

*Last updated May 2025*

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A Helping Hand

**The IHS Syndemic Resource Guide for Pharmacists**

**Human Immunodeficiency Virus (HIV)**

**Engaging Pharmacists in Syndemic Work**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In October 2023, the Indian Health Service (IHS) announced an agency-wide [National Sexually Transmitted Infection (STI) Initiative](https://www.ihs.gov/nptc/strategic-initiatives/sti/). This initiative included the release of an [STI toolkit and Community and Patient Resources](https://www.ihs.gov/sti/ihsnationalstiinitiative/), developed in collaboration with the IHS National Pharmacy & Therapeutics Committee (NPTC), IHS Chief Clinical Consultant in Infectious Disease, and the IHS Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), and STI (HIV/HCV/STI) Branch to address the public health challenges affecting Indian Country from the syphilis epidemic. The IHS Chief Medical Officer (CMO) provided additional [strategic guidance](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2024_Letters/DTLL_DUIOLL_021524.pdf) for syphilis testing, treatment, and prevention in 2024 to support further IHS, Tribal Health Programs and Urban Indian Organization (I/T/U) facilities and the IHS NPTC has created additional [clinical guidance](https://www.ihs.gov/nptc/clinicalguidance/) for Doxycycline Post-Exposure Prophylaxis, STIs, Benzathine Penicillin G, HIV pre-exposure prophylaxis and treatment and HCV treatment.

The National Pharmacy Council Syndemic Ad Hoc Committee is pleased to provide sample pharmacy policies and protocols, training, resources, and implementation pearls for you and your facility to engage pharmacy in broader syndemic work. While the term syndemic may seem complex, it is used when two or more diseases or health conditions cluster and interact within a population because of social and structural factors, leading to an excess disease burden and continuing health disparities. This guide serves as a practical resource designed to assist pharmacy programs in addressing interrelated epidemics – HIV, HCV, and STIs – that compound disease burden. While the opioid epidemic intersects with the HIV, HCV, and STI epidemics, programs are encouraged to review the information on the [IHS Heroin, Opioid, and Pain Efforts (HOPE)](https://www.ihs.gov/opioids/) website for additional resources developed. By engaging pharmacists—already trusted, accessible, and integrated into our healthcare systems—we can transform how we address these intersecting epidemics.

The following resources were created by pharmacy subject matter experts in the field to encourage rapid uptake and implementation of pharmacy-based interventions to impact the significant number of cases of HIV, HCV, and STIs impacting American Indian and Alaska Native (AI/AN) people. This guide includes sample pharmacy policies, protocols, and templates to assist in expanding clinical pharmacy services and support healthcare teams to address the syndemic. Ensuring patients receive comprehensive, high-quality care will require a multidisciplinary approach.

The availability of these resources represents a critical step in expanding access to essential services that can help alter the trajectory of rising infection rates, but it cannot stand alone. As IHS remains committed to delivering the highest standard of care, integrating harm reduction strategies, maternal and child health initiatives, and behavioral health support will be essential in holistically addressing these public health challenges.

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# **Start Here: Process Mapping**

* **Data Collection and Needs Assessment**

Before implementing a new clinical service, collect data and perform a [needs assessment](https://www.ihs.gov/hpdp/communityhealth/tools/) for your specific site. You may consider collecting data for the number of people living with HIV in your area, the number of HIV/HCV/STI diagnoses given at your site, local overdose rates, your screening rates compared with national averages, etc.

* **Proposal and Leadership Buy-In**

The toolkit was created by subject matter experts within this field and is endorsed by the IHS Chief Medical Officer (CMO), Principal Pharmacy Consultant, Infectious Disease Consultant, and the IHS HIV/HCV/STI Branch. IHS strives to address the syndemic through prevention, testing, and treatment. In April 2025, the IHS CMO communicated support for these pharmacy-based efforts.

* **Identify Key Stakeholders**

Consider your workflow and determine which departments will be affected and involved in providing syndemic services. Allow these groups to be involved in policy review and implementation. Identify a pharmacist and provider champion at each site to provide a clear point of contact.

* **EXAMPLE Policy and Protocol Revision and Approval**

The toolkit is intended as a starting point for local implementation. Many sites implement broad collaborative practice agreements with fewer details than those provided in this guide; however, details have been included for those who desire more in-depth policies. All documents are EXAMPLE documents designed to be adapted to local needs and aligned with local policies and activities at the site. Every I/T/U is very different in how items may be rolled out, what order sets are used, how positive tests may be addressed, how various disciplines interact in the normal course of providing syndemic care, etc. Collaboration with the medical/clinical director and facility leadership is critical.

* **Note Template Modification and Approval**

The note templates provided have been compiled from several sites providing syndemic services and are intended to align with the example policies and protocols. The templates should be modified to fit your needs. Approval of templates from local or area leadership may be required, as it is customary at your facility and follows local policy. Ensure appropriate key allocation has been granted.

* **Laboratory Considerations**

Laboratory capability and capacity should be evaluated. Collaborate with your local laboratory to identify necessary tests and additional requirements needed, such as CLIA waivers. Laboratory order sets can be variable due to available technologies and testing at each I/T/U. Example order sets are provided; however, nomenclature may vary from site to site. Collaborate with your local Clinical Applications Coordinator and laboratory department to build order sets or quick orders tailored to your facility.

* **Build Clinic Calendar and/or Scheduling System**

Work with pharmacy and facility leadership to determine how pharmacy-based syndemic services will be offered at your facility. Walk-in testing may be provided without formal scheduling; however, some appointments may need to be coordinated and scheduled (e.g., provision of test results and treatment plans). Determine days and hours of operation, duration of appointment times, telephone appointments vs. in-person encounters, the number of appointments per period, and identify who can schedule appointments.

* **Determine Location**

Where will the visits take place? Does the workflow make sense with registration, lab, etc.? Gather and store the needed supplies.

* **Determine and Complete Training and/or Competencies**

Our training and resources section includes training resources and technical assistance programs. Competency requirements vary among sites and are determined at the local level. Some options may include required continuing education hours, competency exams, in-person training, or certifications. Individual policies should be updated to include your plan for determining competency.

*Disclaimer: This manual is intended as a guide, not a substitute for any applicable IHS policy or clinical judgment*

**Frequently Asked Questions**

**Are all protocols aligned with National Clinical Pharmacy Specialist (NCPS) Committee requirements?**

* The pharmacy-based syndemic example protocols and policies may be adopted and endorsed locally. NCPS endorsement is an optional but non-required additional level of certification that incorporates comprehensive care management in addition to specific disease state management. The NCPS Committee assesses Collaborative Practice Agreements (CPA). It evaluates them utilizing the “NCPS Critical Elements in Designing a CPA/Clinical Protocol Checklist” in the National Clinical Pharmacy Specialist Committee Handbook. The pharmacy-based syndemic example protocols and policies were created with the required NCPS CPAs/protocols elements in mind. However, NCPS requires CPAs to incorporate local data, be locally tailored, implement performance improvement measures, and track and report outcomes. Individual facilities must thoroughly review the syndemic resources to ensure local data and additional information are incorporated to meet NCPS requirements if NCPS endorsement is desired.

**Are pharmacy-based syndemic services billable through third-party providers and insurance companies?**

* Reimbursement for pharmacy clinical services varies widely across the country. Pharmacists are not currently recognized as independently billable providers through Medicare Part B. However, some state Medicaid programs and private insurers recognize certain pharmacist clinical services as billable. Contact your state Medicaid program, pharmacy billing specialists, and leadership about potential billing opportunities. Collaborate with your local service unit/facility Business Office to identify opportunities to bill under “incident to” billing.

**Is outcomes reporting required for pharmacy-based syndemic services?**

* Collection of outcomes data is essential to document pharmacists' impact on patient care and the contributions made to curb the syndemic. Local sites should identify the administrative and clinical outcome measures to be collected and the process for obtaining, documenting, and reporting outcome data locally. Though national data reporting will not be required, the data may help create IHS pharmacy success stories, disseminate best practices, and demonstrate pharmacists' impact on syndemic-related patient care. The process for obtaining, documenting, and reporting annual outcomes to local leadership should be determined when implementing the Test-to-Treat protocols and policies locally.

**Will there be technical support after we implement a new pharmacy-based syndemic service?**

* Pharmacy-based syndemic work is already a mainstay in some IHS facilities, and we have many local and national subject matter experts available to support sites. Also, many IHS sites and Areas are working feverishly to reduce syndemic infections, and many best practices and support resources are available. Support will be available in multiple ways, including IHS Headquarters-supported technical assistance from the IHS HIV/HCV/STI Branch. In addition, the National Pharmacy Council Pharmacy-Based Syndemic Ad Hoc Committee plans to provide mentoring and support. If your site needs support, contact Bethany Johnson, PharmD, BCIDP ([bethany.johnson@ihs.gov](mailto:bethany.johnson@ihs.gov)) or Holly Van Lew, PharmD, BCPS, AAHIVP ([holly.vanlew@ihs.gov](mailto:holly.vanlew@ihs.gov)).

**Are pharmacists allowed to initiate PrEP and PEP without a medical provider’s prescription in all states?**

* Pharmacy practice varies by state and practice environment. The leadership at your facility can guide you and assist with implementing policies and procedures under standing orders, collaborative practice, etc. Some states allow pharmacists to initiate PrEP and PEP therapy. Please visit the [National Alliance of State and Territorial AIDS Directors’ resource](https://nastad.org/sites/default/files/2024-12/Pharmacist_Initiated_PrEP_PEP_IssueBrief_120624.pdf), which has compiled a list of these allowances by state.

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# Example Pharmacy-Based Policies and Protocols

## HIV Pre-Exposure Prophylaxis (PrEP)

**HIV Pre-Exposure Prophylaxis (PrEP)**

***Example* Pharmacy Policy**

**PURPOSE:**

To authorize pharmacists to provide comprehensive HIV pre-exposure prophylaxis (PrEP) care at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Unit or field sites serviced by Indian Health Service (IHS) pharmacy staff from this Service Unit.

**DEFINITIONS:**

Screening: To detect potential health disorders or diseases in people who may or may not have disease symptoms.

Syndemic: Synergistic and interacting epidemics explicitly referring to Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), and sexually transmitted infections (STIs).

Syndemic Approach: An approach to addressing HIV, STIs, and viral hepatitis cases, which all share similar risk factors for transmission. Screening is recommended for all infections with shared risk factors, including HIV, STIs, and viral hepatitis labs when testing.

**BACKGROUND:**

For individuals at risk of acquiring HIV, Pre-Exposure Prophylaxis (PrEP) is a highly effective biomedical prevention tool that, when taken as prescribed, can significantly reduce the chance of getting HIV from sex or injection drug use. HIV PrEP has the potential to decrease not only the burden of HIV but also decrease the prevalence of other STIs through frequent testing and treating new infections promptly.  PrEP visits will also allow the opportunity to link individuals to other healthcare services, such as immunizations and harm reduction counseling.

**POLICY:**

Under this policy and attached protocol, pharmacists are authorized to initiate, modify the dose or schedule (frequency), or discontinue the administration of medications and order and interpret laboratory tests applicable to the appropriate monitoring of those medications for HIV PrEP therapy. Evidence-based medicine, as it emerges in published literature, expert consensus guidelines, and clinical practice guidelines, will serve as the guiding principles for treatment.

**PROTOCOL:**

* **REFERRAL PROCESS**

1. Patients may self-refer to the pharmacy-based clinic.
2. Any provider may refer patients to the pharmacy-based clinic for care.

* **INDICATIONS FOR PREP (INCLUDE BUT ARE NOT LIMITED TO)**

1. Sexually active individuals 13 years and older and weighing greater than 35 kg (Note: This age limit varies by state or by facility-based policies for minor consent for sexual health services) with:
   1. Sexual partner(s) living with HIV with a detectable or unknown viral load
   2. Sexual partner(s) unaware of their HIV status
   3. Bacterial STI in the past 12 months
   4. History of inconsistent or no condom use with sexual partner(s)
2. Persons Who Inject Drugs with:
   1. Injecting partner(s) living with HIV with a detectable or unknown viral load
   2. Injecting partner(s) unaware of their HIV status
   3. History of sharing injection equipment with injecting partner(s)

* **INCLUSION CRITERIA**

1. HIV Ag/Ab test and viral load negative in the past 7 days OR HIV Ag/Ab test pending at the time the patient is picking up medication.
   1. Draw the HIV viral load if the patient has taken oral PrEP within the last 3 months or injectable PrEP within the previous 12 months.
2. No signs/symptoms of [acute HIV Infection](https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/symptoms-of-hiv/) in the past 4 weeks (flu-like symptoms: fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes, mouth ulcers, etc.). If present, test for acute HIV by drawing a viral load and consider deferring HIV PrEP until test results are back.
3. Documented HBV immunity or pending HBV serologies
4. Assess for any history of renal or liver disease, osteopenia/osteomalacia, or osteoporosis; their presence may impact the PrEP agent selected.
   1. Renal function should be assessed at baseline for oral PrEP agents. A recent CrCl (within one year for PrEP continuation) or a renal function test pending when the patient picks up medication is reasonable.
      1. For tenofovir disoproxil fumarate/emtricitabine (TDF/FTC or Truvada): CrCl >60 mL/min
      2. For tenofovir alafenamide/emtricitabine (TAF/FTC or Descovy®): CrCl >30 mL/min
5. Additional testing to be drawn for **same-day** PrEP Initiation:
   1. STI screening: Gonorrhea, Chlamydia, Syphilis, Trichomonas, and other related infections
   2. Hepatitis B serology (if not known to be hepatitis B immune)
   3. Hepatitis C screening
   4. Lipid panel (for TAF/FTC initiation)
   5. CMP for CrCl (oral PrEP)
   6. Urine or serum (preferred) pregnancy test, when indicated
   7. Willingness and ability to take a medication on a schedule AND return for regular appointments and labs while taking PrEP
   8. If the patient is pregnant, link to care with OBGYN, discuss treatment initiation, and plan with PCP or referring provider.
6. If HIV exposure occurred in the last 72 hours, offer HIV post-exposure prophylaxis (PEP) and then bridge to HIV PrEP upon completion of PEP if risk remains.

