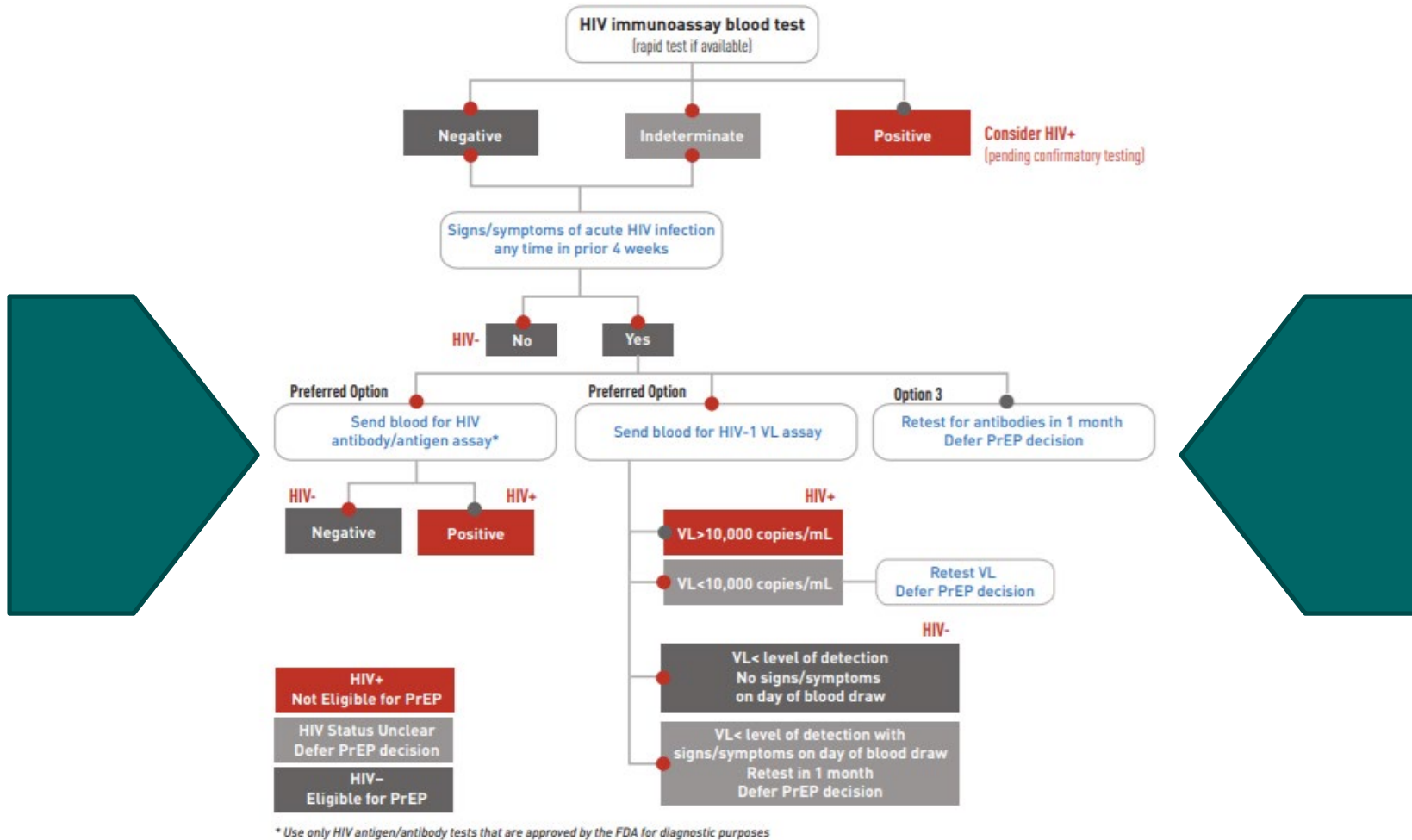


Initiating, tracking, and managing PrEP

Getting those patients who are eligible and want PrEP to their first dose, and capturing the needed information.

