

US PUBLIC HEALTH SERVICE

**PREEXPOSURE PROPHYLAXIS
FOR THE PREVENTION OF HIV
INFECTION IN THE UNITED
STATES –2017 UPDATE**

CLINICAL PROVIDERS' SUPPLEMENT



What's New in the Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2017 Update – Clinical Providers' Supplement?

(Published Online March 2018)

The Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 Clinical Providers' Supplement was published in an electronic format in July 2014 so that it could be updated as relevant changes in supporting evidence became available. The Preexposure Prophylaxis for the Prevention of HIV Infection in the United States - 2016 Update – Clinical Providers' Supplement includes revisions to several sections. These revisions are highlighted throughout the document and are intended solely to update the developing evidence base and to clarify specific points in clinical care. No changes were made to the graded recommendations for the use of PrEP in the US.

New: Section 7 HIV Incidence Risk Index for Injection Drug Users

Added recently published validated risk screening tool

New: Section 8 Management of Patients Who Acquire HIV While On PrEP

Added additional detail about recommended steps in the clinical management at visits when seroconversion is detected in patients being prescribed PrEP

New: Section 9 Transition of Patients From nPEP to PrEP

Added additional detail about recommended steps in the clinical management of patients who are concluding a course of nPEP and transitioning directly to PrEP

Section 12 PrEP-related ICD, CPT, and LOINC Codes

Deleted ICD-9 codes since they no longer in use

Section 13 Potential PrEP Quality Practice Measures

Revised measure of medication prescription to measure medication adherence assessment

Section 14 Methods for Developing the PrEP Clinical Practice Guideline

Consolidated all information about the guidelines development and update process into this section and provided details about the systematic literature review methods.

Minor revisions were also made to correct typos, add references, and update content from cited guidelines and source materials.

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For more clinical advice about PrEP guidelines:

- call the National Clinicians Consultation Center PrEPLine at **855-448-7737** or
- go to their website at <http://nccc.ucsf.edu/clinician-consultation/prep-pre-exposure-prophylaxis/>

Supplementary Materials:

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Introduction

Recent findings from several clinical trials have demonstrated safety¹ and a substantial reduction in the rate of HIV acquisition for men who have sex with men (MSM)², men and women in heterosexual discordant couples³, and heterosexual men and women recruited as individuals⁴ who were prescribed daily oral antiretroviral preexposure prophylaxis (PrEP) with a fixed-dose combination of tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC). The demonstrated efficacy of PrEP was in addition to the effects of repeated condom provision, sexual risk-reduction counseling, and the diagnosis and treatment of sexually transmitted infection (STI) that were provided to all trial participants. In July 2012, after reviewing these trial results, the U.S. Food and Drug Administration (FDA) approved an indication for the use of Truvada[®] (TDF/FTC) “in combination with safer sex practices for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 in adults at high risk”^{5,6}. In July 2013, an additional clinical trial found that daily oral TDF reduced the rate of HIV acquisition for persons who inject drugs (PWID) (also called injection drug users [IDU])⁷.

On the basis of these trial results and the FDA approval, the U.S. Public Health Service has published a comprehensive clinical practice guideline for the use of PrEP for the prevention of HIV infection in the United States and updated it in 2017. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>

This supplement to the PHS PrEP Clinical Practice Guidelines is intended to provide additional information that may be useful to clinicians providing PrEP. As additional materials become available, this document will be updated.

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|----------------|---|
| Section 1 | Contains a template checklist that clinicians can complete and share with patients to document the services provided to PrEP patients and the actions expected from patients to maximize the efficacy and safety of PrEP. |
| Sections 2-4 | Contain templates for informational handouts that can be provided to patients |
| Section 5 | Contains an information sheet for providers counseling patients about PrEP use during conception, pregnancy and breastfeeding. |
| Section 6 | Contains the HIV incidence Risk Index for MSM, a tool that clinicians may use to quickly and systematically determine which men are at especially high risk for acquiring HIV infection, for whom PrEP may be indicated. |
| Section 7 | Contains the HIV incidence Risk Index for PWID, a tool that clinicians may use to quickly determine which persons who inject drugs are at especially high risk for acquiring HIV infection, for whom PrEP may be indicated. |
| Section 8 | Contains more detailed information about the clinical management of patients who acquire HIV infection while on PrEP. |
| Section 9 | Contains more detailed information about the clinical management of transitioning patients from nPEP to PrEP. |
| Sections 10-11 | Contain more detailed information than that included in the guidelines about methods and resources for counseling patients receiving PrEP about medication adherence and HIV risk reduction behaviors. |

Sections 12	Contains information relevant to administrative and billing codes for PrEP related services.
Section 13	Contains potential practice quality practice measures.
Section 14	Documents the methods used to develop the PHS PrEP Clinical Practice Guidelines.

