

## PREScriBER PHYSICIAN CHECKLIST ON PRE-EXPOSURE PROPHYLAXIS (PrEP)

### EMTRICITABINA/TENOFOVIR DISOPROXIL

#### Instructions:

Complete a checklist at each doctor's appointment and file it with the individual's medical records.

Individual's Initials: \_\_\_\_\_

☐ I checked each of the following points before prescribing Emtricitabine/Tenofovir disoproxil for the indication of pre-exposure prophylaxis (PrEP)

#### Laboratory Analysis/Evaluation

The risk assessment of the non-infected individual was completed ☐

HIV-1 negative status was confirmed immediately prior to initiation of emtricitabine/tenofovir disoproxil for PrEP indication using a combined HIV-1 antigen/antibody test

• In the presence of clinical symptomatology consistent with acute viral infection and if recent exposure to HIV-1 (< 1 month) is suspected, pre-exposure prophylaxis should be postponed for at least one month and HIV-1 status should be reconfirmed ☐

Screening tests for sexually transmitted infections (STIs), such as syphilis and gonorrhea, were carried out ☐

Benefit/risk assessed for women who may be pregnant or may want to become pregnant, if applicable ☐

Hepatitis B virus (HBV) screening tests were carried out ☐

HBV vaccine was proposed, if appropriate ☐

It has been confirmed that the at-risk individual is not taking other medicines for HIV-1 or HBV ☐

Creatinine clearance (CrCl) value was confirmed prior to initiation of therapy

#### **Uninfected adults:**

If CrCl < 80 ml/min, use this medicine only if the potential benefits outweigh the potential risks. ☐

Not recommended if CrCl < 60 ml/min

#### **Uninfected adolescents**

Should not be used if CrCl < 90 ml/min/1.73m<sup>2</sup>

It has been confirmed that the high-risk individual is not taking, or has not recently taken, nephrotoxic medicines. If concomitant use of emtricitabine/tenofovir disoproxil and nephrotoxic agents is unavoidable, renal function should be monitored weekly ☐

#### Advice

Advice was provided on the need to use emtricitabine/tenofovir disoproxil for PrEP only as part of an overall strategy for prevention of HIV-1 infection, including the use of other prevention measures such as consistent and correct condom use ☐

Counselling was provided on the importance of complying with the daily dosing schedule ☐

The recommendation was provided for the individual to add a reminder on their mobile phone or any other device that alerts them when it is time to take the medicine ☐

The importance of the individual knowing their HIV status and, if possible, that of their partner was discussed ☐

Counselling was provided on the importance of planning regular follow-up, including regular HIV-1 screening (e.g. at least every 3 months) while using Emtricitabine/Tenofovir disoproxil for PrEP to reconfirm HIV-1 negative status. ☐

The importance of discontinuing the use of emtricitabine/tenofovir disoproxil for PrEP in the event of seroconversion was discussed to reduce the risk of developing resistant HIV-1 variants ☐

The importance of screening for STIs, such as syphilis and gonorrhea, which can facilitate HIV-1 transmission, was discussed ☐

The safety risks associated with the use of Emtricitabine/Tenofovir disoproxil for PrEP were discussed ☐

The document "Educational Guide for Individuals at Risk on Pre-Exposure Prophylaxis (PrEP)" was provided and analyzed with the individual ☐

Follow-up

Regularly tested for HIV-1 (e.g. every 3 months) ☐

Checked adherence to the individual's reported therapy (e.g., from the calendar inserted in the "PrEP Card for At-Risk Individuals" ) ☐

The individual is reassessed at each visit to see if they are still at high risk of HIV-1 infection. The risk of HIV-1 infection should be weighed against the potential renal and bone effects of long-term use of emtricitabine/tenofovir disoproxil ☐

Discontinued Emtricitabine/Tenofovir disoproxil for PrEP if seroconversion occurs ☐

Screening tests for STIs, such as syphilis and gonorrhea, performed ☐

Potential adverse reactions identified ☐

Kidney monitoring as recommended:  
In subjects without renal risk factors, renal function (CrCl and serum phosphate) should be monitored after 2 to 4 weeks of therapy, after 3 months of therapy, and every 3 to 6 months thereafter. In individuals at risk for renal failure, closer monitoring of renal function is necessary.  
Uninfected adults and adolescents  
Please refer to the section "Emtricitabine/Tenofovir disoproxil-related renal toxicity" of the "Educational Guide for Prescribers on Pre-Exposure Prophylaxis (PrEP)" ☐

HBV screening test (if previous test negative for HBV or if no HBV vaccination has occurred) ☐

Recorded next follow-up appointment and HIV-1 testing dates on the PrEP At-Risk Card provided to the individual ☐

Physician's Signature \_\_\_\_\_

Doctor's Name in Print \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

