PrEP Management Checklist
Medical Care Criteria Committee, February 2020

PrEP MANAGEMENT CHECKLIST: PRE-PRESCRIPTION, FOLLOW-UP, AND MONITORING
From the New York State Department of Health AIDS Institute guideline PrEP to Prevent HIV and Promote Sexual Health

❑ PRE-PRESCRIPTION
  ▪ Discuss PrEP use; clarify any misconceptions.
  ▪ Perform baseline laboratory testing:
    ▫ HIV test with 4th-generation test (preferred) or 3rd-generation test (alternative).
    ▫ HIV RNA testing if indicated, i.e., high-risk exposure in the prior 4 weeks or symptoms of acute HIV in the prior 6 weeks.
    ▫ Calculated CrCl.
    ▫ For all MSM and transgender women, 3-site testing (genital, rectal, and pharyngeal) for gonorrhea and chlamydia regardless of sites of reported exposure.
    ▫ Syphilis screening, according to the laboratory’s testing algorithm.
    ▫ Pregnancy test for individuals of childbearing potential.
    ▫ HBV serologies (HBsAg, anti-HBs, and anti-HBc [IgG or total]).
    ▫ HCV serology.
    ▫ HAV serology.
    ▫ Urinalysis.
    ▫ Serum liver enzymes.

❑ AFTER OBTAINING HIV TEST
  ▪ If history of HBV, renal disease or recent symptoms of acute HIV, wait for HIV test results; otherwise, prescribe PrEP.
  ▪ TDF/FTC is the preferred regimen.
  ▪ TAF/FTC is an alternative regimen for cisgender MSM and transgender women when appropriate.
  ▪ Daily dosing is preferred.
  ▪ On-demand PrEP is an acceptable alternative for cisgender men who have sex with men.
  ▪ Assure HIV test results are available and acted upon within 7 days of initiation.
  ▪ Contact patient in 2 weeks to ensure:
    ▫ Patient has filled prescription and understands how to take the medication.
    ▫ Problems with payment for PrEP are solved.
    ▫ Any side effects are addressed.
  ▪ Instruct patient to report side effects immediately.

❑ AT EVERY FOLLOW-UP VISIT: (Note: The frequency of follow-up visits should be individualized. Stable individuals may need to be seen only 1 to 2 times per year, with laboratory testing performed in the interim.)
  ▪ Assess adherence and discuss strategies for maintaining adherence; explore and address potential barriers to ongoing use of and adherence to PrEP.
  ▪ Discuss risk reduction in the context of the individual’s sexual health or injection drug use; offer condoms and, if appropriate, syringe access.
  ▪ Assess for possibility of pregnancy and offer birth control and pregnancy testing when appropriate.
  ▪ Inquire about side effects and offer advice for management if needed.
  ▪ Partner with providers who can provide needed services, including subspecialty medical care, mental health and substance use treatment, case management, navigation and linkage services, housing assistance, and income/benefits assessments.
  ▪ Make every effort to avoid discontinuing PrEP or withholding it from a patient at risk of acquiring HIV.
  ▪ Ask about symptoms suggestive of STIs and test those at risk.
  ▪ Screen for symptoms of acute HIV and test if indicated.

❑ TESTING: EVERY 3 MONTHS (Note: An in-person visit is not required for laboratory testing.)
  ▪ Test for HIV infection, using a 4th-generation test (preferred) or a 3rd-generation test (alternative).
  ▪ Test for syphilis; may consider less frequent screening in those at lower risk.
  ▪ Test for gonorrhea and chlamydia; may consider less frequent screening in those at lower risk.
  ▪ Perform NAATs for gonococcal and chlamydial infections for all patients at all sites of reported exposure.
  ▪ For all MSM and transgender women, routinely perform 3-site testing (genital, rectal, and pharyngeal) for gonorrhea and chlamydia regardless of sites of reported exposure, unless declined.
  ▪ Obtain serum creatinine and calculated CrCl at 3 months after initiation of TDF/FTC as or TAF/FTC PrEP and every 6 months thereafter.
    ▫ There are no data for adjusting TDF/TAF dosing in those with CrCl <50 mL/min; discontinue TDF if confirmed CrCl <50 mL/min.; discontinue TAF if confirmed CrCl <30 mL/min. (See Renal Function Testing in the full guideline.)
    ▫ Consider more frequent screening in those at higher risk (e.g., age >40 years) or who have comorbidities.

New York State Department of Health AIDS Institute: www.hivguidelines.org
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<th>EVERY 6 MONTHS (Note: An in-person visit is not required for laboratory testing.)</th>
<th>ANNUALLY</th>
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<tr>
<td>• Obtain serum creatinine and calculated CrCl at 3 months after initiation of TDF/FTC or TAF/FTC as PrEP and every 6 months thereafter.</td>
<td>• Urinalysis.</td>
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<td>• HCV serology for those at risk; may obtain more frequently for those at higher risk.</td>
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**Abbreviations:** anti–HBC, hepatitis B core antibody; anti–HBs, hepatitis B surface antibody; CrCl, creatinine clearance; FTC, emtricitabine; HAV, hepatitis A virus; HBsAg, hepatitis B surface antigen; HBV, hepatitis B virus; HCV, hepatitis C virus; IgG, immunoglobulin G; MSM, men who have sex with men; NAAT, nucleic acid amplification test; PrEP, pre-exposure prophylaxis; STI, sexually transmitted infection; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate.