

PrEP checklist for prescribers

Initiation of emtricitabine/tenofovir disoproxil for PrEP

Instructions: Complete checklist at each visit and file in individual's medical record.

I have completed the following prior to prescribing emtricitabine/tenofovir disoproxil for a PrEP indication for the individual who is about to start or is taking emtricitabine/tenofovir disoproxil for a PrEP indication:

Lab Tests/Evaluation		
	Completed risk evaluation of uninfected individual	
	Confirmed negative HIV-1 test immediately prior to initiating emtricitabine/tenofovir disoproxil for a PrEP indication using a combined antigen/antibody test. If clinical symptoms consistent with acute viral infection are present and recent (<1 month) exposure is suspected, delay starting PrEP for at least 1 month and reconfirm HIV-1 status.	
	Performed screening for sexually transmitted infections (STIs), such as syphilis and gonorrhoea	
	If applicable, evaluated risk/benefit for women who may be pregnant or may want to become pregnant	
	Performed HBV screening test	
	Offered HBV vaccination as appropriate	
	Prior to initiation, confirmed estimated CrCl emtricitabine/tenofovir disoproxil is not recommended for use in HIV-1-uninfected individuals with CrCl < 60 mL/min. Emtricitabine/tenofovir disoproxil should only be used in individuals with CrCl < 80 mL/min if the potential benefits are considered to outweigh the potential risks.	
	Performed renal monitoring as recommended: In individuals without renal risk factors, renal function (CrCl and serum phosphate) should be monitored after 2 to 4 weeks of use, after 3 months of use and every 3 to 6 months thereafter. In individuals at risk for renal impairment, more frequent monitoring of renal function is required.	
	Confirmed that the individual at risk is not taking other HIV-1 or HBV medications.	
	Confirmed that the individual at risk is not taking or has not recently taken a nephrotoxic medicinal product. If concomitant use of Emtricitabine/tenofovir disproxil and nephrotoxic agents is unavoidable, renal function should be monitored weekly.	
Counselling		
	Counselled on the importance of scheduled follow-up, including regular HIV-1 screening tests (e.g. at least every 3 months), while taking emtricitabine/tenofovir disoproxil for a PrEP indication to reconfirm HIV-1-negative status	
	Discussed the importance of discontinuing emtricitabine/tenofovir disoproxil for a PrEP indication if seroconversion has occurred, to reduce the development of resistant HIV-1 variants	
	Counselled on the importance of adherence to the dosing schedule	
	Counselled that emtricitabine/tenofovir disoproxil for a PrEP indication should be used only as part of a comprehensive prevention strategy and educated on practicing safer sex consistently and using condoms correctly	
	Discussed the importance of the individual knowing their HIV-1 status and, if possible, that of their partner(s)	
	Discussed the importance of screening for STIs, such as syphilis and gonorrhoea, that can facilitate HIV-1 transmission	
	Discussed known safety risks with use of emtricitabine/tenofovir disoproxil for a PrEP indication	
	Reviewed the document 'Important Information About emtricitabine/tenofovir disoproxil to Reduce the Risk of Getting HIV Infection' with the individual.	
Follow-up		
	Performed regular HIV-1 screening (e.g. at least every 3 months)	

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Checked the individual's reported adherence (e.g. from the calendar on the Reminder card)
Discontinued emtricitabine/tenofovir disoproxil for PrEP if seroconversion has occurred
Performed screening for STIs, such as syphilis and gonorrhoea
Identified potential adverse reactions
Performed renal monitoring as recommended. If CrCl is decreased to < 60 mL/min or serum phosphate is < 1.5 mg/dL (0.48 mmol/L) in any individual receiving emtricitabine/tenofovir disoproxil for PrEP, renal function should be re-evaluated within 1 week, including measurements of blood glucose, blood potassium and urine glucose concentrations. Consideration should also be given to interrupting treatment with emtricitabine/tenofovir disoproxil in individuals with CrCl decreased to < 60 mL/min or decreases in serum phosphate to < 1.0 mg/dL (0.32 mmol/L). Interrupting use of emtricitabine/tenofovir disoproxil should also be considered in case of progressive decline of renal function when no other cause has been identified
Performed HBV screening test (if previously tested negative for HBV or had not received HBV vaccination)
Recorded next follow-up appointment and HIV-1 screening test dates in the Reminder card and provided this to the individual.

Please report any adverse events suspected to be caused by the use of Emtricitabine/Tenofovir Disoproxil Rowex to Rowex Ltd, Bantry, Co Cork. Tel 027 50077; fax 027 50417 or the HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: www.hpra.ie; E-mail: medsafety@hpra.ie

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