	Z29.81	Encounter for HIV pre-exposure prophylaxis must always be the primary diagnosis code for all PrEP claims for Medicare.
V58.83	Z51.81	Encounter for therapeutic drug monitoring
V58.89	Z51.89	Encounter for other specified aftercare
V69.2	Z72.51	High-risk heterosexual behavior
V69.2	Z72.52	High-risk homosexual behavior
V69.2	Z72.53	High-risk bisexual behavior
V58.69	Z79.899	Other long term (current) drug therapy

Screen all patients for bacterial STIs (oral, rectal, urine, vaginal, as indicated; blood)

PrEP Resources

Gilead

Gilead Sciences Advancing Access programs offers eligible patients assistance with medication costs for oral PrEP and injectable LEN. Their program also offers assistance for providers in verifying benefits and eligibility for medications.

Gilead also has an online portal for providers to utilize for this <https://www.gileadadvancingaccess.com/hcp>

ViiVConnect Provider Portal

ViiVConnect is an online tool that assists providers in verifying patient benefits and eligibility for ViiV Healthcare savings and assistance programs for injectable PrEP: www.viivconnect.com/hcp/get-financial-support/

OSDH Prevention Resources

The Oklahoma State Department of Health has created a list of providers across Oklahoma who may prescribe PrEP and PEP: <https://oklahoma.gov/health/services/personal-health/sexual-health-and-harm-reduction-service/prevention-resources.html>

Rapid Start and PrEP Program at OSDH

This program offers providers a path to connect their patients with critical HIV treatment and preventive services. This includes Rapid Start for patients newly diagnosed with HIV and PrEP for HIV-negative patients who could benefit from pre-exposure prophylaxis. Available in [Appendix B](#).

Rapid Start referral form:



What is PEP?

PEP is considered a medical emergency!!

PEP (post-exposure prophylaxis) is a 28-day antiretroviral medication regimen to prevent HIV transmission after a possible exposure. PEP is for individuals who are HIV-negative and who may have been exposed to HIV through sexual or non-sexual contact with bodily fluids. PEP must be started within 72 hours (3 days) after a possible exposure to HIV, but the sooner it can be started the better!

Any licensed prescriber can prescribe PEP. Talk to your patients who are HIV-negative about PEP as an emergency HIV transmission preventative measure. PEP is effective in preventing HIV transmission, but not 100%, and should not be used as a replacement for other HIV prevention methods, but can and should be used in emergency situations.

This toolkit is a guide for assessing if PEP is right for your client and how to prescribe it.



PEP considerations

PEP is only indicated for potentially exposed people without HIV infections, and is unlikely to be effective as a prevention tool in those who have been exposed more than 72 hours before seeking medical assistance. PEP should only be used for infrequent or accidental exposures, and all patients who are placed on PEP should be counseled about PrEP as a long-term prevention method, especially those patients who engage in behaviors that result in frequent exposures to HIV.

Evaluation for PEP

PEP initiation should be a consideration in people whose vagina, penis, rectum, eye, mouth, or any other mucous membrane, non-intact skin, or perforated skin (needle stick) comes into contact with potentially infectious bodily fluids from a person with HIV within the last 72 hours. Potentially infectious fluids include blood, semen, vaginal fluids, rectal secretions, breast milk, or any bodily fluid visibly contaminated with blood. For cases where the source individual is of unknown HIV status, case-by-case determinations can be made based on type of exposure and likelihood of HIV in the source.

PEP is not recommended for use in individuals whose exposure occurred 72 hours or more before seeking care, or in those who would have a negligible risk of HIV exposure due to exposure to non-blood contaminated secretions (e.g., urine, sweat, saliva, tears, nasal secretions, etc.) PEP is also not recommended for those who are already adhering to a PrEP regimen.

