**PrEP Navigation Services**

**Protocol for providing pre-exposure prophylaxis (PrEP) for   
HIV prevention at San Francisco City Clinic**

**Description**

PrEP can be an effective part of a comprehensive HIV prevention package for HIV-negative individuals. San Francisco City Clinic (SFCC) patients who are at ongoing risk for HIV may benefit from taking PrEP. Taking PrEP requires regular follow-up with a healthcare provider. Currently, Truvada is the only medication that is FDA-approved for PrEP. SFCC provides PrEP consultation, education and navigation, and will initiate PrEP and provide follow-up for patients who meet one of these criteria:

1. The patient is uninsured and qualifies for the Gilead Advancing Access Program (aka MAP).
2. The patient has private insurance or Medi-Cal but is unable to access PrEP because:
   1. they do not yet have a primary care provider (PCP);
   2. they have a PCP who has refused to prescribe PrEP;
   3. they have a PCP, but are uncomfortable discussing sexual health with that provider; and/or
   4. they have difficulty getting regular appointments with their PCP or are unable to afford copayments for office visits or labs.

After initiating PrEP at SFCC, patients will be actively assisted with addressing whatever barriers prevent them from receiving PrEP in a primary care setting. This includes helping patients navigate the benefits system to access comprehensive health insurance, find a PCP who is knowledgeable about PrEP, and/or develop tools for communicating with their PCP about PrEP.

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**1. Initial consultation and establishing eligibility**

This section describes the first consultation with a patient at which a PrEP staff member will provide education on PrEP; assess HIV risk and desire/need for PrEP; discuss PrEP access, including insurance, employment, income, and proof of residency; and establish eligibility to receive PrEP at SFCC.

1. Any HIV-negative SFCC patient may be referred for PrEP consultation by a SFCC clinician or other SFCC staff based on the patient’s interest in PrEP and their risk for contracting HIV. See *Appendix A* for risk guidelines.
2. A PrEP staff member will assess patient’s HIV risk, insurance status or eligibility, and any general health concerns that might prevent PrEP from being a suitable and safe intervention. The PrEP staff member will counsel the patient regarding the risks/benefits of PrEP, adherence, and possible side effects.
3. If the patient has Medi-Cal or private insurance, the PrEP staff should assist the patient in accessing PrEP through their PCP. When there are barriers to that (patient has no PCP, delays in getting appointments, uncomfortable with PCP) we should offer to initiate PrEP at SFCC and follow the patient until the transfer to a PCP can be made. It is ideal that patients with private insurance get PrEP from their PCPs as soon as they are able to do so. If a patient with private insurance plans to initiate PrEP at City Clinic, staff should encourage the patient to contact their insurance provider to find out exact coverage for Truvada as PrEP. Patients should also be given information for PrEP assistance programs: Gilead copay ([www.gileadcopay.com](http://www.gileadcopay.com)), PAN ([www.copays.org/diseases/hiv-aids-and-prevention](http://www.copays.org/diseases/hiv-aids-and-prevention)), and/or PAF ([www.copays.org](https://www.copays.org/)). See *Appendix B*.
4. If the patient is uninsured or unable to access PrEP through a PCP, PrEP staff will explain the requirements for receiving PrEP at SFCC. Uninsured patients may be eligible to receive PrEP from SFCC through the Gilead MAP. PrEP staff will complete and submit MAP application on patient’s behalf. The application can be found here: <http://services.gileadhiv.com/content/pdf/gilead_enrollment_form.pdf>.

The application requires proof of income, usually in the form of the applicant’s two most recent pay stubs (cannot be more than 90 days old), a tax return or a W2 form. If an applicant cannot supply any of the above, they may submit a notarized statement of current income. If a patient has no income, the application should include information about how they are being supported. This does not need to be notarized. The application also requires proof of residency in the form of a copy of government-issued ID (such as driver’s license), lease, utility bill, bank statement, or a notarized statement. Gilead will also want to know why the applicant does not have health insurance and what the applicant’s plan is for getting health insurance if eligible. All additional information submitted with the application can be recorded on an attachment to the application.

Gilead will generally approve applications for anyone who is uninsured and has a yearly income < $58,850 (500% over the 2015 Federal poverty level). If a patient’s MAP application is denied, a PrEP staff member will contact Gilead at (800) 226-2056 to discuss appealing the denial. Patients should be informed that, if approved, Gilead generally authorizes three to six months of free Truvada through the MAP. If the patient requires additional assistance, they may have to reapply for the program.

