IS PrEP INDICATED?

1. PrEP is indicated for adults and adolescents who are HIV negative and at ongoing risk for HIV.
2. PrEP is recommended for immediate start, after completion of PEP, for those with ongoing risk.
3. PrEP should not be withheld from individuals with substance use or mental health disorders.

OBTAIN THE FOLLOWING TESTS BEFORE PRESCRIBING PrEP:

1. 3rd or 4th generation HIV test. Perform RNA viral load if acute HIV infection is suspected.
2. Calculated creatinine clearance. Do not start PrEP if CrCl <60 mL/min.
3. Urinalysis.
5. STI screening: Perform 3-site (genital, rectal, pharyngeal) NAAT screening for GC and chlamydia + syphilis test.
6. Pregnancy test if applicable. If positive, discuss known benefits and risks.

LABORATORY TESTING: FOLLOW-UP AND MONITORING

1. HIV Test: Every 3 months. Confirm negative results before prescribing refill.
2. GC & Chlamydia Test: Perform 3 site NAAT testing for GC and chlamydia every 3 months in high risk individuals. Self-collected swabs may be used.
3. Syphilis Test: MSM at high risk every 3 months. Annually for individuals at lower risk.
4. Pregnancy Test: Every 3 months if no effective contraception.
5. Creatinine + CrCl: At 3 month visit, then every 6 months.
7. HCV Ab: Annually for those at risk.
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.

CONSULT 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 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