Turn over for the PrEP Management Checklist and Recommended PrEP Monitoring and Ongoing Lab Testing.
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 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
✓ 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 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

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

RECOMMENDED MONITORING OR LABORATORY TESTING AND FREQUENCY FOR INDIVIDUALS ON PrEP
✓ HIV testing:
   4th generation (recommended) or 3rd generation assay (alternative) HIV screening test every 3 months (AII).

✓ HIV serology screening test + HIV RNA test:
   When a patient has symptoms of acute HIV infection or a negative antibody test but reports condomless anal or vaginal sex in the previous 4 weeks (AII).  

✓ Serum creatinine and calculated creatinine clearance:
   Perform every 3 months after initiation and every 6 months thereafter while patient is taking TDF/FTC as PrEP (AIII).

✓ HCV serology:
   Annually for those at risk (AIII).

✓ STI screening:
   As follows (AIII). Note: self-collected rectal and vaginal swabs are reasonable options for patients who may prefer them over clinician-obtained swabs:
   ✓ Ask about symptoms: Every visit
   ✓ Screen for syphilis: Every 3 months for high risk men who have sex with men; at least annually for individuals at lower risk; on demand. (Clinicians should be aware of the syphilis screening algorithm used by their laboratory.)
   ✓ Screen for gonorrhea and chlamydia: Every 3 months in high risk individuals; annually for individuals at lower risk; on demand. Extranegal screening (rectal and pharyngeal) should be performed for patients at high risk, including men who have sex with men and transgender women (MtF)
   ✓ Test and treat all symptomatic patients for STIs

✓ Pregnancy testing in women of childbearing potential:
   Every 3 months if effective contraception is not in use; annually if effective contraception is in use; whenever a new STI is diagnosed (AIII)

✓ Urinalysis:
   Annually (BII).

✓ HCV RNA; HBV serology, if status is unknown; HBV DNA, if not immune; HAV serology, if unknown:
   If a new elevation in serum liver enzymes is present (good practice).

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.