

Patient Preferences and Regimen Considerations			CAB LA	TDF/FTC	TAF/FTC
Patient's potential risk exposures	Rectal	✓	✓	✓	✓
	Vaginal	✓	✓	✓	✓
	Penile	✓	✓	✓	✓
	Blood	✓	✓	✓	✓
Patient's preferred administration method	Pill	✓	✓	✓	✓
	IM injection	✓	✓	✓	✓
Patient's preferred dosing schedule	Daily	✓	✓	✓	✓
	Before and after sex (2-1-1 dosing)	✓	✓	✓	✓
	Bimonthly injections (first 2 are 4 weeks apart)	✓	✓	✓	✓
Required lab testing schedule	At least every 2 months	✓	✓	✓	✓
	At least every 3 months	✓	✓	✓	✓
Regimen-specific limitations to consider	Renal dysfunction	✓	✓	✓	✓
	Osteoporosis or risk of	✓	✓	✓	✓
	Chronic HBV infection	✓	✓	✓	✓
	Generic formulation available	✓	✓	✓	✓
	Using gluteal fillers (e.g., silicone)	✓	✓	✓	✓
	Pregnant, breastfeeding, or planning pregnancy	✓	✓	✓	✓

Abbreviations: CAB LA, long-acting injectable cabotegravir (brand name Apretude); HBV, hepatitis B virus; IM, intramuscular; MSM, men who have sex with men; ND, no data; PrEP, pre-exposure prophylaxis; TAF/FTC, tenofovir alafenamide/emtricitabine (brand name Descovy); TDF/FTC, tenofovir disoproxil fumarate/emtricitabine (brand name Truvada); TGW, transgender women.

CHECKLIST 2: KEY FACTORS IN CHOICE OF PrEP REGIMEN

CHECKLIST 1: PrEP INITIATION <i>continued from panel 1</i>	
Provide patient education	<ul style="list-style-type: none"> • Symptoms of acute HIV infection and recommended response, including who to contact and how • Adherence requirements: Dosing, laboratory testing, visit schedule • Strategies to address modifiable barriers to access and adherence • Possible adverse effects, suggestions for management, and when and how to request assistance
Counsel on harm reduction	<ul style="list-style-type: none"> • Discuss STI prevention, access to contraceptives, access to needle exchange • Link to support services as needed
Arrange for follow-up	<ul style="list-style-type: none"> • Obtain and document contact information for remote follow-up (phone, text, email) • Review potential adverse effects and how to manage, including when and how to contact care provider
<p>Abbreviations: Ag/Ab, antigen/antibody; CrCl, creatinine clearance; HAV, hepatitis A virus; HBV, hepatitis B virus; HCV, hepatitis C virus; MSM, men who have sex with men; NAAT, nucleic acid amplification test; PrEP, pre-exposure prophylaxis; STI, sexually transmitted infection.</p>	

HIV CLINICAL RESOURCE **1/4-FOLDED GUIDE**
VISIT HIVGUIDELINES.ORG TO LEARN MORE OR VIEW COMPLETE GUIDE

PREP TO PREVENT HIV AND PROMOTE SEXUAL HEALTH
NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINE MAY 2022

CHECKLIST 1: PrEP INITIATION				
Confirm PrEP eligibility	<ul style="list-style-type: none"> • Discuss HIV risk, including self-reported risk, history of potential exposure, or signs, and assess for signs and symptoms of acute HIV infection • If exposure within ≤72 hours, recommend and initiate PEP before PrEP 			
Obtain medical history	<ul style="list-style-type: none"> • Assess for contraindications or factors that may affect PrEP choice: HIV; HBV; kidney impairment; osteoporosis; potential drug-drug interactions; current or planned pregnancy 			
Order baseline laboratory testing and arrange for specimen collection	<table border="0"> <tr> <td> <ul style="list-style-type: none"> • HIV-1/2 Ag/Ab combination immunoassay* • HIV RNA assay • Serum creatinine and calculated CrCl </td> <td> <ul style="list-style-type: none"> • Serum liver enzymes • HBV and HCV serologies • HAV serology (MSM and if at risk) • Urinalysis </td> <td> <ul style="list-style-type: none"> • Syphilis testing • Gonorrhea and chlamydia NAATs (all potential exposure sites) • Pregnancy test (if of child-bearing capacity) </td> </tr> </table> <p>*Same-day PrEP: Perform rapid and laboratory-based HIV test; ensure laboratory results will be available within 1 week of PrEP start</p>	<ul style="list-style-type: none"> • HIV-1/2 Ag/Ab combination immunoassay* • HIV RNA assay • Serum creatinine and calculated CrCl 	<ul style="list-style-type: none"> • Serum liver enzymes • HBV and HCV serologies • HAV serology (MSM and if at risk) • Urinalysis 	<ul style="list-style-type: none"> • Syphilis testing • Gonorrhea and chlamydia NAATs (all potential exposure sites) • Pregnancy test (if of child-bearing capacity)
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Review PrEP options and assist patient in making informed choice	<ul style="list-style-type: none"> • Explain purpose, benefits, potential risks (including possible adverse effects), and time to protection • Discuss available options, including factors and limitations that may influence choice of regimen • If injectable PrEP is chosen, decide whether to use oral medication lead-in • If on-demand oral PrEP is chosen, ensure understanding of 2-1-1 dosing 			



← Use this code with your phone's QR code reader to go directly to a mobile-friendly version of the guideline.

