

Agreement Form

for Initiating TRUVADA® for Pre-exposure Prophylaxis (PrEP) of Sexually Acquired HIV-1 Infection

Individual Label

Instructions: Review form with an uninfected individual who is about to start or is taking TRUVADA for a PrEP indication at each visit. File form in individual's medical record.

TRUVADA is indicated in combination with safer sex practices for pre-exposure prophylaxis (PrEP) 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 or 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 TRUVADA for a PrEP indication 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 status of this individual prior to starting TRUVADA for a PrEP indication
- 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 TRUVADA for a PrEP indication
- Reviewed the TRUVADA Medication Guide with the uninfected individual at high risk prior to prescribing TRUVADA for a PrEP indication
- Completed the items on the Checklist for Prescribers

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 TRUVADA for a pre-exposure prophylaxis (PrEP) indication, 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 scheduled by my healthcare provider
- I have been given an explanation of and understand the safety risks involved with using TRUVADA for 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
- I have read the TRUVADA Medication Guide

Uninfected Individual
Signature

Date

Truvada®

emtricitabine-tenofovir disoproxil fumarate

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