



PrEP TRIAGE

PrEP

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.

OBTAIN THE FOLLOWING TESTS BEFORE PRESCRIBING:

1. Third- or fourth-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 three-site (genital, rectal, pharyngeal) NAAT screening for GC, and chlamydia and RPR.
6. Pregnancy test: if positive, discuss known risks and benefits.

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. Hep C AB: annually for high-risk patients.

RECOMMENDED PrEP REGIMEN: TRUVADA® (TENOFVIR 300 MG + EMTRICITABINE 200 MG)

- 1 tablet by mouth daily with or without food.
- Common side effects: headache, abdominal pain and weight loss. Side effects may resolve or improve after first 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.

