

PrEP Pre-Prescription Patient Evaluation Checklist

Medical Care Criteria Committee, February 2020

PrEP PRE-PRESCRIPTION PATIENT EVALUATION CHECKLIST From the New York State Department of Health AIDS Institute guideline <i>PrEP to Prevent HIV and Promote Sexual Health</i>
<p><input type="checkbox"/> READINESS AND WILLINGNESS TO ADHERE TO PrEP</p> <ul style="list-style-type: none">Assess health literacy and assure that the purpose, benefits, and risks associated with PrEP are understood.Identify potential barriers to adherence.
<p><input type="checkbox"/> HIV STATUS OF PATIENT'S SEX PARTNER(S)</p> <ul style="list-style-type: none">Does the patient have sex partners who are known to have HIV? <p><i>If yes, ask about each partner:</i></p> <ul style="list-style-type: none">Is the partner's viral load status known?Provide information about U=U.
<p><input type="checkbox"/> POTENTIAL DRUG-DRUG INTERACTIONS</p> <ul style="list-style-type: none">Take a thorough medication history that includes prescription drugs, over-the-counter drugs, and nonprescription therapies.Identify nephrotoxic medications and the potential need for increased renal monitoring.
<p><input type="checkbox"/> SUBSTANCE USE AND MENTAL HEALTH STATUS [a]</p> <ul style="list-style-type: none">Refer to the <i>Mental Health Screening</i> quick reference guide.
<p><input type="checkbox"/> PSYCHOSOCIAL STATUS</p> <ul style="list-style-type: none">Perform a psychosocial assessment.Refer for appropriate social and psychological support services as indicated.
<p><input type="checkbox"/> REPRODUCTIVE PLANS</p> <ul style="list-style-type: none">Is the patient trying to conceive?Is the patient currently using contraception? If not, is the patient interested in using hormonal contraception or another effective method of contraception in addition to condoms?Is the patient or the patient's partner currently pregnant?Is the patient currently breastfeeding?If yes to any of the above, consult the recommendations and information in the guideline section <i>Pregnancy Screening and Management</i>.
<p><input type="checkbox"/> PrEP PAYMENT ASSISTANCE</p> <ul style="list-style-type: none">Connect the individual to resources for assistance with payment, such as the <i>NYSDOH PrEP Assistance Program</i>.Other resources can be found through <i>NYSDOH Payment Options for Pre-Exposure Prophylaxis (PrEP)</i>.
<p>[a] 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.</p>