

# Developing a Regional Approach for Equitable Implementation of Long-Acting Injectable PrEP in the Bay Area

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# Getting to Zero: SF, East Bay, Santa Clara County

PrEP is a key component of Getting to Zero

- *Each group has unique strengths & opportunities*
- *Planning & Implementation efforts have not been coordinated*



- Strong academic & public health partnership w/ UCSF
- Several implementation science collaborations



- Diverse, empowered coalition of frontline service providers, stakeholders, community advocates
- WGs: Prevention / Linkage & Retention



- Extensive PrEP navigator program
- Anti-stigma programs
- Focus in Latinx community

# BAYLAP Team

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## Community Advocate

Paul Marcelin

# Bay Area Long Acting PrEP Alliance (BAYLAP) Goal

To promote equitable LA-PrEP implementation by:

- *Identifying **barriers & facilitators and implementation strategies***
- *Developing an **Implementation Toolkit***

# Key prioritized groups for LA-PrEP in Bay Area

To promote equitable LA-PrEP implementation by:

- *African American individuals*
- *Latinx individuals*
- *Cisgender and Transgender women*
- *People experiencing homelessness*
- *People who inject drugs*

# BAYLAP Approach

- Semi-structured, qualitative interviews
  - *Client interviews: Individuals in priority groups*
  - *Provider interviews: PrEP navigators, providers, public health leadership*
- Engage Stakeholder Advisory Board
  - *Provide input on toolkit materials*
  - *Review materials developed*
  - *Refine dissemination strategies*

## Methods: Qualitative Interviews

- Goal interview up to 12 clients & 5 providers per county
- Individuals nominated and approached by County team members
- Email invitation - 60-minute Zoom interview
- Interviews audio-recorded & \$125 incentive
- Debriefing completed
- Content analysis

# Methods: Qualitative Topics – Providers

- Knowledge and attitudes
- Experience / challenges
  - *Organizational readiness*
  - *Barriers/facilitators for initiation and retention*
- Input on most helpful tools and best practices



# Methods: Qualitative Topics – Clients

- Knowledge and attitudes
  - *Questions*
  - *Level of interest*
- Experience accessing PrEP
  - *Barriers/facilitators for initiation and retention*
- Input on tools and strategies
  - *Best ways to learn about LA-PrEP / visuals*
  - *Items most helpful*
  - *Preferred locations/settings for injections*
  - *Support strategies to stay on LA-PrEP*

# Methods: Stakeholder Advisory Board

- 12-member group recruited by BAYLAP team
  - Lifelong, Oakland LGBT Center, Walgreens, Kaier, UCSF, EBGTZ, BACH, Roots
  - PrEP users from the community
- Engage Advisors Quarterly
  - *Provide input on toolkit materials*
  - *Review materials developed*
  - *Refine dissemination strategies*
- 90-minute Zoom meetings
- Reimbursed \$200

# Stakeholder Findings

**Kim Koester, PhD** | Center for AIDS Prevention Studies, UCSF

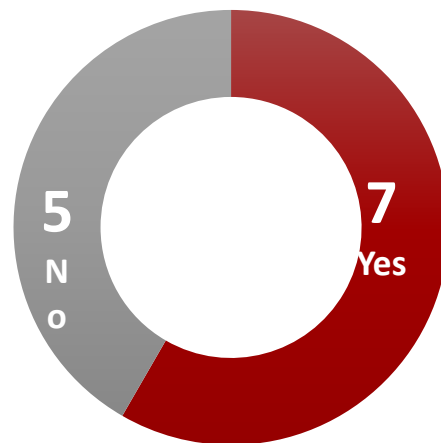
**Cat Dancing Alleyne** | Bridge HIV, San Francisco Dept. of Public Health



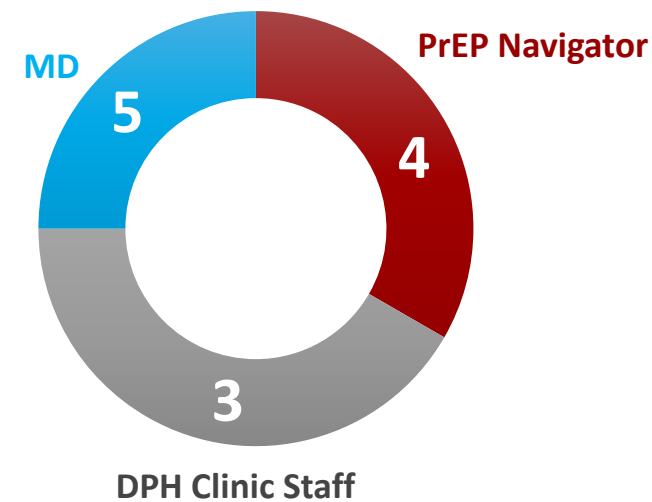
# 12 Stakeholder Interviews

- March-Dec 2023
- 5 Alameda
- 3 San Francisco
- 4 Santa Clara

Orgs  
Offering LA-PrEP



Role



# Knowledge & Attitudes

- Positive attitudes
- Significant benefits
  - *Reduce pill-taking burden & increase adherence*
  - *Enhance privacy*
  - *Reduce Stigma*

*“ I think it’s a really good option. I think that the more options people have for HIV prevention... the better. ”*

*– PrEP Navigator, Alameda*

# Implementation Experience & Challenges

- Cross-county experience offering LA-PrEP.
  - *All clinics reported struggling to increase access*
- Implementation requires a lot of coordination:
  - *Counseling patients*
  - *Securing payer source*
  - *Coordinating shipment of medication*
  - *Coordinating with lab & injection clinic*

# Implementation Experience & Challenges *continued*

- Human resources are most challenging aspect of implementation
- MDs report PrEP navigation as critical
- Programs with dedicated LA-PrEP staff served more patients than those that did not have dedicated staff



“

*It's a lot of steps. And a lot of work. ...after we went through the first time, it does get a little easier.”*

