For initiating Pre-Exposure Prophylaxis (PrEP) for Sexually Acquired HIV-1 Infection

Instructions: Review form with an uninfected individual who is about to start or is taking PrEP at each visit. File form in the individual’s medical record.

PrEP is indicated in combination with safer sex practices to reduce the risk of sexually acquired HIV-1 in adults at high risk. The following factors may help to identify individuals at high risk:

- Has partner(s) known to be HIV-1 infected, or
- Engages in sexual activity within a high prevalence area or social network and one of more of the following:
  - Inconsistent or no condom use
  - Diagnosis of sexually transmitted infections
  - Exchange of sex for commodities (such as money, shelter, food, or drugs)
  - Use of illicit drugs, alcohol dependence
  - Incarceration
  - Partner(s) of unknown HIV-1 status with any of the factors listed above

Prescriber Agreement
By signing below, I signify my understanding of the risks and benefits of PrEP and my obligation as a prescriber to educate the uninfected individual about these risks, counsel the individual on risk reduction, monitor the individual appropriately, and report adverse events. Specifically, I attest to having done the following:

- Confirmed the negative HIV-1 state of this individual prior to starting PrEP
- Read the Full Prescribing Information
- Discussed with the uninfected individual the known safety risks with use
- Reviewed the importance of adherence with a comprehensive prevention strategy, including practicing safer sex
- Discussed the importance of regular HIV-1 testing (at least every 3 months) while taking PrEP
- Reviewed the Medication Guide with the uninfected individual at high risk prior to prescribing PrEP
- Completed the items on the PrEP Clinic Checklists

______________________________
Healthcare Provider
Signature
Date

Uninfected Individual Agreement
By signing below, I acknowledge that I have been given an explanation of the risks and benefits of PrEP, and I understand them clearly. Specifically, I attest to the following:

- I have been given an explanation of and understand the importance of follow-up HIV-1 testing, and I agree to have repeat HIV-1 screening tests as schedule by my healthcare provider
- I have been given an explanation of and understand the safety risks involved with using PrEP
- I have been given an explanation of and understand the importance of following a complete prevention strategy and always practicing safer sex by using condoms correctly
- I will talk with my healthcare provider if I have any questions

______________________________
Uninfected Individual
Signature
Date

Version 1.0 2-20-14
Staff: ___________________________  Date: _________________________