Same-Day PrEP Guidance

DECERA CLINICAL Education

PrEP Discussions Should Be Part of Routine Medical Care

- Many guidelines recommend that **all sexually active adults and adolescents** should be informed about PrEP[1-3]
- CDC guidelines also recommend that **people who inject drugs** should be offered PrEP in combination with substance use disorder treatment or SSPs[3]

Benefits of same-day PrEP[4]:

1. Minimize losses at early points of the care continuum
2. Increase timely uptake
3. Accelerate the onset of protection
4. Improve patient experience: fewer visits, more convenient

Same-Day PrEP Reduces Drop-Off in the PrEP Care Cascade

New York City Sexual Health Clinics[5]

- Among N = 1437 participants evaluated for same-day PrEP:
  - **97% started PrEP immediately**
  - **96.2% persisted on PrEP throughout follow-up**
  - Only 15% who received standard PrEP started PrEP within 60 days of initial visit

Washington University (2014-2018)[4]

- Adult infectious disease clinic
- Among N = 344 participants who received 30-day oral PrEP prescription:
  - **97% started PrEP immediately**
  - 78% continued PrEP for ≥3 mo
  - **None** discontinued for abnormal baseline labs

Seattle-King County (2014-2019)[6]

- **Public sexual health clinic** with PrEP navigator to verify prescription fills
- Among N = 1387 participants who received 30-day oral PrEP prescription:
  - **86% chose to start PrEP,** picking up prescription at local pharmacy
  - 59% persisted on PrEP throughout follow-up

Same-day PrEP can be prescribed based on a negative HIV Ab/Ag blood test while awaiting lab

Current PrEP Options



FTC/TAF* or FTC/TDF (oral, daily)†[7,8]

On-demand 2-1-1 FTC/TDF (oral)[8]



CAB (IM injectable, Q2M)[9]

LEN (SC injectable, Q6M)[10]

*Currently not approved for protection against HIV acquisition through receptive vaginal sex or for people who inject drugs.
†Off-label on-demand use of FTC/TDF for cisgender men supported by international guidelines. PK data may support on-demand for all populations.

Monitoring: At PrEP Initiation[11]

Assessment	Oral PrEP	Injectable PrEP
HIV testing with **HIV Ab/Ag** assay ± **HIV-1 RNA** assay	X	X
STI testing (chlamydia, gonorrhea, and syphilis)	X	X
HBV serology	X	
Lipid panel (cholesterol and triglycerides) for FTC/TAF only	X	
Kidney function	X	

Follow-up Monitoring[11]

Laboratory Test	Oral PrEP	Injectable PrEP
HIV Ag/Ab and **HIV-1 RNA** assay	Every 3 mo	**HIV Ag/Ab**: before each injection **HIV-1 RNA** recommended for LA CAB before each injection
Serum creatinine	• **Every 6** mo if aged ≥50 yr or with eCrCl <90 mL/min • **Every 12 mo** for all other people	Not required
STIs (screening recommended if sexually active only)	• **Every 3 mo for all people with signs/symptoms and asymptomatic, at-risk men who have sex with men** • **Every 6 mo for syphilis and gonorrhea in all people and for chlamydia in men who have sex with men or transgender women** • **Every 12 mo for chlamydia in asymptomatic, heterosexual people**	• **Every 4 mo beginning at Mo 3 for bacterial STIs in men who have sex with men and transgender women** • **Every 6 mo beginning at Mo 7 for bacterial STIs if heterosexual** • **Every 12 mo for chlamydia in asymptomatic, heterosexual people**
Lipid panel (cholesterol and triglycerides)	Every 12 mo with FTC/TAF	Not required

Excluding Undiagnosed HIV Infection

If the same-day point-of-care HIV test results are unclear[11]:

- Repeat HIV Ag/Ab and HIV-1 RNA assay using new blood specimen
- If test results are negative, resume PrEP
- If test results are positive, send blood specimen for genotype testing and start HIV treatment and link to care

Same-Day PrEP: Systems Implementation Checklist[4,12]

- ☐ Define **patient eligibility** for same-day oral PrEP start
- ☐ Defined situations requiring deferral or urgent evaluation (eg, symptoms of acute HIV, reactive/indeterminate HIV testing, known HIV exposure within 72 hours requiring PEP evaluation, renal contraindications to tenofovir-based oral PrEP, or inability to ensure result follow-up)
- ☐ Ensure **EHR order set** includes HIV Ag/Ab, HIV-1 RNA when indicated, serum creatinine/eCrCl, HBV serologies, STI testing, HCV testing as appropriate, and pregnancy testing when relevant
- ☐ Develop **written policy** for which labs may be pending at oral PrEP start and who reviews them
- ☐ Create a **same-day medication access plan:** starter packs (for oral PrEP) and acquisition pathway (for injectable LA PrEP), on-site pharmacy, partnered pharmacy, e-prescribing pathway, or navigator-assisted pickup
- ☐ Confirm an **insurance/access pathway** for insured, uninsured, and underinsured patients
- ☐ Implement a PrEP navigator, pharmacist, nurse, medical assistant, or other designated staff member responsible for benefits navigation and follow-up
- ☐ Create a **tracking system** for pending labs, upcoming refills, missed follow-up visits, and patients overdue for HIV testing
- ☐ **Additional considerations for injectable LA PrEP:** schedule injection visits before first administration; provide missed-injection and discontinuation counseling, including transition to oral PrEP when ongoing HIV exposure is expected; assign a staff member for injection-window tracking and outreach
- ☐ **Assist with enrollment in health insurance, copay, or medication assistance program**

Ab, antibody; Ag, antigen; CAB, cabotegravir; eCrCl, estimated creatine clearance; HER, electronic health record; FTC, emtricitabine; HBV, hepatitis B virus; HCV, hepatitis C virus; LA, long-acting; LEN, lenacapavir; PEP, postexposure prophylaxis; PK, pharmacokinetics; PrEP, pre-exposure prophylaxis; STI, sexually transmitted infection; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate.

References

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For more information visit: deceraclinical.com/education/2026RapidPrEPprogram

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