

VIRGINIA BOARD OF PHARMACY

Preventive Care

HIV Pre-Exposure Prophylaxis (PrEP) Statewide Protocol

Consistent with the manufacturer's instructions for use approved by the US Food and Drug Administration (FDA), a pharmacist may issue a prescription to initiate treatment with, dispense, or administer the following drugs and devices to persons 18 years of age or older:

- Controlled substances for the prevention of human immunodeficiency virus, including controlled substances prescribed for pre-exposure prophylaxis pursuant to guidelines and recommendations of the Centers for Disease Control and Prevention.

STANDARDIZED PATIENT ASSESSMENT PROCESS ELEMENTS:

- Utilize the standardized PrEP Patient Intake Form (pg. 2-3)
- Utilize the standardized PrEP Assessment and Treatment Care Pathway (pg.4-9)
- Utilize the standardized PrEP Provider Fax (pg.10)

PHARMACIST EDUCATION AND TRAINING

- Prior to issuing a prescription to initiate treatment with, dispensing, or administering controlled substances for post-exposure prophylaxis under this protocol, the pharmacist shall be knowledgeable of the manufacturer's instructions for use and shall have completed a comprehensive training program related to the prescribing and dispensing of HIV prevention medications, to include related trauma-informed care.

*Note: A pharmacy may create and use an electronic format for the PrEP Patient Intake Form, PrEP Assessment and Treatment Care Pathway, and PrEP Provider Fax if the information is identical to the forms included in this protocol.

Pre-Exposure Prophylaxis (PrEP) Self-Screening Patient Intake Form

(CONFIDENTIAL-Protected Health Information)

Date ____/____/____ Date of Birth ____/____/____ Age ____
 Legal Name _____ Preferred Name _____
 Sex Assigned at Birth (circle) M / F Gender Identification (circle) M / F / Other ____
 Preferred Pronouns (circle) She/Her/Hers, He/Him/His, They/Them/Their, Ze/Hir/Hirs, Other _____
 Street Address _____
 Phone () _____ Email Address _____
 Healthcare Provider Name _____ Phone () _____ Fax () _____
 Do you have health insurance? Yes / No Insurance Provider Name _____
 Any allergies to medications? Yes / No If yes, please list _____

Background Information: These questions are highly confidential and help the pharmacist to determine if PrEP is right for you and what Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infection (STI) testing is recommended.

Do you answer yes to any of the following? yes no

| |
|---|
| 1. Do you sexually partner with men, women, transgender, or non-binary people? |
| 2. Please estimate how often you use condoms for sex. Please estimate the date of the last time you had sex without a condom. _____% of the time __/__/__ last sex without a condom |
| 3. Do you have oral sex? <ul style="list-style-type: none"> • Giving- you perform oral sex on someone else • Receiving- someone performs oral sex on you |
| 4. Do you have vaginal sex? <ul style="list-style-type: none"> • Receptive- you have a vagina and you use it for vaginal sex • Insertive- you have a penis and you use it for vaginal sex |
| 5. Do you have anal sex? <ul style="list-style-type: none"> • Receptive- someone uses their penis to perform anal sex on you • Insertive- you use your penis to perform anal sex on someone else |
| 6. Do you inject drugs? |
| 7. Are you in a relationship with an HIV-positive partner? |
| 8. Do you exchange sex for money or goods? (includes paying for sex) |
| 9. Do you use poppers (inhaled nitrates) and/or methamphetamine for sex? |

Medical History: These questions are highly confidential and help the pharmacist to determine if PrEP is right for you.

