

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.

PrEP Management Checklist, *Continued*

Medical Care Criteria Committee, February 2020

PrEP MANAGEMENT CHECKLIST: PRE-PRESCRIPTION, FOLLOW-UP, AND MONITORING, <i>Continued</i> From the New York State Department of Health AIDS Institute guideline <i>PrEP to Prevent HIV and Promote Sexual Health</i>	
<input type="checkbox"/> EVERY 6 MONTHS (Note: An in-person visit is not required for laboratory testing.) <ul style="list-style-type: none">Obtain serum creatinine and calculated CrCl at 3 months after initiation of TDF/FTC or TAF/FTC as PrEP and every 6 months thereafter.	<input type="checkbox"/> ANNUALLY <ul style="list-style-type: none">Urinalysis.HCV serology for those at risk; may obtain more frequently for those at higher risk.
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.	