*– PrEP Navigator, Alameda*

“*Our current staffing allowed us to start injectable PrEP very quickly ...we already had the infrastructure of a nurse injection clinic set up ...however, we are rapidly reaching the limit – it is much more time-intensive than oral PrEP...it requires lab work every two months, pharmacy phone calls ...coordinating delivery of medications, storage of medications ...making sure patients are coming to their appointments, outreach, transportation to clinic, and then nurse time in clinic for the injection. So all of that is actually taking up a significant amount of resources.*” – MD, Alameda

# Implementation Growing Pains

- Human resources or staff is a rate limiting factor
- No program had more than 33 people on LA-PrEP
  - *Range of 6-33 w/ typical of ~20*

“We need a dedicated nurse to do all this because it’s so time-consuming. The nurse could draw labs, do the injection, call the pharmacy. A nurse could manage a large PrEP program, **but that has to be all they do.**”

- MD Alameda

# LA-PrEP for People Experiencing Homelessness

- Under one roof & available via drop-in
- Expert phlebotomists
- Coordinate with Street Team
- Encourage Street Team to serve patients who have a hard time getting to the clinic
- Go to the patient – real outreach

# LA-PrEP Program Best Practices

- Multi-disciplinary staff invested in creating access
- Robust on-site lab services
- Easy access to a LA-PrEP expert clinician
- Nursing staff comfortable with the ventrogluteal injection
- Leadership willing to dedicate resources for growth & sustainability

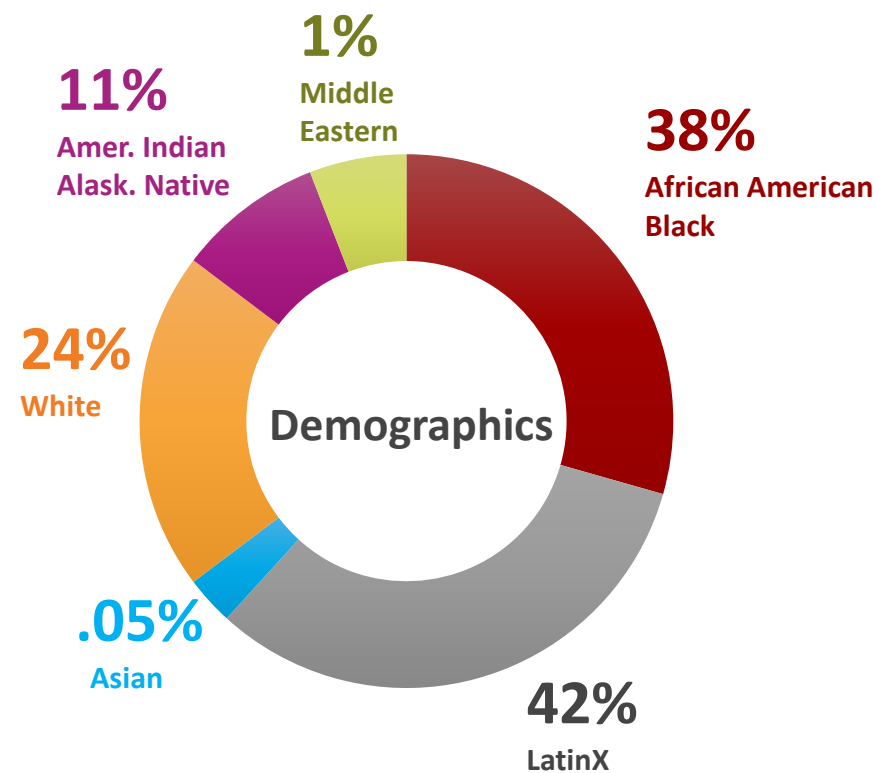
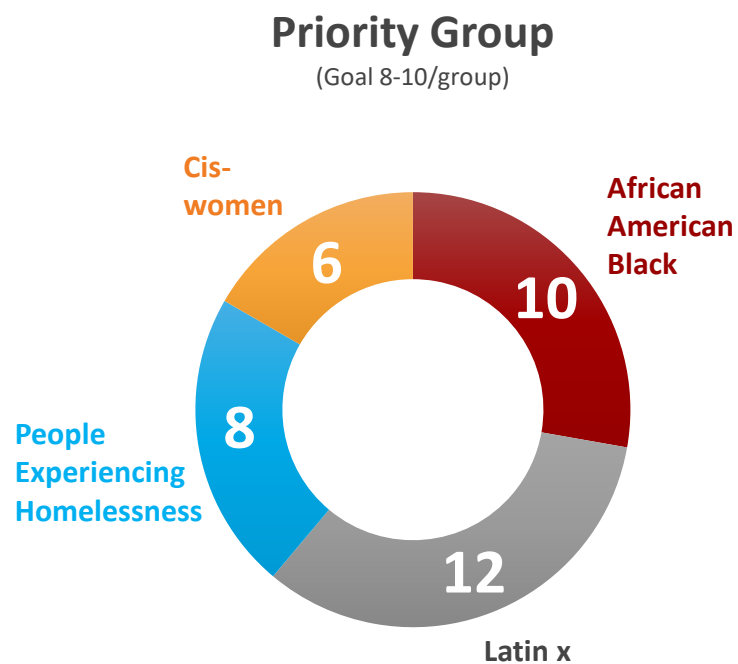
# Toolkit recommendations

- Patient education materials in multiple languages
- Healthcare provider training, academic detailing
- Protocols and/or standing orders needed
- Workflow examples for different settings needed

“*...[provide training] so all the providers and nurses... so that everyone's on the same page. And so a lot of the work doesn't basically fall on me to teach them.*” — PrEP Navigator

# 32 Client Interviews

- March-Nov 2023
- EBGTZ = 15
- SCGTZ = 7
- SFGTZ = 9



## Knowledge & Attitudes

- 13 clients on daily oral PrEP
- 12 Clients on LA-PrEP
- 6 Clients not using any form of PrEP
- A lot of questions emerged...