Section 1 Patient/Provider Checklist

Organization/Clinic Name

CHECKLIST FOR INITIATING PREEXPOSURE PROPHYLAXIS (PrEP)

Print name of provider

Print name of patient

Today's date (month/day/year)

Provider Section

I have provided this patient with the following: (check all as completed):

- Assessment for possible acute HIV infection
- Indicated laboratory screening to determine indications for these medications
- An HIV risk assessment to determine whether PrEP is indicated for this patient
- A medication fact sheet listing dosing instructions and side effects
- Counseling or a referral for counseling on condom use and any other HIV risk-reduction methods this patient may need
- Advice on methods to help the patient to take medication daily as prescribed
- Information about PrEP use during conception and pregnancy (when indicated)
- A prescription for Truvada (300 mg tenofovir disoproxil fumarate, 200 mg emtricitabine)
- A follow-up appointment date

As the provider, I will:

- Limit refill periods to recommended intervals for repeat HIV testing (at least every 3 months)
- Conduct follow-up visits at least every 3 months that include the following:
 - Assessment of HIV status (including signs or symptoms of acute HIV infection)
 - Assessment of side effects and advice on how to manage them
 - Assessment of medication adherence and counseling to support adherence
 - Assessment of STI symptoms, HIV risk behavior and counseling support for risk-reduction practices
- Inform the patient of any new information about PrEP and respond to questions

Patient Section

It has been explained to me that:

- Taking a dose of PrEP medication every day may lower my risk of getting HIV infection
- This medicine does not completely eliminate my risk of getting HIV infection, so I need to use condoms during sex
- This medicine may cause side effects so I should contact my provider for advice by calling _____ if I have any health problems
- It is important for my health to find out quickly if I get HIV infection while I'm taking this medication, so
 - I will contact my provider right away if I have symptoms of possible HIV infection (fever with sore throat, rash, headache, or swollen glands)
- My provider will test for HIV infection at least once every 3 months

Therefore, I will:

- Try my best to take the medication my provider has prescribed every day
- Talk to my provider about any problems I have in taking the medication every day
- Not share the medication with any other person
- Attend all my scheduled appointments
- Call _____ to reschedule any appointments I cannot attend

Give one copy to patient

Pre-exposure Prophylaxis (PrEP) for HIV Prevention

Frequently Asked Questions

What is PrEP?

“PrEP” stands for **pre**exposure **pro**phylaxis. The word “prophylaxis” (pronounced pro fil ak sis) means to prevent or control the spread of an infection or disease. The goal of PrEP is to prevent HIV infection from taking hold if you are exposed to the virus. This is done by taking a pill that contains 2 HIV medications every day. These are the same medicines used to stop the virus from growing in people who are already infected.

Why take PrEP?

The HIV epidemic in the United States is growing. About 50,000 people get infected with HIV each year. More of these infections are happening in some groups of people and some areas of the country than in others.

Is PrEP a vaccine?

No. PrEP medication does not work the same way as a vaccine. When you take a vaccine, it trains the body’s immune system to fight off infection for years. You will need to take a pill every day by mouth for PrEP medications to protect you from infection. PrEP does not work after you stop taking it. The medication that was shown to be safe and to help block HIV infection is called “Truvada” (pronounced tru va duh). Truvada is a combination of 2 drugs (tenofovir and emtricitabine). These medicines work by blocking important pathways that the HIV virus uses to set up an infection. If you take Truvada as PrEP daily, the presence of the medication in your bloodstream can often stop the HIV virus from establishing itself and spreading in your body. If you do not take the Truvada pills every day, there may not be enough medicine in your blood stream to block the virus.

