

- 1 Any potential HIV exposure in the last 72 hours while nonadherent to PrEP? Consider post-exposure prophylaxis (PEP) instead. National Clinician Consultation Center PEpline: (888) 448-4911.
- 2 Teach benefits of starting pre-exposure prophylaxis (PrEP).
 - a. >99% protection from sexually transmitted HIV if taken daily.¹
 - b. Rectal protection after seven days, vaginal protection after 21 days.¹
- 3 Teach side effects.
 - a. 1 in 10 patients have nausea, gas that resolve after one month.
 - b. 1 in 200 adults have renal effects that typically reverse if you stop PrEP.
 - c. 1% temporary decrease in bone mineral density but no increased rate of fracture.
- 4 Review options for PrEP.
 - a. **Tenofovir disoproxil 300 mg-emtricitabine 200 mg (TDF, Truvada) daily for patients weighing ≥35 kg/77 lbs.**
 - b. Tenofovir alafenamide 25 mg-emtricitabine 200 mg (TAF, Descovy) daily for patients weighing ≥25 kg/55 lbs. if receptive anal sex only, not for receptive vaginal sex. Consider if there are significant renal and/or bone health concerns.
- 5 Decide how to cover medication, visits, and labs.
 - a. Use insurance if possible.
 - b. If medication is too expensive but there are no other confidentiality concerns, enroll in Gilead's Advancing Access program.
 - c. If there are confidentiality concerns with using existing insurance, or if the patient is underinsured/uninsured, enroll in the PrEP Assistance Program.
- 6 Make a daily adherence plan together.
 - a. Use a phone alarm or medication reminder app (such as Round Health).
 - b. Build it into the daily routine, like brushing teeth.

¹<https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html>

7 Order labs.

	Before starting	Every 3 months	Every year
HIV*	X	X	
Chlamydia and gonorrhea (pharyngeal, rectal, urethral)	X	X	
Creatinine	X	X	
Syphilis	X	X	
Hepatitis C	X		X
Hepatitis B	X		

*HIV-1 RNA (instead of HIV ag/ab) if there is concern about acute HIV in the last month.

- 8** Prescribe PrEP for 30 days initially to ensure follow-up; then a three-month supply can be dispensed.
- 9** Call (or have a follow-up visit) once labs are complete to answer any remaining questions and start PrEP.
 - a.** Starting as soon as possible is best, and the only necessary lab is a negative recent HIV test (within the last seven days). A pending creatinine and Hep B panel would not keep the patient from starting PrEP, but results should be available soon.
- 10** Follow up with the patient monthly, then space out visits to every three months if there are minimal adherence concerns.
 - a.** Consider phone/messaging every two weeks to check on adherence, especially in the beginning. The Virtual PrEP Program at Stanford Medicine has a trained team of PrEP Navigators to provide this robust adherence support.
- 11** Need additional help prescribing PrEP? Email us at PrEAdmin@stanfordchildrens.org.
- 12** We are here to help you provide the best PrEP care and adherence support through our Virtual PrEP Program at Stanford Medicine. You can refer your patient by:
 - Visiting mdportal.stanfordchildrens.org
 - Calling (800) 995-5724
 - Faxing (650) 721-2884