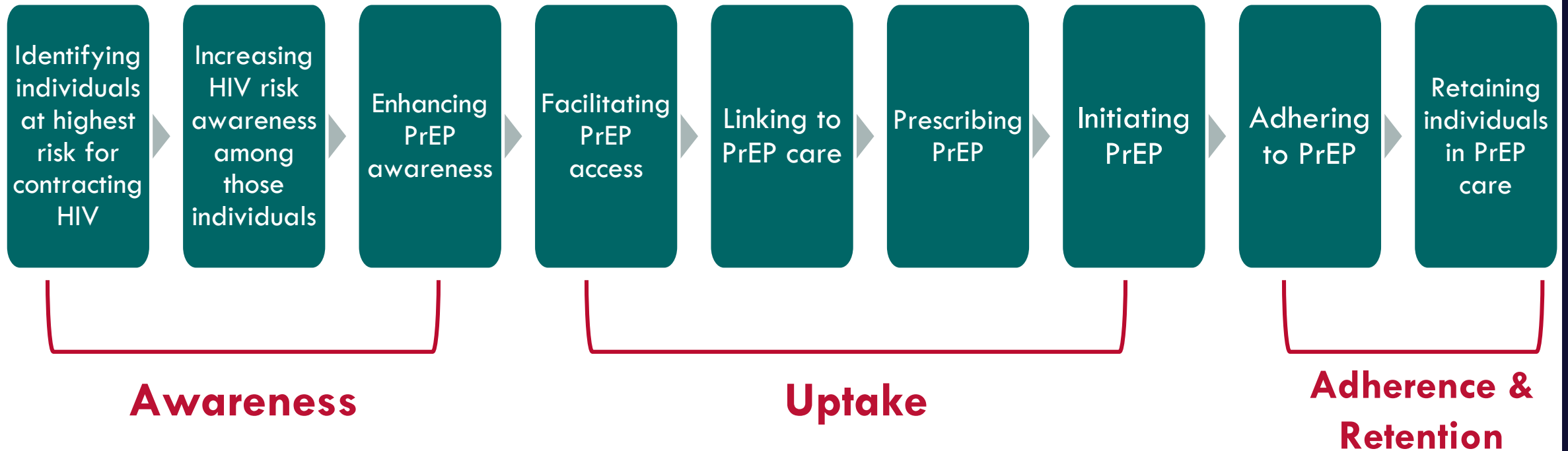


HIV Status Algorithm: PrEP Eligibility

This CDC algorithm highlights the role of HIV screening as the first step in PrEP services. It also highlights the opportunities for health IT to identify results that indicate eligibility for PrEP or not.

Source: <https://www.cdc.gov/stophivtogether/library/topics/prevention/brochures/cdc-lsht-prevention-brochure-prep-faq-provider.pdf>

PrEP Care Continuum



Promising Practice: Tracking PrEP in EHR

OPTION 1: Create a problem code called **PrEP in EMR**. For a PrEP patient:

- Create a PrEP problem at time of first Rx
- Inactivate problem when patient goes off PrEP
- Create a new PrEP problem each time they go back on PrEP
- Queries can look for active PrEP in problem list
- Onus on provider to accurately enter and remove the problem.

OPTION 2: Identify PrEP Rx as being **for PrEP**. For a PrEP patient:

- Create a prep Rx in which the instructions state “for PrEP” or some standard text.
- Set up in custom med list so provider just chooses.
- Inactivate Rx when patient goes off PrEP.
- Onus on provider to accurately specify that Rx is for PrEP, and to end Rx when patient stops.

Promising Practice: Tracking PrEP in EHR

OPTION 3: Use forms for PrEP data collection and tap this data for PrEP usage information. For a PrEP patient:

- Track not just their PrEP usage but where they are on the PrEP continuum, e.g., – considering, interested, initiating, follow up, termination.
- Track other useful information like risk factors, sexual history, prior PrEP usage, prior nPEP usage, PrEP side effects, barriers to effectively taking PrEP, STI and acute HIV screening, counselling , plan follow ups.
- Other care team staff involvement, can also track by telehealth
- Richer opportunities for data mining
- Onus on providers and care teams to use these forms when indicated and to complete them as correctly.

Apply that to your tracking and reporting!

Reality Some of what we discussed is in place but creativity needed to extract accurate information for PrEP monitoring visits and patients. Consider looking for the following:

- No HIV in problem list.
- Rx for Descovy or Truvada – if looking for first PrEP, should be first such Rx.
- Rx instructions should not mention oPEP, nPEP or post-exposure prophylaxis.
- Related document summary should only mention NPEP if PrEP is *also* mentioned, implying transition nPEP to PrEP.
- Rx instructions likely mention PrEP OR Rx should be written for more than 30 days
- No concurrent ARV Rx (which might indicate nPEP regimen).

Once you've pulled your PrEP management visits and patients, for reporting on Table 6A, be sure to compare to related information, to determine if numbers are reasonable:



Unlikely to have more PrEP management patients than HIV tests, as an HIV test is needed to start PrEP.



Review PrEP prescriptions in your state on the AHEAD dashboards, as your clinic is unlikely to have more PrEP visits/ patients than the state as a whole.

Putting this in place for accurate UDS Reporting

Patients with a **countable medical visit** in the year with a **prescription for emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF)** during the year



Who don't have diagnosis or history of HIV



Whose chart specifies for PrEP and/ or does NOT indicate PEP



Likely list of Patients receiving PrEP Management.
Validate by reviewing AHEAD Dashboards for your area (county or state).

