

PrEP RECOMMENDED VISITS AND LAB SCREENING

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

- Screen for sx's 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 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
 - ♦ Serum creatinine (contraindicated if CrCl < 60 ml/min)
 - ♦ HepBsAg*, HepCAb*
 - ♦ Consider U preg*; eval HAV, HBV & HPV vaccination status

*Not a contraindication, but follow-up indicated if positive

PROUD TO BE PrEPED



COLORADO
Department of Public
Health & Environment

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](https://www.proudtoprescribeprep.com)**