Patients who apply to the MAP have two options for receiving their medication: (1) receiving the bottle at City Clinic; or (2) picking up the bottle at a pharmacy using their Gilead pharmacy ID information. Patients should be urged to select option (2) unless there is a compelling reason for picking up their bottles at City Clinic.

When possible, complete the MAP application during consultation and have patient supply missing information as soon as possible. If the patient is approved, notify the patient and have the patient drop into City Clinic for an intake/initiation visit. Pharmacy ID information can be obtained by calling Advancing Access a day after the patient is approved for the MAP.

1. Uninsured patients should be provided information about Covered CA and Medi-Cal and encouraged to apply for insurance. Uninsured patients who earn < $16,243 are likely eligible for Medi-Cal. San Francisco residents can apply through the Human Services Agency of San Francisco in person at 1440 Harrison Street (recommended) or online at [www.mybenefitscalwin.org](https://www.mybenefitscalwin.org/). Residents of other counties should contact their local Medi-Cal office. Uninsured patients who earn >$16,243 can purchase a plan on the health insurance exchange through Covered CA ([www.coveredca.com](http://www.coveredca.com/)) during open enrollment periods. Patients purchasing a plan should be advised to contact the plan for information regarding the cost of Truvada as PrEP and should be instructed that cost sharing, copayments, and deductible vary significantly between plans. See *Appendix B* for FAQs and other information regarding Covered CA plans.
2. Patients who do not qualify for Medi-Cal or the Covered CA plans, may be eligible for Healthy San Francisco (HSF). The patient should contact Healthy San Francisco at (415) 615-4555 or visit [www.healthysanfrancisco.org](http://healthysanfrancisco.org/). If patients are eligible for Healthy San Francisco, it is important for them to choose a medical home within the San Francisco Health Network (SFHN). Medical homes outside of the SFHN likely will not cover PrEP. Pharmacy navigators at SFGH will assist patients who have HSF and a medical home within the SFHN to apply for the Gilead MAP. If they do not qualify for the MAP, HSF will provide PrEP on a sliding scale basis. Patients who have HSF and qualify for the Gilead MAP, but do not yet have a medical home can receive PrEP at SFCC. Patients who are eligible for HSF but who have not enrolled should be encouraged to do so.
3. If a patient qualifies to receive PrEP at SFCC, staff can proceed with the intake process while the patient is here or by having the patient drop in to City Clinic during normal hours.
4. PrEP visits at SFCC are on a drop-in basis during normal hours. In certain cases, PrEP staff may decide to schedule an appointment for a patient during the Thursday morning clinic.

**2. PrEP intake visit**

Use the *PrEP Intake Checklist*.

1. The PrEP clinician will conduct a medical history to assess whether or not the patient has any medical relative or absolute contraindications to PrEP, including history of kidney/liver disease, current or chronic hepatitis B, osteoporosis or other bone disease, or symptoms of acute HIV. Please consult SFCC medical director regarding any kidney, liver, bone disease, uncontrolled chronic diseases and/or medication interaction concerns. Use clinician discretion for safety of starting PrEP in patients with complicated medical conditions that require monitoring by a PCP. Consider more frequent monitoring if clinically indicated, e.g., in the setting of diabetes or uncontrolled hypertension.
2. The clinician should take the patient’s weight (pounds) to calculate creatinine clearance, and blood pressure, if indicated. Patients should also have a complete STI screening if one has not been done within the previous three months.
3. Clinician will order the following tests for the patient: HIV Ab & RNA tests (if patient has not had one within the past month), HCVAb rapid test (if patient has not had one in the past year), HBsAg test, and Creatinine.

Additional optional testing: The clinician may use discretion in ordering additional tests, for example, HBsAb for patients with unknown vaccination status; hepatitis panel; liver function; metabolic panel; CBC; etc. Clinician should consult with PrEP coordinator or SFCC medical director for discretionary tests and requirements for timing of specimen collection and testing.

1. All specimens for lab tests are drawn at SFCC. See **Section 7** for further details.
2. Patients who have not been vaccinated for hepatitis A and B should be encouraged to begin the vaccination series at SFCC.
3. When there are no contraindications to initiating PrEP (see **Section 3** below), patients with private insurance or Medi-Cal can be given a 30-day prescription (no refills) at the intake appointment. (Truvada is billed by the pharmacy to FFS Medi-Cal and not to the patient’s individual plan.) PrEP can be initiated without waiting for the HBsAG and creatinine results unless there are circumstances in the patient’s medical history that warrant waiting. If patients have already been approved for the Gilead MAP, they can be given a 30-day prescription (no refills) along with the Gilead pharmacy ID information. If the patient is completing the Gilead MAP application at the intake appointment, they will have to return for initiation.
4. Review “The Basics” hand-out with the patient. Refer to package insert and CDC guidelines for details on possible changes to bone mineral density (BMD). Counsel patient on strategies to maintain bone health. See **Section 6** for messages on long-term side effects.
5. Condoms and risk reduction and medication adherence counseling should be provided to patient (see **Section 12**).
6. The PrEP clinician or counselor should conduct a psychosocial needs assessment on all patients and make referrals for counseling, case management, and/or other services, as needed.

**3. Initiating PrEP**May occur at Intake Visit for patients with Medi-Cal or private insurance or prior MAP approval. Use the *PrEP Intake Checklist.*

1. If the client meets eligibility criteria, they will return to SFCC to initiate PrEP. The PrEP clinician should review the chart and all lab results to verify eligibility.
2. The patient must receive a nonreactive rapid HIV antibody result no longer than 2 days before Truvada is dispensed for the first time. See follow-up visit procedures (**Section 5**) for further HIV testing guidelines.
3. If a patient has been on PEP or PrEP, staff may use discretion in advancing up to five Truvada pills in order to prevent patient from having a gap during which they are not taking Truvada.
4. Review “The Basics” as needed.
5. Offer condoms and provide risk reduction and medication adherence counseling to patient.
6. Conduct a psychosocial needs assessment, as needed, and make referrals for counseling, case management, and/or other services.
7. All patients initiating PrEP should receive a 2-day follow-up call from a PrEP staff member to ensure the patient has filled the prescription

**4. Contraindications to initiating PrEP**Most patients can be started on PrEP as soon as possible, either at an intake or an initiation visit. However in some cases, PrEP staff/clinician may decide to delay PrEP initiation or to refer a patient to primary care for PrEP initiation.

1. If it is suspected that a patient might have acute HIV, PrEP should be delayed until we receive the most recent RNA result and/or we receive a RNA result or a Determine Ab/Ag result closing out a recent window of HIV risk. Window periods: 10 days for RNA; 21 days for Determine.
2. Patients who are suspected of having hepatitis B should not start Truvada until we receive a negative HBsAg result. Patients with a positive HBsAg should be encouraged to receive PrEP in a primary care setting, where liver function can be monitored both during PrEP use and after any PrEP interruptions, and where comprehensive HBV management can occur.
3. Other medical conditions

**5. Follow-up**

Use *Checklist/Guidelines for PrEP Follow-Up Appointments.*

1. All patients initiating PrEP should be seen for a one-month follow-up visit after PrEP initiation. At this visit, a PrEP staff member will assess the patient for acute HIV and STI symptoms, review Truvada side effects and adherence, and order HIV testing. If the PrEP staff member seeing the patient is not a clinician, they should review findings with a clinician before proceeding with the visit.
2. At follow-up visits at which patient is due to receive an HIV test, we can accept a negative HIV rapid antibody result within 7 days of dispensing Truvada.
3. After the one-month follow-up visit, the PrEP clinician can decide how frequently the patient should be seen for evaluation. The PrEP clinician should assess patient for acute HIV or STI symptoms, possible side effects, order creatinine and HIV tests (rapid Ab and pooled RNA), and conduct STI screening at least every 3 months.
4. Patients initiating PrEP for the first time should have their creatinine tested after taking Truvada for 3 months and, if creatinine is stable every 3-6 months thereafter. No patient receiving PrEP through SFCC should go longer than 6 months without having a creatinine test. See **Section 7** below.
5. If a patient is privately insured or covered by Medi-Cal, the clinician can write for a prescription for 30 days with 1 refill at the one-month visit. At subsequent visits, the clinician can write the prescription for 30 days with 2 refills. Do not prescribe > 90-day supply at a time.
6. Offer condoms and provide risk reduction and medication adherence counseling to patient.
7. Conduct a psychosocial needs assessment, as needed, and make referrals for counseling, case management, and/or other services.
8. All patients should receive a text/phone call/email 7-10 days before our records show they will run out of medication, reminding them to return to SFCC for follow-up and to receive a new prescription.