Two Key Resources for PrEP in Primary Care

A GUIDE FOR HEALTH CARE PROVIDERS

PrEP for HIV Prevention: FAQs

PrEP [pre-exposure prophylaxis] is a powerful tool for preventing HIV. Prescribing PrEP can protect your patients at risk for HIV and improve their health outcomes.

Prescribe HIV Prevention
Learn more at: cdc.gov/HIVNexus

Ending the HIV Epidemic

[PrEP for HIV Prevention: FAQs](#) A Guide for Healthcare Providers from CDC

Table 1: Suggested Step-by-Step Checklist for Providers Initiating PrEP

§ indicates detailed info available in Table 3

1 Assess need	Having any <u>one or more</u> of the risk factors below places the individual at risk for HIV.	
	Risks for sexual transmission <ul style="list-style-type: none"> <input type="checkbox"/> Any condomless sex in prior 6 months <input type="checkbox"/> Any STI diagnosed in prior 6 months <input type="checkbox"/> Not in a monogamous relationship with a partner confirmed to be HIV-uninfected <input type="checkbox"/> Having sex with HIV+ partner(s) <input type="checkbox"/> Commercial sex work 	Risks for parenteral transmission <ul style="list-style-type: none"> <input type="checkbox"/> Shared injection equipment <ul style="list-style-type: none"> - needles & "works" for illicit/recreational drugs - consider anabolic steroids, body fillers, etc. <input type="checkbox"/> Known HIV+ injecting partner(s) <input type="checkbox"/> Having sex with injecting partner(s)
2 Determine clinical eligibility	Within 90 days BEFORE starting PrEP, check hepatitis B status and renal function	
	<ul style="list-style-type: none"> <input type="checkbox"/> Hepatitis B surface antigen (sAg) REQUIRED <input type="checkbox"/> Hepatitis B surface antibody (sAb) RECOMMENDED <input type="checkbox"/> Serum creatinine REQUIRED <input type="checkbox"/> Estimated creatinine clearance REQUIRED <input type="checkbox"/> Urinalysis (to establish baseline) RECOMMENDED 	CAUTION if active hepatitis B (sAg+) <ul style="list-style-type: none"> • Truvada & Descovy treat HBV; use may cause "flare" § Calculate eCrCl using Cockcroft-Gault <ul style="list-style-type: none"> • For Truvada, eCrCl must be ≥ 60 mL/min → You can NOT dose-reduce Truvada for PrEP if eCrCl <60 mL/min • For Descovy, eCrCl must be ≥ 30 mL/min <p style="color: red; font-weight: bold; font-size: small;">DO NOT PRESCRIBE DESCOVY TO PREVENT HIV ACQUISITION THROUGH VAGINAL SEX OR INJECTION DRUG USE - NO DATA!</p>
3 Consider other tests	Within 7 days BEFORE starting PrEP, test for HIV infection	
	Order ONE of these REQUIRED – UNC's suggested order of preference <ul style="list-style-type: none"> <input type="checkbox"/> Automated, lab-based antigen/antibody combination assay (4th or "5th" generation) <input type="checkbox"/> Automated, lab-based IgM/IgG-sensitive antibody assay (3rd generation) <input type="checkbox"/> HIV RNA ("viral load"), quantitative <input type="checkbox"/> Point-of-care (rapid) test with fingerstick blood 	Must be confirmed as HIV-uninfected before PrEP <ul style="list-style-type: none"> • Rapid 4th gen (Determine HIV-1/2 Ag/Ab Combo) has had poor performance for detection of p24 antigen, missing many early infections § • If high-risk exposures, consider RNA and HIV Ag/Ab test • Do NOT rely on oral fluid testing; sensitivity is lower with oral fluid than with blood
3 Consider other tests	Any of these symptoms in prior month?	
	<ul style="list-style-type: none"> <input type="checkbox"/> Fever <input type="checkbox"/> Fatigue <input type="checkbox"/> Skin rash <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Cervical adenopathy 	Cannot have recent symptoms of acute HIV <ul style="list-style-type: none"> • Must be free of these symptoms in the <u>month</u> prior to starting PrEP • If ANY symptoms are present, rule out acute HIV by ordering quantitative HIV RNA
3 Consider other tests	If not already done in the prior 3-6 months RECOMMENDED	
	<ul style="list-style-type: none"> <input type="checkbox"/> Serum RPR for syphilis <input type="checkbox"/> Nucleic acid amplification tests (NAATs) for gonorrhea and chlamydia from any exposed anatomical sites <ul style="list-style-type: none"> • Screen the vagina with a swab. Screen the penile urethra with <u>urine</u>. Swab pharynx and rectum, as appropriate. <input type="checkbox"/> Nucleic acid amplification test for <i>Trichomonas vaginalis</i> (or wet prep), as appropriate <input type="checkbox"/> Hepatitis C antibody § 	

[PrEP Checklist for Providers](#): A checklist from NC HIV Training & Education Center (NCHTEC)

Questions? Feedback?



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