Baseline evaluation for PEP patients should include:

- HIV rapid test/HIV serum test
 - If this test indicates an existing HIV infection, PEP is contraindicated.
 - If this test is unavailable, there should be no delay in starting PEP, as it can be discontinued when other testing results (e.g., lab testing) are available.
 - Oral HIV tests are not recommended to use as a rapid test for this purpose.
- Pregnancy test
 - For patients who are women or who were assigned female at birth and are not using highly effective contraception (IUD, oral contraceptives, properly and consistently used condoms), and experiencing vaginal exposure to semen.
- Serum liver enzyme testing
- Blood urea nitrogen/creatinine test
- STI screening
 - Sexual encounter related PEP evaluations should have STI testing for all bacterial STIs (oral, vaginal, anal, urine, and/or blood as indicated)
- Hepatitis B testing, including HBV surface antigen, surface antibody, and core antibody
- Hepatitis C (HCV) antibody

NOTE: PEP should be administered if indicated, even before all testing and testing results are available.

Laboratory Assessments

Before prescribing PEP, perform the following required baseline assessments.

HIV Testing

Initiation of HIV-1/HIV-2 testing should be documented prior to prescribing PEP whenever possible.

Remember: results are not required prior to PEP initiation, but documenting the initiation of testing is.

HIV Rapid test/HIV serum testing: Should be the first option to establish negative result for PEP initiation, but initiation should not be delayed due to unavailability.

HIV Ab/Ag screening (4th generation preferred): If a patient has a negative antigen/antibody test PEP can be prescribed. Avoid using oral rapid tests to screen for HIV when considering offering PEP because they are less sensitive than blood tests. PEP should be prescribed even when test results are unavailable due to the narrow window of time associated with PEP initiation and efficacy.

Kidney Function

For patients taking PEP, assess kidney function before starting PEP using the Cockcroft-Gault formula with the patient's serum creatinine value to calculate their estimated creatinine clearance (eCrCl):

- Tenofovir (TDF), can affect the kidneys, potentially causing damage or failure, so a baseline function test and regular checks are key to ensure medication safety and to catch problems early.

HBV Serology

Emtricitabine and tenofovir can be used to treat active hepatitis B virus (HBV) infection. However, in people with active HBV, stopping these medicines can result in a rebound of HBV replication leading to liver damage.

HBV infection is not a contraindication to PEP, but all people considered for PEP must be screened for HBV. Patients with active HBV infection should be educated about the risks of stopping PEP without appropriate follow-up so that when they stop PEP, their liver function can be closely monitored for reactivation of HBV replication.

Other Tests:

- Screen for STIs: chlamydia, gonorrhea, and syphilis.
- Pregnancy test (if applicable)

Medication regimens

All people on PEP should be prescribed a 28-day course of a 3-drug antiretroviral regimen.

The CDC approved and preferred PEP regimen for most adults, adolescents, and pregnant persons is a single-tablet regimen taken once daily (unless contraindications exist).

- Bictegravir / emtricitabine / tenofovir alafenamide (BIC/FTC/TAF) 50 mg / 200 mg / 25 mg once daily (brand name Biktarvy)

Alternative regimens can be found in [Appendix A](#).

Providers should also keep in mind that medication adherence is critical for PEP efficacy. Whenever possible, clinicians should select regimens that minimize side effects, reduce dosing frequency, and limit the number of pills per dose, such as single-tablet regimens.

[Appendix C](#) provides the Walgreens pharmacy form to facilitate rapid PEP access and support adherence to the 72-hour initiation window.