**6. Short- and long-term side effects**

Truvada has been used in HIV-positive patients for about ten years and in HIV- negative patients, either in studies or for PrEP, for about seven years. Truvada is considered safe and well-tolerated. The following side effects should be discussed with patients:

1. Start-up syndrome: Some people may experience nausea, gas or bloating, soft stools or diarrhea, headaches, fatigue, muscle or joint pain. These side effects are generally mild and last between 2 to 14 days after starting Truvada. Some people experience ongoing GI symptoms. Clinicians should discuss these side effects with patients and possible ways of mitigating them.
2. Kidney: We have seen small declines in kidney function in HIV negative patients on Truvada, usually in the first 12 weeks of use. This trend is reversible when Truvada is stopped, and in many cases, patients can safely restart Truvada. Patients who have diabetes and/or hypertension may be at increased risk of kidney problems and may need closer monitoring of kidney health by a PCP.
3. Bone: We have seen small declines in bone mineral density, although this has not been associated with an increase in bone fractures. We do not know the long term effects of Truvada on bone health in HIV negative patients. If patients have a history of a pathological fracture or bone disease, consider closer monitoring of bone health.
4. BMD loss in youth: There are new data that show a small reduction in BMD in young men ages 18-22 on PrEP. Because bones may still be developing in early 20s, the risks/benefits of PrEP should be discussed carefully with patients in this age group and weighed alongside the risk of getting HIV. Unfortunately, there is not at this time any clearer guidance.
5. Liver: None, no special liver monitoring is required.

**7. Creatinine/Creatinine clearance (CrCl), urinanalysis, hepatitis B, hepatitis C**

**Creatinine and CrCl Monitoring**

For PrEP, desired CrCl is > 60. Calculate creatinine clearance for every creatinine result using this online calculator: [http://reference.medscape.com/calculator/creatinine-clearance-cockcroft-gault](http://reference.medscape.com/calculator/creatinine-clearance-cockcroft-gault%20).

For all abnormal creatinine/CrCl results, document other potential causes of creatinine elevation. Factors that can cause creatinine elevation include large muscle mass, high protein intake (meat, protein supplements), body building supplements (creatine, testosterone), dehydration, and other chronic medical conditions. Medications that can cause abnormal creatinine include trimethoprim, cimetidine (Tagamet), acyclovir/valacyclovir, NSAIDs.

Intake

1. Take complete medication history including prescription and over-the-counter meds and supplements. PrEP can be initiated without waiting for creatinine result unless there are circumstances in the patient’s medical history that warrant waiting.
2. CrCl >60🡪ok to initiate PrEP or to continue PrEP if already initiated.
3. CrCl <60🡪

* Do not initiate PrEP or if PrEP is already initiated, ask the patient to stop until further medical evaluation and testing can be done. Creatinine testing repeated as soon as possible, preferably within 7 days.
* Check clean catch UA (protein)
* Document other potential causes of creatinine elevation
* MD consult

If repeat CrCl >60, ok to start PrEP. Repeat creatinine at 1 mo f/u visit.

If repeat CrCl < 60, do not prescribe PrEP. Arrange for f/u with PCP.

Follow-up Visits

Creatinine check at 3-month follow-up; if stable continue to test every 3-6 months. A rise in creatinine is not a reason to withhold PrEP if CrCl is > 60. If patient has chronic medical conditions such as hypertension or diabetes, consider more frequent creatinine monitoring, but at least every three months.

1. CrCl <60🡪 contact patient, ask them to stop taking Truvada

* Repeat creatinine as soon as possible, preferably within 7 days.
* Check clean catch UA (protein)
* Document other potential causes of creatinine elevation
* MD consult

If repeat CrCl <60, repeat creatinine in 1-4 wks, MD consult

If repeat CrCl > 60, ok to restart PrEP and repeat creatinine in 1 mo

1. Worsening CrCl, such as CrCl >60 but declining by 20% or more🡪

* Continue Truvada and repeat creatinine in up to 4 weeks
* Check clean catch UA (protein)
* Document other potential causes of creatinine elevation
* MD consult/consider stopping PrEP if kidney function continues to worsen

Patient’s weight should be taken if there is a significant change and/or on a yearly basis.

**Urinalysis**

* Urinalyses are not done routinely for patients on PrEP. Perform a urine dip in clinic for creatinine clearance < 60 or CrCl declining by 20% or more
* If dip positive for protein (1+ or greater), send to ARUP for formal UA (see **Section 7** for specimen testing). If timing does not work for sending urine at this visit, schedule next visit between 11-1pm so that repeat UA may be done and sent to AURP if proteinuria persists.
* MD consult if proteinuria persists

**Hepatitis B Surface Antigen screening**

* HBsAg screening at intake visit. If positive, check hepatitis B viral load (VL) (ARUP: Hep B virus DNA quant RT-PCR). If VL positive indicating acute or chronic hepatitis B, patient should receive PrEP from PCP.
* Recent hepatitis B vaccination? Delay HBsAg testing until 4 wks after vaccination to avoid false positive result. PrEP should not be delayed.
* If HBsAg positive and VL negative, consult with MD (pt may need further testing).

**Hepatitis C Antibody screening**

* All PrEP patients should be screened at intake and yearly while on PrEP.
* Test patients using City Clinic rapid hepatitis C antibody test/protocol. If positive ab result, blood specimen is automatically sent to lab for VL testing. If positive ab result, send specimen for liver function testing (LFTs) to ARUP.
* PrEP can be initiated or continued for patients with existing or new diagnosis of hepatitis C. Consult with MD if questions.

**8. Lab: specimens and results**

1. All PrEP-specific specimens (creatinine, HBsAg, etc.) will be sent to ARUP for processing. Requisitions can be found in the PrEP forms file cabinet. A separate ARUP requisition should be completed for each type of specimen, e.g., 1 specimen for creatinine; 1 specimen for all hepatitis testing. Specimens should be centrifuged and refrigerated at the end of the day if they are not sent to ARUP on the same day. Specimens are viable for 7 days if refrigerated (although they should be sent as soon as possible).
2. Medical Couriers Dispatch picks up specimens Monday, Wednesday, Friday between 12-1pm. To arrange for additional pick-ups call (800) 652-1147 by 1:00 p.m. on the day the pick-up is needed.
3. Results are found online at ARUP Connect: https://www.aruplab.com/ii/login.jsp. All PrEP staff have individual log-in capabilities. (The PrEP Coordinator can create new log-ins.) ARUP Connect sends automatic emails when lab results are ready (usually within 48 hours of shipping).
4. The PrEP counselor (or other PrEP staff) will print out lab results from the ARUP website on a daily basis. PrEP counselor will calculate Creatinine Clearance and do an initial review of all results. All abnormal results should be brought to the attention of the lead PrEP clinician or the PrEP coordinator as soon as possible. The PrEP clinicians responsible for lab results review and sign off on all lab results. All creatinine labs are given to the City Clinic data entry staff for entry into ISCHTR. See *Appendix* for details.
5. Monthly invoices can be accessed at ARUP Connect and paid online with a credit card.

**9. Standing order for nonclinicians to order HIV tests**

If a patient does not need to see a clinician at a follow-up visit, a nonclinician may order the HIV tests in CCEMR. See *Appendix C* for standing order and instructions.

**10. Contact Information**

The PrEP Navigation Services contact number is (415) 487-5537. This may be used by patients to contact PrEP staff or by anyone wanting information about accessing PrEP.

**11. Discontinuing PrEP**

1. If a patient chooses to discontinue PrEP, they should receive counseling on HIV risk reduction strategies, as well as education on safely restarting PrEP. If the patient has not yet stopped PrEP, discuss continuing PrEP for 28 days after a high risk exposure if that exposure occurred within the past 7 days.
2. If a patient discontinues PrEP due to seroconversion, they should receive linkage to care with SFCC DCI workers. Patients who have Medi-Cal or who are uninsured and either Medi-Cal or Ryan White-eligible should be offered immediate ART either through SFCC or through the RAPID program at SFGH.

**12. Charting**

All appointments and interactions with a patient who is registered for a City Clinic visit should be charted in EMR.

**Charting for a PrEP SFCC visit**

1. Using Virtual Chart “Notes” tab, “Progress Note for today,” PrEP clinician should write a note for the patient following the SOAP note format. PrEP progress note template is located on all desktop computers in clinician charting and exam rooms. The progress note should contain the following information: recent assessment of STI/ARI symptoms; history of kidney, liver, bone disease/bone fractures, or other serious medical conditions (at PrEP intake visit and PRN); Truvada side effects (at PrEP follow up visits); weight and blood pressure (at PrEP intake and PRN); adherence/risk reduction counseling and concerns; insurance status/plan.

