

PrEP Continuation Patient Counseling Checklist

- Review any issues filling or paying for the prescription
- Assess for side effects and other concerns
- Discuss adherence: reasons for missed doses and strategies to improve adherence
- Review any continuing risk factors and risk reduction strategies
 - Reinforce the point that PrEP does not protect against STIs or prevent pregnancy
- Review previous labs and discuss related management
- Discuss and provide other aspects of primary care

PrEP Discontinuation Patient Counseling Checklist

- Address and document the reasons why the patient wishes to stop
- Ensure that the patient does not have +HBsAg as discontinuation may potentially lead to hepatic flares. Consider a referral to hepatology for monitoring and further management.
- Retest for HIV and STIs (+pregnancy status, if applicable)
 - Encourage barrier methods, routine testing, and risk-reduction strategies if the patient continues to engage in high risk sex and/or IVDU
- Share with the patient that PrEP can be restarted whenever they want
- Protection from oral PrEP will wane after a week
- If the patient discontinues cabotegravir (Apretude), there is risk of developing HIV resistance during the “tail period” which is when the drug remains in the body but not at adequate concentrations to prevent HIV infections.
 - Oral PrEP with q3 month testing and monitoring is recommended for a year after the last cabotegravir (Apretude) injection