PrEP RECOMMENDED VISITS AND LAB SCREENING

BASELINE ASSESSMENT (PrEP PRESCRIBED WITHIN 7 DAYS OF DOCUMENTED NEGATIVE HIV TEST)

• Screen for sx of acute HIV (fever, fatigue, myalgia/arthritis, rash, headache, pharyngitis, cervical adenopathy, night sweats, diarrhea)
• Consider HIV post-exposure prophylaxis (nPEP) if high-risk sexual exposure in last 72 hours
• Discuss PrEP benefits, possible complications
• Discuss STI/HIV risk reduction; offer condoms, clean syringe resources, contraceptive counseling if applicable
• Labs:
  ♦ HIV 4\textsuperscript{th} gen Ag/Ab preferred; 3\textsuperscript{rd} gen if 4\textsuperscript{th} not available (plus HIV viral load if concern for acute HIV)
  ♦ STI screening: GC/CT NAAT (urine or vagina, rectum, pharynx), syphilis EIA or RPR
  ♦ Serum creatinine (contraindicated of CrCl<60 ml/min)
  ♦ HepBsAg*, HepCAb*
  ♦ Consider U preg*; eval HAV, HBV & HPV vaccination status

*Not a contraindication, but follow-up indicated if positive
**PRESCRIBING PrEP**
Truvada® 200/300mg (emtricitabine 200mg/tenofovir disoproxil fumarate 300mg)
1 tablet PO daily; 30-day supply with 2 refills (after negative HIV test)
**ICD-10: Z20.6** Contact with and (suspected) exposure to human immunodeficiency virus

**OPTIONAL 30-DAY VISIT** (recommended for unvaccinated or high-risk patients)
- Evaluate and provide indicated HAV, HBV & HPV vaccinations
- Evaluate for medication side effects
- Reinforce HIV/STI risk reduction and contraceptive counseling, if applicable
- Assess compliance with daily medication; provide support resources if indicated
- Labs: HIV 4th gen Ag/Ab preferred; 3rd gen if 4th not available

**FOLLOW-UP ASSESSMENT EVERY 3 MONTHS**
- Evaluate and provide indicated HAV, HBV & HPV vaccinations if not done at 30 days
- Reinforce HIV/STI risk reduction and contraceptive counseling, if applicable
- Assess compliance with daily medication; provide support resources if indicated
- Labs:
  - HIV 4th gen Ag/Ab preferred; 3rd gen if 4th not available (plus HIV viral load if concern for acute HIV)
  - STI screening: GC/CT NAAT (urine or vagina, rectum, pharynx), syphilis EIA or RPR
  - U preg, if applicable
  - Serum creatinine every 6 months
  - HepCAb every 12 months

**Questions? Call the U.S. PrEP line for providers at 855-448-7737 or visit ProudToPrescribePrEP.com**