PrEP MANAGEMENT CHECKLIST: PRE-RX, FOLLOW-UP, AND MONITORING
From the NYSDOH AIDS Institute guideline, PrEP to Prevent HIV Acquisition, available at www.hivguidelines.org

PRE-PRESCRIPTION
- Discuss PrEP use; clarify any misconceptions
- Perform baseline laboratory testing:
  - HIV test (with HIV RNA testing if indicated)
  - Calculated creatinine clearance
  - Pregnancy test for women of childbearing potential
  - HBV serologies (HBsAg, anti–HBs, and anti–HBe-IgG or total)
  - HAV serology
  - STI screening (syphilis, gonorrhea, chlamydia)
  - HCV serology
  - Serum liver enzymes
  - Urinalysis

AFTER CONFIRMING NEGATIVE HIV TEST
- Prescribe 30-day supply of PrEP
- Contact patient in 2 weeks to assess for side effects
- Instruct patient to report side effects immediately

ALWAYS ENSURE ADHERENCE
- Assess adherence and commitment at EVERY visit
- Schedule visits every 30 days for patients who report poor adherence or intermittent use of PrEP

30-DAY FOLLOW-UP VISIT
- Assess for side effects
- Obtain serum creatinine and calculated creatinine clearance* for patients with borderline renal function or at increased risk for kidney disease (>65 years of age, black race, hypertension, or diabetes)
- Discuss risk reduction, provide condoms and, if applicable, provide syringes
- If adherence has been good, prescribe a 60-day refill
- Inform about need for 3-month visit for HIV test and follow-up (3 months from PrEP initiation)

3-MONTH VISIT
- Perform HIV and syphilis tests; screen for gonorrhea and chlamydia
- Ask about symptoms suggestive of STIs and test those at high risk
- Screen for symptoms of acute HIV infection and test if indicated
- Perform pregnancy test for women of childbearing potential who are not using effective contraception or present with an STI
- Obtain serum creatinine and calculated creatinine clearance*
- Discuss risk reduction, provide condoms and, if applicable, provide syringes
- Assess adherence; if adherence has been good, provide a 90-day prescription

6-MONTH VISIT
- Perform HIV and syphilis tests; screen for gonorrhea and chlamydia
- Ask about symptoms suggestive of STIs and test those at high risk
- Screen for symptoms of acute HIV infection and test if indicated
- Perform pregnancy test for women of childbearing potential who are not using effective contraception or present with an STI
- Perform STI screening tests
- Discuss risk reduction, provide condoms and, if applicable, provide syringes
- Assess adherence; if adherence has been good, provide a 90-day prescription

9-MONTH VISIT
- Perform HIV and syphilis tests; screen for gonorrhea and chlamydia
- Ask about symptoms suggestive of STIs and test those at high risk
- Screen for symptoms of acute HIV infection and test if indicated
- Perform pregnancy test for women of childbearing potential who are not using effective contraception or present with an STI
- Perform STI screening tests
- Discuss risk reduction, provide condoms and, if applicable, provide syringes
- Assess adherence; if adherence has been good, provide a 90-day prescription

12-MONTH VISIT
- Perform HIV and syphilis tests; screen for gonorrhea and chlamydia
- Urinalysis
- Perform pregnancy test for women of childbearing potential who are not using effective contraception or present with an STI
- Perform STI screening tests
- Discuss risk reduction, provide condoms and, if applicable, provide syringes
- Assess adherence; if adherence has been good, provide a 90-day prescription
- Obtain HCV serology and serum liver enzymes for men who have sex with men, people who inject drugs, and those with multiple sexual partners

* There is no role for adjusting TDF dosing in those with Cr Cl <60—discontinue if Cr Cl ≤50.