* **SELECTION OF HIV PREP REGIMEN AND PRESCRIBING**

1. Refer to current clinical guidelines for the selection of therapy.
2. Considerations:
   1. Tenofovir disoproxil fumarate 300 mg / Emtricitabine 200 mg (TDF/FTC or Truvada)
      1. **TDF/FTC is on the IHS National Core Formulary**
      2. Indicated for adults and adolescents ≥35 kg
      3. Not recommended for CrCl <60 mL/minute
   2. Tenofovir alafenamide 25 mg / Emtricitabine 200 mg(TAF/FTC or Descovy®) TAF/FTC is NOT currently on the IHS National Core Formulary
      1. TAF/FTC is not currently guideline endorsed for people with a vagina. Clinical trials to evaluate its use in various populations are ongoing.
      2. Indicated for adults and adolescents ≥35 kg. It may be used for patients when TDF/FTC is deemed inappropriate, defined as:
         1. In the presence of bone disease
         2. CKD stage 3 or greater (CrCl ≤60 mL/min)
         3. CKD stage 2 (CrCl 61-89 mL/min) with additional risk factors for worsening renal function such as DM, hypertension, and/or persistently elevated UACR (>30mg/g).
         4. Avoid TAF/FTC in severe renal impairment (CrCl <30mL/min)
   3. Cabotegravir (Apretude) 600mg long-acting IM injection
      1. Not on the IHS National Core Formulary
      2. Indicated for adults and adolescents ≥35 kg
3. Prescribing Instructions/Recommendations
   1. Review potential drug interactions: [Liverpool HIV Interactions (HIV-druginteractions.org)](https://www.hiv-druginteractions.org/checker)
   2. Prescriptions should be written for a maximum of 3 months.
   3. Refills should not be processed if more than 90 days have passed since the last HIV test and no HIV test is pending.
   4. HIV labs (HIV Ag/Ab and HIV-1 RNA assay) are required if PrEP therapy has lapsed for more than 7 days.

*Due to high costs, non-formulary medications (TAF/FTC or Cabotegravir IM injections) will be evaluated on a case-by-case basis. If applicable, patients may utilize a manufacturer’s patient assistance program.*

* **CLINICAL FOLLOW-UP & MONITORING**

1. If there has been a lapse of >7 days in PrEP or if it has been >90 days since the last HIV testing, then new HIV testing (HIV Ag/Ab and HIV-1 RNA assay) is needed.
2. At least every 3 months:
   1. Repeat HIV testing (HIV Ag/Ab and HIV-1 RNA assay) and offer medication adherence and harm reduction support
   2. Bacterial STI screening at all anatomical sites of exposure: oral, rectal, urine, vaginal
3. At least every 6 months: Assess renal function for patients aged ≥50 years or who have a CrCl <90ml/min at PrEP initiation
4. At least every 12 months: Assess renal function for all patients
5. For patients on TAF/FTC: Assess weight, triglyceride and cholesterol levels
6. For patients on CAB:  Documented negative HIV-1 RNA assay at multiple intervals (≤1 week before initiating or reinitiating PrEP, at 1-month post-initiation, then every 2 months while taking PrEP, and following discontinuation of PrEP)

* **PATIENT EDUCATION**
  1. PrEP should be taken exactly as prescribed by the healthcare provider
  2. Avoid changing the dose or stopping PrEP without talking with a healthcare provider
  3. Store medications at room temperature
  4. The most common side effects of oral PrEP are headache, abdominal pain, and weight changes
  5. The most common side effect for injectable PrEP: injection site reactions
* **DOXYPEP (STI PREVENTION)**
  1. All patients who qualify for HIV PrEP should be considered for DoxyPEP
  2. Refer to the [CDC DoxyPEP guidelines](https://www.cdc.gov/mmwr/volumes/73/rr/rr7302a1.htm)
* **DISCONTINUATION OF PREP**

1. Patients will be discontinued from PrEP by the provider for any of the following reasons:
   1. Confirmed HIV infection
   2. Decline in renal function: CrCl <30 mL/min (for TAF/FTC), CrCl <60 mL/min (for TDF/FTC)
   3. Intolerance or allergy to the PrEP regimen
   4. HIV risk behavior no longer present, and the patient wishes to discontinue PrEP
2. When discontinuing PrEP, the provider should document the following:
   1. HIV status at the time of discontinuation
   2. Reason for discontinuation
   3. Recent medication adherence and reported sexual risk behavior
   4. Education provided:
      1. Continue to take PrEP for 28 days since the last exposure
      2. Patient informed regarding the ability to restart PrEP in the future
3. Restarting PrEP instructions
   1. Requires the same initial evaluation, except the Hep B serology (if vaccinated)

* **REFERENCES**
  1. Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf. Published 2021.

## A red and white sign with a picture of a medical symbol AI-generated content may be incorrect.HIV Non-Occupational Post-Exposure Prophylaxis (nPEP)

**HIV Non-Occupational Post-Exposure Prophylaxis (nPEP)**

***Example* Pharmacy Policy**

**PURPOSE:**

To authorize pharmacists to provide comprehensive Human Immunodeficiency Virus (HIV) non-occupational post-exposure prophylaxis care at the \_\_\_\_\_\_\_ Service Unit or field sites serviced by Indian Health Service (IHS) pharmacy staff from this Service Unit.

**DEFINITIONS:**

Screening: To detect potential health disorders or diseases in people who may or may not have disease symptoms.

Syndemic Approach: An approach to addressing the synergistic and interacting epidemics of HIV, Hepatitis C (HCV), and sexually transmitted infections (STIs), which all share similar risk factors for transmission. Screening and education are recommended for all infections with shared risk factors, including HIV, STIs, and viral hepatitis.

Non-Occupational Post-Exposure Prophylaxis (nPEP): the use of antiretroviral medication to prevent HIV infection in an HIV-negative person who has had a high-risk exposure to HIV through sexual or injection drug use practices.

