ACTIVATE PrEP
Adopting Clinic Transformation for Immediate, Viable, and Timely Execution

Rapid Start PrEP | Clinician Decision Pathway

Use this pathway to:

» Provide a 30-day oral PrEP supply while same-day baseline laboratory results are pending

» Perform LAI PrEP baseline testing and schedule follow-up injection appointment

1 Confirm rapid-start eligibility

ALL must be true

- Negative rapid whole-blood HIV point-of-care test today
- All PrEP protocol laboratory tests collected today
- No self-reported acute HIV signs or symptoms or findings on examination
- No self-reported chronic HBV or kidney disease (for oral PrEP regimens)
- Medication review completed: prescribed, over-the-counter, and herbal products show no significant interaction with selected regimen

ALL YES

Any criterion is NO

Do not order or dispense same-day PrEP. Proceed with the standard PrEP protocol.

2 Initiate Rapid Start PrEP

» Order or dispense a 30-day supply of oral PrEP medication per PrEP protocol OR schedule injection appointment for LAI PrEP regimens

» Schedule follow-up appointments per PrEP protocol

» Document counseling and how results will be communicated

3 Review every baseline test result within 72 hours of receiving it

Do not wait for the routine follow-up visit to act on abnormal results.

4 Act on results

HBV sAg (for oral PrEP)

Positive	Continue PrEP; consult and refer for HBV expertise.
Negative	Continue PrEP; review HBV immunity and vaccinate if indicated.

eCrCl (for oral PrEP)

Apply regimen-specific renal thresholds.

Switch, stop, or consult as shown on page 2.

Other labs / vaccines

- Notify the delegating/prescribing clinician of abnormal results
- Offer indicated vaccines per the PrEP protocol and immunization schedule

Page 2 contains the exact eligibility checklist, baseline orders, renal/HBV actions, and routine PrEP monitoring.

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Rapid Start PrEP | Detailed Clinician Guide

Document the complete eligibility assessment, collect baseline testing, and act promptly on results.

A Document ALL Rapid PrEP eligibility criteria as shown on page 1

If any item is not met, use the standard PrEP protocol – not the same-day pathway.

B Collect at the initial visit

	Minimum documentation
HIV	Acute HIV infection signs/symptoms and focused-exam assessment; whole-blood POC HIV Ag/Ab test; laboratory-based 4th generation HIV-1/2 Ag/Ab test; HIV-1 RNA assay if indicated for LAI PrEP regimens
Renal	Serum creatinine (for oral PrEP)
Hepatitis	HBV and HCV screening; consider HAV screening
STI	Syphilis and 3-site gonorrhea/chlamydia testing as indicated
Other	Pregnancy test when applicable; lipid panel when starting TAF/FTC; assess vaccine needs

C Routine monitoring

Oral PrEP

- ❍ **HIV test(s)/ acute symptoms:** start + every 3 months
- ❍ **Renal status:** start + every 12 months
- ❍ **STI screening, 3-site:** start + every 3-6 months
- ❍ **TAF/FTC lipids:** start + every 12 months
- ❍ **Pregnancy test:** when applicable

LAI PrEP

- ❍ **HIV test(s)/ acute symptoms:** start + every 2 months for cabotegravir LAI; every 3-6 months for lenacapavir LAI
- ❍ **STI screening, 3-site:** start + every 2 months for cabotegravir LAI; every 3-6 months for lenacapavir LAI
- ❍ **Pregnancy test:** when applicable

Visit the PrEP Clinical Resource Center for more information on PrEP provision.

D Review results within 72 hours of receiving

Result	Protocol action
TDF/FTC *OR* **TAF/FTC** **HBV sAg POSITIVE**	**Continue oral PrEP.** Consult the delegating physician and refer to hepatology, infectious disease, or a clinician with HBV expertise.
TDF/FTC *OR* **TAF/FTC** **HBV sAg NEGATIVE**	**Continue oral PrEP.** Review all HBV results and offer the HBV vaccine series when immunity is not indicated (eg, surface antibody negative).
TDF/FTC eCrCl 30-59	**Switch to TAF/FTC** if the client is male or transgender female. If the client is female, consult the delegating physician about continued need for PrEP vs bridging with TAF/FTC to LAI PrEP; also discuss treatment options when chronic HBV is known.
TAF/FTC eCrCl <30	**Stop PrEP** unless the client is known to have chronic HBV; in that case, notify the delegating physician immediately.
OTHER LABS / VACCINES	**Notify** the delegating physician of all abnormal laboratory results. Offer vaccine series according to the standard PrEP protocol and current immunization schedule.

Renal result outside the exact thresholds above? Leave this simplified pathway and consult the full protocol / delegating clinician.

E Safety stops and visit essentials

- ✔ **Reactive/positive HIV result or new concern for acute HIV:** stop the rapid-start pathway and manage urgently per HIV protocol.
- ✔ **HBV SAg positive result:** Consult the delegating physician and refer to hepatology, infectious disease, or a clinician with HBV expertise
- ✔ **Use shared decision-making** to include oral and LAI PrEP options; explain daily adherence, follow-up testing, and when to seek care.
- ✔ **Confirm** pharmacy access, follow-up appointment, and a reliable plan to communicate results.

References
1. Georgia Department of Public Health Standard Nurse Protocols for Registered Professional Nurses 2026
2. Centers for Disease Control and Prevention (CDC). https://stacks.cdc.gov/view/cdc/112360.
3. Gandhi RT, et al. *JAMA*. 2025;333(7):609-628; 4. Landovitz RJ, et al. *JAMA*. 2025;334(7):638-639

Ag/Ab, antigen/antibody; eCrCl, estimated creatinine clearance; FTC, emtricitabine; HAV, hepatitis A virus; HBV sAg, hepatitis B virus surface antigen; HCV, hepatitis C virus; LAI, long-acting injectable; POC, point-of-care; PrEP, preexposure prophylaxis; STI, sexually transmitted infection; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate.