Dr Edward Coughlan

Clinical Director
Christchurch Sexual Health
Christchurch

Ms Alison Stewart-Piere

Nurse Practitioner/Shared Clinical Lead
Sexual Health Service
Southern DHB

Friday, August 09, 2019 (Room 2)

14:00 - 14:55 WS #30: Prescribing HIV Pre -Exposure Prophylaxis (PrEP) - a Panel Discussion

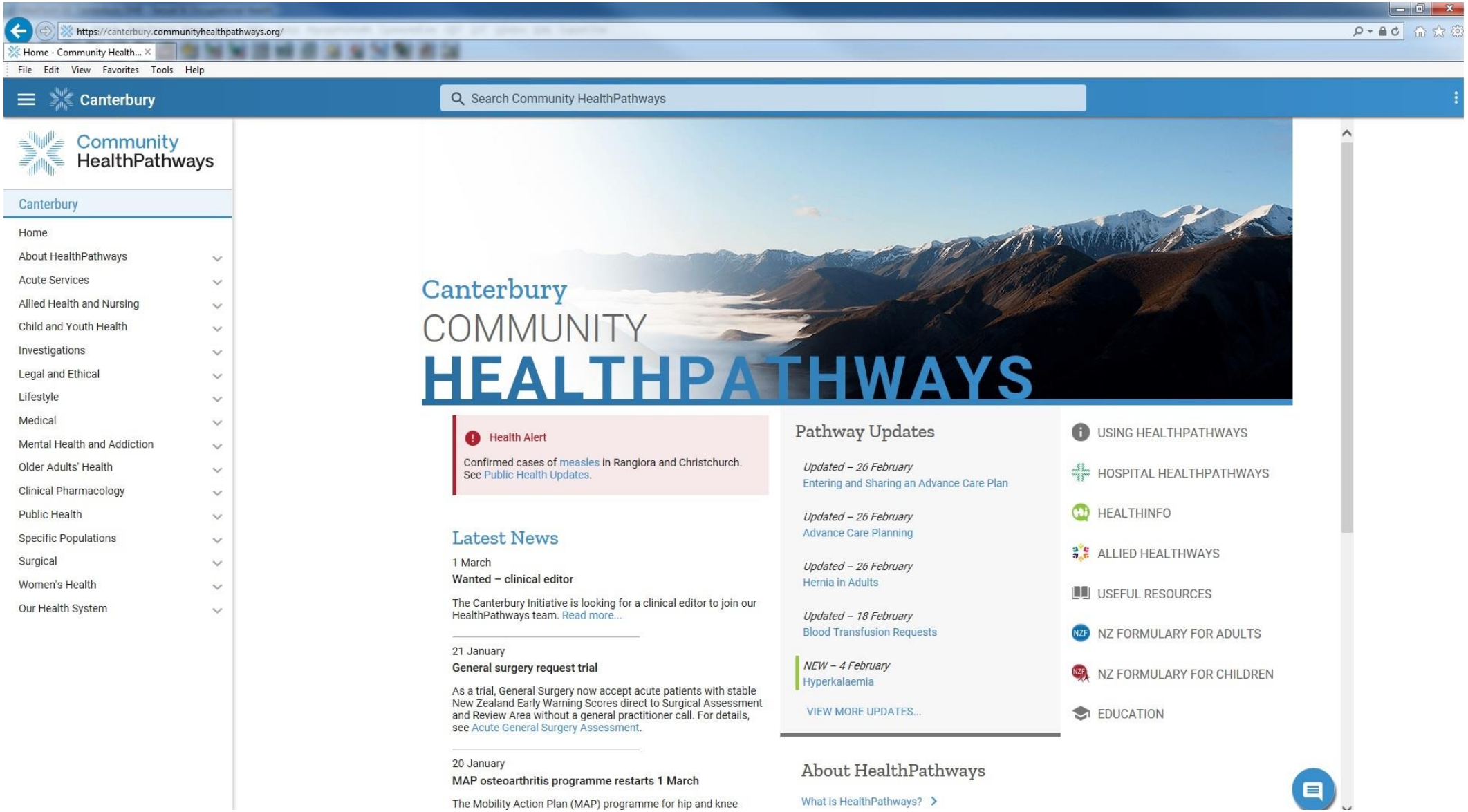
15:05 - 16:00 WS #40: Prescribing HIV Pre -Exposure Prophylaxis (PrEP) - a Panel Discussion (Repeated)

How to access

PrEP Info

on Community HealthPathways

canterbury.communityhealthpathways.org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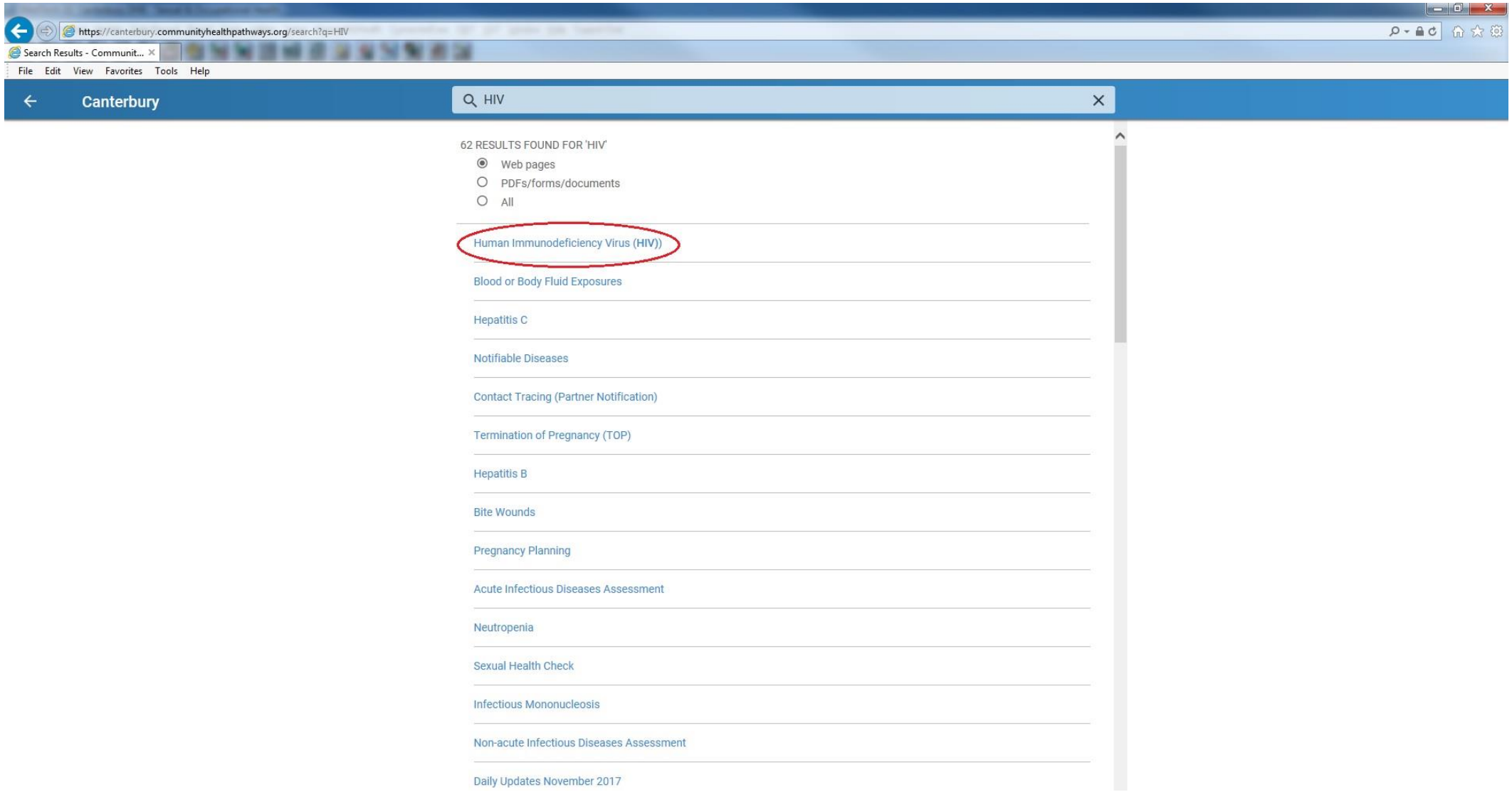
Clinical Pharmacology
Public Health
Specific Populations
Surgical
Women's Health
Our Health System
Canterbury
COMMUNITY
HEALTHPATHWAYS
Health Alert
Confirmed cases of measles in Rangiora and Christchurch. See Public Health Updates.
Latest News
1 March
Wanted – clinical editor
The Canterbury Initiative is looking for a clinical editor to join our HealthPathways team. Read more...
21 January
General surgery request trial
As a trial, General Surgery now accept acute patients with stable New Zealand Early Warning Scores direct to Surgical Assessment and Review Area without a general practitioner call. For details, see Acute General Surgery Assessment.
20 January
MAP osteoarthritis programme restarts 1 March
The Mobility Action Plan (MAP) programme for hip and knee