**BACKGROUND:**

The most effective methods for preventing human immunodeficiency virus (HIV) infection are those that protect against exposure through harm reduction strategies. However, the provision of antiretroviral medication after isolated sexual, injection drug use, or other HIV exposure, known as nPEP, is an opportunity to prevent HIV infection when exposure has already occurred, and there is a risk for HIV acquisition. For individuals exposed to and at risk of acquiring HIV, nPEP is an effective biomedical prevention tool that, when taken as prescribed, can significantly reduce the chance of getting HIV after exposure through sex, injection drug use, or blood and bodily fluids. Initiation of nPEP soon after potential exposure to HIV increases the efficacy of preventing new infections. Medication should be ideally administered within 2 hours, but no later than 72 hours after exposure.

**Potential HIV exposure is considered a medical emergency. For this reason, all IHS pharmacies should have HIV post-exposure prophylaxis medications readily available for immediate distribution.**

**POLICY:**

Pharmacists are authorized to initiate the prescribing and administration of HIV nPEP for individuals who have experienced exposure with a risk for HIV acquisition and present for care within 72 hours of the exposure. Pharmacists may order and interpret relevant laboratory tests applicable to Syndemic screening and labs appropriate for monitoring medications prescribed for HIV nPEP therapy.  Evidence-based medicine, as it emerges in published literature, expert consensus guidelines, and clinical practice guidelines, will serve as the guiding principles for treatment.

**PROTOCOL:**

* **REFERRAL PROCESS**

1. Patients may self-refer to the pharmacy-based nPEP services.
2. Any provider may refer patients to pharmacy-based nPEP services.
3. Any occupational exposure (PEP) should be managed according to the local facility protocol.

* **ELIGIBILITY FOR TREATMENT**

1. Any individual not living with HIV who is 13 years of age and older and reports a potential exposure to HIV within the last 72 hours will be offered an appropriate nPEP regimen (Note: This age limit varies by state or by facility-based policies for minor consent for sexual health services).
2. An exposure with a substantial risk (as defined by the CDC) for HIV infection occurred, and the patient is presenting for nPEP within 72 hours. A low threshold should be considered for anyone asking for nPEP, as they may have had an exposure for which they are unwilling to share additional details but have a legitimate need for protection.
3. Willingness and ability to take a medication on a schedule AND return for regular appointments and labs while taking nPEP.

* **SPECIAL POPULATIONS AND CONSIDERATIONS**

1. When exposure occurs in a pregnant patient, workflows should depend on access to care at the individual facility and timely access to medical providers, including PCPs, OB/GYNs, or acute care services (emergency room, urgent care) for nPEP initiation. Consider facility resources and barriers that may result in delays exceeding the 72-hour window. Work with local medical staff to ensure treatment within the 72-hour window to reduce the risk and potential harm of delaying nPEP initiation for the pregnant patient and unborn child.
2. Sexually assaulted individuals will be referred to acute care services (emergency room, urgent care). If access to acute care services is delayed, the first dose of nPEP should be administered while awaiting linkage to care.

* **BASELINE LABS AND SCREENING**

1. All patients initiating nPEP after potential HIV exposure should be tested for the presence of HIV-1/HIV-2 antigens and antibodies at baseline (before nPEP initiation). Laboratory testing with an HIV Ag/Ab test is preferred.
   1. When a point-of-care test is utilized, and the results are positive, the patient should receive confirmatory lab testing.
   2. If confirmed positive, the patient should be linked to HIV care.
2. Obtain other baseline labs as current guidelines indicate (see Table 1).
3. Positive STI and viral hepatitis results may be addressed by other pharmacy-based services as available or referred to the patient’s PCP or clinical director.

**TABLE 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Baseline Labs and Intervals** | | | | |
| Test | Baseline | 4-6 weeks  after exposure | 3 months  after exposure | 6 months  after exposure |
| For all persons considered for or prescribed nPEP for any exposure | | | |
| HIV Ag/Ab Test | x | x | x | x |
| Hepatitis B serology, including:   * Hepatitis B surface antigen * Hepatitis B surface antibody * Hepatitis B core antibody | x |  |  | xa |
| Hepatitis C antibody test | x |  |  | xa |
|  | For all persons considered for or prescribed nPEP for sexual exposure | | | |
| Syphilis serology | x | x |  | xb |
| Gonorrhea | x | xc |  |  |
| Chlamydia | x | xc |  |  |
| Pregnancy | x | x |  |  |
|  | For all persons prescribed nPEP | | | |
| Serum Creatinine (SCr) | x | x |  |  |
| Alanine transaminase (ALT),   Aspartate aminotransferase (AST) | x | x |  |  |

If theexposed person was considered susceptible at baseline.

If determined to be infected with syphilis and treated, they should undergo serologic syphilis testing 6 months after treatment.

If presumptive treatment is not provided as a baseline, or if symptomatic at a follow-up visit,

* **SELECTION OF HIV PEP REGIMEN AND PRESCRIBING:**

1. Refer to current clinical guidelines for the selection of therapy.

|  |  |
| --- | --- |
| **Recommended Regimens** | **Duration** |
| bictegravir/emtricitabine/tenofovir alafenamide once daily  (BIC/FTC/TAF) | 28 days |
| dolutegravir (DTG) once daily  **PLUS**  **EITHER** tenofovir disoproxil fumarate (TDF) **OR** tenofovir alafenamide (TAF)  **PLUS**  **EITHER** emtricitabine(FTC) **OR** lamivudine (3TC) | 28 days |

1. Alternative regimens may be considered in certain circumstances and should be prescribed following guidelines in consultation with the patient’s provider or the clinical director.
2. Prescribing instructions
   1. **nPEP is considered a medical emergency** and should be started immediately after the proper screening, comprehensive medical chart review, and patient assessment are complete. The first dose of nPEP may be given before HIV results become available.
   2. nPEP prescriptions should be written for 28 days to increase the likelihood of adherence.
   3. Potential drug interactions should be checked before prescribing nPEP, ideally using the Liverpool Database or other resources: [Liverpool HIV Interactions (HIV-druginteractions.org)](https://www.hiv-druginteractions.org/checker)

* **CLINICAL MONITORING & FOLLOW-UP:**

1. Follow-up labs will be ordered as guidelines indicate (see Table 1).
   1. Any positive HIV screening result will be reflexed for HIV viral load and referred for follow-up, as is customary per policy and procedure at the local facility for further work-up.
   2. Any positive screening results or abnormal laboratory results for HBV, HCV, or bacterial STIs will be referred to a medical provider or treated as is customary per policy and procedure at the local facility.
2. If the source of exposure is found to be HIV-negative, or if further clinical information becomes available indicating that the risk of HIV transmission was low (e.g., in the event of an exposure from a person who is virally suppressed), there may be consideration for discontinuation of therapy in consultation with the patient’s PCP, infectious disease consultation, or the [National Clinician Consultation Center](https://nccc.ucsf.edu/) PEPline at 888-448-4911