Should I consider taking PrEP?

PrEP is not for everyone. Doctors prescribe PrEP for some patients who have a very high risk of coming in contact with HIV by not using a condom when they have sex with a person who has HIV infection. You should consider PrEP if you are a man or woman who sometimes has sex without using a condom, especially if you have a sex partner who you know has HIV infection. You should also consider PrEP if you don’t know whether your partner has HIV infection but you know that your partner is at risk (for example, your partner inject drugs or is having sex with other people in addition to you) or if you have recently been told by a health care provider that you had a sexually transmitted infection. If your partner has HIV infection, PrEP may be an option to help protect you from getting HIV infection while you try to get pregnant, during pregnancy, or while breastfeeding.

How well does PrEP work?

PrEP was tested in several large studies with men who have sex with men, men who have sex with women, and women who have sex with men. All people in these studies (1) were tested at the beginning of the trial to be sure that they did not have HIV infection, (2) agreed to take an oral PrEP tablet daily,

(3) received intensive counseling on safer-sex behavior, (4) were tested regularly for sexually transmitted infections, and (5) were given a regular supply of condoms.

Several studies showed that PrEP reduced the risk of getting HIV infection.

- Men who have sex with men who were given PrEP medication to take, were 44% less likely to get HIV infection than were those men who took a pill without any PrEP medicine in it (a placebo). Forty-four percent was an average that included men who didn't take the medicine every day and those who did. Among the men who said they took most of their daily doses, PrEP reduced the risk of HIV infection by 73% or more, up to 92% for some.
- Among men and women in couples in which one partner had HIV infection and the other partner initially did not ("HIV-discordant" couples), those who received PrEP medication were 75% less likely to become infected than those who took a pill without any medicine in it (a placebo). Among those who said they took most of their daily doses, PrEP reduced the risk of HIV infection by up to 90%.
- In one study of men and women who entered the study as individuals (not as a couple), PrEP worked for both men and women in one study: those who received the medication were 62% less likely to get HIV infection; those who said they took most of their daily doses, were 85% less likely to get HIV infection. But in another study, only about 1 in 4 women (<26%) had PrEP medication found in their blood when it was checked. This indicated that few women were actually taking their medication and that study found no protection against HIV infection.

More information on the details of these studies can be found at <http://www.cdc.gov/hiv/prep>.

Is PrEP safe?

The clinical trials also provided safety information on PrEP. Some people in the trials had early side effects such as an upset stomach or loss of appetite but these were mild and usually went away within the first month. Some people also had a mild headache. No serious side effects were observed. You should tell your doctor if these or other symptoms become severe or do not go away.

How can I start PrEP?

If you think you may be at high risk for HIV, talk to your doctor about PrEP. If you and your doctor agree that PrEP might reduce your risk of getting HIV infection, you will need to come in for a general health physical, blood tests for HIV, and tests for other infections that you can get from sex partners. Your blood will also be tested to see if your kidneys and liver are functioning well. If these tests show that PrEP medicines are likely to be safe for you to take and that you might benefit from PrEP, your doctor may give you a prescription after discussing it with you.

Taking PrEP medicines will require you to follow-up regularly with your doctor. You will receive counseling on sexual behaviors and blood tests for HIV infection and to see if your body is reacting well to Truvada. You should take your medicine every day as prescribed, and your doctor will advise you about ways to help you take it regularly so that it stands the best chance to help you avoid HIV infection. Tell your doctor if you are having trouble remembering to take your medicine or if you want to stop PrEP.

If I take PrEP can I stop using condoms when I have sex?

You should not stop using condoms because you are taking PrEP. If PrEP is taken daily, it offers a lot of protection against HIV infection, but not 100%. Condoms also offer a lot of protection against HIV infection if they are used correctly every time you have sex, but not 100%. PrEP medications don't give you any protection from other infections you can get during sex, but condoms do. So you will get the most protection from HIV and other sexual infections if you consistently take PrEP medication and consistently use condoms during sex.

How long do I need to take PrEP?

