



Checklist for Prescribers

Initiation and follow up of Emtricitabine/Tenofovir disoproxil Krka 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 Emtricitabine/Tenofovir disoproxil Krka for a pre-exposure prophylaxis (PrEP) indication for the individual who is about to start or is taking Emtricitabine/Tenofovir disoproxil Krka for a PrEP indication:

Initial Evaluation

- Completed risk evaluation of uninfected individual
- Confirmed negative HIV-1 test immediately prior to initiating *Emtricitabine/Tenofovir disoproxil Krka for a PrEP indication*
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; a combined antigen/antibody test should be used.
- Performed screening for sexually transmitted infections (STIs), such as syphilis and gonorrhoea
- If applicable, evaluated risk/benefit for women who may be pregnant or may want to become pregnant
- Performed HBV screening test
- Offered HBV vaccination as appropriate
- Prior to initiation confirmed estimated creatinine clearance (CrCl) is ≥ 60 mL/min
Uninfected adults
CrCl is ≥ 80 mL/min. If CrCl is < 80 mL/min, use only if benefit outweighs risk. Not recommended if CrCl is < 60 mL/min.
Uninfected adolescents
Should not be used if CrCl < 90 mL/min/1.73m²
- Confirmed that the individual at risk is not taking other HIV-1 or HBV medications
- Confirmed that the individual at risk is not taking or has not recently taken a nephrotoxic medicinal product.
If concomitant use of Emtricitabine/Tenofovir disoproxil Krka and nephrotoxic agents is unavoidable, renal function should be monitored weekly

Counselling

- Counselling on the importance of scheduled follow-up, including regular HIV-1 screening tests (e.g. at least every 3 months), while taking Emtricitabine/Tenofovir disoproxil Krka for a PrEP indication to reconfirm HIV-1-negative status
- Discussed the importance of discontinuing Emtricitabine/Tenofovir disoproxil Krka for a PrEP indication if seroconversion has occurred, to reduce the development of resistant HIV-1 variants
- Counselling on the importance of adherence to daily dosing schedule
- Counselling that Emtricitabine/Tenofovir disoproxil Krka 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
- Discussed the importance of the individual knowing their HIV-1 status and, if possible, that of their partner(s)
- Discussed the importance of screening for sexually transmitted infections (STIs), such as syphilis and gonorrhoea, that can facilitate HIV-1 transmission

- Discussed known safety risks with use of Emtricitabine/Tenofovir disoproxil Krka for a PrEP indication
- Provided patient material to the individual at risk and reviewed this with them
- Recorded next follow up appointment and HIV-1 screening test dates in the Reminder card and handed this out to the individual
- 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 Emtricitabine/Tenofovir disoproxil Krka

Follow up

- Performed regular HIV-1 screening (e.g. at least every 3 months)
- Checked the individual's reported adherence (e.g. from the calendar on the Reminder Card)
- 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 bone effects with long-term use of Emtricitabine/Tenofovir disoproxil Krka
- Discontinued Emtricitabine/Tenofovir disoproxil Krka for PrEP if seroconversion has occurred
- Performed screening for STIs, such as syphilis and gonorrhoea
- Identified potential adverse reactions
- Performed renal monitoring as recommended
In individuals without renal risk factors, renal function (creatinine 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 frequent monitoring of renal function is required

Uninfected adults and adolescents

Please refer to Safety leaflet for prescribers, section Emtricitabine/Tenofovir disoproxil Krka related renal toxicity

- Confirmed that CrCl is ≥ 60 mL/min and serum phosphate is ≥ 1.5 mg/dL (0.48 mmol/L)
If creatinine clearance is decreased to < 60 mL/min or serum phosphate is < 1.5 mg/dL (0.48 mmol/L) in any individual receiving Emtricitabine/Tenofovir disoproxil Krka for PrEP, renal function should be re-evaluated within one week, including measurements of blood glucose, blood potassium and urine glucose concentrations. Consideration should also be given to interrupting treatment with Emtricitabine/Tenofovir disoproxil Krka in individuals with creatinine clearance decreased to < 60 mL/min or decreases in serum phosphate to < 1.0 mg/dL (0.32 mmol/L). Interrupting use of Emtricitabine/Tenofovir disoproxil Krka should also be considered in case of progressive decline of renal function when no other cause has been identified.
- Performed HBV screening test (if previously tested negative for HBV or had not received HBV vaccination)
- Recorded next follow-up appointment and HIV-1 screening test dates in the Reminder Card and provided this to the individual