“*Yes, so I think one of the main questions is – I think the question that most people have is, “Is it safe? How much research has been done on it? What are the ingredients in this vaccine that we are putting in our bodies” or “How efficient is it?”.*” – PrEP Navigator



## Benefits of LA-PrEP

- May reduce stigma and increase privacy
  - *Helpful in clients living in multigenerational households, PEH*
- Provide a sense of agency & empowerment
- One less thing to worry about

## Benefits of LA-PrEP *continued*

- Competing priorities & instability with regards to housing & basic needs prevented some people from continuing daily PrEP
  - *Injectable PrEP would relieve some of this issue for some patients*

# LA-PrEP Experience & Access Experiences

- Alleviated concerns about adherence
  - *HIV – one less thing to worry about*
- Confusion as to why (injectable PrEP) is so difficult to access
- Not all clinics provide LA PrEP
  - *Creates confusion: is a special provider necessary to administer injections?*
- Same day access with Medi-Cal is possible
- Provider initiated conversations (awareness campaigns)

# What people are saying about LA-PrEP

## Toolkit/Campaign development implications

“*I’ve heard that it is as effective as the pills, that it’s also a way for folks to keep their PrEP use more confidential, not dealing with pills and not having to walk around with a pill bottle and people questioning or wondering why you’re taking this medication.*”

– *TGW client concerned about stigma related to PrEP*

- *Possible brochure content: LA-PrEP is as effective as pills, keeps PrEP more confidential*

# What people are saying about LA-PrEP

## Toolkit/Campaign development implications

“...eventually months and months later, he did have her [his doctor] explain to me about it [his positive status]. And that’s how it came to be – the PrEP thing. Because when he had her explain [about his positive status], she let me know what I could do to help myself.”

– CGW client who was unaware of her CGM HIV status prior to PrEP counseling

- *Possible tagline directions: You can protect yourself. You can have agency over yourself. You are your strongest ally*

## Clients – Information to Cover

- Break down the differences! Oral (daily), 211, injections
- Explain what injectable PrEP is & how it helps people
- Frequency of injections & side effects
- Where to access it
- Promote efficacy & safety:
  - “As safe as oral PrEP- talk to your doctor today!”

# Input on Tools & Strategies

- Social media campaigns (YouTube, IG, TikTok, FB, Twitch)
- Digital palm card
- Pamphlets with information about **all** PrEP options & their differences
- FAQ on website
- PrEP navigators at Queer events / in Queer spaces
- Drag show events / drag queen partnerships & ambassadors)
  - Narcan presentations example
- Videos/testimonials from community members
- Colorful poster campaigns—bus stop ads with QR codes

# What clients want/recommend

“*...pamphlets, access to a website, a number to call...probably commercials, word of mouth. Or somebody that knows the people and could go in there and actually hand them pamphlets... kind of like when they put the flyers on people's cars in parking lots.... Because then, if they just keep seeing it, they might not come around at first, but it might gradually start picking up.”*

*– Client experiencing homelessness*



# What clients want/recommend

“*Breaking down what PrEP is, how it helps you, and how to access it. I think that would be the best option for younger people.[on what information to include]”*

– Client who identifies as “mother” to younger TGW

“*Well, I guess a pamphlet or something informational would help. If there was some kind of screening process to precursor dating stuff [on sites/apps]. Like a survey, yeah. Your sexual statistics.”*

– Client between 18-25 years old

## Key Takeaways

- High level of enthusiasm for LA-PrEP among stakeholders and clients
- Toolkit concept is perceived as having high value among stakeholders
- Clients are most concerned about efficacy and access issues
- Stakeholders are most concerned about lack of capacity to offer LA-PrEP

# Recommendations

- Simple, easy-to-understand **patient-facing educational materials**
- Importance of the role of **trusted PrEP navigators and providers**
- Need for **multiple access points for LA-PrEP**
- Develop **workflows** with clear delineation of roles and responsibilities
- Develop **provider trainings** on LA-PrEP prescribing, counseling, and insurance navigation

# Toolkit & Marketing

**Al Liu, MD, MPH** | Bridge HIV, San Francisco Dept. of Public Health

**Janie Vinson** | Bridge HIV, San Francisco Dept. of Public Health



# BAYLAP Community Education Campaign

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## *Purpose*

To educate Bay Area communities about:

- :: the existence of injectable PrEP
- :: how to access it in their community
- :: using local GTZ to help locate clinics or PrEP navigation in local areas.



:: 3 Subject pillars of education campaign

## :: Privacy / Escape from stigma

*“Nobody knows my business but me and that’s the way I like it.”*

*“No pill bottles laying around. No nosy questions.”*

*“No stigma about things people know nothing about.”*



## :: Privacy / Escape from stigma

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*“No pill bottles laying around. No nosy questions.”*

*“No stigma about things people know nothing about.”*

## :: Agency & Empowerment

*“I was exposed and there’s a chance he wasn’t honest and didn’t tell me.”*

*“I am my strongest ally. It gives me agency over myself and my protection.”*

*“Having that knowledge, that power is put into work.”*

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*“Nobody knows my business but me and that’s the way I like it.”*

*“No pill bottles laying around. No nosy questions.”*

*“No stigma about things people know nothing about.”*

## :: Agency & Empowerment

*“I was exposed and there’s a chance he wasn’t honest and didn’t tell me.”*

*“I am my strongest ally. It gives me agency over myself and my protection.”*

*“Having that knowledge, that power is put into work.”*

## :: Protection solved.

*This is not my priority, but it’s solved anyway.*

*“This protects me & I just don’t have to worry about it... I can worry about other things.”*

*“This eliminates the risk that you might forget your pills. I forget sometimes.”*

*“...my partner is HIV positive. I have to be on Truvada for the rest of my life, as long as I’m with him...”*

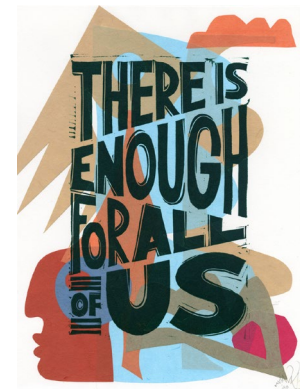
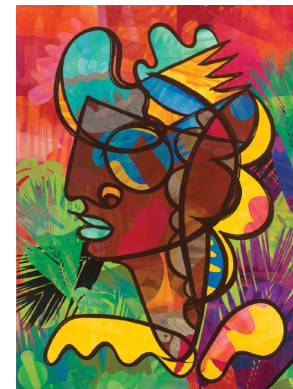
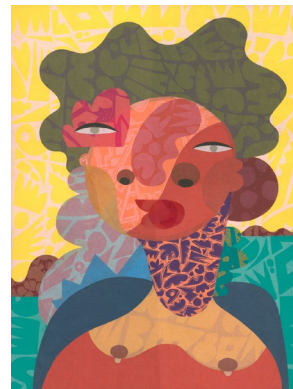
:: Poster series

