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Oakland LGBTQ Center – LAI PrEP Workflow

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Step 1. Patient expresses interest in starting LAI after PrEP counseling with health educator and/or provider.

*Current LAI PrEP indication: MSM, trans women, cis gender women

*Insurance coverage: Medical, limited private insurance

*PrEP initial visit labs - HIV 4th generation, serum creatinine, Hep B surface Ag with reflex, hepatitis C Ab, RPR with reflex (or RPR monitor if patient has h/o syphilis), 3 site GC/CT testings

Step 2. Provider to prescribe LAI Apretude to Community Walgreens on Athena EMR

Rx details: FORMULATION: Apretude 600mg/3mL (200mg/ml) IM suspension, extended release

SIG: Inject 3 ML every 2 months by intramuscular route for 30 days

QTY: 3ml

REFILL: 3 refills

Phx details: Community Walgreens, 3009 Broadway Oakland, CA 94611. Pharmacy staff: Josh

Phx note: 1 injection monthly for 2 months, then 1 injection every other month. Please mail to Glenn Burke Wellness Clinic 3207 Lakeshore Avenue, Oakland, 94610. May call Andy Cabrera 510-781-2639 for coordination of rx and delivery.

Step 3. Provider to create a patient case to administrative staff for coordination and tracking of LAI rx and delivery.

*This patient case will document all coordination activities with pharmacy until med delivery. Once med is delivered, administrative staff sends to case to inform provider of confirmed delivery and first injection appointment before closing case in Athena.

Step 4. On the day the provider rx LAI PrEP, the patient is to be scheduled for an appointment to come back in 7 days for the initial injection.

*Pt is informed to continue current PrEP method as appropriate

*Administrative staff enters patient's information into LAI Registry for tracking and follow up and update patient case on Athena.

*Administrative staff ensures coordination of delivery and rx with phx prior to every follow up injection visits

Step 5. Initial Injection Visit -- Patient to return for LAI injection in 7 days as scheduled. Provider administers the LAI injection after assessing clinical appropriateness during visit.

*Patient is scheduled in 30 days for 2nd follow up injection.

*Second initiation injection may be administered up to 7 days before or after the date the individual is scheduled to receive the injection.

*if using oral lead-in, first IM initiation injection should be administered on the last day of oral lead-in, or within 3 days after.

Step 6. Follow up injection in 30 (2nd injection) or 60 days (subsequent follow up injections), plus or minus 7 days.

*Patient will need HIV 4th gen testing every 2 months, serum creatinine checks every 6 months while on LAI PrEP. Other STI screening tests are determined as needed or every 3 months.

*If the patient misses follow up appointment, administrative staff performs outreach to schedule patient ASAP. Outreach attempts are documented in LAI registry and patient case in EHR.

Note: Teams channel PrEP and LAI Inquiries are used between center staff to communicate coordination and operational issues.

Clinical and Administrative Management of Missed Doses:

Administrative

-Administrative staff document outreach in registry and create patient case in EHR to remind pt to get back on LAI schedule, reschedule the patient ASAP to receive oral bridging, LAI, another alternative, or informed refusal of all current PrEP options.

-If the patient no longer wishes to continue LAI, administrative staff documents in patient case and reasons for discontinuation and offers pt visit with provider to discuss alternative options as needed.

-Administrative staff calls pharmacy to inform discontinuation plan and documents in EHR, then sends patient case to inform provider.

-Patient is then removed from LAI registry

Clinical

1) Planned missed injections:

Oral bridging therapy: If a patient plans to miss a scheduled every-2-month continuation injection visit by >7 days, administer oral cabotegravir 30 mg once daily for a duration of up to 2 months to replace 1 missed scheduled every-2-month injection. The first dose of oral therapy should be administered ~2 months after the last injection dose; restart injections on the day oral dosing is stopped or within 3 days after. If oral cabotegravir is continued >2 months, an alternative oral PrEP regimen is recommended.

2) Unplanned missed injections: If a scheduled injection visit is missed or delayed by >7 days and oral therapy has not been administered in the interim, provider clinically

reassess patient to determine appropriateness of resumption of injection dosing. If injection dosing will be continued, administer as follows:

Second injection missed:

≤2 months since first injection: Administer missed injection as soon as possible, then continue to follow the every-2-month injection dosing schedule.

>2 months since first injection: Restart with cabotegravir 600 mg IM, followed by a second 600 mg IM injection dose 1 month later. Then, continue to follow the every-2-month injection dosing schedule.

Third or subsequent injection missed:

≤3 months since last injection: Administer missed injection as soon as possible, then continue with every-2-month injection dosing schedule.

>3 months since last injection: Restart with cabotegravir 600 mg IM, followed by a second 600 mg IM injection dose 1 month later. Then, continue with the every-2-month injection dosing schedule.

Reference

1. Uptodate: <https://www.uptodate.com/contents/cabotegravir-drug-information?search=apretude&selectedTitle=1~18&usage_type=panel&display_rank=1&kp_tab=drug_general&source=panel_search_result>