



# CLINICAL GUIDELINES PROGRAM

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE | HIV • HCV • SUBSTANCE USE • LGBT HEALTH

## PrEP to Prevent HIV and Promote Sexual Health

May 2022

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