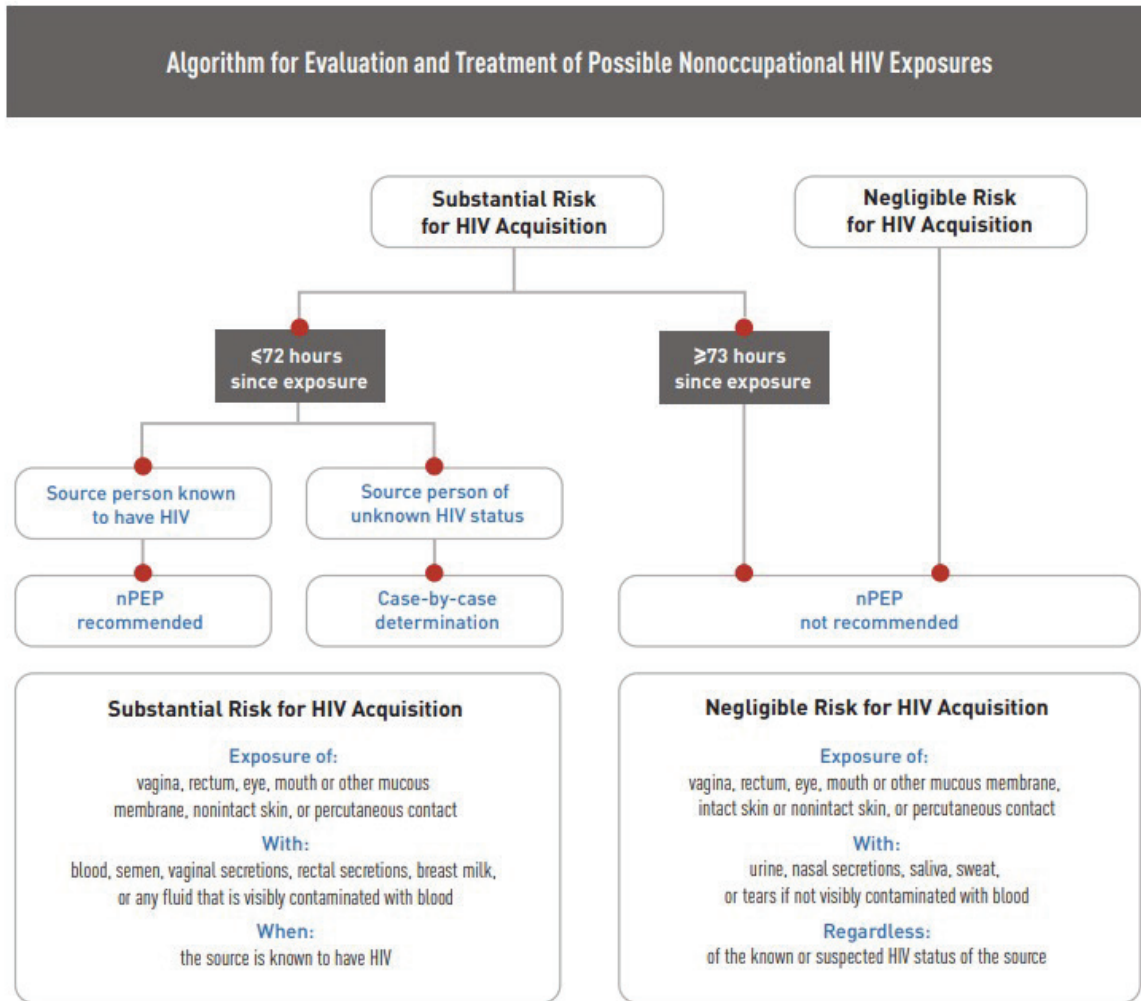
Side Effects

The preferred regimen listed above is generally well tolerated, with most patients reporting either mild or no side effects. Most common side effects include:

- Headache
- Nausea
- Vomiting
- Diarrhea
- Fatigue

However, PEP is a 28-day regimen and benefits of HIV prevention often outweigh any risks or side effects potentially posed by the medication.

Treatment Algorithm for PEP



Source: [Clinical Guidance for PEP | HIV Nexus | CDC](#)

Additional Support

Providers should maintain contact with their PEP patients throughout the medication regimen, both to support medication compliance as well as to facilitate scheduling of follow up HIV testing at 30, 90 and 180 days post exposure. People whose sexual or injection-related exposures result in simultaneous acquisition of HCV and HIV infections may have delayed HIV seroconversion.

It is important to counsel patients to take measures to protect themselves from transmission during the follow up period through methods like: consistent condom use, safe injection practices, and refraining from donating blood, plasma, tissue, or sperm.

Patients should be counseled about PrEP to see if PrEP is right for them following completion of the PEP regimen.



