

Table 1: Minimum Laboratory Monitoring Frequency With Initiation of or Change in Oral and Long-Acting Injectable ART for Patients Aged <50 Years and Without Chronic Comorbidities [a] (Rating: A3)

Laboratory Test	Year 1 of ART (initiation or change)			After 1 Year on ART Regimen	
	Baseline	3 Months [b]	12 Months	Every 6 Months	Annual
Hepatic panel (AST, ALT, alkaline phosphatase, total bilirubin)	All	All	All	—	All
Random blood glucose	All	All	All	—	With INSTIs or PIs
Complete blood count [c]	All	With ZDV	With ZDV	With ZDV	—
eGFR [d]	All	All	With TAF or TDF	—	With TAF or TDF [a]
Test for proteinuria (urinalysis or protein-to-creatinine ratio), glucosuria, serum phosphorus	With TAF or TDF	—	With TAF or TDF	—	With TAF or TDF

Abbreviations: ALT, alanine aminotransferase; ART, antiretroviral therapy; AST, aspartate aminotransferase; eGFR, estimated glomerular filtration rate; INSTI, integrase strand transfer inhibitor; PI, protease inhibitor; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate; ZDV, zidovudine.

Notes:

- a. More frequent monitoring may be required for patients aged ≥50 years and patients with chronic comorbidities.
- b. Monitoring for patients using long-acting injectable ART may occur every 3 or 4 months to align with injection appointments to minimize healthcare visits.
- c. See NYSDOH AI guideline [Primary Care for Adults With HIV](#).
- d. Patients with decreased eGFR at baseline or those taking concomitant nephrotoxic drugs may need more frequent monitoring of renal function (see guideline section [Screening for Organ-Specific Adverse Effects > Nephrotoxicity](#) for more information).