

CHECKLIST 5: PrEP Follow-up

Injectable PrEP: CAB LA	If HIV infection is diagnosed	- Contact individual immediately to recommend HIV treatment. - Obtain baseline lab testing, including genotype testing. - Immediately initiate a PI-based ART regimen.
	2 weeks after starting oral CAB lead-in (if used)	Contact individual to address problems with acquiring or taking medication; assess adherence, tolerance, and adverse effects; and confirm first injection date.
	Within 1 week of first injection	- Contact individual to assess tolerability and advise on adverse effect management if needed. - Confirm next injection date.
	Every injection visit	- Repeat HIV testing with HIV-1/2 Ag/Ab combination immunoassay. - Ask about STI symptoms. - Offer contraception to individuals of childbearing potential who wish to avoid pregnancy while using PrEP.
	STI testing every 2–6 months regardless of symptoms	- Base testing frequency on reported risk. - Perform syphilis screening and NAATs for gonococcal and chlamydial infections at all exposure sites. - For all MSM and transgender women, routine 3-site testing should be performed regardless of symptoms or sites of reported exposure, unless declined. Self-collected specimens are acceptable.
	At least annually	Obtain serum creatinine and calculated CrCl.
	If injection is missed	- If delays are anticipated, arrange for oral bridging medication. - If indicated, adjust schedule for next injection.
	If PrEP is discontinued	- If risk is ongoing, recommend oral PrEP be started 2 months after the last injection and continued for ≥1 year to prevent acquisition of INSTI-resistant HIV, and provide risk-reduction counseling and information on accessing emergency PEP. - Discuss option of restarting PrEP in the future.
Injectable PrEP: SC LEN	If HIV infection is diagnosed	- Contact individual immediately to recommend HIV treatment. - Obtain baseline lab testing, including genotype testing. - Immediately initiate an INSTI-based ART regimen.
	Within 1 week of first injection	- Contact individual to assess tolerability and advise on adverse effect management if needed. - Confirm next injection date.
	Every injection visit	- Repeat HIV testing with HIV-1/2 Ag/Ab combination immunoassay. - Ask about STI symptoms. - Offer contraception to individuals of childbearing potential who wish to avoid pregnancy while using PrEP.
	STI testing every 3–6 months regardless of symptoms	- Base testing frequency on reported risk. - Perform syphilis screening and NAATs for gonococcal and chlamydial infections at all exposure sites. - For all MSM and transgender women, routine 3-site testing should be performed regardless of symptoms or sites of reported exposure, unless declined. Self-collected specimens are acceptable.
	At least annually	Obtain serum creatinine and calculated CrCl.
	If injection is missed	- If delays are anticipated, arrange for oral bridging medication. - If indicated, adjust schedule for next injection.
	If PrEP is discontinued	- If risk is ongoing, recommend oral PrEP be started 6 months after last injection and continued for another 6 months to prevent acquisition of capsid inhibitor-resistant HIV, and provide risk-reduction counseling and information on accessing emergency PEP. - Discuss option of restarting PrEP in the future.
Oral PrEP: TDF/FTC or TAF/FTC	If HIV infection is diagnosed	- Order baseline lab testing, including genotype testing. - Intensify PrEP regimen to fully suppressive ART or refer individual to an experienced HIV care provider.
	Within 2 weeks of initiation	Contact individual to address problems with acquiring or taking PrEP medications, assess tolerance and adherence, advise on adverse effect management, and confirm next visit.
	1 month after initiation	- Repeat lab 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, and pregnancy status (test if indicated or requested). Offer contraception to individuals of childbearing potential who wish to avoid pregnancy while using PrEP. - Arrange for lab testing at month 3: HIV-1/2 Ag/Ab combination immunoassay, syphilis screening and NAATs for gonococcal and chlamydial infections at all exposure sites; and pregnancy testing if indicated or requested (every visit).
	3 months after initiation (and every 6–12 months thereafter)	Obtain serum creatinine and calculated CrCl.
	Every 3 months regardless of symptoms	- Assess adherence. - Ask about symptoms and test for STIs (can decrease frequency based on risk). - For all MSM and transgender women, routine 3-site testing for gonorrhea and chlamydia should be performed regardless of sites of reported exposure, unless declined. Self-collected specimens are acceptable. - Arrange for next lab testing. - Perform pregnancy testing if indicated or requested (every visit).
	At least annually	Obtain urinalysis and HCV serology for those at risk.
	If PrEP is interrupted	Order lab-based HIV testing (HIV-1/2 Ag/Ab combination immunoassay and HIV RNA PCR) whenever individual reports PrEP interruption of >1 week within the past month and possible HIV exposure or reports missing PrEP doses during a time of sexual activity and possible HIV exposure.
	If PrEP is discontinued	- If risk is ongoing, provide risk-reduction counseling and information on accessing emergency PEP. - Discuss option of restarting PrEP in the future.

Abbreviations: Ag/Ab, antigen/antibody; ART, antiretroviral therapy; CAB, oral cabotegravir (Vocabria); CAB LA, long-acting injectable cabotegravir (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; PI, protease inhibitor; PCR, polymerase chain reaction; PrEP, pre-exposure prophylaxis; STI, sexually transmitted infection; TAF/FTC, tenofovir alafenamide/emtricitabine (Descovy); TDF/FTC, tenofovir disoproxil fumarate/emtricitabine (Truvada).