

Assess patient risk and eligibility for PrEP¹

Strong indications for PrEP:

- Has a sex or injection partner with HIV
- Commercial sex work
- High number of sex partners

Offer PrEP

Possible indications for PrEP:

- Recent bacterial sexually transmitted infection (STI)
- In a high-prevalence area or network
- Sharing injection equipment
- Recent relapse of injection drug use

Discuss the person's risks and preferences to determine if PrEP is the right course.

Reassess eligibility for PrEP on an ongoing basis, especially if HIV risk changes. Follow-up is crucial.

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EVERY 3 MONTHS:

- Test for HIV.
- Test for STIs, based on risk.

6

EVERY 6 MONTHS:

Assess renal function.

Visit AlosaHealth.org/PrEP for more information and resources

(1) Centers for Disease Control and Prevention. *Preexposure prophylaxis for the prevention of HIV infection in the United States*. Centers for Disease Control; May 2014. (2) Vernazza PL, Graf I, Sonnenberg-Schwan U, Geit M, Meurer A. Preexposure prophylaxis and timed intercourse for HIV-discordant couples willing to conceive a child. *AIDS*. 2011;25(16):2005-2008.

Check laboratory tests before starting PrEP



HIV status: Ensure that the patient does not have HIV infection or signs of acute HIV.



Renal function: Renal function should be normal (creatinine clearance >60 mL/min) prior to starting PrEP.



Hepatitis B:

- Screen for hepatitis B.
- Provide hepatitis B vaccine for patients who have not been immunized.
- If a patient has hepatitis B, make a plan for managing it prior to initiating PrEP.



Pregnancy status: PrEP can be safe in women who are pregnant or trying to conceive, but determine pregnancy status and discuss risks and benefits.²



- **Prescribing PrEP**
Tenofovir 300 mg/emtricitabine 200 mg (Truvada) once-daily to prevent HIV infection
- **Talk to patients about the importance of taking PrEP every day.**



Balanced information for better care



These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition. These materials were made possible by the District of Columbia Department of Health and Project PrIDE through the Shelby County Health Department in Tennessee. Links to references can be found at AlosaHealth.org.

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