PEP management

Initial visit
HIV antigen/antibody testing (or antibody testing if antigen/antibody testing is not available)
Screen for HBV (surface antigen, surface antibody, core antibody)
Screen for HCV
Screen for bacterial STIs (vaginal, oral, rectal, urine, as indicated; blood)
Pregnancy test
Test serum creatinine to estimate creatinine clearance
Test serum liver enzymes
4-6 weeks after exposure
HIV antigen/antibody testing (or antibody testing if antigen/antibody testing is not available)
Screen for bacterial STIs (vaginal, oral, rectal, urine, as indicated; blood)
Test serum creatinine to estimate creatinine clearance
Continue counseling on HIV protection methods
Discuss starting PrEP as a long-term prevention method
3 months after exposure
HIV antigen/antibody testing (or antibody testing if antigen/antibody testing is not available)
Discuss starting PrEP as a long-term prevention method
Screen for bacterial STIs (vaginal, oral, rectal, urine, as indicated; blood)
6 months after exposure
HIV antigen/antibody testing (or antibody testing if antigen/antibody testing is not available).
Screen for HBV (surface antigen, surface antibody, core antibody)
Screen for HCV
Screen for bacterial STIs (vaginal, oral, rectal, urine, as indicated; blood)

PEP resources

Gilead

Gilead Sciences Advancing Access programs offers eligible patients with assistance with medication costs for PEP: <https://www.gileadadvancingaccess.com>

Teva

Teva offers patient assistance programs to help cover costs for PEP:
<https://www.tevahivgenerics.com>

Merck

The application form for Merck's patient assistance program can be found at:
<https://www.merckhelps.com>.

OSDH Prevention Resources

The Oklahoma State Department of Health has created a list of providers across Oklahoma who may prescribe PrEP and PEP:
<https://oklahoma.gov/health/services/personal-health/sexual-health-and-harm-reduction-service/prevention-resources.html>

In addition, the Partnership for Prescription Assistance can help qualified patients get the prescriptions they need at a very low cost.

For more information, visit: [medicineassistancetool.org](https://www.medicineassistancetool.org).

References

[Guide to Taking a Sexual History
STI | CDC](#)

[Clinical Guidance for PrEP
HIV Nexus | CDC](#)

[How to Prevent STIs | STI | CDC](#)

[truvada_pi.pdf](#)

[descovy_pi.pdf](#)

[Doxy PEP for Bacterial STI Prevention
STI | CDC](#)

[Clinical Guidance for PEP
HIV Nexus | CDC](#)

Appendix

Appendix A:

Another preferred regimen for otherwise healthy adults, adolescents, and pregnant persons is:

- Dolutegravir (DTG) (50 mg) once daily PLUS either
- Tenofovir alafenamide (TAF) or tenofovir disoproxil fumarate (TDF) PLUS emtricitabine (FTC) or lamivudine (3TC) once daily

Alternative regimens may be used when BIC/FTC/TAF is not appropriate or available. An example alternative regimen for otherwise healthy adults and adolescents is:

An alternative regimen for otherwise healthy adults and adolescents is:

- Darunavir (DRV) boosted with ritonavir (RTV) or cobicistat
- PLUS two nucleoside reverse transcriptase inhibitors
 - Tenofovir alafenamide (TAF) or tenofovir disoproxil fumarate (TDF) PLUS
 - Emtricitabine (FTC) or lamivudine (3TC)

Alternative regimens may also be selected on a case-by-case basis, particularly with consultation from clinicians experienced in antiretroviral therapy for special populations (e.g., children, individuals who are pregnant, or those with significant comorbid conditions).

Providers should be aware that abacavir sulfate should not be prescribed in PEP regimens, because the rapid initiation of PEP does not allow time for testing for the HLA-B*5701 allele, which is associated with a potentially fatal hypersensitivity reaction.

