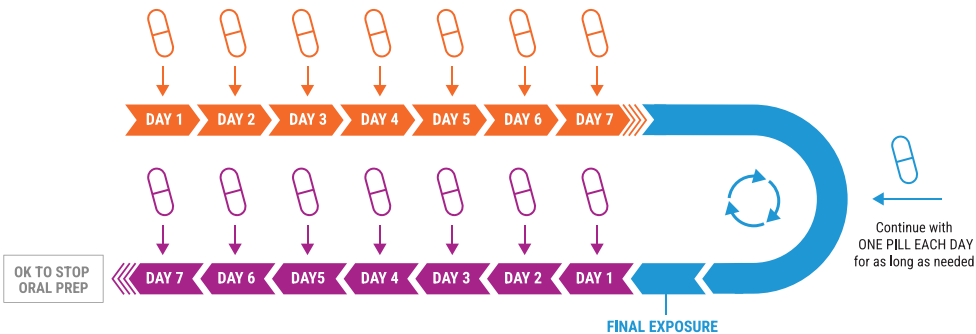


JOB AID: ASSESSING ORAL PREP USE DEVIATION SIGNIFICANCE AT FOLLOW-UP

GROUP A: cis-gender women, transgender women taking gender-affirming hormones, transgender men, and anyone using oral PrEP to prevent HIV from injecting practices

RECOMMENDED DOSING

- To start:** 1 pill/day for at least 7 consecutive days **prior** to exposure
- While continuing:** 1 pill/day for as long as protection is desired
- To stop:** 1 pill/day for at least 7 consecutive days **after** the last potential exposure



PEP ASSESSMENT

IF CLIENT HAS HAD POSSIBLE EXPOSURE TO HIV IN THE PAST 72 HOURS

- The period of interest when assessing for missed doses of oral PrEP is approximately 1-1.5 weeks (8-11 days) coinciding with the exposure event, as follows:
- In the 7 days before the possible high-risk exposure event
 - The day of the exposure
 - In the days transpired since the exposure (up to 3 days), which may include the PEP assessment date

FIGURE: FOR EACH EXPOSURE OCCURRING WITHIN PRIOR 72 HOURS OF ASSESSMENT

Use Evaluation Period (days)	1	2	3	4	5	6	7	8	9	10	11
Day # Relative to Exposure Event Date	Day -7	Day -6	Day -5	Day -4	Day -3	Day -2	Day -1	High-risk Exposure	1	2	3
Dose Taken or Missed Each Day	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗

AHI ASSESSMENT

IF CLIENT HAS AHI SIGNS/SYMPTOMS IN THE PAST 2 WEEKS AND POSSIBLE EXPOSURE TO HIV IN THE PAST MONTH

- The period of interest when assessing for missed doses of oral PrEP is approximately 1-2 weeks (8-15 days) coinciding with *each and every exposure event occurring in the prior month*, as follows (and in the figure below):
- In the 7 days before each and every possible high-risk exposure event in the prior month
 - The day(s) of the exposure(s) in the prior month
 - In the days after each and every possible exposure (up to 7 days after each exposure) in the prior month, which may include the AHI assessment date

FIGURE: FOR EACH AND EVERY EXPOSURE OCCURRING THROUGHOUT PRIOR 1 MONTH

Use Evaluation Period (days)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Day # Relative to Exposure Event Date	Day -7	Day -6	Day -5	Day -4	Day -3	Day -2	Day -1	High-risk Exposure	1	2	3	4	5	6	7
Dose Taken or Missed Each Day	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗

What constitutes a significant use deviation?

There is no absolute rule about the number and pattern of missed doses that constitutes a significant use deviation. For clients, missing a single dose in the relevant period is usually not significant. However, missing multiple doses may constitute a significant use deviation for anyone, especially if doses were missed on consecutive days. Providers will need to make decisions on a case-by-case basis, taking into considerations all of the relevant details in order to determine whether the missed doses were significant.

GROUP B:

cis-gender men, transgender women not taking gender-affirming hormones using oral PrEP to prevent HIV from injecting practices

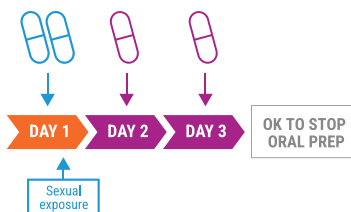
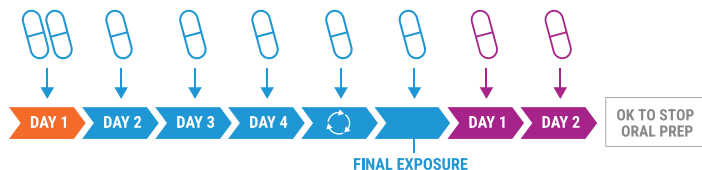
RECOMMENDED DOSING

To start: 2 pill loading dose **2-24 hours before sex**

While continuing: 1 pill/day for as long as protection is desired

To stop: 1 pill/day for at least 2 consecutive days **after** the last potential sexual exposure

Note: clients in this group have the option of event-driven dosing for one-off sexual exposure events (e.g. event-driven or 2+1+1 PrEP)



IF CLIENT HAS HAD POSSIBLE EXPOSURE TO HIV IN THE PAST 72 HOURS

The period of interest when assessing for missed doses of oral PrEP is approximately 0.5-1 week (3-5 days) coinciding with the exposure event, as follows:

- In the 2 days before the possible high-risk exposure event*
- The day of the exposure
- In the days transpired since the exposure (up to 2 days), which may include the PEP assessment date

FIGURE: FOR EACH EXPOSURE OCCURRING WITHIN PRIOR 72 HOURS OF ASSESSMENT

Use Evaluation Period (days)	1	2	3	4	5	
Day # Relative to Exposure Event Date	Day -2	Day -1	High-risk Exposure	1	2	3
Dose Taken or Missed Each Day	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	

*If the client use 2-pill loading dose to start event-driven regimen, assessment period is 2-24 hours before exposure (instead of 2 days before the exposure)

PEP ASSESSMENT

IF CLIENT HAS AHI SIGNS/SYMPTOMS IN THE PAST 2 WEEKS AND POSSIBLE EXPOSURE TO HIV IN THE PAST MONTH

The period of interest when assessing for missed doses of oral PrEP is approximately 0.5-1 week (3-5 days) coinciding with *each and every exposure event occurring in the prior month*, as follows (and in the figure below):

- In the 2 days before each and every possible high-risk exposure event in the prior month
- The day(s) of the exposure(s) in the prior month
- In the days after each and every possible exposure (up to 2 days after each exposure) in the prior month, which may include the AHI assessment date

FIGURE: FOR EACH AND EVERY EXPOSURE OCCURRING THROUGHOUT PRIOR 1 MONTH

Total Duration (days)	1	2	3	4	5
Day # Relative to Exposure Event Date	Day -2	Day -1	High-risk Exposure	1	2
Dose Taken or Missed Each Day	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗	✓ or ✗

AHI ASSESSMENT

What constitutes a significant use deviation?

There is no absolute rule about the number and pattern of missed doses that constitutes a significant use deviation. For Group B clients using event-driven/2+1+1 oral PrEP dosing missing even a single dose in the relevant period may be significant. For other clients, missing a single dose may not be significant. The more doses a client has taken, the less significant missing a single dose is. However, missing multiple doses may constitute a significant use deviation for anyone, especially if doses were missed on consecutive days. Providers will need to make decisions on a case-by-case basis, taking into consideration all of the relevant details in order to determine whether the missed doses were significant.