

## Checklist for Prescribers

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

Patient Initials:                      DOB:                      Gender: M  F                       Age:

I have completed the following prior to prescribing Emtricitabine/Tenofovir disoproxil Mylan for a pre-exposure prophylaxis (PrEP) indication for the individual who is about to start or is taking Emtricitabine/Tenofovir disoproxil Mylan for a PrEP indication:

### Initial Evaluation

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Completed risk evaluation of uninfected individual   |
| <input type="checkbox"/> | Confirmed negative HIV-1 test immediately prior to initiating Emtricitabine/Tenofovir disoproxil Mylan for a PrEP indication using a combined antigen/antibody test<br><ul style="list-style-type: none"> <li>• If clinical symptoms consistent with acute viral infection are present and recent (&lt;1 month) exposure is suspected, delay starting PrEP for at least 1 month and reconfirm HIV-1 status.</li> </ul> |
| <input type="checkbox"/> | Performed screening for sexually transmitted infections (STIs), such as syphilis and gonorrhoea  |
| <input type="checkbox"/> | If applicable, evaluated risk/benefit for women who may be pregnant or may want to become pregnant   |
| <input type="checkbox"/> | Performed HBV screening test   |
| <input type="checkbox"/> | Offered HBV vaccination as appropriate   |
| <input type="checkbox"/> | Prior to initiation confirmed estimated creatinine clearance (CrCl)<br><br><b>Uninfected adults</b><br>CrCl >80 mL/min. If CrCl <80 mL/min, use only if benefit outweighs risk. Not recommended if CrCl <60 mL/min.<br><br><b>Uninfected adolescents</b><br>Should not be used if CrCl <90 mL/min/1.73 m <sup>2</sup> .  |
| <input type="checkbox"/> | Confirmed that the individual at risk is not taking other HIV-1 or HBV medications   |
| <input type="checkbox"/> | Confirmed that the individual at risk is not taking or has not recently taken a nephrotoxic medicinal product<br><br>If concomitant use of Emtricitabine/Tenofovir disoproxil Mylan and nephrotoxic agents is unavoidable, renal function should be monitored weekly.  |

### Counselling

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Counselled that Emtricitabine/Tenofovir disoproxil Mylan 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 |
| <input type="checkbox"/> | Counselled on the importance of adherence to daily dosing schedule  |
| <input type="checkbox"/> | Recommended to the individual to add a reminder to their mobile phone or any other device that can alert them when it is time to take Emtricitabine/Tenofovir disoproxil  |

**Emtricitabine/ Tenofovir disoproxil Mylan PrEP checklist for prescribers, Global Version v. 1.1/01Nov2021**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Discussed the importance of the individual knowing their HIV-1 status and, if possible, that of their partner(s)  |
| <input type="checkbox"/> | 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 Mylan for a PrEP indication to reconfirm HIV-1–negative status |
| <input type="checkbox"/> | Discussed the importance of discontinuing Emtricitabine/Tenofovir disoproxil Mylan for a PrEP indication if seroconversion has occurred, to reduce the development of resistant HIV-1 variants  |
| <input type="checkbox"/> | Discussed the importance of screening for sexually transmitted infections (STIs), such as syphilis and gonorrhoea, that can facilitate HIV-1 transmission   |
| <input type="checkbox"/> | Discussed known safety risks with use of Emtricitabine/Tenofovir disoproxil Mylan for aPrEP indication  |
| <input type="checkbox"/> | Provided patient materials to the individual at risk and reviewed this with them  |

**Follow up**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Performed regular HIV-1 screening (e.g. at least every 3 months)  |
| <input type="checkbox"/> | Checked the individual’s reported adherence (e.g. from the calendar on the Reminder Card)   |
| <input type="checkbox"/> | Reassessed the individual at each visit to ascertain whether they remain at high risk of HIV-1 infection. The risk of HIV-1 infection should be balanced against the potential for renal and bone effects with long-term use of Emtricitabine/Tenofovir disoproxil  |
| <input type="checkbox"/> | Discontinued Emtricitabine/Tenofovir disoproxil for PrEP if seroconversion has occurred   |
| <input type="checkbox"/> | Performed screening for STIs, such as syphilis and gonorrhea  |
| <input type="checkbox"/> | Identified potential adverse reactions  |
| <input type="checkbox"/> | <p>Performed renal monitoring as recommended</p> <p>In individuals without renal risk factors, renal function (creatinine clearance 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.</p> <p><b>Uninfected adults and adolescents</b></p> <p>Please refer to Safety leaflet for prescribers, section “Emtricitabine/Tenofovir disoproxil Mylan related renal toxicity”</p> |
| <input type="checkbox"/> | Performed HBV screening test (if previously tested negative for HBV or had not received HBV vaccination)  |
| <input type="checkbox"/> | Recorded next follow-up appointment and HIV-1 screening test dates in the Reminder Card and provided this to the individual   |

**Prescriber signature and name in print** \_\_\_\_\_ **Date** \_\_\_\_\_