3 People

Text Graphic

Human Anatomy

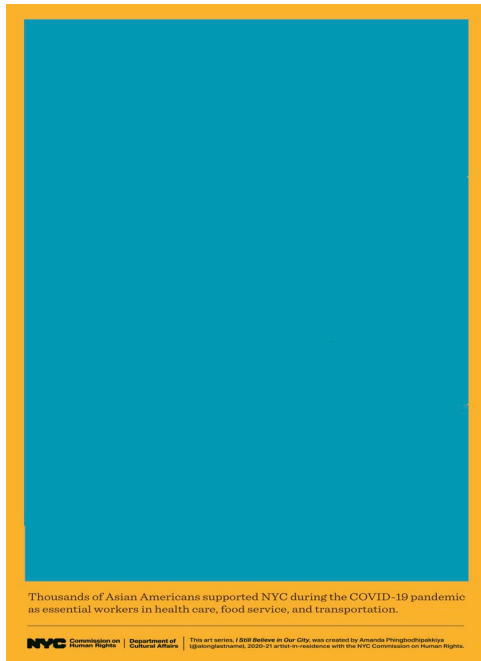
# FAVIANNA RODRIGUEZ STUDIOS



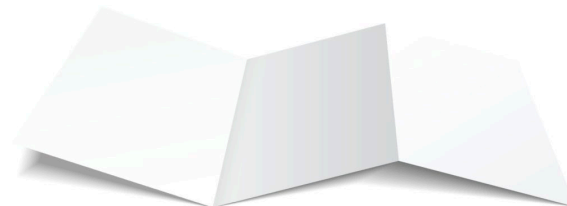
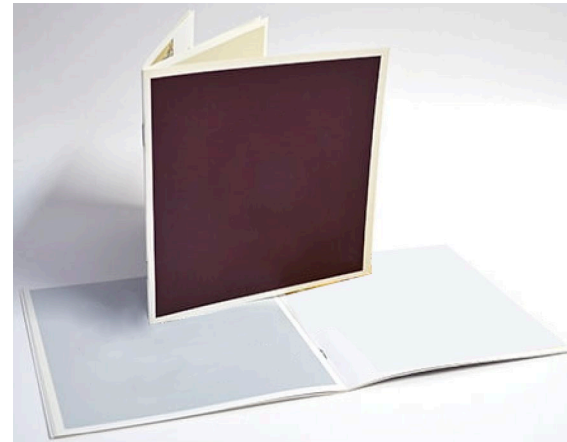
# BAYLAP Community Education Campaign

*Campaign deliverables*

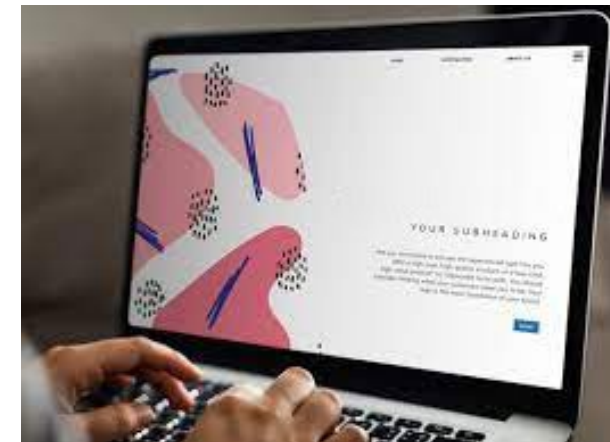
:: Poster series



:: Brochures



:: Website



**“Why is this one [injectable PrEP] better than the pills... What’s different about it?”**

Possible Brochure content: *What’s the difference between pills and the injectable.*

**“So, you would get your bloodwork done just to see if that vaccination, basically, is protecting you from HIV.”**

Possible Brochure content: *How is this different from a vaccine.*

**“I feel like there's that gap to where if you don't take that pill, you are opening yourself to that chance of getting HIV. ”**

Possible Brochure content: *Injectable PrEP eliminates the risk that you might forget your pills. Get it & forget it.*

**“I want to know that I'm going to be safe with it... it's going to protect me...it's going to be a good match for my life.”**

Possible Brochure content: *Use for a “profile story”*

“**Put it on a towel.** Because they’re not going to get rid of the towel, just that quickly. They’re going to use it. And most people are going to use the towel probably at least a week before they have to wash it or something.”

“Toilet paper... wet wipes or hand sanitizers. **A pamphlet on the water bottle with a rubber band** or something.”

...I've noticed that a lot of libraries have a lot of that kind of community-oriented information, but **I've never seen anything about PrEP or anything in those places.**

“I know that some people they give **gift cards if they make their appointments.** ... and for a homeless person, a \$25 gift card, that’s a lot of food.”

“And a lot of people are drug addicts that are homeless, a lot of them are drug addicts, and the last thing they want to do is go into a clinic and say anything really. ...the mobile [van] come in handy **because they're right there at your tent or your spot** or whatever. And I think if they handed out pamphlets maybe that eventually something – maybe one out of four or whatever would read it...”

