



## PrEP to Prevent HIV and Promote Sexual Health

May 2022

Table 4: Recommended Routine Laboratory Testing for Patients Taking PrEP			
Test	Laboratory Testing Indications		
	All PrEP Regimens	Oral PrEP With TDF/FTC or TAF/FTC	Injectable PrEP With CAB LA
HIV-1/2 Ag/Ab combination immunoassay [a]	<ul style="list-style-type: none"> <li>When a patient has symptoms of acute HIV infection [b] (A2)</li> <li>1 month after PrEP initiation if an HIV exposure occurred ≤1 month before the start of PrEP (A2†)</li> </ul>	<ul style="list-style-type: none"> <li>Every 3 months (A3)</li> <li>When PrEP has been interrupted for &gt;1 week in the past month and a potential exposure occurred (A3)</li> <li>When a patient reports missing PrEP doses during times of sexual activity and possible HIV exposure (A3)</li> </ul>	<ul style="list-style-type: none"> <li>At the end of the oral CAB lead-in (if used) (A2)</li> <li>Every injection visit (A2)</li> </ul>
HIV RNA assay [a]	When a patient has symptoms of acute HIV [b] (A2)	<ul style="list-style-type: none"> <li>When PrEP has been interrupted for &gt;1 week in the past month and a potential exposure occurred (A3)</li> <li>When a patient reports missing PrEP doses during times of sexual activity and possible HIV exposure (A2)</li> </ul>	<ul style="list-style-type: none"> <li>At the end of the oral CAB lead-in, if implemented (A2)</li> <li>At every injection visit (A2)</li> </ul>
Serum creatinine and calculated CrCl	—	<ul style="list-style-type: none"> <li>3 months after oral PrEP initiation (B3)</li> <li>Every 6 months thereafter (A3)</li> <li>Consider more frequent screening in those at high risk, e.g., &gt;40 years old, other comorbidities (A3)</li> </ul>	At least annually (A3)
Syphilis screening (A2†) Note: Screening can be less frequent in those at lower risk	<ul style="list-style-type: none"> <li>At baseline</li> <li>Ask about symptoms at every visit; if present, perform diagnostic testing and treat as indicated</li> </ul>	Every 3 months	Every 2 to 4 months based on reported risk
HCV serology [d]	At least annually if at risk (A3)	—	—
Pregnancy test in patients of childbearing potential	<ul style="list-style-type: none"> <li>At every visit, assess for the possibility of pregnancy (A3)</li> <li>Test for pregnancy when appropriate and on patient request (A3)</li> <li>Offer contraception when requested or indicated (A3)</li> </ul>	—	—
Urinalysis	N/A	Annually (B3)	N/A

**Table 4: Recommended Routine Laboratory Testing for Patients Taking PrEP**

**Abbreviations:** Ab, antibody; Ag, antigen; CAB, cabotegravir (brand name Vocabria); CAB LA, long-acting cabotegravir (brand name Apretude); CrCl, creatinine clearance; HCV, hepatitis C virus; 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).

**Notes:**

- a. See NYSDOH AI guideline [HIV Testing](#).
- b. See NYSDOH AI guideline [Diagnosis and Management of Acute HIV Infection](#).
- c. To detect urethral infection, urine specimens are preferred over urethral specimens. For vaginal/cervical testing, vaginal swabs are preferred over urine-based testing. For transgender women with a neovagina, data are insufficient to make a recommendation regarding urine-based testing vs. vaginal swab. Self-collected swabs from the [pharynx](#), [vagina](#), and [rectum](#) are reasonable options for patients who prefer them over clinician-obtained swabs. See [STI self-collection outside of a clinic setting in New York State Question & Answer](#).
- d. See NYSDOH AI guideline [Hepatitis C Virus Screening, Testing, and Diagnosis in Adults](#).