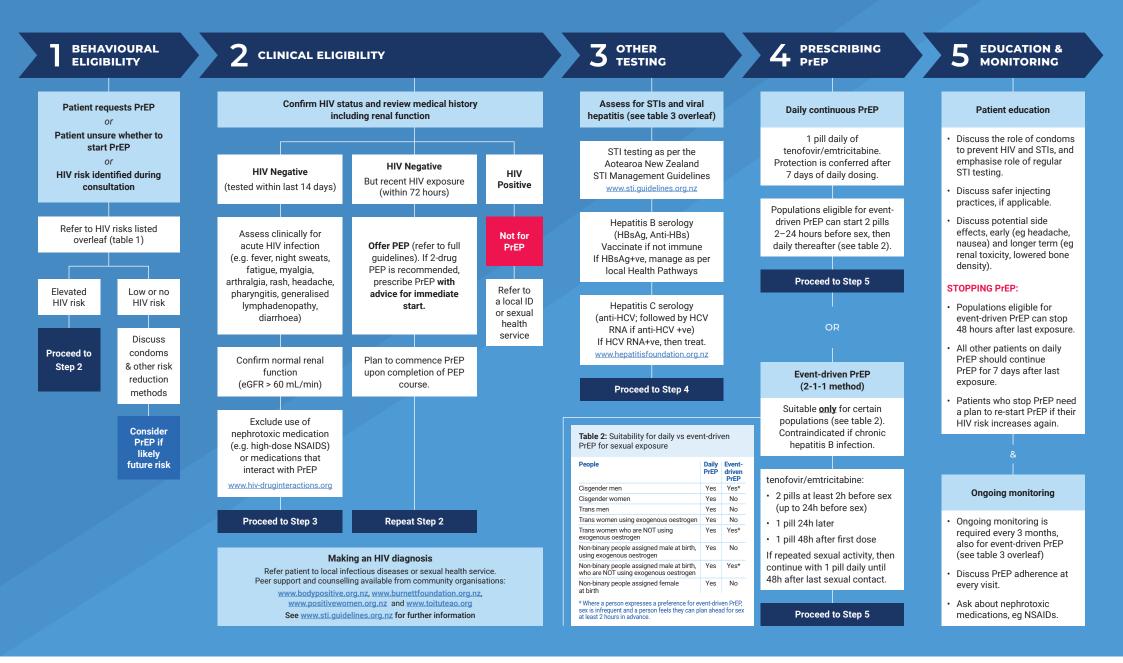
PRESCRIBING HIV PRE-EXPOSURE PROPHYLAXIS (PrEP) IN AOTEAROA NEW ZEALAND

Burnett Foundation Aotearoa





This guidance is based on the NZSHS PrEP & PEP Guidelines for Aotearoa New Zealand (2023)

TABLE 1: ELEVATED HIV RISK	Notes on prescribing PrEP:				
Men (cis or trans) who have sex with men	Transwomen and non-binary people who share sexual networks with MSM	Heterosexual people	People who inject drugs	 Apply for special authority SA2138 Prescribe: Tenofovir disoproxil 245 mg* + 	
 Condomless intercourse (CLI) with a regular HIV+ partner who is not on treatment and/or has a detectable viral load > 200 copies/mL CLI with any casual or non-exclusive MSM partner Rectal gonorrhoea, rectal chlamydia or infectious syphilis Methamphetamine use 		 CLI with a regular HIV+ partner who is not on treatment and/or has a detectable viral load > 200 copies/mL CLI with any casual MSM partner of unknown HIV status Overseas travel to a high HIV prevalence country, and condomless sex with partners of unknown HIV status 	 Shared injecting equipment with an HIV+ individual or with MSM of unknown HIV status 	Emtricitabine 200mg (coformulated); 1 tablet daily for 90 days.	

• If a partner is known to be living with HIV, on antiretroviral treatment and has an undetectable viral load, then there is no risk of HIV transmission from this partner.

• The risks listed above confer an **elevated risk of HIV**, and hence should prompt a clinician to recommend that a patient start PrEP. However, this list is not exhaustive, and patients who do not report these circumstances may still benefit from PrEP. See full guidelines for more information.

• A person is considered to be at elevated risk if they had these risks in the previous 3 months, and/or if they foresee these risks in the upcoming 3 months.

CLI: Condomless intercourse; MSM: Men who have sex with men.

TABLE 3: LABORATORY EVALUATION AND CLINICAL FOLLOW-UP OF INDIVIDUALS WHO ARE PRESCRIBED PREP, INCLUDING EVENT-DRIVEN PREP

Test	Baseline (Week 0)	About day 30 after initiating PrEP (recommended if recent HIV risk before starting PrEP)	90 days after initiating PrEP	Every subsequent 90 days on PrEP	Other frequency
HIV testing and assessment for signs or symptoms of acute infection	Y	Y	Y	Y	
Assess side effects	N	Y	Υ	Υ	
Hepatitis B serology. Vaccinate if non-immune.	Y	Ν	Ν	Ν	If patient required hepatitis B vaccine at baseline, confirm immune response to vaccination 1 month after last vaccine dose
Hepatitis C serology	Y	Ν	Ν	Ν	12 monthly but, more frequently if ongoing risk e.g. non-sterile injection drug use
STI (i.e. syphilis, gonorrhoea, chlamydia) as per www.sti.guidelines.org.nz	Y	Ν	Y	Y	
eGFR at 3 months and then every 6 months	Y	Ν	Υ	Ν	At least every 6 months or according to risk of CKD
Urine protein creatinine ratio (PCR)	Y	Ν	Y	Ν	Every 6 months
Pregnancy test (if risk)	Y	Y	Y	Y	
Liver function (LFT)	Y	N	N	Ν	

CKD: chronic kidney disease; eGFR: estimated glomerular filtration rate; PrEP: pre-exposure prophylaxis; STI: sexually transmitted infection