# 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](http://www.hivguidelines.org)
PrEP Management Checklist, Continued

Medical Care Criteria Committee, February 2020

<table>
<thead>
<tr>
<th>PrEP MANAGEMENT CHECKLIST: PRE-PRESCRIPTION, FOLLOW-UP, AND MONITORING, Continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>From the New York State Department of Health AIDS Institute guideline PrEP to Prevent HIV and Promote Sexual Health</td>
</tr>
</tbody>
</table>

- **EVERY 6 MONTHS** (Note: An in-person visit is not required for laboratory testing.)
  - Obtain serum creatinine and calculated CrCl at 3 months after initiation of TDF/FTC or TAF/FTC as PrEP and every 6 months thereafter.

- **ANNUALLY**
  - Urinalysis.
  - HCV serology for those at risk; may obtain more frequently for those at higher risk.

Abbreviations: auto-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.