* **PATIENT EDUCATION**

1. The patient is instructed about the signs and symptoms associated with acute HIV infection (fever, fatigue, myalgia, rash, headache, pharyngitis, cervical adenopathy, arthralgia, night sweats, diarrhea) and asked to return for evaluation if these occur during the 28 days of prophylaxis or anytime within a month after nPEP concludes.
2. Review the laboratory tests needed to monitor therapy, the recommended laboratory intervals, and the frequency of return visits.
3. The patient is offered education and counseling about safer sex/injection practices, doxycycline post-exposure prophylaxis (DoxyPEP), HIV pre-exposure prophylaxis (PrEP), Emergency Contraception (EC), and indicated vaccinations.
4. The patient is linked to PrEP, DoxyPEP, EC, harm reduction services, and vaccine administration through referral or processes at the facility for interested patients.

I.  **REFERENCES**

1. Dominguez KL, Smith DK, Vasavi T et al. Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV—United States, 2016. April 18, 2016, Update (May 23, 2018). https://stacks.cdc.gov/view/cdc/38856

## A purple and white label with a logo AI-generated content may be incorrect.Doxycycline for Post-Exposure Prophylaxis

(DoxyPEP)

**Doxycycline Post-Exposure Prophylaxis (DoxyPEP) for Bacterial Sexually Transmitted Infections (STIs)**

***Example* Pharmacy Policy**

**PURPOSE:**

To authorize pharmacists to provide prevention of bacterial sexually transmitted infections (STIs) through the utilization of Doxycycline Post-Exposure Prophylaxis (DoxyPEP) at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Unit or field sites serviced by Indian Health Service (IHS) pharmacy staff from this Service Unit.

**DEFINITIONS:**

Screening: To detect potential health disorders or diseases in people who may or may not have disease symptoms.

Syndemic: Synergistic and interacting epidemics explicitly referring to Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), and STIs.

Syndemic Approach: An approach to addressing HIV, STIs, and viral hepatitis cases, which all share similar risk factors for transmission. Screening is recommended for all infections with shared risk factors, including HIV, STIs, and viral hepatitis labs when testing.

**BACKGROUND:**

Due to the high incidence and prevalence of treatable STIs within Indian Country – infections that propagate significant morbidity and mortality when undiagnosed and untreated – expanded access to screening, testing, treatment, and novel prevention strategies is needed for American Indian and Alaska Native (AI/AN) adolescents and adults. Pharmacists are highly accessible healthcare providers who are trained to utilize a syndemic approach and will provide an additional access point for patients to increase access to STI, HIV, and viral hepatitis screening and appropriate treatment and prevention, as well as harm reduction support, to curb the ongoing Syndemic in Indian Country.

**POLICY:**

Under this policy and attached protocol, pharmacists are authorized to initiate the administration of medications and order and interpret laboratory tests applicable to the appropriate monitoring of those medications for DoxyPEP therapy. Evidence-based medicine, as it emerges in published literature, expert consensus guidelines, and clinical practice guidelines, will serve as the guiding principles for treatment.

**PROTOCOL:**

* **REFERRAL PROCESS**

1. Patients 13 years or older may self-refer to the pharmacy-based DoxyPEP clinic in person at the pharmacy or by phone, or a pharmacist may offer it. (Note: This age limit varies by state or by facility-based policies about minor consent for sexual health services.)
2. Patients may be referred to the pharmacy-based DoxyPEP clinic by any healthcare team member.

* **INCLUSION CRITERIA**

1. Refer to the Centers for Disease Control (CDC) guidelines for populations showing benefit from the use of DoxyPEP according to the most recent evidence.
2. Use of DoxyPEP outside of recommended populations should be discussed with the primary care provider (PCP) or referring provider.
3. Any patient receiving HIV pre-exposure prophylaxis (PrEP) should be offered DoxyPEP so long as it aligns with current guidance.
4. Patients experiencing symptoms of an STI or with a recent known exposure to an STI should receive testing and treatment before initiating DoxyPEP.

* **PRE-SCREENING**

1. STI screening at all anatomic sites of exposure.
2. Medication reconciliation, including evaluation for drug interactions.
3. Pregnancy test (when applicable).
4. Consider and offer HIV PrEP for any person interested in DoxyPEP.

* **ADMINISTRATION AND DOSAGE**

1. The pharmacist will prescribe doxycycline 200 mg (any formulation) to be self-administered as needed within 72 hours after having oral, vaginal, or anal sex. Not to exceed 200 mg within 24 hours.
2. The prescription should account for enough doses based on the person’s anticipated sexual activity until their next visit. When possible, provide a 10 to 30-day supply and consider adding a refill to encourage adherence and reduce barriers.
3. Pharmacists should offer condoms in conjunction with DoxyPEP.

* **MONITORING**

1. STI screening at anatomic exposure sites should be performed every 3-6 months.
2. HIV screening should be performed for HIV-negative populations according to current guideline recommendations.
3. Other syndemic screening may be offered as needed, as clinically indicated.
4. The ongoing need for DoxyPEP should be assessed every 3-6 months. This includes deciding whether to continue therapy and determining the quantity that will be sufficient to reach the next appointment.

* **COUNSELING**

1. Although DoxyPEP is highly effective, it does not provide 100% protection against STIs. Counsel on risk reduction strategies, including condom use, partner reduction, and accessing HIV PrEP, HIV non-occupational Post-Exposure Prophylaxis (nPEP), or HIV treatment as indicated.
2. Counseling should include a discussion of the benefits and known and unknown harms of doxycycline as post-exposure prophylaxis (PEP), including the reduction in bacterial STIs, potential side effects such as phototoxicity, esophagitis, and esophageal discomfort, gastrointestinal symptoms, and the potential for the development of resistance in other pathogens and commensal organisms.
3. If the patient has signs and symptoms of an STI(s) or a known exposure, regardless of taking DoxyPEP, the patient should immediately get evaluated.
4. DoxyPEP doesn’t protect against mpox, HIV, or other bacterial or viral infections. Patients should be offered other prevention methods such as HIV PrEP/nPEP, immunizations, and other harm reduction strategies.

* **REFERENCES**

1. Bachmann LH, Barbee LA, Chan P, et al. CDC Clinical Guidelines on Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024. MMWR Recomm Rep 2024;73(No. RR-2):1–8. DOI: http://dx.doi.org/10.15585/mmwr.rr7302a1.