| | |
|--|--|
| 1. Have you ever tested positive for Human Immunodeficiency Virus (HIV)? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 2. Do you see a (healthcare provider) for management of Hepatitis B? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 3. Have you ever received an immunization for Hepatitis B? If yes, when: <ul style="list-style-type: none"> • If no, would you like a Hepatitis B immunization today? <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no Date of vaccine __/__/__ |
| 4. Do you see a healthcare provider for problems with your kidneys? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 5. Do you take non-steroid anti-inflammatory drugs (NSAIDs)? <ul style="list-style-type: none"> • Includes: Advil/Motrin (ibuprofen), aspirin, Aleve (naproxen) | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 6. Are you currently or planning to become pregnant or breastfeeding? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 7. Do you have any other medical problems the pharmacist should know? If yes, list them here: _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |

Pre-Exposure Prophylaxis (PrEP) Self-Screening Patient Intake Form
(CONFIDENTIAL-Protected Health Information)

Testing and Treatment:

| | |
|---|--|
| 1. I understand that I must get an HIV test every 90 days to get my PrEP prescription filled. The pharmacist must document a negative HIV test to fill my PrEP prescription. <ul style="list-style-type: none">• I may be able to have tests performed at the pharmacy.• I can bring in my HIV test results, showing negative HIV and/or STI testing, within the last 2 weeks.<ul style="list-style-type: none">○ I brought my labs in today <input type="checkbox"/> Yes <input type="checkbox"/> No• I understand that if I have condomless sex within 2 weeks before and between the time I get my HIV test and when I get my PrEP that the test results may not be accurate. This could lead to PrEP drug resistance if I become HIV positive and I will need a repeat HIV test within one month. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I understand that I must complete STI screening at least every 6 months while on PrEP. Undiagnosed STIs will increase the risk of getting HIV. <ul style="list-style-type: none">• I understand if I have condomless sex between the time I get my STI testing and when I get my PrEP that the results may not be accurate. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I understand that the effectiveness of PrEP is dependent on my taking all my doses. Missing doses increases the risk of getting HIV. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please write down the names of any prescription or over the counter medications or supplements you take. Please include herbal and nutritional products as well. This helps the pharmacist make sure there are no harmful interactions with your PrEP.

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Please list any questions you have for the pharmacy staff:

| |
|--|
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|--|

Patient Signature: _____ **Date:** _____

Pre-Exposure Prophylaxis (PrEP) Assessment and Treatment Care Pathway

(CONFIDENTIAL- Protected Health Information)

Name _____ Date of Birth _____ Age _____ Today's Date _____

Background Information/ HIV and STI risk factors:

Document that a risk factor is present (circle below) and refer to the notes and considerations below to evaluate the risk factor(s). If a person has one or more risk factor, PrEP is recommended. The HIV Warmline offers consultations for providers from HIV specialists and is available every day at: (855) 448-7737. For information about PrEP, please visit the [CDC website](https://www.cdc.gov/hiv).

| Risk Factor: | Notes and considerations |
|---|---|
| 1. Sexual partners | <ul style="list-style-type: none"> • MSM activity is highest risk for HIV. • Men who have insertive vaginal sex may not be at high risk of HIV unless other risk factors are present. |
| 2. Estimated condom use _____% of the time ___/___/___ last sex without a condom | <ul style="list-style-type: none"> • Condomless sex greatly increases risk of HIV and STIs. • For patients with condomless sex within the last 72 hours, consider Post-Exposure Prophylaxis (PEP). • Condomless sex within last 14 days, repeat HIV test in one month. |
| 3. Oral sex | <ul style="list-style-type: none"> • Oral sex is not considered high risk for HIV unless there is blood or ulcerations in the mouth or genitals. • STIs such as gonorrhea and chlamydia can inhabit the mouth and should be screened for in persons who have oral sex. |
| 4. Vaginal sex | <ul style="list-style-type: none"> • Receptive vaginal sex can be high risk for HIV. • Insertive vaginal sex is not considered high risk for HIV unless other risk factors are present. |
| 5. Anal sex | <ul style="list-style-type: none"> • Receptive anal sex has the most risk of HIV of any sex act. • Insertive anal sex has high risk for HIV. • STIs such as gonorrhea and chlamydia can inhabit the rectum and should be screened in persons who have anal sex. |
| 6. Injection drug use | <ul style="list-style-type: none"> • Injection drug use is high risk for HIV. Consider referral for syringe exchange or sale of clean syringes. |
| 7. HIV-positive partner | <ul style="list-style-type: none"> • People living with HIV who have undetectable viral loads will not transmit HIV. • For partners of people living with HIV, consider partner's HIV viral load when recommending PrEP. |
| 8. Exchanging sex for money or goods | <ul style="list-style-type: none"> • People who buy or sell sex are at high risk for HIV. |
| 9. Popper and/or methamphetamine use | <ul style="list-style-type: none"> • Popper (inhaled nitrates) and/or methamphetamine use is associated with an increased risk of HIV. • Recommend adequate lubrication in persons who use poppers for sex. |

