

PrEP RECOMMENDED VISITS AND LAB SCREENING

INITIAL VISIT

- Discuss STI/HIV risk reduction; offer condoms, clean syringe resources, contraceptive counseling if applicable
- Screen for signs and symptoms of acute HIV
- Evaluate HAV, HBV, & HPV vaccination status; vaccinate as appropriate
- Baseline labs:
 - HIV test: 4th gen Ab/Ag test; HIV RNA PCR if concern for acute HIV
 - STI screening: GC/CT (rectum, oropharynx, genitals), syphilis EIA or RPR
 - BMP for Creatinine Clearance (Truvada® is contraindicated with CrCl<60 ml/min)
 - Hepatitis B (surface antigen, surface antibody, and total core antibody)*
 - Hepatitis C antibody*
 - Urine pregnancy test for women*
- If high risk sexual exposure in the last 72 hours do not prescribe PrEP; prescribe HIV post-exposure prophylaxis (PEP)
- PrEP should only be prescribed within 7 days of documented negative HIV test

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

PRESCRIBING PrEP

- Truvada® 200mg/300mg (emtricitabine 200mg/tenofovir disoproxil fumarate 300mg) 1 tablet PO daily
- Prescribe initial 30-day supply after negative HIV test
- Schedule follow-up prior to the end of the initial 30-day prescription

BILLING CODE: ICD-10: Z20.6 contact with and (suspected) exposure to HIV

30-DAY VISIT

- No routine labs; obtain as clinically indicated
- Screen for signs and symptoms of acute HIV
- Evaluate for medication side effects and adherence, continue risk reduction counseling

FOLLOW UP ASSESSMENT EVERY 3 MONTHS

- HIV test: 4th gen Ab/Ag test; HIV RNA PCR if concern for acute HIV
- Screen for signs and symptoms of acute HIV
- STI screening: GC/CT (rectum, oropharynx, genitals), syphilis EIA or RPR
- Urine pregnancy test for women*

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

- Give 60-day (or 30 days with one refill) prescription for FTC/TDF (Truvada®), and schedule follow up prior to the end of the 60-day prescription

- Evaluate for medication side effects, adherence and continue risk reduction counseling
- Check creatinine clearance at 3 months and every 6 months thereafter
- After confirmed negative HIV test, give 90-day (or 30 days with two refills) prescription for FTC/TDF (Truvada®), and schedule follow-up prior to the end of the 90-day prescription

For free clinician to clinician advice from HIV experts call the Michigan HIV Consult Program at Henry Ford Hospital 24/7 at 313-575-0332 Or submit questions to expert providers online at www.henryford.com/HIVConsult

For complete CDC PrEP Clinical Practice Guidelines, www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf

For PEP guidance, www.michigan.gov/documents/mdhhs/MDHHS_nPEP_Guidance_Excerpts_621167_7.pdf