



Table 1: Behavioural eligibility criteria for PrEP

| RISK CRITERIA FOR MSM | | RISK CRITERIA FOR TRANS & GENDER DIVERSE PEOPLE | | RISK CRITERIA FOR HETEROSEXUAL PEOPLE | | RISK CRITERIA FOR PWID | |
|--|--|--|---|--|---|--|--|
| High Risk – Recommend PrEP | | High Risk – Recommend PrEP | | High Risk – Recommend PrEP | | High Risk – Recommend PrEP | |
| Last 3 months | Next 3 months* | Last 3 months | Next 3 months* | Last 3 months | Next 3 months* | Last 3 months | Next 3 months* |
| <ul style="list-style-type: none"> CLAI with a regular HIV+ partner (not on treatment and/or detectable viral load) Receptive CLAI with any casual HIV+ male partner or a male partner of unknown status Rectal gonorrhoea, rectal chlamydia or infectious syphilis diagnosis Methamphetamine use | <ul style="list-style-type: none"> Multiple episodes of CLAI with or without sharing intravenous drug equipment | <ul style="list-style-type: none"> Regular sexual partner of an HIV+ person (not on treatment and/or detectable viral load) with inconsistent condom use Receptive CLAI with any casual HIV+ partner or a male partner of unknown status Rectal or vaginal gonorrhoea, chlamydia or infectious syphilis diagnosis Methamphetamine use | <ul style="list-style-type: none"> Multiple episodes of anal or vaginal CLI with or without sharing intravenous drug equipment | <ul style="list-style-type: none"> A regular sexual partner who is HIV+ (not on treatment and/or with detectable viral load) with inconsistent condom use Receptive anal or vaginal CLI with any casual HIV+ partner, male homosexual or bisexual partner of unknown status A female patient in a serodiscordant heterosexual relationship, who is planning natural conception in the next 3 months | <ul style="list-style-type: none"> Multiple episodes of CLI with or without sharing intravenous drug equipment | <ul style="list-style-type: none"> Shared injecting equipment with an HIV+ individual or with a gay or bisexual man of unknown HIV status | <ul style="list-style-type: none"> Multiple events of sharing injecting equipment with an HIV+ individual or a gay or bisexual man of unknown HIV status Inadequate access to safe injecting equipment |
| Medium Risk – Consider PrEP | | Medium Risk – Consider PrEP | | Medium Risk – Consider PrEP | | Medium Risk – Consider PrEP | |
| Last 3 months | Next 3 months* | Last 3 months | Next 3 months* | Last 3 months | Next 3 months* | Last 3 months | Next 3 months* |
| <ul style="list-style-type: none"> Anal intercourse when proper condom use was not achieved (e.g. condom slipped off) where the serostatus of partner was not known, or was HIV+ and not on treatment or with a detectable viral load <i>If patient uncircumcised:</i> more than one episode of insertive CLAI where the serostatus of partner was not known, or was HIV+ and not on treatment or with a detectable viral load | <ul style="list-style-type: none"> Multiple episodes of CLAI with or without sharing intravenous drug equipment | <ul style="list-style-type: none"> 1+ episodes of anal or vaginal intercourse when proper condom use was not achieved (e.g. condom slipped off) and where the serostatus of partner was not known, or was HIV+ and not on treatment or with a detectable viral load <i>If patient uncircumcised:</i> 1+ episodes of insertive CLAI where the serostatus of partner was not known, or was HIV+ and not on treatment or with a detectable viral load | <ul style="list-style-type: none"> Multiple episodes of anal or vaginal CLI with or without sharing intravenous drug equipment | <ul style="list-style-type: none"> CLI with a heterosexual partner, not known to be HIV-, from -a country with high HIV prevalence | <ul style="list-style-type: none"> Multiple episodes of CLI with or without sharing intravenous drug equipment | <ul style="list-style-type: none"> PWID (People Who Inject Drugs) CLI (Condomless Intercourse) CLAI (Condomless Anal Intercourse) MSM (Men Who Have Sex With Men) <p>*Is the patient likely to behave like this in the next 3 months (indicates a sustained risk)</p> | |

Table 2: Laboratory evaluation & clinical follow-up of individuals who are prescribed PrEP

| Test | Baseline | ±30 days after initiation (optional) | 90 days after initiation | Every 90 days on PrEP | Other frequency (minimum) |
|---|----------|--------------------------------------|--------------------------|-----------------------|---------------------------|
| HIV testing and assessment for signs or symptoms of acute infection | ✓ | ✓ | ✓ | ✓ | n/a |
| Assess side effects | n/a | ✓ | ✓ | ✓ | n/a |
| Hepatitis B serology | ✓ | n/a | n/a | n/a | n/a |
| Hepatitis C serology | ✓ | n/a | n/a | n/a | Every 12 mths |
| STI (i.e. syphilis, gonorrhoea, chlamydia) including throat and rectal swabs where indicated as per <i>Australian STI Management Guidelines</i> | ✓ | n/a | ✓ | ✓ | n/a |
| eGFR ±urine albumin: creatinine ratio (ACR) at 3 mths and then every 6 mths | ✓ | n/a | ✓ | n/a | Every 6 mths |
| Pregnancy test (women of child-bearing potential) | ✓ | ✓ | ✓ | ✓ | n/a |

Box 1: Patient Education

- Discuss HIV-risk behaviours
- Discuss combination HIV/STI prevention, including the central role of condoms
- Discuss safer injecting practices if applicable
- Check mental health and recreational drug use
- Discuss the importance of medication adherence at every visit
- Patients need to take a daily dose of PrEP for 7 days to achieve high levels of protection, 20 days to achieve maximum protection
- If a patient misses a dose, they should take the missed dose as soon as they remember it. If it is less than 12 hours until the next scheduled dose, the patient should skip the missed dose and continue with the regular dosing schedule
- If stopping PrEP – patients on daily PrEP should continue PrEP for 28 days following exposure
- Ongoing monitoring every 3 months is required – see Table 2; discuss potential side effects include early e.g. headache, nausea and long term e.g. renal injury, lowered bone density;
- Ask about medications that can affect renal function, eg regular use of NSAIDs