1. Is one or More Risk Factor Present: **yes** **no**

- If yes, HIV PrEP is recommended. Proceed to next section: Testing.
- If no, HIV PrEP is not recommended. Refer to a healthcare provider.

Pre-Exposure Prophylaxis (PrEP) Assessment and Treatment Care Pathway

(CONFIDENTIAL- Protected Health Information)

Testing:

The pharmacist must verify appropriate labs are complete. Pharmacist may order any necessary labs that are not complete. *Italics* below indicate need for referral.

| Test Name | Date of Test | Result | Needs referral |
|---|--|--|----------------|
| <ul style="list-style-type: none"> HIV ag/ab (4th gen) test: _____/_____/_____ <input type="checkbox"/> reactive <input type="checkbox"/> indeterminate <input type="checkbox"/> negative <input type="checkbox"/> Yes <i>Reactive and indeterminate tests are an automatic referral to county health or the patient's healthcare provider for confirmatory testing. NOTE: HIV test must be performed within the 14 days prior to prescribing and dispensing.</i> | | | |
| <ul style="list-style-type: none"> Syphilis/Treponemal antibody: _____/_____/_____ <input type="checkbox"/> reactive <input type="checkbox"/> indeterminate <input type="checkbox"/> negative <input type="checkbox"/> Yes <i>Reactive treponemal antibody testing will result in an automatic referral to county health or the patient's primary care provider for follow-up and confirmatory testing.</i> | | | |
| <ul style="list-style-type: none"> Hepatitis B surface antigen: _____/_____/_____ <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> Yes <i>Positive surface antigen indicates either acute or chronic Hepatitis B and PrEP should be referred to county health or a specialist physician.</i> | | | |
| <ul style="list-style-type: none"> Hepatitis C surface antigen: _____/_____/_____ <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> Yes <i>Positive surface antigen indicates either acute or chronic Hepatitis C and PrEP should be referred to county health or a specialist physician.</i> | | | |
| <ul style="list-style-type: none"> Pregnancy: _____/_____/_____ <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> Yes <i>Positive result indicates pregnancy and PrEP should be referred to county health or a specialist physician.</i> | | | |
| <ul style="list-style-type: none"> Gonorrhea/Chlamydia: _____/_____/_____ <input type="checkbox"/> Yes | | | |
| <ul style="list-style-type: none"> Urinalysis result: <input type="checkbox"/> reactive <input type="checkbox"/> indeterminate <input type="checkbox"/> negative | <ul style="list-style-type: none"> Pharyngeal test result: <input type="checkbox"/> reactive <input type="checkbox"/> indeterminate <input type="checkbox"/> negative | <ul style="list-style-type: none"> Rectal test result: <input type="checkbox"/> reactive <input type="checkbox"/> indeterminate <input type="checkbox"/> negative | |
| <p><i>All reactive or indeterminate chlamydia and/or gonorrhea results will result in an automatic referral to county health or the patient's healthcare provider for evaluation and treatment.</i></p> | | | |
| <ul style="list-style-type: none"> Renal function (CrCl): _____/_____/_____ _____ mL/min <input type="checkbox"/> CrCl > 60 mL/min <input type="checkbox"/> Yes SCr _____ mg/dL <input type="checkbox"/> CrCl 30-60 mL/min <input type="checkbox"/> CrCl < 30 mL/min | | | |
| <p>CrCl > 60mL/min: Kidney function adequate for PrEP; CrCl 30-60mL/min: Only Emtricitabine and tenofovir alafenamide indicated; CrCl <30 mL/min: referral for evaluation/follow-up. NOTE: Concurrent NSAID use would favor Emtricitabine and tenofovir alafenamide.</p> | | | |
| <ul style="list-style-type: none"> ALT/AST: _____/_____/_____ ALT _____ u/L AST _____ u/L | | | |
| <p><u>Baseline + at 4-6 weeks recommended.</u></p> | | | |
| <ul style="list-style-type: none"> Signs/symptoms of STI not otherwise specified: _____/_____/_____ <input type="checkbox"/> Present <input type="checkbox"/> Yes | | | |
| <ul style="list-style-type: none"> Condomless sex in past two weeks: _____/_____/_____ <input type="checkbox"/> Yes <input type="checkbox"/> Yes | | | |