# Provider Toolkit

## Apretude Insurance Flowsheet

Client is Uninsured or Underinsured	Client has Medi-Cal	Client has Private Insurance			
<ul style="list-style-type: none"> <li>Client may qualify for the Patient Assistance Program</li> </ul>	<ul style="list-style-type: none"> <li>Medication is covered</li> <li>For Medicare clients, pharmacy can run test claim to see if prior authorization is necessary</li> </ul>	<ul style="list-style-type: none"> <li>Variable coverage, depends on whether provider is in-network</li> <li>May need prior authorization</li> </ul>			
<ul style="list-style-type: none"> <li>Client completes Apretude Enrollment form                             <ul style="list-style-type: none"> <li><a href="#">English Form</a></li> <li><a href="#">Spanish Form</a></li> </ul> </li> <li>Complete Patient Assistance program section if eligible for PAP:                             <ul style="list-style-type: none"> <li>Household income ≤500% FPL</li> <li>Not eligible for Medicaid</li> <li>One of the following:                                     <ul style="list-style-type: none"> <li>No prescription drug coverage</li> <li>Medicare Part B or D or Medicare Advantage Plan and <u>have to spend ≥\$600 on out-of-pocket expenses</u></li> <li>Have private insurance plan limited to generic only coverage, outpatient use only, or therapeutic class exclusion of drug</li> </ul> </li> </ul> </li> <li>Section 7: ICD-10 code 272.52</li> <li>Fax forms to 1-844-208-7676</li> <li>Inform client they will receive a call from Viiv Connect, asking for approval to have medication delivered to your office</li> <li>Can follow-up with Viiv Connect after 2 business days to check on status: 1-844-588-3288</li> <li>Clients with Healthy San Francisco will need a covermymeds application to cover the cost of one-time initiation dose</li> </ul>	<ul style="list-style-type: none"> <li>Make copy of Medi-Cal card, get SS number</li> <li>Send Rx to specialty pharmacy with this sig:                             <ul style="list-style-type: none"> <li><u>Apretude loading dose</u>: INJECT 3ML INTRAMUSCULARLY AS DIRECTED 2 LOADING DOSES EVERY 30 DAYS, THEN EVERY 2 MONTHS.</li> <li><u>Apretude maintenance dose</u>: INJECT 3ML INTRAMUSCULARLY AS DIRECTED EVERY 2 MONTHS.</li> </ul> </li> <li><u>Pharmacies w/ Apretude expertise (can ship to all Bay Area Counties)</u>:                             <ul style="list-style-type: none"> <li>AHF Pharmacy 4071 18<sup>th</sup> St (Castro district): 415-255-2720</li> <li>CVS Specialty 445 Castro St (Castro district): 415-864-7030</li> <li>Walgreens 4129 18<sup>th</sup> St (Castro): 415-551-7837</li> <li>Walgreens 45 Castro (inside CPMC): 415-565-0991</li> <li>Walgreens 2262 Market St (Duboce Triangle): 415-255-0101</li> <li>Walgreens 1100 Van Ness St (inside CPMC Van Ness): 415-783-1909</li> <li>Genoa Healthcare 245 11<sup>th</sup> St (SOMA district): 415-871-0117</li> <li>Walgreens 3009 Broadway, Oakland 510-285-0213</li> <li>AHF Oakland 400 30th St Ste 300: 510-628-0954</li> <li>Pharmacies may request patient face sheet with demographics and Pharmacy Services Agreement</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Have client complete Apretude Enrollment form to obtain Summary of Benefits (see forms and fax # in uninsured column)</li> <li>Send prescription to a participating specialty pharmacy, e.g. CVS Specialty Pharmacy, and have them run a test claim</li> <li>Determine if medical or pharmacy benefit</li> <li>Pharmacist may send prior authorization via covermymeds.com</li> <li>Clients with out-of-pocket costs after insurance can apply for a co-pay card at <a href="http://apretudecopayprogram.com">apretudecopayprogram.com</a>.</li> <li>Work closely with Viiv Field Reimbursement Manager and/or Pharmacist</li> <li>If out-of-network and high co-pay, consider sending pts to sites that take commercial insurance:                             <ul style="list-style-type: none"> <li>St Mary's Infusion Center: 415-750-5717</li> <li>One Medical</li> </ul> </li> <li><u>Alternative injection sites in Bay Area</u>:                             <ul style="list-style-type: none"> <li>AleraCare Berkeley</li> <li>Option Care Health Hayward</li> </ul> </li> <li>Follow-up with pharmacist and Field Reimbursement Manager regularly for updates</li> </ul>			
<p><b>Viiv Field Reimbursement Managers for Northern California are a great resource if you have questions or run into issues:</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">                     Nick Van Groningen, PharmD                      San Francisco and South Bay  <a href="mailto:Nick.S.VanGroningen@viivhealthcare.com">Nick.S.VanGroningen@viivhealthcare.com</a>                      916-216-5617                 </td> <td style="width: 33%;">                     Joelle Perez (<b>out until 3/24</b>)                      East Bay  <a href="mailto:joelle.g.perez@viivhealthcare.com">joelle.g.perez@viivhealthcare.com</a>                      408-818-0807                 </td> <td style="width: 33%;">                     Jennifer Mack (<b>covering until 3/24</b>)                      East Bay  <a href="mailto:jennifer.x.mack@viivhealthcare.com">jennifer.x.mack@viivhealthcare.com</a>                      303-803-7953                 </td> </tr> </table>			Nick Van Groningen, PharmD San Francisco and South Bay <a href="mailto:Nick.S.VanGroningen@viivhealthcare.com">Nick.S.VanGroningen@viivhealthcare.com</a> 916-216-5617	Joelle Perez ( <b>out until 3/24</b> ) East Bay <a href="mailto:joelle.g.perez@viivhealthcare.com">joelle.g.perez@viivhealthcare.com</a> 408-818-0807	Jennifer Mack ( <b>covering until 3/24</b> ) East Bay <a href="mailto:jennifer.x.mack@viivhealthcare.com">jennifer.x.mack@viivhealthcare.com</a> 303-803-7953
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# Bay Area PrEP Provider Guide

ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT | SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

## Ask about PrEP

How providers can prescribe PrEP to prevent HIV and reduce health disparities

### What is PrEP?

- PrEP is medication for HIV negative individuals that can help prevent HIV transmission.
- Two fixed-dose oral antiretroviral medications are FDA approved for PrEP: tenofovir disoproxil/emtricitabine (Truvada®), and tenofovir alafenamide/emtricitabine (Descovy®).
- One injectable medication is FDA-approved for PrEP, long-acting cabotegravir (Apretude®).

