## TelePrEP Navigation and TelePrEP Peer Navigation Checklist- Suggested Steps for Navigators

Please use electronically or by print to work with your clients

| 0 | Ensure you are in a private space when speaking to your client via video platform or over the phone.          |
|---|---|
| 0 | Before the TelePrEP visit, ensure the client has a safe, sound proof, and private space.                      |
| 0 | Before the TelePrEP visit, ensure the client's device allows for audio and visual.                            |
| 0 | Before the TelePrEP visit, ensure the client has stable internet connection and bandwidth for video platform. |
| 0 | Schedule the Video Appointment at the health facility for the client.   |
| 0 | Obtain consent from the client for the TelePrEP visit.  |
| 0 | Ensure the client has access to their medical chart and has the ability to click the video platform link.     |
| 0 | Troubleshoot any access to video platform issues that client may have.  |
| 0 | Call insurance with the client for office visit, labs, and medication coverage early on in their PrEP care.   |
| 0 | Ensure the client attended their TelePrEP visit.  |
| 0 | Ensure the client completes their labs (health facility, mail-in self-test or other lab).                     |
| 0 | Confirm the client received their prescription from the provider.   |
| Q | Confirm the client picked up their medication from the pharmacy after their TelePrEP appointment.             |

## TelePrEP Navigation and TelePrEP Peer Navigation Checklist- Steps for Navigators continued...

| 0 | Ensure the client scheduled a follow-up visit with the health facility. |  |  |
|---|---|--|--|
| 0 | to refer  | you know your community partners for wrap around services and know ho<br>the client (Wrap around services are considered: mental health, legal<br>s, food and shelter, substance use, and other services). |  |
| 0 | Follow-   | up with the client one week after the TelePrEP visit to ask about:   |  |
|   | 0   | Side-effects   |  |
|   | 0   | Ability to take pills every day (adherence counseling)   |  |
|   | 0   | Storage of pills (stigma)  |  |
|   | 0   | Insurance coverage issues  |  |
|   | 0   | Medication assistance programs   |  |
|   | 0   | Visit with their provider  |  |
|   | $\bigcirc$  | Risk reduction counseling  |  |
| 0 | Follow  | v-up with the client one month after the TelePrEP visit to ask about:  |  |
|   | 0   | Side-effects   |  |
|   | 0   | Ability to take pills every day (adherence counseling)   |  |
|   | 0   | Storage of pills (stigma)  |  |
|   | 0   | Insurance coverage issues  |  |
|   | 0   | Medication assistance programs   |  |
|   | 0   | Visit with their provider  |  |
|   | 0   | Risk reduction counseling  |  |
| 0 |   | you are keeping a log for each client to know if they are missing their tments and report it to your PrEP Program supervisor/manager.  |  |