You should discuss this with your doctor. There are several reasons that people stop taking PrEP. If your risk of getting HIV infections becomes low because of changes that occur in your life, you may want to stop taking PrEP. If you find you don't want to take a pill every day or often forget to take your pills, other ways of protecting yourself from HIV infection may work better for you. If you have side effects from the medication that are interfering with your life or if blood tests show that your body is reacting to PrEP in unsafe ways, your doctor may stop prescribing PrEP for you.

Section 3 Truvada Medication Information Sheet

Truvada Medication Information Sheet for Patients

Brand name: Truvada (tru va duh)

Generic name: tenofovir disoproxil fumarate and emtricitabine

Why is this medication prescribed?

- Truvada is one of several medications that are currently used to treat human immunodeficiency virus (HIV) and hepatitis B virus infection.
- Truvada is now being used to *prevent* HIV infection.
- Truvada is sometimes prescribed to some people who do not have HIV infection (for example, those who do not always use condoms or who have a sex partner that has HIV infection) to help reduce their chances of getting HIV infection
- When you take Truvada to prevent HIV infection, doctors refer to this use as “pre-exposure prophylaxis” or “PrEP”.

How does Truvada (PrEP) help prevent HIV infection?

- HIV is a virus that attacks your body’s immune cells (the cells that work to fight infections).
- The 2 medications that make up Truvada (tenofovir and emtricitabine) block important pathways that viruses use to set up infection.
- If you take Truvada as PrEP daily, the presence of the medication in your bloodstream can sometimes stop the virus from establishing itself and slow the spread of HIV in your body.
- By itself, PrEP with Truvada does not work all the time so you should also use condoms during sex for the most protection from HIV infection.

How should this medicine be used?

- You must take one tablet of Truvada by mouth every day.
- Follow the directions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand.
- Do not stop taking Truvada without talking to your doctor. When your supply of Truvada starts to run low, contact your doctor or pharmacist to get more.
- You may be at higher risk of becoming infected with HIV if you miss doses or stop taking Truvada than if you take it every day.

What special precautions should I follow?

Before taking Truvada (tenofovir and emtricitabine) you must do the following:

- Tell your doctor and pharmacist if you are allergic to tenofovir, emtricitabine, or any other medications.
- Tell your doctor and pharmacist about all prescription and nonprescription medications, (vitamins, nutritional supplements, and herbal products) you are taking. Your doctor may need to change the doses of your medications or monitor you carefully for side effects.
- Tell your doctor if you have or have ever had kidney or liver disease.
- Tell your doctor if you become pregnant or if you are breastfeeding.

What special dietary instructions should I follow?

- Continue your normal diet unless your doctor tells you otherwise.

What should I do if I forget a dose?

- Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule.
- Do not take a double dose to make up for a missed one.

What side effects can this medication cause?

You may experience the following side effects while taking Truvada:

- upset stomach
- headache
- vomiting
- loss of appetite

These side effects usually fade during the first month of taking Truvada for PrEP. Tell your doctor if any of these symptoms are severe or do not go away.

Truvada may cause other side effects. Some side effects can be serious. Call your doctor immediately if you have any unusual problems while taking this medication or if you have any of the following:

- fever or chills especially with
- sore throat, cough, rash or other signs of infection

If you experience a serious side effect, you or your doctor may send a report to the Food and Drug Administration's (FDA) MedWatch Adverse Event Reporting program online (at <http://www.fda.gov/Safety/MedWatch>) or by phone (1-800-332-1088).

How should I store Truvada in my home?

- You should keep Truvada in the container it came in, tightly closed, and out of reach of children.
- You must store it at room temperature and away from excessive heat and moisture.
- Throw away any medication that is outdated or no longer needed. Talk to your pharmacist about the proper disposal of your medication.

What should I do in case of emergency/overdose?

- In case of overdose, call your local poison control center at 1-800-222-1222. If the person has collapsed or is not breathing, call local emergency services at 911.

What other information should I know?

- Do not let anyone else take your medication.
- Ask your pharmacist if you have any questions about refilling your prescription.
- Write a list of all of your prescription and over-the-counter medicines, as well as any vitamins, minerals, or other dietary supplements that you take.
- Bring your medication list with you each time you visit a doctor or if you are admitted to a hospital. Keep it with you always in case of emergencies.

