**BEHAVIOURAL ELIGIBILITY**

- Patient requests PrEP
- Patient unsure whether to start PrEP
- HIV risk identified during consultation

Refer to HIV risks listed overleaf (Table 1)

**CLINICAL ELIGIBILITY**

Note: Steps 1, 2, 3 & 4 are usually completed at the same visit

- Confirm HIV status and review medical history including renal function
- Assess for STIs and viral hepatitis
- Daily continuous PrEP
- Assess for STIs and viral hepatitis
- Patient education
- Ongoing monitoring

**OTHER TESTING**

- HIV Negative (tested within last 14 days)
- HIV Negative But recent HIV exposure (within 72 hours)
- HIV Positive
- HIV Negative
- HIV Positive

- Assess clinically for acute HIV infection (e.g. fever, night sweats, fatigue, myalgia, arthralgia, rash, headache, pharyngitis, generalised lymphadenopathy, diarrhoea)
- nPEP: n3-drug regimen
- Hepatitis B serology (HBsAg, Anti-HBs, Anti-HBc) Vaccinate if not immune If HBsAg+ve, refer to gastroenterologist or ID physician as per local pathway
- Hepatitis C serology (anti-HCV; followed by HCV RNA if anti-HCV+ve) If HCV RNA+ve, then treat.

**PRESCRIBING PrEP**

- Suitable for anyone with an ongoing risk of HIV.
- 1 pill daily of tenofovir/emtricitabine. Start 7 days before HIV risk.
- Event driven PrEP (2-1-1 method)
- Suitable only for cis-gender men who have sex with men whose HIV risk is from anal sex rather than injecting drug use. For info on effectiveness, see full ASHM guidelines.

**STI testing as per the New Zealand STI Management Guidelines [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines)****

**Hepatitis B serology**

- HBsAg, Anti-HBs, Anti-HBc
- Vaccinate if not immune
- If HBsAg+ve, refer to gastroenterologist or ID physician as per local pathway

**Hepatitis C serology**

- anti-HCV; followed by HCV RNA if anti-HCV+ve
- If HCV RNA+ve, then treat.

**Event driven PrEP (2-1-1 method)**

- Suitable only for cis-gender men who have sex with men whose HIV risk is from anal sex rather than injecting drug use. For info on effectiveness, see full ASHM guidelines.

**STI testing as per the New Zealand STI Management Guidelines [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines)**

- Hepatitis B serology (HBsAg, Anti-HBs, Anti-HBc)
- Vaccinate if not immune
- If HBsAg+ve, refer to gastroenterologist or ID physician as per local pathway

**Hepatitis C serology**

- anti-HCV; followed by HCV RNA if anti-HCV+ve
- If HCV RNA+ve, then treat.

**Event driven PrEP (2-1-1 method)**

- Suitable only for cis-gender men who have sex with men whose HIV risk is from anal sex rather than injecting drug use. For info on effectiveness, see full ASHM guidelines.

**Electronic version downloadable from:** [www.ashm.org.au/resources](http://www.ashm.org.au/resources)
## TABLE 1: HIV RISK

<table>
<thead>
<tr>
<th>Men who have sex with men (MSM)</th>
<th>Trans &amp; gender diverse people</th>
<th>Heterosexual people</th>
<th>People who inject drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High risk of HIV and eligible for funded PrEP</strong></td>
<td><strong>High risk of HIV and eligible for funded PrEP</strong></td>
<td><strong>High risk of HIV and eligible for funded PrEP</strong></td>
<td><strong>High risk of HIV and eligible for funded PrEP</strong></td>
</tr>
<tr>
<td>1. Likely to have multiple events of CLI in the next 3 months; And having any one of the following:</td>
<td>CLI with a regular HIV+ partner who is not on treatment and/or has a detectable viral load.</td>
<td>CLI with a regular HIV+ partner who is not on treatment and/or has a detectable viral load.</td>
<td>CLI with a regular HIV+ partner who is not on treatment and/or has a detectable viral load.</td>
</tr>
<tr>
<td>• At least one episode of receptive CLI with one or more casual male partners in the last 3 months;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Rectal gonorrhoea, rectal chlamydia or infectious syphilis diagnosis during the last 3 months;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Methamphetamine use in the last 3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. CLI with a regular HIV+ partner who is not on treatment and/or has a detectable viral load.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Not eligible for funded PrEP; could consider self-funded PrEP**

Insertive CLI with any casual male partner (in last 3 months or expected in next 3 months)

Travelling to a high-HIV prevalence country and anticipates risk

**Not eligible for funded PrEP; could consider self-funded PrEP**

Receptive CLI with any casual MSM partner (in last 3 months or expected in next 3 months)

Travelling to a high-HIV prevalence country and anticipates risk

**Not eligible for funded PrEP; could consider self-funded PrEP**

Shared injecting equipment with an HIV+ individual or with MSM of unknown HIV status (in last 3 months or expected in next 3 months)

**Notes on prescribing PrEP:**

- Prescribe: tenofovir 300mg + emtricitabine 200mg (coformulated); 1 tablet daily for 90 days.
- Patient to be advised to commence PrEP within 14 days of negative HIV test. If there is no recent HIV test result, PrEP can be prescribed on the same day as an HIV test and patient advised to only start PrEP once informed the test is negative.
- Apply for special authority, search for SA1842 on: [https://www.pharmac.govt.nz/](https://www.pharmac.govt.nz/)
- Patients not eligible for PHARMAC funded PrEP can self-fund from a NZ pharmacy or can self import PrEP under the self importation scheme:

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## TABLE 2: LABORATORY EVALUATION AND CLINICAL FOLLOW-UP OF INDIVIDUALS WHO ARE PRESCRIBED PrEP, INCLUDING EVENT DRIVEN PrEP

<table>
<thead>
<tr>
<th>Test</th>
<th>Baseline (Week 0)</th>
<th>About day 30 after initiating PrEP</th>
<th>90 days after initiating PrEP</th>
<th>Every subsequent 90 days on PrEP</th>
<th>Other frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV testing and assessment for signs or symptoms of acute infection</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Assess side effects</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Hepatitis A serology, Vaccinate if non-immune</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Hepatitis B serology Vaccinate if non-immune</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Hepatitis C serology</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>12 monthly but, more frequently if ongoing risk e.g. non-sterile injection drug use and MSM with sexual practices that pre-dispose to anal trauma</td>
</tr>
<tr>
<td>STI (i.e. syphilis, gonorrhoea, chlamydia) as per <a href="http://www.nzshs.org/guidelines">www.nzshs.org/guidelines</a></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>eGFR at 3 months and then every 6 months</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>At least every 6 months or according to risk of CKD</td>
</tr>
<tr>
<td>Urine protein creatinine ratio (PCR) baseline</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Every 6 months</td>
</tr>
<tr>
<td>Pregnancy test (for women of child-bearing age)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**Notes:**

- **CLI:** Condomless intercourse; **MSM:** Men who have sex with men; **cis men:** assigned male at birth. **CLAI:** condomless anal intercourse;

**CKD:** chronic kidney disease; **eGFR:** estimated glomerular filtration rate; **PrEP:** pre-exposure prophylaxis; **PWID:** people who inject drugs; **STI:** sexually transmissible infection

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