# **Example Note Templates and Documentation**

## PrEP/DoxyPEP

**PrEP/DoxyPEP**

**Key:**

Pre-populated text

Pulled from EHR data

Selection/Free-type

Either/Or Option

HIV PrEP/DoxyPEP VISIT

=============================================================================

|Clinic/Hospital Name|

============================================================================

Patient Name: |PATIENT NAME| Visit Date: |VISIT DATE|

Date of Birth: |PATIENT DATE OF BIRTH| Chart Number: |PATIENT HRN|

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|PATIENT NAME| is a |PATIENT AGE| year old |PATIENT SEX| being followed by pharmacy.

Visit conducted: [check box: in-person, by phone encounter] for

* HIV PrEP/DoxyPEP Initial Evaluation
* HIV PrEP/DoxyPEP Follow-Up Appointment

**Initial Evaluation Template Starts Here:**

===============================================================================

SUBJECTIVE

===============================================================================

Chief Complaint:

[open text box for narrative]

Problem List:

|ACTIVE PROBLEM LIST|

Allergies/ADRs: |ALLERGIES/ADR|

Medication Reconciliation:

|DETAILED ACTIVE MEDS|

EHR medication list reviewed. [selection: no reported changes, changes are as follows: (text box)]

Patient reports use of other medications/OTCs/Herbals: [text box]

Patient reports risk for HIV acquisition through sexual contact [selection: yes/no]

Patient reports risk for HIV acquisition through injection drug use [selection: yes/no]

Patient reports risk for STI acquisition through sexual contact [selection: yes/no]

Additional Subjective Information:

[text box]

Sexual History:

1. Do you use condoms? [check box: sometimes, most of the time, never]
2. When was your last condomless sex? [date]
3. When was the last time you tested positive for an STI? [text box]
4. How do you have sex? [check box: oral, anal, vaginal, receptive, insertive, all, other (text box)]
5. Do you currently have an HIV-positive sexual partner? [yes/no]
6. Are you currently pregnant? [yes/no] (if yes, STOP – refer to medical or OB provider)
   1. Are you trying to conceive? If not, what do you use for pregnancy prevention? (text box)
7. In the last 72 hours, have you had condomless sex or shared injection equipment with someone whose HIV status you do not know their HIV status? [yes/no] (if yes, STOP – complete PEP evaluation)

\*If the most recent sexual activity was within the last 2 weeks, consider recommending repeat STI testing in one month\* **(Display only field. Will be in template, not in note)**

===============================================================================

OBJECTIVE

===============================================================================

Vitals:

BP:|LAST BP|

Pulse: |LAST PULSE|

Laboratory Data:

|LAST HEPATITIS PANEL|

|LAST HIV|

|LAST CBC|

|LAST CMP|

|LAST LIPID PANEL|

|LAST LAB SYPHILIS|

|LAST URINE TRICH|

|LAST GC/CHLA URINE|

|LAST GC/CHLA RECTAL|

|LAST GC/CHLA PHARYNGEAL|

|LAST URINE HCG|

===============================================================================

ASSESSMENT

===============================================================================

Purpose of Visit:

|POV|

The patient is a candidate for HIV PrEP therapy. [selection: yes/no]

If YES, provide education and offer PrEP

The patient is a candidate for DoxyPEP [selection: yes/no]

If YES, provide education and offer DoxyPEP.

Labs to be drawn (if not current):

[check box] Hepatitis A/B Immunity

[check box] Hepatitis Panel

[check box] HIV test results and date: [text box]

[check box] Lipid Panel

[check box] CMP

[check box] STI testing (Gonorrhea, chlamydia, syphilis)

Comments on the above labs/information: [text box]

Immunizations needed: [text box]

===============================================================================

PLAN

===============================================================================

[selection]

* DoxyPEP prescribed:

Doxycycline 200 mg within 24-72 hours after condomless sex

* PrEP prescribed
* Emtricitabine 200 mg/Tenofovir disoproxil fumarate 300 mg (TRUVADA)
* Emtricitabine 200 mg/Tenofovir alafenamide 25 mg (DESCOVY)
  + Only FDA-approved for males at birth.
* Cabotegravir (not available for Same Day PrEP - requires negative PCR)
* Administration information (click box):

Cabotegravir 600mg injection

Dosage: 600mg

Route: IM

Site: [text box]

Lot: [text box]

Expiration Date: [date]

Injection documentation is complete.

Target date with window [text box]

* PrEP not prescribed

[text box]

Labs to be ordered by the clinic today to be drawn:

[text box]

Condoms [WERE/WERE NOT] offered to the patient today

They were [ACCEPTED/NOT ACCEPTED] by the patient.

Immunization Plan:

[text box]

Patient Education:

Oral PrEP:

[check box] Side effects: In addition to the most common side effects, less than 10%

of patients starting oral PrEP experience a “start-up syndrome” that typically

resolves within a month. The most common symptoms are headache, nausea, and

abdominal pain.

[check box] It takes TDF/FTC seven days to reach protective levels in rectal tissue

and 20 days in vaginal tissue.

[check box] Missed doses: A missed dose should be taken as soon as it is remembered.

If it is almost time for the next dose, the missed dose should be skipped,

and the regular dosing schedule should be continued. Double dosing is not recommended.

[check box] PrEP only protects against HIV, not other STIs or pregnancy

[check box] Safer injection drug use practices, harm reduction, naloxone, and

FTS/XTS offered.

[check box] How to obtain refills

[check box] Follow-up

Cabotegravir:

[check box] Common side effects: diarrhea, headache, fever, tiredness, and sleeping

problems, nausea, dizziness/drowsiness, flatulence, abdominal pain, vomiting,

muscle/back pain, and rash.

[check box] Must return for follow-up injections within a 7-day window of either

side of the 2-month target date.

[check box] PrEP only protects against HIV, not other STIs or pregnancy

[check box] Safer injection drug use practices, harm reduction, naloxone, and

FTS/XTS offered.

[check box] How to obtain refills

[check box] Follow-up

DoxyPEP Education:

[check box] Do not take more than 200mg within 24 hours

[check box] Remain in an upright position for 30 minutes after taking doxycycline

[check box] Do not take DoxyPEP if already on a doxycycline regimen (i.e., acne)

[check box] DoxyPEP cannot protect you from HIV

[check box] Doxycycline binds cations - do not take concomitantly with antacids,

iron, cholestyramine, magnesium, or calcium supplements

[check box] Doxycycline may make your skin more sensitive to sunlight

[check box] The impact of DoxyPEP on the gut microbiome and on antibiotic resistance

at the individual and population level remains unknown

Summary of Visit:

[text box]

The patient will return to the pharmacy clinic on [date]

Future appointments:|FUTURE APPTS|

The patient appears to have a |Level of Understanding| level of understanding.

