INDIVIDUALS WITH WHOM CLINICIANS SHOULD DISCUSS PrEP

- Persons who are at high risk of acquiring HIV
- Persons who are at high risk of acquiring HIV and have adequate renal function
- Persons who are at high risk of acquiring HIV and have a creatinine clearance <60 mL/min

- Individuals who engage in unprotected anal or vaginal intercourse with partners who are at high risk of acquiring HIV
- Individuals who engage in unprotected anal or vaginal intercourse with partners who are at high risk of acquiring HIV and have adequate renal function
- Individuals who engage in unprotected anal or vaginal intercourse with partners who are at high risk of acquiring HIV and have a creatinine clearance <60 mL/min
- Individuals who engage in unprotected anal or vaginal intercourse with partners who are at high risk of acquiring HIV and have a creatinine clearance <60 mL/min and are not receiving nPEP and demonstrate continued high-risk behavior or have used multiple courses of nPEP.

Note: PrEP also may be appropriate for individuals who do not currently meet or acknowledge the risk criteria above. Such individuals include those who self-identify as at risk without disclosing any specific risk behaviors and individuals who acknowledge the possibility of or anticipate engaging in risk behaviors in the near future.

HIV CLINICAL RESOURCE ¼-FOLDED GUIDE
VISIT HIVGUIDELINES.ORG TO LEARN MORE OR VIEW COMPLETE GUIDE

PrEP GUIDELINE: PRE-PRESCRIPTION
NYSDOH AIDS INSTITUTE PrEP CLINICAL GUIDELINE OCTOBER 2017

KEY POINTS

- In New York State, use of TDF/FTC as PrEP is a central component of the standard of care for prevention of HIV acquisition in those at high risk.
- A comprehensive HIV prevention plan includes PrEP, along with safer sex and safe injection practices.
- PrEP should not be withheld from people of any age group who are at risk of HIV acquisition.
- Education regarding the importance and strategies to support adherence may improve adherence to the daily PrEP regimen and recommended monitoring.
- For those who are unable to adhere to a daily medication regimen or recommended monitoring, alternative methods of HIV prevention should be explored and reinforced.
- If PrEP is to be initiated, the clinician can connect the patient to resources for assistance with payment, such as the NYSDOH PrEP Assistance Program (PrEP-AP) and NYSDOH Payment Options for PrEP.
1. SYMPTOMS OF ACUTE HIV INFECTION
- Has the patient experienced a fever, “flu”–, “mono”–like illness in the previous 6 weeks?
- Has the patient had a rash in the previous 6 weeks?

2. READINESS AND WILLINGNESS TO ADORE TO PrEP
- Identify potential barriers to daily adherence
- Screen for health literacy

3. HIV STATUS OF PATIENT’S SEX PARTNER(S)
- Does the patient have sex partners who are known to be HIV-infected?
- If yes, ask about each partner:
  - Is the partner taking antiretroviral therapy (ART)?
  - Is the partner’s HIV viral load suppressed? If no, is a resistance profile available?

4. UNDERSTANDING OF PrEP
- Ask “Why do you want PrEP?”
- Ask “What is your understanding of what PrEP will do for you?”

5. POTENTIAL DRUG–DRUG INTERACTIONS
- Ask the patient to list all drugs he or she is taking, including prescription drugs, OTC drugs, and non-prescription therapies
- Identify nephrotoxic medications

6. SUBSTANCE USE AND MENTAL HEALTH STATUS*
- Refer to the Mental Health Screening quick reference guide
- Refer to the Substance Use Screening quick reference guide

7. PSYCHOSOCIAL STATUS*
- Screen for intimate partner violence; see NYS Office for the Prevention of Domestic Violence
- Assess relationships and social support status
- Assess housing status/stability

8. REPRODUCTIVE PLANS
- Is the patient trying to conceive?
- Is the patient currently using contraception? If not, is the patient interested in using hormonal contraception or other effective method of contraception in addition to condoms?
- Is the patient or the patient’s partner currently pregnant?
- Is the patient currently breastfeeding?

- Connect the individual to resources for assistance with payment, such as the NYSDOH PrEP Assistance Program
- Other resources can be found through NYSDOH Payment Options for PrEP

* Substance use, mental health disorders, and psychosocial challenges are not exclusionary criteria. Assessment allows the clinician to provide appropriate referrals and offer a tailored prevention plan. Substance use and mental health disorders may be barriers to adherence and cofactors for increased risk for HIV acquisition.

**PrEP PRE-PRESCRIPTION PATIENT EVALUATION CHECKLIST**
From the NYSDOH AIDS Institute guideline, PrEP to Prevent HIV Acquisition, available at www.hivguidelines.org

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**PrEP MANAGEMENT CHECKLIST: PRE-PRESCRIPTION**
From the NYSDOH AIDS Institute guideline, PrEP to Prevent HIV Acquisition, available at www.hivguidelines.org

1. 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

2. 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

**REPORTING:** Clinicians must report confirmed cases of HIV according to New York State Law.

Reporting of suspected seroconversion: Care providers who manage patients on PrEP are strongly encouraged to immediately report any cases of suspected PrEP or PEP breakthrough HIV infection as follows:

- **NYC:** Report cases to the NYC DOHMH immediately by calling 212.442.3388.
- **Rest of State:** Report cases to NYSDOH by calling 518.474.4284, or using DOH-4189 and contacting their local Partner Services Program to discuss the case.