PrEP is safe and can reduce the risk of HIV by **more than 99%**<sup>1</sup>

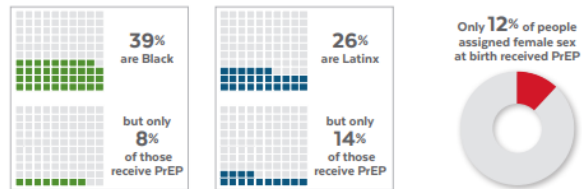
### Who may benefit from PrEP?

Many people are still unaware that they may benefit from PrEP. Discuss PrEP as an HIV prevention option with **all sexually active patients**.

### PrEP is an opportunity to achieve health equity

Some populations are disproportionately affected by HIV, including men who have sex with men (MSM), trans women, cis women, people experiencing homelessness, and people who use drugs. Offering PrEP as an HIV prevention option helps address unmet PrEP need in the community.

ACCORDING TO THE CDC, OF THOSE WHO WOULD BENEFIT FROM PrEP...<sup>2</sup>



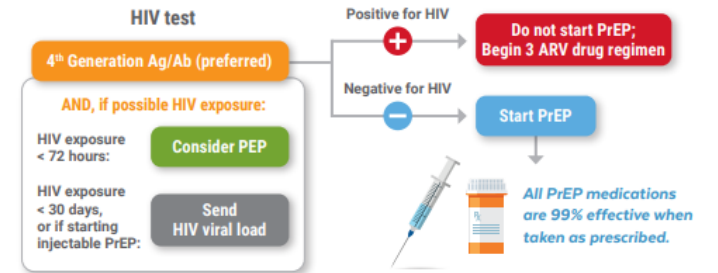
<sup>2</sup>CDC data is based on sex assigned at birth; PrEP data is not currently available based on gender identity.

### MEDICATION OPTIONS FOR HIV PRE-EXPOSURE PROPHYLAXIS (PrEP)

PrEP options	DAILY TDF/FTC Truvada®	2-1-1 TDF/FTC Truvada®	DAILY TAF/FTC Descovy®	INJECTABLE* Cabotegravir (Apretude®)
<b>Dosing</b>	One pill daily	• 2 pills 2-24 hours before sex, 1 pill 24 hours after 1st dose & 1 pill 24 hours after 2nd dose • If more encounters, continue daily pills until 48 hours after last sex	One pill daily	• First 2 injections given 1 month apart, then 1 injection every 2 months • IM gluteal injection, ventrogluteal preferred • Optional oral cabotegravir start: 30 mg pill 1x/day for 28 days, first injection on last day of oral lead-in (or < 3 days after)
<b>Effectiveness</b>	• > 99% effective for sexual transmission • > 74% effective for IDU	Similar efficacy as daily Truvada in observational studies for sexual transmission	>99% effective for sexual transmission	Superior to daily Truvada for sexual transmission in clinical trials
<b>Avoid prescribing for</b>		✗ Receptive vaginal sex ✗ Injection drug use	✗ Receptive vaginal sex ✗ Injection drug use	✗ Injection drug use
<b>Side effects</b>	Very low rates of side effects. May have "start-up" symptoms (nausea, vomiting, diarrhea) in the first month. For 2-1-1: If taking less than 4 pills/week, side effects may be even less likely			Pain, redness & swelling at injection site. Treat with OTC medication; usually resolves in a few days
<b>Other considerations</b>	• Avoid with osteoporosis or CKD with CrCL < 60 mL/min • May cause slight weight loss and decreases in LDL cholesterol	Best for people who can plan ahead for sex (or delay sex), and keep track of pill taking	• Safer with osteoporosis and CKD with CrCL > 30 mL/min • May cause slight weight gain and increases in LDL cholesterol	Stays in the body for up to 1 year after stopping or missing a treatment. If exposed to HIV when low levels of medication are in the body, there is a risk of developing drug-resistant HIV.

\*Long-acting injectable cabotegravir. CKD: chronic kidney disease; CrCl: creatinine clearance; IM: intramuscular; OTC: over the counter. Table adapted from the Denver Prevention Training Center.

### HIV assessment at PrEP initiation



### Prescribing PrEP (See "Medication Options" chart for additional prescribing details.)

#### Oral PrEP

1 tablet PO daily, 90 day supply with 0 refills (after negative HIV test)

- **Generic/Truvada®:** emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg **OR**
- **Descovy®:** emtricitabine 200 mg/tenofovir alafenamide fumarate 25 mg

#### Injectable PrEP

- **Apretude®:** Starting doses: Inject 3ml (600 mg) intramuscularly for 2 loading doses every 30 days. Maintenance doses: Inject 3ml (600 mg) intramuscularly every 2 months.
- **Missed injections:** Administer injection 1 month later if > 7 days late for 2nd dose, or > 1 month late for 3rd or later dose.

**ICD-10: Z29.81** – Encounter for HIV pre-exposure prophylaxis

#### Follow-up assessment: Every 3 months (oral), every 2 months (injectable)

- Screen for symptoms of acute HIV infection
- HIV test (Ag/Ab and RNA)
- 3-site testing for gonorrhea and chlamydia, syphilis screen
- Serum creatinine every 6 months (for oral PrEP)
- Hepatitis C Antibody every 12 months
- Pregnancy test

#### Patient counseling (See "PrEP Basics" handouts for more tips.)

- Daily dosing for oral PrEP is recommended, but imperfect yet regular adherence can still provide protection.<sup>3,4</sup>
- For injectable PrEP, attending every visit is important for maintaining protection.
- Instead of a daily pill, there is an option for on-demand oral PrEP. Go to: [www.bit.ly/PrEP2-1-1](http://www.bit.ly/PrEP2-1-1)
- Combining prevention strategies, like condoms plus PrEP, provides the greatest protection from HIV and other STIs.

# Injectable PrEP Pocket Card

**Prescribing Injectable HIV PrEP** HealthHIV POPULATION HEALTH DIVISION  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

UPDATED 1/1/23

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**Key Efficacy Messages:**

- PrEP is highly effective for preventing HIV infection when used as prescribed (>99% for sexual transmission).
- PrEP prevents HIV only; use other methods to prevent pregnancy and STIs.

**Indications (recent history):**

- Inform all patients who are sexually active about PrEP.
- Prescribe for patients: who request PrEP; with any sex partner with untreated HIV or HIV risk factors; who report an STI, condomless anal, vaginal, or front hole sex, or transactional sex; or who used PEP in past year.

**Contraindications:**

1. HIV positive.

**Patient Eligibility**

- FDA approved for adults and adolescents weighing  $\geq 77$  lbs (35 kg); protective for receptive and insertive vaginal, front hole, and anal sex.

**Considerations:**

- HIV exposure <72hrs: evaluate/prescribe PEP (*post-exposure prophylaxis*), then consider PrEP.
- Acute HIV symptoms (order venous draw Ag/Ab test, consider HIV treatment, or delay PrEP).
- Pregnancy or breast-/chestfeeding (discuss risks and benefits).

**Side Effects:**

- Injections: pain, tenderness, nodules, hardening, swelling, itching; usually resolves within a few days; treat with over-the-counter meds.
- Injections/pills: about one in 20 may have side effects (nausea, vomiting, abdominal pain, headache, fever, fatigue, dizziness); treat with over-the-counter meds.

**Lab Screening & Visits:**

- INITIAL LABS: HIV test result within 7 days before PrEP start (Ag/Ab, RNA result pending); HCV antibody; gonorrhea/chlamydia (oral, urine, vaginal, front hole, anal sites as applicable); syphilis; pregnancy. Consider: HAV, HBV, and HPV vaccines.

*continued*

**Prescribing Injectable HIV PrEP** UPDATED 1/1/23

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- BASELINE: Administer 1 injection; OR prescribe oral pills.
- MONTH 1: Administer 1 injection; HIV tests (RNA and Ag/Ab); start injections if pills used at baseline.
- Q2 MONTHS: Administer 1 injection; HIV tests (RNA and Ag/Ab); review PrEP care visit history, adherence, and PrEP indications.
- Q4 MONTHS: gonorrhea/chlamydia (3 sites) and syphilis for MSM and transgender women; pregnancy.
- Q6 MONTHS: gonorrhea/chlamydia and syphilis for heterosexually active women and men.
- Documentation: ICD-10 Z20.6: HIV Exposure.

**Prescription:**

- Cabotegravir injection: one 600 mg IM gluteal injection (ventrogluteal preferred) at baseline, 1 injection 4 weeks later, 1 injection every 8 weeks thereafter (+/-7 days).
- Optional oral cabotegravir start: 30 mg pill once daily for 28 days\* before 1st injection, 1st injection on last day of oral lead-in (or <3 days after), continue injection protocol; OR prescribe up to 8 weeks around missed injection.
- Missed injections: Administer injection 4 weeks later if >7 days late for 2nd dose or >1 month late for 3rd or later dose.

**Adherence Counseling:**

- Appointment reminders and other tools to keep PrEP care appointments.
- Plan for STI prevention and contraception or safer conception.
- Encourage patient to report if they want to stop or have stopped PrEP.
- Support additional prevention methods when needed.

\* Oral cabotegravir has not been FDA-approved for PrEP, efficacy for preventing HIV transmission is unknown.

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**ABBREVIATIONS:**

*Ag/Ab: antigen/antibody. CAB: cabotegravir. MSM: men who have sex with men*

*Adapted from a resource created by Lauren Wolchok & Robert Grant, available at [www.getSFcb.org](http://www.getSFcb.org).*

# Workflows

## Standard Work Instructions

<b>Title: Injectable PrEP Workflow</b>			
Performed By: Navigator, Nurses, Providers		Date: 9/28/23	
Owner: Albert Liu	Revised By:	Revision #:	

**Purpose:**

Major Steps	Details (relevant details and tips, diagram, workflow, picture, time grid)	Time	Reason
<b>Screening</b>			
1.	Obtain insurance information	5 min	
2.	Discuss PrEP options	15 min	
3.	Viiv Connect Form	10 min	
4.	Complete Viiv Connect Form	5 min	
5.	Explain insurance process	5 min	
6.	Discussion with Provider	10 min	
7.	Medical history and physical exam	20 min	
8.	Review medications	5 min	
9.	Specimen collection	15 min	
10.	Complete Viiv Connect form	5 min	

## Standard Work Instructions

<b>Title: Injectable PrEP Workflow</b>			
Performed By: Navigator, Nurses, Providers		Date: 9/28/23	
Owner: Albert Liu	Revised By:	Revision #:	

Major Steps	Details (relevant details and tips, diagram, workflow, picture, time grid)	Time	Reason
<b>Screening</b>			
11.	Send prescription	10 min	
12.	Insurance navigation, medication delivery	Variable	
13.	Review lab results	5 min	
14.	Schedule injection visit	10 min	
<b>Enrollment</b>			
15.	Specimen collection	15 min	
16.	Review labs	5 min	
17.	Update Medical history	10 min	
18.	Prepare injection	5 min	
19.	Prepare and administer injection	10 min	
20.	Schedule 1 month follow-up	5 min	



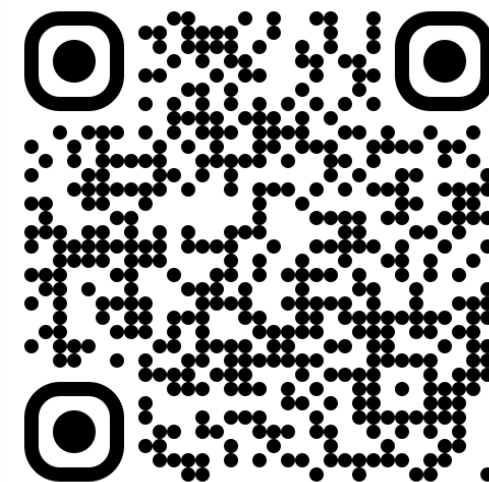
[Home](#) / [Resources](#) / [Injectables](#) / [Injectable HIV medications and PrEP](#)

