PrEP MANAGEMENT CHECKLIST: FOLLOW-UP & MONITORING

From the NYSDOH AIDS Institute guideline, PrEP to Prevent HIV Acquisition, available at www.hivguidelines.org

PRE-PRESCRIPTION
❍ Discuss PrEP use; clarify any misconceptions
❍ Perform baseline laboratory testing:
  • HIV test (with HIV RNA testing if indicated)
  • Calculated creatinine clearance
  • Pregnancy test for women of childbearing potential
  • HBV serologies (HBsAg, anti-HBs, and anti-HBc-IgG or total)
  • HAV serology
  • STI screening (syphilis, gonorrhea, chlamydia)
  • HCV serology
  • Serum liver enzymes
  • Urinalysis

AFTER CONFIRMING NEGATIVE HIV TEST
❍ Prescribe 30-day supply of PrEP
❍ Contact patient in 2 weeks to assess for side effects
❍ Instruct patient to report side effects immediately

ALWAYS ENSURE ADHERENCE
❍ Assess adherence and commitment at EVERY visit
❍ Schedule visits every 30 days for patients who report poor adherence or intermittent use of PrEP

30-DAY FOLLOW-UP VISIT
❍ Assess for side effects
❍ Obtain serum creatinine and calculated creatinine clearance* for patients with borderline renal function or at increased risk for kidney disease (>65 years of age, black race, hypertension, or diabetes)
❍ Discuss risk reduction, provide condoms and, if applicable, provide syringes
❍ If adherence has been good, prescribe a 90-day refill
❍ Inform about need for 3-month visit for HIV test and follow-up

3-MONTH VISIT
❍ Perform HIV and syphilis tests; screen for gonorrhea and chlamydia
❍ Ask about symptoms suggestive of STIs and test those at high risk
❍ Screen for symptoms of acute HIV infection and test if indicated
❍ Perform pregnancy test for women of childbearing potential who are not using effective contraception or present with an STI
❍ Obtain serum creatinine and calculated creatinine clearance*
❍ Discuss risk reduction, provide condoms and, if applicable, provide syringes
❍ Assess adherence; if adherence has been good, provide a 90-day prescription

6-MONTH VISIT
❍ Perform HIV and syphilis tests; screen for gonorrhea and chlamydia
❍ Ask about symptoms suggestive of STIs and test those at high risk
❍ Screen for symptoms of acute HIV infection and test if indicated
❍ Perform pregnancy test for women of childbearing potential who are not using effective contraception or present with an STI
❍ Perform STI screening tests
❍ Discuss risk reduction, provide condoms and, if applicable, provide syringes
❍ Assess adherence; if adherence has been good, provide a 90-day prescription

9-MONTH VISIT
❍ Perform HIV and syphilis tests; screen for gonorrhea and chlamydia
❍ Ask about symptoms suggestive of STIs and test those at high risk
❍ Screen for symptoms of acute HIV infection and test if indicated
❍ Perform pregnancy test for women of childbearing potential who are not using effective contraception or present with an STI
❍ Perform STI screening tests
❍ Discuss risk reduction, provide condoms and, if applicable, provide syringes
❍ Assess adherence; if adherence has been good, provide a 90-day prescription

12-MONTH VISIT
❍ Perform HIV and syphilis tests; screen for gonorrhea and chlamydia
❍ Urinalysis
❍ Perform pregnancy test for women of childbearing potential who are not using effective contraception or present with an STI
❍ Perform STI screening tests
❍ Discuss risk reduction, provide condoms and, if applicable, provide syringes
❍ Assess adherence; if adherence has been good, provide a 90-day prescription
❍ Obtain HCV serology and serum liver enzymes for men who have sex with men, people who inject drugs, and those with multiple sexual partners

* There is no role for adjusting TDF dosing in those with Cr Cl <60—discontinue if Cr Cl ≤50.