Section 4 Patient Information Sheet – Acute HIV Infection

Information about Acute HIV Infection and PrEP

What is acute HIV Infection?

HIV stands for human immunodeficiency virus. This is the virus that causes AIDS.

Acute HIV infection is a name for the earliest stage of HIV infection, when you first get infected with the HIV virus. It is sometimes also called primary HIV infection. Many people with acute HIV infection have the following:

- A fever
- A tired feeling
- Swollen lymph nodes (also called lymph glands)
- Swollen tonsils (also called tonsillitis)
- A sore throat
- Joint and muscle aches
- Diarrhea
- A rash

These signs and symptoms of acute HIV infection can begin a few days after you are exposed to HIV and usually last for about 14 days. They could last for just a few days, or they could last for several months.

You might not realize your illness is acute HIV infection. For one thing, you may not have known that the person you had sex with had HIV infection. And the signs and symptoms of HIV infection may feel just like other common virus infections like flu, a cold, sore throat, or mononucleosis (mono).

What tests can show that I have acute HIV infection?

When HIV enters your body, it moves inside white blood cells called CD4 lymphocytes. HIV takes over the CD4 cells and makes billions of copies of the virus each day. The virus spread through your body.

Your body tries to defend itself against HIV by making antibodies (these antibodies try to block the virus from spreading in your body). Most HIV tests check to see if antibodies against HIV are in your blood. But it takes a few weeks before your body makes enough antibodies for the usual HIV tests to see them.

However, when you have acute HIV infection, you have a high amount of the HIV virus in your blood. Special tests can measure the amount of HIV in your blood. At the time you have acute HIV infection, you probably won't have enough HIV antibodies in your blood to measure, but you will have enough virus to measure. So if the blood tests do not find any antibody but do see the virus, your doctor will know that you're feeling sick because you have acute HIV infection.

- Dolutegravir (Tivicay) 50 mg once daily

OR

- Darunavir (Prezista) 800 mg with Ritonavir (Norvir) 100 mg once daily.

In cases where a viral strain with significant resistance to tenofovir is later identified, the regimen can then be optimized. In cases where HIV infection is not confirmed, return to the PrEP regimen can be accomplished by dropping the additional treatment medication.

- Provide client education about time to viral load suppression:
 - Reinforce the importance of medication adherence for the patient's long-term health.
 - Discuss the importance of condom use to protect sexual partners and provide condoms.
 - Offer HIV testing for sex and drug injection partners and assistance with disclosure, if desired.
 - Ask if the patient had condomless sex or shared injection equipment during the past 72 hours, and if yes, offer nPEP for exposed partners.
- Consult with and transfer care to an experienced HIV care provider, if necessary.
 - Clinicians can call the National Clinical Consultation Center toll-free at (800) 933-3413.
- Discuss or complete insurance paperwork necessary for coverage of treatment medication.
 - Patients who are receiving medication through PrEP-specific medication assistance programs will need to switch to an HIV treatment assistance program.
 - Public or private insurance plans will generally not require additional paperwork but prior authorizations for PrEP may raise questions when switching to a prescription for a treatment regimen.
- Schedule follow-up visits (including social services, if required).
- Complete an HIV case report for the health department (completion of fields related to PrEP use at the time of seroconversion are highlighted in red below).

HIV Antiretroviral Use History (record all dates as mm/dd/yyyy)

Main source of antiretroviral (ARV) use information (select one)			Date patient reported information			
<input type="checkbox"/> Patient Interview	<input type="checkbox"/> Medical Record Review	<input type="checkbox"/> Provider Report	<input type="checkbox"/> NHM&E	<input type="checkbox"/> Other	___/___/___	
Ever taken any ARVs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
If yes, reason for ARV use (select all that apply)						
<input type="checkbox"/> HIV Tx	ARV medications	_____	Date began	___/___/___	Date of last use	___/___/___
<input checked="" type="checkbox"/> PrEP	ARV medications	Truvada	Date began	___/___/___	Date of last use	___/___/___
<input type="checkbox"/> PEP	ARV medications	_____	Date began	___/___/___	Date of last use	___/___/___
<input type="checkbox"/> PMTCT	ARV medications	_____	Date began	___/___/___	Date of last use	___/___/___
<input type="checkbox"/> HBV Tx	ARV medications	_____	Date began	___/___/___	Date of last use	___/___/___
<input type="checkbox"/> Other	_____	_____	Date began	___/___/___	Date of last use	___/___/___
	ARV medications	_____	Date began	___/___/___	Date of last use	___/___/___

