

PRE-PRESCRIPTION ASSESSMENT, LABORATORY TESTS AND MONITORING

IS PrEP INDICATED?

1. PrEP is indicated for any individual who is HIV negative and at ongoing risk for HIV.
 2. PrEP should only be prescribed to those who are able to adhere to regimen.
 3. Lack of use of barrier protection is not a contraindication to PrEP.
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OBTAIN THE FOLLOWING TESTS BEFORE PRESCRIBING PrEP:

1. 3rd or 4th generation HIV test. Perform NAAT/viral load if suspect acute HIV infection.
 2. Basic metabolic panel. Do not start PrEP if CrCl <60 mL/min.
 3. Urinalysis.
 4. Serology for Hepatitis A, B, and C. Vaccinate against A and B in non-immune patients.
 5. STI screening. Perform 3-site (genital, rectal, pharyngeal) NAAT screening for GC and Chlamydia + RPR.
 6. Pregnancy Test. If positive, discuss known risks and benefits.
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LABORATORY TESTING: FOLLOW-UP AND MONITORING

1. HIV Test: Every 3 months. Confirm negative result before writing refill.
2. Pregnancy Test: Every 3 months.
3. Ask about STI symptoms: Every visit.
4. STI Testing: Every 6 months. Even if patients are asymptomatic.
5. Creatinine + CrCl: At 3 month visit, then every 6 months.
6. Urinalysis: Annually.
7. Hepatitis C Ab: Annually (for high risk patients).

RECOMMENDED PrEP REGIMEN

TRUVADA[®]

**(Tenofovir 300 mg + Emtricitabine 200 mg)
1 tablet PO daily with or without food**

COMMON SIDE EFFECTS:

Headache, abdominal pain, weight loss.

Side effects may resolve or improve after 1st month.

SPEAK WITH A CLINICIAN EXPERIENCED IN MANAGING PrEP IF

patient has chronic active HBV,
is pregnant or attempting to conceive,
is taking nephrotoxic drugs, or is at risk for bone loss.

For more information on PrEP guidance go to:

**www.hivguidelines.org
www.ceitraining.org**

To speak with a clinician experienced in managing PrEP
call the CEI Line at



866-637-2342