- 2. Is HIV ab/ag 4th gen test complete?** **yes/non-reactive** **yes/reactive or indeterminate** **no**
- If yes and non-reactive: Proceed to question #3
 - If yes and reactive or indeterminate: RPH may NOT prescribe PrEP. Patient should be referred to healthcare provider. NOTE: Sample language below.
 - If no, obtain HIV ab/ag 4th gen test. Repeat question #2 once results are available.

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3. Are all required labs complete? yes no

- If yes, pharmacist may prescribe PrEP and next labs due in 90 days. Proceed to next section: Medical History.
- If no, pharmacist may prescribe PrEP, but patient needs to complete all required labs and bring them in within 30 days. Proceed to next section: Medical History.

Sample language for reactive or indeterminate tests:

Your HIV test has tested reactive (or indeterminate). This is not a diagnosis of HIV or AIDS. We will need to confirm that this is the true result or to confirm a result with a more specific test before a diagnosis can be made. We are going to refer you to your health care provider (or your county health department) so that they may perform the confirmatory test and clarify the result. Until you have had your confirmatory test, we are going to recommend you abstain from any condomless sexual activity. We will delay starting (or refilling) your PrEP until we have confirmation, you're HIV negative.

Sample language for reactive (indeterminate) STI tests:

Your STI test has tested reactive (or indeterminate). This is not a diagnosis of (chlamydia, gonorrhea, or syphilis). We will need to confirm that this is the true result or to confirm a result with a more specific test before a diagnosis can be made. We are going to refer you to your health care provider (or your county health department) so that they may perform the confirmatory test and clarify the result. Until you have had your confirmatory test, we are going to recommend you abstain from any condomless sexual activity including giving or receiving oral sex.

Medical History: The following are referral conditions and considerations for pharmacist prescribing of PrEP. If a patient has one or more contraindications, the pharmacist must refer the patient to a specialist for consultation or management of PrEP.