This 1/4-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline *PrEP to Prevent HIV and Promote Sexual Health*. The full guideline is available at www.hivguidelines.org.

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CHECKLIST 3: PrEP FOLLOW-UP

INJECTABLE PrEP: CAB LA	If HIV infection is diagnosed	<ul style="list-style-type: none"> • Contact patient immediately to recommend HIV treatment • Obtain baseline laboratory testing including genotype testing • Consult with an experienced HIV care provider regarding an appropriate regimen for immediate ART initiation
	2 weeks after oral CAB lead-in start	<ul style="list-style-type: none"> • <i>If used</i>, contact patient to address problems with acquiring or taking medications; assess adherence, tolerance, and adverse effects; confirm first injection date
	Within 1 week of first injection	<ul style="list-style-type: none"> • Contact patient to assess tolerability and advise on adverse effect management if needed • Confirm next injection date
	Every injection visit	<ul style="list-style-type: none"> • Repeat HIV testing with HIV-1/2 Ag/Ab combination immunoassay and HIV RNA assay • Ask about STI symptoms
	STI testing every 2 to 4 months regardless of symptoms	<ul style="list-style-type: none"> • Base testing frequency on reported risk • Syphilis screening and NAATs for gonococcal and chlamydial infections at all exposure sites • All MSM and TGW: Perform 3-site testing routinely, regardless of symptoms or sites of reported exposure; unless declined. Self-collected specimens are acceptable
	At least annually	<ul style="list-style-type: none"> • Obtain serum creatinine and calculated CrCl
	If injection is missed	<ul style="list-style-type: none"> • If delays are anticipated, arrange for oral bridging medication • If indicated, adjust schedule for next injection
	If PrEP is discontinued	<ul style="list-style-type: none"> • Recommend oral PrEP for ≥ 1 year to prevent acquisition of HIV with potential INSTI resistance mutations • <i>If risk is ongoing</i>: Provide risk-reduction counseling and emergency PEP access information • Discuss option of restarting PrEP later
ORAL PrEP: TDF/FTC or TAF/FTC	If HIV infection is diagnosed	<ul style="list-style-type: none"> • Order baseline laboratory testing including genotype testing • Intensify patient's PrEP regimen to fully suppressive ART or refer the patient to an experienced HIV care provider for ART
	Within 2 weeks of PrEP start	<ul style="list-style-type: none"> • Contact patient to address problems with acquiring or taking PrEP medications; assess tolerance and adherence; advise on adverse effect management; confirm next visit
	1 month after PrEP start	<ul style="list-style-type: none"> • Repeat laboratory HIV testing if exposure occurred ≤ 1 month before PrEP initiation • Ask about adherence; symptoms of acute HIV (repeat HIV testing if reported); STI symptoms (ask at every visit); harm reduction; pregnancy status (test if indicated or requested) • Arrange for laboratory testing at month 3: HIV-1/2 Ag/Ab combination immunoassay; syphilis screening and NAATs for gonococcal and chlamydial infections at all exposure sites; pregnancy testing if indicated or requested (every visit)
	3 months after PrEP start	<ul style="list-style-type: none"> • Serum creatinine and calculated CrCl (every 6 months thereafter)
	Every 3 months regardless of symptoms	<ul style="list-style-type: none"> • Assess adherence • Ask about symptoms and test for STIs regardless of symptoms (can decrease frequency based on risk) • For all MSM and TGW, routine 3-site testing for gonorrhea and chlamydia should be performed, unless declined and regardless of sites of reported exposure • Arrange for next laboratory testing • Pregnancy testing if indicated or requested (every visit)
	Every 6 months	<ul style="list-style-type: none"> • Obtain serum creatinine and calculated CrCl
	At least annually	<ul style="list-style-type: none"> • Obtain urinalysis and HCV serology for those at risk
	If PrEP is interrupted	<ul style="list-style-type: none"> • Order laboratory-based HIV testing (HIV-1/2 Ag/Ab combination immunoassay and HIV RNA assay) whenever patient reports PrEP interruption of >1 week within the past month and exposure and whenever patient reports missing PrEP doses during a time of sexual activity and possible HIV exposure
If PrEP is discontinued	<ul style="list-style-type: none"> • <i>If risk is ongoing</i>: Provide risk-reduction counseling and emergency PEP access information • Discuss option of restarting PrEP later 	

Abbreviations: Ag/Ab, antigen/antibody; ART, antiretroviral therapy; CAB, cabotegravir (brand name Vocabria); CAB LA, long-acting injectable cabotegravir (brand name Apretude); CrCl, creatinine clearance; HCV, hepatitis C virus; INSTI, integrase strand transfer inhibitor; MSM, men who have sex with men; NAAT, nucleic acid amplification test; PrEP, pre-exposure prophylaxis; STI, sexually transmitted infection; TAF/FTC, tenofovir alafenamide/emtricitabine (brand name Descovy); TDF/FTC, tenofovir disoproxil fumarate/emtricitabine (brand name Truvada); TGW, transgender women.