Time in [text box]

Time out [text box]

**Follow Up Appointment Template Starts Here:**

===============================================================================

SUBJECTIVE

===============================================================================

Chief Complaint:

[text box]

Patient reports risk for HIV acquisition through sexual contact [yes/no]

Patient reports risk for HIV acquisition through injection drug use [yes/no]

Patient reports risk for STI acquisition through sexual contact [yes/no]

Additional Subjective Information:

[text box]

Current HIV PrEP Medication:

Emtricitabine/Tenofovir Disoproxil Fumarate

Emtricitabine/Tenofovir Alafenamide

Cabotegravir

Patient started medication on [date]

Is the patient currently using DoxyPEP? [yes/no]

Has the patient missed any doses or experienced compliance issues?

[selection: YES/NO (DEFAULT: NO)]

The patient reports side effects with medication therapy:

[selection: YES/NO (DEFAULT: NO)]

Comments: [text box]

Problem List:

|ACTIVE PROBLEM LIST|

Allergies/ADRs: |ALLERGIES/ADR|

Medication Reconciliation:

|DETAILED ACTIVE MEDS|

EHR medication list reviewed. [selection: no reported changes, changes are as follows: (text box)]

Patient reports use of other medications/OTCs/Herbals: [text box]

===============================================================================

OBJECTIVE

===============================================================================

Vitals:

BP:|LAST BP|

Pulse: |LAST PULSE|

Laboratory Data:

|LAST HEPATITIS PANEL|

|LAST HIV|

|LAST CBC|

|LAST CMP|

|LAST LIPID PANEL|

|LAST LAB SYPHILIS|

|LAST URINE TRICH|

|LAST GC/CHLA URINE|

|LAST GC/CHLA RECTAL|

|LAST GC/CHLA PHARYNGEAL|

|LAST URINE PREGNANCY|

===============================================================================

ASSESSMENT

===============================================================================

Purpose of Visit:

|POV|

Prevention Assessment:

* Current prevention is appropriate and should be continued.
* Current prevention should be discontinued due to recent lab work.
* Current prevention should be discontinued due to adverse effects.
* Current prevention will be discontinued per patient request.

===============================================================================

PLAN

===============================================================================

* Continue current prevention
* Initiate alternative prevention
* Discontinue prevention
  + Click here if the patient requests discontinuation:

Reason for discontinuation: [text box]

The patient requests discontinuation of PrEP treatment. Counseled on the following:

* + nPEP: If you find yourself at substantial risk for acquiring HIV (unplanned

sexual encounter with a partner of unknown HIV status, OR sexual assault, there is

The treatment available for this is called nonoccupational POST-exposure prophylaxis

(nPEP), which is most effective as soon as possible after HIV exposure. It is

unlikely to be effective when instituted >72 hours after exposure. If you or a

friend is in this situation, then please seek nPEP as soon as possible after an

exposure.

* 2-1-1 dosing option: This is not currently approved by the FDA but is included in CDC guidance (MSM only).

\*Take two pills: 2-24 hours before sex

\*Take one pill 24 hours after the first two pills

\*Take one pill 48 hours after the first two pills

* If at any time your status changes and you decide that you want to protect

yourself from acquiring HIV, then please schedule with the pharmacy to resume PrEP treatment. We will order labs to confirm HIV (-) status, schedule a PrEP visit, and re-order PrEP medication.

Medications: [today’s meds]

Administration information: (click box)

Cabotegravir 600mg injection

Dosage: 600mg

Route: IM

Site: [text box]

Lot: [text box]

Expiration Date: [date]

Injection documentation is complete.

Target date with window [text box]

Labs to be drawn: [text box]

Condoms [check box: were, were not] offered to a patient today

They were [check box: accepted, not accepted] by the patient.

Other harm reduction offered: [text box]

Immunization Plan: [text box]

Education topics discussed: [text box]

Summary of Visit:

[text box]

The patient will return to the pharmacy clinic on [date]

Future appointments:

|FUTURE APPTS|

The patient appears to have a |Level of Understanding| level of understanding.

Time in [text box]

Time out [text box]

## HIV Non-Oupational Post-Exposure Prophylaxis

**HIV Non-Occupational Post-Exposure Prophylaxis**

**Key:**

Pre-populated text

Pulled from EHR data

Selection/Free-type

Either/Or Option

HIV Non-Occupational Post-Exposure Prophylaxis (nPEP) VISIT

=============================================================================

|Clinic/Hospital Name|

============================================================================

Patient Name: |PATIENT NAME| Visit Date: |VISIT DATE|

Date of Birth: |PATIENT DATE OF BIRTH| Chart Number: |PATIENT HRN|

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|PATIENT NAME| is a |PATIENT AGE| year old |PATIENT SEX| being followed by pharmacy.

Visit conducted: [check box: in-person, by phone encounter] for

* nPEP Initial Visit
* nPEP 4-6 weeks after exposure
* nPEP 3 months after exposure
* nPEP 6 months after exposure

===============================================================================

SUBJECTIVE

===============================================================================

Chief Complaint:

[open text box for narrative]

Problem List:

|ACTIVE PROBLEM LIST|

Allergies/ADRs: |ALLERGIES/ADR|

Medication Reconciliation:

|DETAILED ACTIVE MEDS|

EHR medication list reviewed. [selection: no reported changes, changes are as follows: (text box)]

Patient reports use of other medications/OTCs/Herbals: [text box]

Patient reports risk for HIV acquisition within the last 72 hours [selection: yes/no]

Patient reports risk for HIV acquisition through sexual contact [selection: yes/no]

* If yes, consider emergency contraception and STI prevention.
* If yes, was the encounter a result of sexual assault? [selection: yes/no]
  + If yes, the first dose of nPEP may be administered while awaiting linkage to acute care services.

Patient reports risk for HIV acquisition through injection drug use [selection: yes/no]

Patient reports they are currently pregnant [selection: yes/no]

* If yes, work with local medical staff to ensure treatment within 72 hours to reduce the risk and potential harm of delaying nPEP initiation. Generate referrals if needed.

Additional Subjective Information:

[text box]

===============================================================================

OBJECTIVE

===============================================================================

Vitals:

BP:|LAST BP|

Pulse: |LAST PULSE|

Laboratory Data:

|LAST HEPATITIS PANEL|

|LAST HIV|

|LAST CBC|

|LAST CMP|

|LAST LAB SYPHILIS|

|LAST URINE TRICH|

|LAST GC/CHLA URINE|

|LAST GC/CHLA RECTAL|

|LAST GC/CHLA PHARYNGEAL|

|LAST URINE PREGNANCY|

===============================================================================

ASSESSMENT

===============================================================================

Purpose of Visit:

|POV|

The patient is a candidate for HIV nPEP therapy. [selection: yes/no]

Labs to be drawn (if not current):

[check box] HIV Ag/Ab testing

[check box] Hepatitis B serology

[check box] Hepatitis C antibody test

[check box] Urine hCG

[check box] CMP

[check box] STI testing (Gonorrhea, chlamydia, syphilis)

Comments on the above labs/information:

[text box]

Immunizations needed: [text box]

===============================================================================

PLAN

===============================================================================

Patient [IS/IS NOT] an appropriate candidate for nPEP.

