Initial PrEP Visit:

- HIV 4th generation antibody testing or HIV RNA testing if within “window period” of suspected acute infection
- Screen and treat for STIs- Chlamydia, Gonorrhea (throat & rectal swab, urine NAAT), Syphilis RPR
- Screen for Hep B/C and Hep A antibodies/infection; update vaccinations as necessary (MSM at increased risk for Hep A, therefore consider vaccination)
- Obtain baseline Creatinine, ALT, AST and Phosphorous
- Document CrCl >60L/min
- Assess behavioral risk without judgment (sexual practices, substance use with sex, unprotected sex, number and types of partners). Do not assume monogamy even if partnered/married.
- Provide medication adherence and risk-reduction counseling

30 days after initiation of PrEP

- HIV 4th generation antibody testing or HIV RNA testing if within “window period” of suspected acute infection
- ALT, AST, Creatinine lab draws
- Monitor for any adverse rxns to medication (nausea, GI upset, hepatic inflammation, etc)
- Provide risk-reduction and adherence counseling

3 months after initiation

- HIV 4th generation antibody testing or HIV RNA testing if within “window period” of suspected acute infection
- Repeat Creatinine, ALT, AST and Phosphorous
- Document CrCl>60mL/min
- Monitor for adverse rxns to medication
- Screen for STIs: site-specific oropharyngeal & rectal swab & urine NAAT for GC/chlamydia, syphilis RPR, treat accordingly
- Assess adherence, risk reduction counseling

Continue every three months: HIV testing, site-specific STI testing, AST/ALT, phosphorous, creatinine. Always inquire about missed doses (3-4 consecutively missed doses lowers effectiveness)

Refills: Lab work must be completed at 30 days of initiation and then every 3 months after initiation. Patient must be seen every 3 months for refill.