HIV Testing History (record all dates as mm/dd/yyyy)

Main source of testing history information (select one)			Date patient reported information		
<input type="checkbox"/> Patient Interview	<input type="checkbox"/> Medical Record Review	<input type="checkbox"/> Provider Report	<input type="checkbox"/> NHM&E	<input type="checkbox"/> Other	___/___/___
Ever had previous positive HIV test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Date of first positive HIV test		
			___/___/___		
Ever had a negative HIV test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Date of last negative HIV test (if date is from a lab test with test type, enter in Lab Data section)		
			___/___/___		
Number of negative HIV tests within 24 months before first positive test			= ___ <input type="checkbox"/> Unknown		

Section 9 Transition of Patients From Nonoccupational Postexposure Prophylaxis (nPEP) to Preexposure Prophylaxis (PrEP)

Two types of patients may be considered candidates for PrEP use after a course of nonoccupational postexposure prophylaxis (nPEP):

- Patients who request PrEP and also have had a possible sexual or injection drug-related HIV exposure in the prior 72 hours (i.e., are within the recommended window to start nPEP)
- Patients who request repeated courses of nPEP, particularly over a relatively recent period (e.g., more than twice during the past 6 months)

If evaluation demonstrates nPEP is clinically indicated and that the patient is also eligible for PrEP (e.g., behavioral risk for repeated HIV exposure, recent bacterial STI diagnosis in a sexually active person), then these patients should both be provided a 28-day course of nPEP and be evaluated for transition to PrEP at the conclusion of their nPEP course.

TRANSITIONING IMMEDIATELY FROM NPEP TO PREP

Transitioning from nPEP to PrEP without interruption at the completion of the 28-day nPEP course has the advantages of (1) maintaining satisfactory antiretroviral drug levels for PrEP (if nPEP adherence has been good); and (2) maximizing continuous prevention measures through continuity of nPEP to PrEP care. Essential steps include:

- At conclusion of 28 days of nPEP:
 - Repeat a rapid HIV test (ideally with a fourth-generation antigen/antibody assay) and assess for signs and symptoms of acute HIV infection.
 - If the rapid HIV test is positive or suspicion exists of possible acute HIV infection, draw blood for confirmatory testing and continue a 3-drug nPEP regimen pending confirmation of HIV status.
 - If HIV infection is confirmed, see Section 8 of Clinical Providers' Supplement for indicated next steps.
 - If the rapid HIV test is negative and no signs or symptoms of acute infection exist:
 - Stop the third medication in nPEP regimen and continue TDF/FTC daily as PrEP.
 - Complete any PrEP baseline laboratory testing not already performed as part of nPEP testing.
 - Provide medication adherence and risk-reduction support counseling.

- Complete any insurance/medication assistance paperwork required to cover PrEP medications (might be different than nPEP medications).
- Schedule follow-up visits for HIV, STI, and other laboratory testing as well as medication refills on the basis of standard PrEP clinical practice guidelines recommendations.

INITIATING PREP AT A LATER TIME

Deferring initiation of PrEP use can increase the period of risk for HIV acquisition because patients are left without the benefit of protective antiretroviral use. However, for some patients concluding a course of nPEP, additional time is needed to (1) make a decision about PrEP use; (2) perform additional clinical assessment and engage the patient in shared decision making in special medical circumstances, such as renal or liver impairment, pregnancy or breastfeeding; or (3) arrange and ensure coverage of medication costs, availability of continuity of PrEP care, or other logistic factors. Essential steps with this approach include:

- Reinforce the critical nature of safer sexual or injection drug use strategies while pending PrEP initiation
- Obtain baseline testing per PrEP guidelines
- Initiate PrEP, when possible

Consultation

Consultation with local or regional experts in nPEP and PrEP, or with the toll-free national PrEPline at 855-448-7737 or PEline at 888-448-4911, can be sought for clinical scenarios requiring additional information or management options.

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