[selection]

* Initiate therapy
* Continue therapy
* Discontinue therapy
* Other [text box]

nPEP prescribed:

* Bictegravir/emtricitabine/tenofovir alafenamide once daily
* Dolutegravir once daily **PLUS**
  + **EITHER**
* tenofovir disoproxil fumarate **OR**
* tenofovir alafenamide
* **EITHER**
* emtricitabine **OR**
* lamivudine
* None

Duration: [text box – will generally be 28 days unless you are dispensing a short-day supply]

Condoms [WERE/WERE NOT] offered to the patient today

They [WERE/WERE NOT] accepted by the patient.

Immunization Plan:

[text box]

Patient Education:

[check box] The patient was instructed about the signs and symptoms associated with acute HIV

infection (fever, fatigue, myalgia, rash, headache, pharyngitis, cervical adenopathy, arthralgia, night sweats, diarrhea) and asked to return for evaluation if these occur during the 28 days of prophylaxis or anytime within a month after nPEP concludes.

[check box] Reviewed the laboratory tests needed to monitor therapy, the recommended laboratory tests

intervals, and the frequency of return visits.

[check box] The patient was offered education and counseling about safer sex/injection practices,

doxycycline post-exposure prophylaxis (DoxyPEP), HIV pre-exposure prophylaxis (PrEP), Emergency Contraception (EC), and indicated vaccinations.

Linked to the following services:

[check box] PrEP

[check box] DoxyPEP

[check box] EC

[check box] Other [text box]

[check box] Follow-up

Summary of Visit:

[text box]

The patient will return to the pharmacy clinic on [date]

Future appointments:|FUTURE APPTS|

The patient appears to have a |Level of Understanding| level of understanding.

Time in [text box]

Time out [text box]

Total time spent with patient: [text box]

# **Training and Competencies**

Pharmacists wanting to engage in Pharmacy-Based Syndemic Test-to-Treat activities should consider training and certification programs tailored to the disease states of interest. The local facility, privileging the pharmacist, must determine the exact competency and training requirements and any subsequent training maintenance. Several training and certification programs are listed below, most of which are offered at no cost, have continuing education credits, and offer certificates of completion. Those programs with a cost associated are signified by $$$ after the program name.

The National Curriculum Modules for HIV, Hepatitis C, and STIs are established and maintained by the University of Washington (UW) and sponsored by the Centers for Disease Control and Prevention (CDC). The programs are updated with evolving recommendations, and the platform is a hub for multiple modules. The UW national curriculum benefits include: the same username and password can be used for the modules (HIV, HCV, STI), certificates of completion are available, learning groups can be created, and program managers can assign modules within each curriculum (HIV, HCV, STI) and track progress.

|  |  |
| --- | --- |
| **Topic** | **Pharmacist Training and Competency Courses Options\*** |
| PrEP | APhA Pharmacy-Based HIV Prevention Services Certificate Program - **$$$**   * [Pharmacy-Based HIV Prevention Services](https://www.pharmacist.com/Education/Certificate-Training-Programs/Pharmacy-Based-HIV-Prevention-Services)   National HIV PrEP Curriculum   * [National HIV PrEP Curriculum (uw.edu)](https://www.hivprep.uw.edu/)   PrEP Navigator Training for Community and Public Health Staff – (No CPE credit)   * [PrEP Navigator Training](https://cardea.matrixlms.com/visitor_catalog_class/show/1285219) |
| HIV | The National HIV Curriculum Modules   * [National HIV Curriculum (uw.edu)](https://www.hiv.uw.edu/)   The American Academy of HIV Medicine – HIV Expert   * [American Academy of HIV Medicine | HIV Expert™ (aahivm.org)](https://aahivm.org/hiv-expert/) - **$$$**   The American Academy of HIV Medicine – HIV Pharmacist   * [American Academy of HIV Medicine | HIV Pharmacist™ (aahivm.org)](https://aahivm.org/hiv-pharmacist/) - **$$$** |
| STI | The National STD Curriculum Modules   * [National STD Curriculum (uw.edu)](https://www.std.uw.edu/) * [Chlamydial Infections - STD Lessons - National STD Curriculum (uw.edu)](https://www.std.uw.edu/custom/self-study/chlamydial-infections) * [Gonococcal Infections - STD Lessons - National STD Curriculum (uw.edu)](https://www.std.uw.edu/custom/self-study/gonococcal-infections) * [Syphilis - STD Lessons - National STD Curriculum (uw.edu)](https://www.std.uw.edu/custom/self-study/syphilis) * [Trichomoniasis Question Bank - National STD Curriculum (uw.edu)](https://www.std.uw.edu/page/qb/topic/2021-guidelines/trichomoniasis) * [Mycoplasma genitalium - STD Lessons - National STD Curriculum (uw.edu)](https://www.std.uw.edu/custom/self-study/mycoplasma-genitalium) |
| HCV | Hepatitis C Online Modules   * [Hepatitis C Online (uw.edu)](https://www.hepatitisc.uw.edu/)   VA Viral Hepatitis and Liver Disease Website Course   * [Evaluating Liver Test Abnormalities](https://www.hepatitis.va.gov/HEPATITIS/course/index.asp?page=/provider/courses/livertests/livertests-01) |
| MOUD | ASHP Medications for Opioid Use Disorder (MOUD) Training Program   * [Medications for Opioid Use Disorder (MOUD) Training Program - ASHP](https://elearning.ashp.org/products/11000/medications-for-opioid-use-disorder-moud-training-program) - **$$$**   Providers Clinical Support System (PCSS) Courses   * [MOUD Education Options - PCSS-MOUD](https://pcssnow.org/medications-for-opioid-use-disorder/8-hour-moud-education-options/) |

*\*The Indian Health Service (IHS) does not endorse or promote any individual training, program, or organization listed in this guide. The resources included are provided for informational purposes only and are intended to support awareness and access to training opportunities.*

# **Acknowledgments**

The National Pharmacy Council Syndemic Ad Hoc Committee chairs thank the contributors who shared their insights and best practices to strengthen the pharmacy-based syndemic response and the reviewers who meticulously examined the content, ensuring its accuracy and relevance. Your collective efforts have made this guide a meaningful and practical resource for pharmacists nationwide.

We also recognize the countless hours spent by those who helped shape the structure, refine the details, and ensure that this resource guide serves as a comprehensive and accessible guide for the pharmacy community. Your dedication to advancing pharmacy practice and public health does not go unnoticed, and we are profoundly grateful for your efforts.

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