| Medical history factor | Notes and considerations |
|---|---|
| REFERRAL CONDITIONS | |
| 1. Positive HIV test <i>Needs Referral:</i> <input type="checkbox"/> yes <input type="checkbox"/> no | <ul style="list-style-type: none"> • A positive or indeterminate HIV test either indicates HIV infection, a false positive, or a result requiring specialist interpretation. • Confirmatory testing is beyond the testing capacity of the community pharmacist and the patient should be referred for PrEP management. |
| 2. Presence of Hepatitis B infection <i>Needs Referral:</i> <input type="checkbox"/> yes <input type="checkbox"/> no | <ul style="list-style-type: none"> • Emtricitabine and tenofovir disoproxil fumarate and Emtricitabine and tenofovir alafenamide are treatments for Hepatitis B. In patients with Hepatitis B who stop PrEP, this may cause a HepB disease flare. • People with HepB infection must have their PrEP managed by a gastroenterologist or infectious disease specialist. |
| 3. Impaired kidney function (<30mL/min) <i>Needs Referral:</i> <input type="checkbox"/> yes <input type="checkbox"/> no | <ul style="list-style-type: none"> • Emtricitabine and tenofovir disoproxil fumarate is approved for patients with a CrCl >60mL/min. • Consider Emtricitabine and tenofovir alafenamide in cis-gender men and male to female transgender women who have risk factors for kidney disease with a CrCl >30mL/min, but less than 60mL/min. • Pharmacist prescribing of PrEP is contraindicated for patients who are under the care of a specialist for chronic kidney disease. |
| 4. Other medications <i>Needs Referral:</i> <input type="checkbox"/> yes <input type="checkbox"/> no | <ul style="list-style-type: none"> • Evaluate for comorbid medications that can be nephrotoxic or decrease bone mineral density. • For cis-gender men and male to female transgender women who are on medications that could be nephrotoxic or could lower bone mineral density, consider Emtricitabine and tenofovir alafenamide over Emtricitabine and tenofovir disoproxil fumarate. |
| CONSIDERATIONS | |
| 5. NSAID use Precaution- Counseled on limiting use: <input type="checkbox"/> yes <input type="checkbox"/> no | <ul style="list-style-type: none"> • Tenofovir use in conjunction with NSAIDs may increase the risk of kidney damage. • Concurrent use is not contraindicated, but patient should be counseled on limiting NSAID use. |
| 6. Hepatitis B vaccinated If not, would the patient like to be vaccinated? <input type="checkbox"/> yes <input type="checkbox"/> no | <ul style="list-style-type: none"> • Vaccination for Hepatitis B is preferred, but lack of vaccination is not a contraindication for PrEP. • Counsel on risk factors for Hepatitis B and recommend vaccination. • If patient would like to be vaccinated, proceed according to the Statewide Vaccine Protocol or 54.1-3408(l) of the Code of Virginia. |
| 7. Pregnant or breastfeeding | <ul style="list-style-type: none"> • Pregnancy and breastfeeding are not contraindications for PrEP. • Women at risk of HIV who are also pregnant are at higher risk of intimate partner violence. |

Pre-Exposure Prophylaxis (PrEP) Assessment and Treatment Care Pathway (CONFIDENTIAL- Protected Health Information)

- Emtricitabine and tenofovir disoproxil fumarate is preferred due to better data in these populations.

4. Are one or More Referral Condition(s) Present? yes no

- *If yes, HIV PrEP is recommended but pharmacists are not authorized to initiate treatment in accordance with this protocol. Refer the patient for further evaluation and management of PrEP by the patient's healthcare provider or appropriate specialist.*
- If no, HIV PrEP is recommended and pharmacists are authorized to initiate treatment and dispense PrEP in accordance with this protocol. Proceed to next sections: Regimen Selection and Prescription.

Pre-Exposure Prophylaxis (PrEP) Assessment and Treatment Care Pathway

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Regimen Selection:

| Considerations* | Preferred regimen |
|--|---|
| Cis-gender male or male to female transgender woman. <ul style="list-style-type: none"> Both Emtricitabine and tenofovir disoproxil fumarate and Emtricitabine and tenofovir alafenamide are FDA approved in these populations. May prescribe based on patient preference. | May choose Emtricitabine and tenofovir disoproxil fumarate or Emtricitabine and tenofovir alafenamide |
| Cis-gender female or female to male transgender man. <ul style="list-style-type: none"> Only Emtricitabine and tenofovir disoproxil fumarate is FDA approved in these populations. If patient has low bone mineral density or renal function that would preclude Emtricitabine and tenofovir disoproxil fumarate use, but has risk factors for HIV, refer the patient to a specialist for PrEP management. | Emtricitabine and tenofovir disoproxil fumarate |
| NSAID use <ul style="list-style-type: none"> If patient is male or a male to female transgender woman, consider Emtricitabine and tenofovir alafenamide | Emtricitabine and tenofovir alafenamide |
| Patient has some kidney impairment (CrCl <60mL/min) but is not under care of nephrologist. <ul style="list-style-type: none"> If patient is male or male to female transgender woman, consider Emtricitabine and tenofovir alafenamide | Emtricitabine and tenofovir alafenamide |
| Patient has decreased bone mineral density or on medications that affect bone mineral density. <ul style="list-style-type: none"> If patient is male or male to female transgender woman, consider Emtricitabine and tenofovir alafenamide. | Emtricitabine and tenofovir alafenamide |
| Patient is pregnant or breastfeeding <ul style="list-style-type: none"> Emtricitabine and tenofovir alafenamide has not been studied in these populations. Emtricitabine and tenofovir disoproxil fumarate is approved in these populations. | Emtricitabine and tenofovir disoproxil fumarate |

Counseling (at minimum):

- Proper use of medication dosage, schedule and potential common and serious side effects (and how to mitigate)
- The importance of medication adherence with relation to efficacy of PrEP/PEP and alternative dosing regimens (i.e. PrEP on demand, PrEP 2-1-1)
- Individualized strategies for optimum adherence
- Behaviorally based adherence improvement strategies, such as pairing medication with established part of daily routine, pill boxes, reminder for daily dose
- Signs/symptoms of acute HIV infection and recommended actions
- Appropriate counseling regarding on-going risk for HIV and other STI acquisition
- Consistent and correct use of condoms and prevention of STIs
- The necessity of follow up care with a primary care provider for usual care.
- The importance and requirement of testing for HIV, renal function, hepatitis B, hepatitis C and sexually transmitted diseases

Documentation:

- The pharmacist will notify the patient's primary care provider of a record of all medications prescribed. If a patient does not have a primary care provider, the pharmacist will provide the patient with a list of providers and clinics for which they may seek ongoing care.
- The pharmacist will also follow all documentation rules in Pharmacy Board Regulation 18VAC110-21-46.

Referrals to primary care provider:

- (note 1) If a patient tests positive for HIV infection or has signs or symptoms of acute HIV infection, the pharmacist will refer/direct the patient to a primary care provider and provide a list of providers and clinics in that region for confirmatory testing and follow up care.
- (note 2) If a patient tests positive for an STI, the pharmacist will refer/direct the patient to a primary care provider and provide a list of providers and clinics in that region for confirmatory testing and follow up care.
- (note 3) If a patient test has abnormal renal values and/or signs of acute renal injury, refer for urgent evaluation.

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(CONFIDENTIAL- Protected Health Information)

- (note 4) If a patient tests positive for Hepatitis B, the pharmacist will refer/direct the patient to a primary care provider and provide a list of providers and clinics in that region for confirmatory testing and follow up care.
- (note 5) If a patient tests positive for Hepatitis C, the pharmacist will refer/direct the patient to a primary care provider and provide a list of providers and clinics in that region for confirmatory testing and follow up care.
- (note 6) If a female patient becomes pregnant while on PrEP, refer for care.

