

Table 4: Recommended Routine Laboratory Testing for Individuals Using PrEP

Test	Laboratory Testing Indications		
	All PrEP Regimens	Oral PrEP: TDF/FTC or TAF/FTC	Injectable PrEP: CAB LA or SC LEN
HIV-1/2 Ag/Ab combination immunoassay [a]	- When a patient has symptoms of acute HIV infection [b] (A2) 1 month after PrEP initiation if an HIV exposure occurred ≤1 month before the start of PrEP (A2+)	- Every 3 months (A3) - When PrEP has been interrupted for >1 week in the past month and a potential exposure occurred (A3) - When an individual reports inconsistent adherence during times of sexual activity and possible HIV exposure (A3)	- At the end of the oral CAB lead-in (if used) (A2) - Every injection visit (A3) - Consider interim 3-month HIV testing for high-risk individuals receiving SC LEN every 6 months
HIV RNA assay [a]	When a patient has symptoms of acute HIV [b] (A2)	- When PrEP has been interrupted for >1 week in the past month and a potential exposure occurred (A3) - When an individual reports inconsistent adherence during times of sexual activity and possible HIV exposure (A2)	- At the end of the oral CAB lead-in, if implemented (A2) - At injection visit if injection was delayed without use of oral bridging
Serum creatinine and calculated CrCl	—	3 months after initiation (B3) - Every 6-12 months thereafter (A3) - Consider more frequent screening in those at high risk, e.g., aged >40 years or with comorbidities (A3)	At least annually (A3)
STI (gonorrhea, chlamydia, and syphilis) screening (A2+) Note: Screening can be less frequent in those at lower risk	Ask about symptoms at every visit; if present, perform diagnostic testing and treat as indicated	Every 3-6 months based on reported risk	- CAB LA: Every 2-6 months based on reported risk - SC LEN: every 3-6 months based on reported risk
HCV serology [d]	At least annually if at risk (A3)	—	—
Pregnancy test in individuals of childbearing potential	- At every visit, assess for the possibility of pregnancy (A3) - Test for pregnancy when appropriate and on patient request (A3) - Offer contraception when requested or indicated (A3)	—	—
Urinalysis	—	Annually (B3)	—

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Abbreviations: Ab, antibody; Ag, antigen; CAB LA, long-acting injectable cabotegravir (Apretude); CrCl, creatinine clearance; HCV, hepatitis C virus; SC LEN, subcutaneous lenacapavir (Yeztugo); oral CAB, oral cabotegravir (Vocabria); PrEP, pre-exposure prophylaxis; STI, sexually transmitted infection; TAF/FTC, tenofovir alafenamide/emtricitabine (Descovy); TDF/FTC, tenofovir disoproxil fumarate/emtricitabine (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 individuals who prefer them over clinician-obtained swabs. See NYSDOH Sexually Transmitted Infection Self-Collection Outside of a Clinic Setting in New York State: Frequently Asked Questions. d. See NYSDOH AI guideline Hepatitis C Virus Screening, Testing, and Diagnosis in Adults.			