



CLINICAL GUIDELINES PROGRAM

HIV • HCV • STIS • SUBSTANCE USE • LGBT HEALTH

GUIDELINE: PRE-EXPOSURE PROPHYLAXIS (PREP) TO PREVENT HIV ACQUISITION

Medical Care Criteria Committee, October 2017

✓ PrEP MANAGEMENT CHECKLIST: FOLLOW-UP & 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 those of childbearing potential
 - HBV serologies (HBsAg, anti-HBs, and anti-HBc-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 90-day refill
- Inform about need for 3-month visit for HIV test and follow-up

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 individuals 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 individuals 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 individuals 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

12-MONTH VISIT

- Perform HIV and syphilis tests; screen for gonorrhea and chlamydia
- Urinalysis
- Perform pregnancy test for individuals 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.