If the patient is seen by a counselor, the counselor may also add a progress note, as needed. Counselor should document extensive counseling, case management, and/or referrals.

1. Document other PrEP related information in other tabs in Virtual Chart (See *Visit Checklist* for details).
2. Every PrEP patient also has a paper chart. The log in the chart should be updated at every visit (meds dispensed, HIV and STI results, creatinine and creatinine clearance, important reminders for follow-up).
3. Charts should be forwarded to the PrEP counselor after each patient visit. The PrEP cohort log (F:\PrEP\SFCC Pilot\SFCC PrEP Cohort) will be updated with relevant scheduling information and other notes by the PrEP counselor.

**Charting for a PrEP consult**

1. Using Counseling tab, “Visit comments,” PrEP staff should write a brief note about the consultation. This can include education/counseling given, patient’s concerns/questions, insurance status, and/or plan to access PrEP.
2. Under “F/U & Referrals” tab, “Referrals,” the “PrEP consult” box should be checked.

**12. Counseling**

Every appointment should include a counseling check-in with the patient and a psychosocial needs assessment. At the first consultation and/or the intake appointment, the clinician or counselor should conduct HIV/STI risk assessment and counseling, as needed. At both the intake and first dispensing appointments, medication adherence counseling should be conducted. At follow-up visits, the clinician or counselor should check in with the patient regarding HIV/STI risk and medication adherence and provide counseling as needed or desired. See *Appendix D* for suggested counseling prompts and topics.

**13. PrEP procedures for travelers**

In certain instances, SFCC can provide PrEP to patients who are not able to come to the clinic for all of their visits, either because of relocation or lengthy travel. Here are the guidelines for travelers.

1. All patients seeking PrEP at SFCC must have in-person intake appointment following procedures set out above. SFCC will only initiate PrEP for travelers who have Medi-Cal or private insurance. SFCC will not initiate PrEP for individuals who need to access it through the Gilead MAP.
2. If a patient is not able to come to SFCC for follow-up visits, the following procedures are followed:

1-month follow-up

* Be available for phone check-in
* Send negative HIV result
* We will call or fax a prescription for 1 month + 1 refill or 60 pills

3-month follow-up

* Be available for phone check-in
* Send creatinine, negative HIV result, and STI testing results
* We will call or fax a prescription for 1 month + 2 refills or 90 pills

1. If a patient initiates PrEP at SFCC through the Gilead MAP and then relocates, PrEP staff will work with patient regarding shipment of bottles from the Covance to the patient’s new location for the duration of the MAP eligibility. PrEP staff will work with patient to find a new provider if patient needs to reapply to the Gilead MAP. SFCC cannot ship bottles to patients. All follow-up procedures outlined above should be followed.
2. SFCC will follow travelling patients on PrEP for a maximum of 6 months. Exceptions will be made at the discretion of the PrEP coordinator.

**14. Providing PrEP to participants of Bridge 505 study**

Participants of the HVTN 505 HIV vaccine study at Bridge HIV have the option to receive PrEP from Gilead for the duration of their participation in 505. SFCC can see these participants to authorize their Truvada prescriptions and to provide PrEP follow-up. The applicable procedures outlined above for intake, first dispensation, and follow-up should be followed. If 505 participants received the placebo in the study, they can have HIV testing at SFCC per the PrEP protocol. However, if they received the vaccine product, they cannot take a rapid HIV antibody test at SFCC. For these participants, see *Appendix F* for guidelines on HIV testing. All 505 participants receiving PrEP from SFCC should sign a medical records release so that Bridge can provide HIV results to SFCC. The SFCC PrEP clinician/PrEP staff will arrange to have all bottles of Truvada shipped to SFCC for dispensing. See *Appendix E* for prescription guidelines.

**13. PrEP Resources**

* sfcityclinic.org/services/prep.asp
* projectinform.org/[prepresources/](http://www.projectinform.org/prepresources/)
* [prepfacts.org/](http://prepfacts.org/)
* [myprepexperience.blogspot.com/](http://myprepexperience.blogspot.com/)
* [cdc.gov/hiv/basics/prep.html](http://www.cdc.gov/hiv/basics/prep.html)
* Clinician Consultation Center PrEPline: (855) HIV PrEP (855-448-7737)  
  nccc.ucsf.edu/clinical-resources/pep-resources/prep/
* Gilead: truvadapreprems.com (for clinicians)