

## CHECKLIST FOR PRESCRIBERS

Initiation and follow up of Truvada® (emtricitabine/tenofovir disoproxil fumarate) for Pre-exposure Prophylaxis (PrEP)

## Instructions:

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

I have completed the following prior to prescribing Truvada® for a Pre-exposure Prophylaxis (PrEP) indication for the individual who is about to start or is taking Truvada® for a PrEP indication:			Counselled on the importance of scheduled follow-up, including regular HIV-1 screening tests (e.g. at least every 3 months), while taking Truvada® for a PrEP indication to reconfirm HIV-1-negative status
Ini	tial Evaluation		
	Completed risk evaluation of uninfected individual		Discussed the importance of discontinuing Truvada® for a PrEP indication if seroconversion has occurred, to reduce the development of resistant HIV-1 variants
	Confirmed negative HIV-1 test immediately prior to initiating Truvada® 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.		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 Truvada® for a PrEP indication
	Performed screening for sexually transmitted infections (STIs), such as syphilis and gonorrhoea		Provided patient material to the individual at risk and reviewed this with them.
	If applicable, evaluated risk/benefit for women who may be pregnant or may want to become pregnant	Fo	llow-up
	Performed HBV screening test		Performed regular HIV-1 screening (e.g. at least every
	Offered HBV vaccination as appropriate		3 months)
	Prior to initiation, confirmed estimated creatinine clearance (CrCl)		Checked the individual's reported adherence (e.g. from the calendar on the Reminder Card)
	Uninfected adults  CrCl >80 mL/min. If CrCL<80 mL/min, use only if benefit outweighs risk. Not recommended if CrCl <60 mL/min.		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
	Uninfected adolescents	_	bone effects with long-term use of Truvada®
	Should not be used if CrCl <90 mL/min/1.73 m <sup>2</sup> .		Discontinued Truvada® for PrEP if seroconversion has occurred
	Confirmed that the individual at risk is not taking other HIV-1 or HBV medications		Performed screening for STIs, such as syphilis and gonorrhoea
	Confirmed that the individual at risk is not taking or has not recently taken a nephrotoxic medicinal product  If concomitant use of Truvada® and nephrotoxic agents is		Identified potential adverse reactions
			Performed renal monitoring as recommended
	unavoidable, renal function should be monitored weekly.		In individuals without renal risk factors, renal function (creatinine
Co	ounselling		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
$\cup$	Counselled that Truvada® 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  Counselled on the importance of adherence to the dosing schedule  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 Truvada®		frequent monitoring of renal function is required.
			Uninfected adults and adolescents
			Please refer to Safety leaflet for prescribers, section "Truvada®
			related renal toxicity"  Performed HBV screening test (if previously tested negative for
			HBV or had not received HBV vaccination)
		$\cup$	Recorded next follow-up appointment and HIV-1 screening test dates in the Reminder Card and provided this to the individual
	Discussed the importance of the individual knowing their HIV-1 status and, if possible, that of their partner(s)		·

164/UK/16-08/MI/1057a(1) leaflet. You can also report side effects directly via the Brochure\_Truvada\_PrEP\_v2.0\_21 Nov 2017 national reporting system: 164/UK/16-08/MI/1057a(1)

Reporting of side effects If you get side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in the patient information leaflet. You can also report

United Kingdom Yellow Card Scheme Website: www.yellowcard. mhra.gov.uk Tel: +44 (0) 800 731 6789 Ireland HPRA Pharmacovigilance Earlsfort Terrace Eansror Terrace
IRL - Dublin
Tel: +353 1 6764971
Fax: +353 1 6762517
Website: www.hpra.ie
e-mail: medsafety@hpra.ie Any suspected adverse reactions to Truvada® should be reported to Gilead via email to Safety\_FC@gilead.com or by telephone +44 (0) 1223 897500.