Provider Notification

Pre-Exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV)

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Phone: _____ Pharmacy Fax: _____

Dear Provider _____ (name) (____) _____ - _____ (FAX)

Your patient _____ (name) ____/____/____ (DOB) has been initiated treatment for HIV Pre-Exposure Prophylaxis (PrEP) by _____. This regimen was filled on ____/____/____ (Date) and follow-up HIV testing is recommended in approximately 90 days ____/____/____ (Date)

This regimen consists of the following (check one):

- Emtricitabine/tenofovir disoproxil fumarate 200/300mg; One tablet by mouth daily for 90 days
- Emtricitabine/tenofovir alafenamide 200/25mg tablets; Take one tablet by mouth daily for 90 days

Your patient has been tested for and/or indicated the following:

| <u>Test Name</u> | <u>Date of Test</u> | <u>Result</u> | <u>Needs referral</u> |
|--|--|--|------------------------------|
| • HIV ag/ab (4th gen): | ____/____/____ | <input type="checkbox"/> reactive <input type="checkbox"/> indeterminate <input type="checkbox"/> negative | <input type="checkbox"/> Yes |
| • Syphilis/Treponemal antibody: | ____/____/____ | <input type="checkbox"/> reactive <input type="checkbox"/> indeterminate <input type="checkbox"/> negative | <input type="checkbox"/> Yes |
| • Hepatitis B surface antigen: | ____/____/____ | <input type="checkbox"/> positive <input type="checkbox"/> negative | <input type="checkbox"/> Yes |
| • Gonorrhea/Chlamydia: | ____/____/____ | | <input type="checkbox"/> Yes |
| Urinalysis result: | Pharyngeal test result: | Rectal test result: | |
| <input type="checkbox"/> reactive <input type="checkbox"/> indeterminate | <input type="checkbox"/> reactive <input type="checkbox"/> indeterminate | <input type="checkbox"/> reactive <input type="checkbox"/> indeterminate | |
| <input type="checkbox"/> negative | <input type="checkbox"/> negative | <input type="checkbox"/> negative | |
| • Renal function (CrCl): | ____/____/____ | _____ mL/min | <input type="checkbox"/> Yes |
| <input type="checkbox"/> CrCl >60mL/min | <input type="checkbox"/> CrCl 30mL/min - 60mL/min | <input type="checkbox"/> CrCl <30mL/min | |
| • Signs/symptoms of STI not otherwise specified: | ____/____/____ | <input type="checkbox"/> present | <input type="checkbox"/> Yes |
| • Condomless sex in past two weeks | ____/____/____ | <input type="checkbox"/> yes | <input type="checkbox"/> Yes |

We recommend evaluating the patient, confirming the results, and treating as necessary. *Listed below are some key points to know about PrEP.*

Provider pearls for HIV PrEP:

- Emtricitabine and tenofovir disoproxil fumarate is not recommended for CrCl less than 60 mL/min. Please contact the pharmacy if this applies to your patient and/or there is a decline in renal function. Emtricitabine and tenofovir alafenamide may be a better option.
- Emtricitabine and tenofovir disoproxil fumarate and Emtricitabine and tenofovir alafenamide are both safe in pregnancy. If your patient is pregnant or becomes pregnant, they may continue PrEP.
- NSAIDs should be avoided while patients are taking HIV PrEP to avoid drug-drug interactions with Emtricitabine and tenofovir disoproxil fumarate.
- Emtricitabine and tenofovir disoproxil fumarate is a first line option for Hepatitis B treatment. This is not a contraindication to PrEP use, but we recommended you refer Hepatitis B positive patients to an infectious disease or gastroenterology specialist.
- A positive STI test is not a contraindication for PrEP.

Pharmacy monitoring of HIV PrEP:

- The pharmacy initiating treatment and dispensing PrEP conducts and/or reviews results of HIV testing, STI testing, and baseline testing as part of their patient assessment.
- Patients who test reactive or indeterminate for HIV, gonorrhea/chlamydia, syphilis, or Hepatitis B will be referred to your office for evaluation, diagnosis, and treatment.
- Your office may take over management of this patient's HIV PrEP from the pharmacy at any time.

If you have additional questions, please contact the prescribing pharmacy, or call the HIV Warmline. The HIV Warmline offers consultations for providers from HIV specialists and is available every day at (855) 448-7737. For information about PrEP, please visit the [CDC website](#)

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