Appendix B:

[RapidStart Referral Form](#)

Appendix C:

[Walgreens Pharmacy Form](#)



Rapid Start/PrEP Referral Form

Oklahoma State Department of Health
 Sexual Health and Harm Reduction Services
 123 Robert S. Kerr Ave.
 Oklahoma City, OK
 (405) 426-8400
email forms to:
RapidStart@health.ok.gov
OR fax to (405) 900-7586

****Please attach any recent lab results with referral****

<input type="checkbox"/> Rapid Start <input type="checkbox"/> PrEP	
Patient Name:	
Patient DOB:	
Patient City/County of Residence:	
Patient Phone Number and E-mail, if available:	
Does the patient require interpreter assistance? (Y/N) -If so, what language is preferred?	
Referring Facility/Provider Name:	
Referring Facility/Provider Phone Number <u>and</u> E-mail:	
Date Referral Sent:	

Exclusion criteria:

- Previously taken medications for HIV
- Currently incarcerated
- Under the age of 18 years
- Currently pregnant
- Currently on dialysis
- Currently taking medication for Hepatitis B/C or TB

<input type="checkbox"/> Walgreens Specialty OKC #16515 519 NW 23rd St. STE 109 Oklahoma City, OK 73013 Phone: 405-415-3852 Fax: 405-415-3854 Hours: MON-FRI 8:30 AM - 5:00 PM FOR OKC & SURROUNDING AREA	<input type="checkbox"/> Walgreens at OSU Tulsa #16026 717 S Houston Ave STE 103 Tulsa, OK 74127 Phone: 918-585-1957 Fax: 918-585-5607 Hours: MON-FRI 8:00 AM - 5:30 PM FOR TULSA & SURROUNDING AREA	
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Patient Information

Patient Name _____ Patient Date of Birth _____ Patient Phone Number _____ <input type="checkbox"/> Insured <i>Attach Insurance Information/Face Sheet</i> <input type="checkbox"/> Uninsured Patient's SSN _____ Yearly Household Income _____ Household Size _____	Date of Exposure _____ Time of Exposure _____ Initial Dose Received _____ Y _____ N Initial Dose Date _____ Initial Dose Time _____ Known Allergies _____ _____ _____ _____
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Delivery Method (Door Dash or Pick up)

Deliver to the below address

Pick up from the above checked location

PEP Medication (SELECT ONE OPTION)	Alternative STI PEP
<input type="checkbox"/> Tivicay 50 mg daily #30 Truvada 200/300 daily #30 0 Refills <input type="checkbox"/> Biktarvy 50/200/25mg once daily #30 0 Refills	<input type="checkbox"/> Doxycycline PEP take 200mg by mouth once # _____
<input type="checkbox"/> Tivicay 50 mg daily #30 Descovy 200/25mg daily #30 0 Refills <input type="checkbox"/> Isentress 400 mg bid #60 Truvada 200/300 daily #30 0 Refills	

Oral Bacterial STI Treatment Options		
<input type="checkbox"/> Doxycycline 100mg #14 100mg twice daily x 7 days <input type="checkbox"/> Metronidazole 500mg #14 100mg twice daily x 7 days	<i>Alternative Options</i> <input type="checkbox"/> Azithromycin 1gm once <input type="checkbox"/> Azithromycin 2gm once <input type="checkbox"/> Levofloxacin 500mg daily x 7 days #7 <input type="checkbox"/> Doxycycline 200mg once	<input type="checkbox"/> Zofran 4 mg Q8h prn #30 0 Refills <input type="checkbox"/> Plan B take as directed #1 Gardasil-9 0.5mL (select one) <input type="checkbox"/> (9-14Y) Month 0, 6-12 #2 <input type="checkbox"/> (15-45Y) Month 0, 1-2, 6 #3 <input type="checkbox"/> Twinrix, Month 0, 1, 6 #3

Date _____		<input type="checkbox"/> Brand Medically Necessary
_____	_____	_____
Provider Printed Name	Provider Signature	Name of Supervising Physician <i>(if applicable)</i>
_____	_____	_____
Facility Name	Phone Number	Fax Number

The prescriber is to comply with his/her state specific prescription requirements such as e-prescribing, state specific prescription form, fax language etc. Non-compliance with state specific requirements could result in outreach to the prescriber. The document(s) accompanying this transmission may contain confidential health information that is legally protected. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted or required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents. Drug names are the property of their respective owners.