# INJECTABLE HIV MEDICATIONS AND PREP

## INJECTABLE RESOURCES

- **Clinical guides, protocols and EHR tools**
  - [EBGTZ Injectable PrEP Quick Guide](#)
  - [Pacific AETC Injectables Toolkit](#), including clinical protocols, checklists and patient education
  - [SFDPH Injectable PrEP Pocket Card PDF](#); also on this webpage
  - [Ward 86 Long-acting Injectable Antiretroviral Protocol](#)
  - [LifeLong Long-acting Injectable ARV Protocol](#)
  - [Epic SmartPhrases for Cabenuva and Apretude from LifeLong](#)
- **Training videos**
  - [Apretude clinical training video from Viiv: click to watch here](#) or [watch on the Viiv website](#)
  - [Cabenuva implementation video from AETC: medication storage](#) (at 11:02 mins), [administration](#) (at 12:59 mins)
  - [Ventrogluteal injection site training video](#)
  - [Thigh injection \(vastus lateralis\) site training video](#)
- **Patient & Community Information and Infographics**
  - [Injectable ART and PrEP graphics from NLAAD](#), some are [posted below](#) in English and Spanish
  - [Options for PrEP Chart](#) (includes pill & injectable options) - SFAP (English and [Spanish](#))
  - [About CAB-LA PrEP](#) (adapted from SFAP) - in English (and in [Spanish](#))

[Ebgtz.org/resource/injectables](http://Ebgtz.org/resource/injectables)





[Gettingtozerosf.org/getting-to-zero-resources](https://gettingtozerosf.org/getting-to-zero-resources)

## RESOURCES

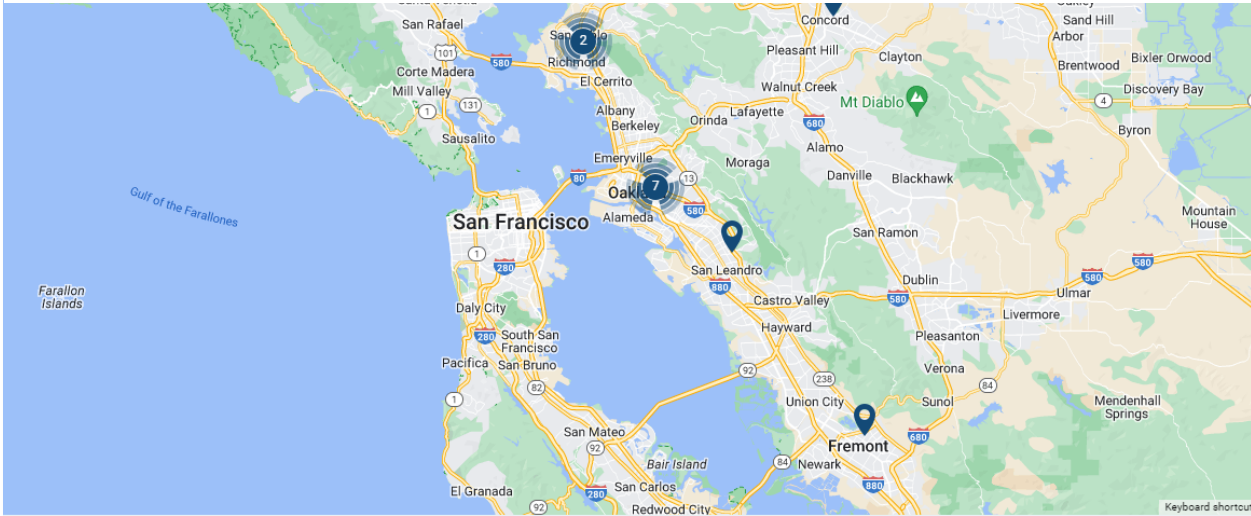
### Injectable HIV Medications for Prevention & Treatment

- *\*Just Added\** Apretude Insurance Flowsheet, November 2023
- [Injectable HIV Medications and PrEP](#) – Resources compiled by East Bay Getting to Zero
- [Injectable HIV PrEP Pocket Card](#) – by San Francisco Department of Public Health
- [\[Protocol\] SF WPIC/Street Medicine Open Access Clinic: Long-Acting Injectable PrEP \(IM Cabotegravir\)](#)
- [\[Protocol\] SF Ward 86 Clinical considerations and recommendations for starting patients on CAB/RPV LA therapy](#)



# Injectable PrEP clinic lists

[www.ebgztz.org/services](http://www.ebgztz.org/services)



**BY PRIMARY SERVICE**

Refine Results:

*Tip: use the dropdown to add multiple services*

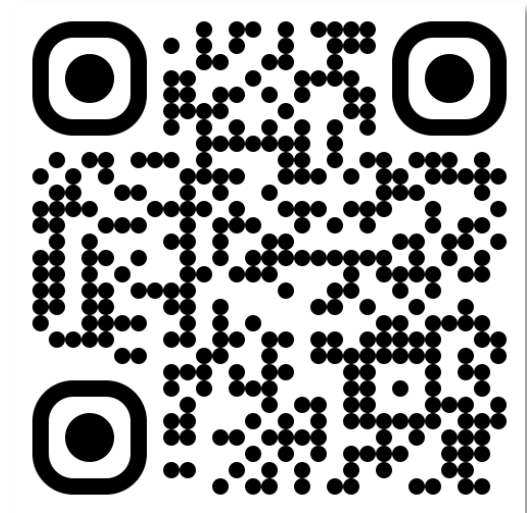
**SEARCH SERVICES**

*Tip: separate multiple keywords with commas. For example: uninsured, trans, Spanish*

13 services found.

PRINT OR PDF

PHOTO	AGENCY & LOCATION	HIGHLIGHTED SERVICES	CONTACT	MORE INFO
	<b>CONTRA COSTA HEALTH SERVICES: CONCORD HEALTH CENTER</b> 3052 Willow Pass Road, #2552, Concord, CA 94519	Contra Costa offers Medical Case Management (MCM) for all residents with HIV/AIDS. MCMs will assist with	• The main number for our HIV/AIDS program in Public Health is <a href="tel:925-313-6771">925-313-6771</a> or <a href="tel:800-287-0200">800-287-0200</a> . Call this number for	





**Thank you!**

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