Pathway Updates
Updated – 26 February
Entering and Sharing an Advance Care Plan
Updated – 26 February
Advance Care Planning
Updated – 26 February
Hernia in Adults
Updated – 18 February
Blood Transfusion Requests
NEW – 4 February
Hyperkalaemia
VIEW MORE UPDATES...
About HealthPathways
What is HealthPathways?
USING HEALTHPATHWAYS
HOSPITAL HEALTHPATHWAYS
HEALTHINFO
ALLIED HEALTHWAYS
USEFUL RESOURCES
NZ FORMULARY FOR ADULTS
NZ FORMULARY FOR CHILDREN
EDUCATION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Search Results - Communit...
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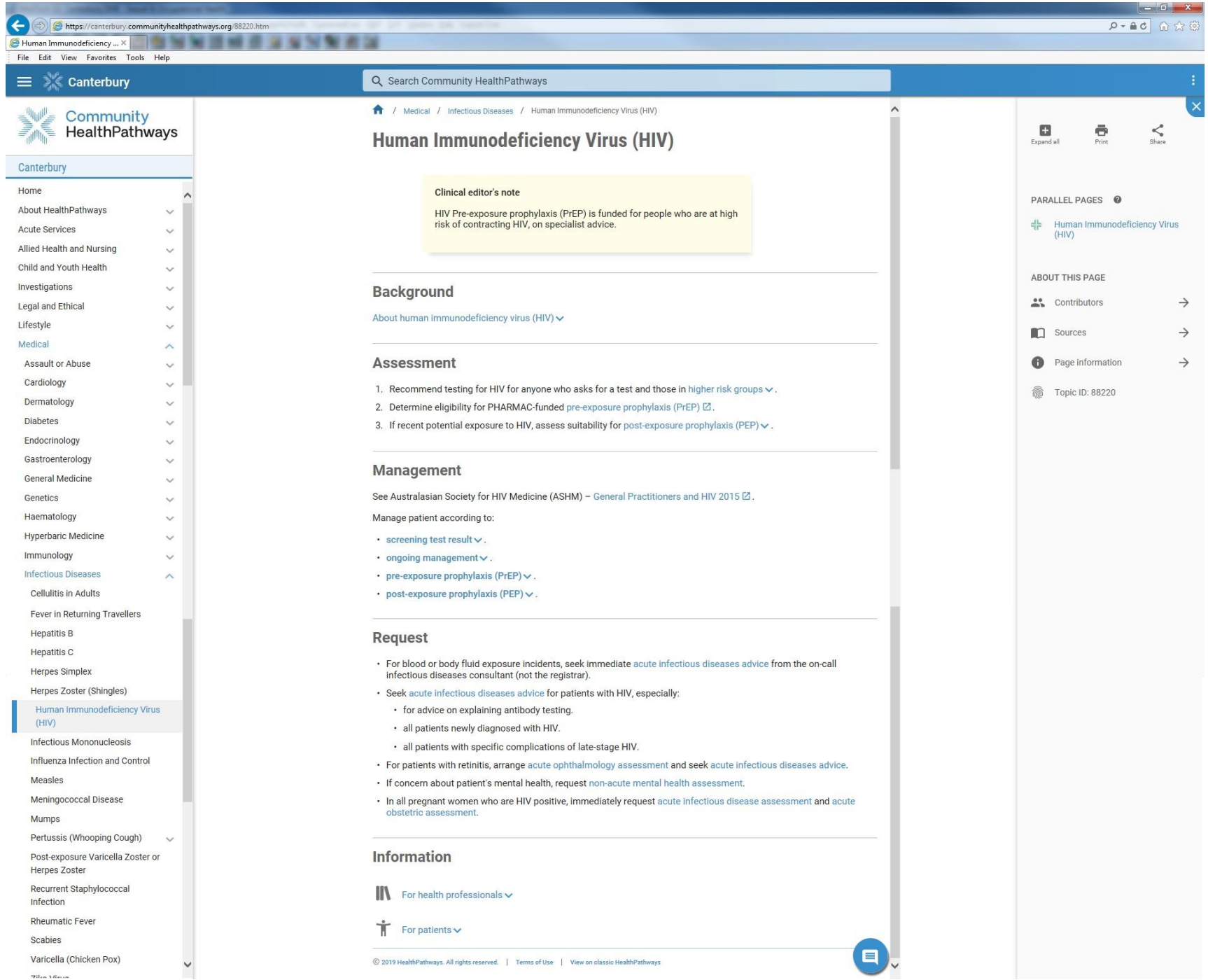
Canterbury
HIV
62 RESULTS FOUND FOR 'HIV'
Web pages
PDFs/forms/documents
All
Human Immunodeficiency Virus (HIV))
Blood or Body Fluid Exposures
Hepatitis C
Notifiable Diseases
Contact Tracing (Partner Notification)
Termination of Pregnancy (TOP)
Hepatitis B
Bite Wounds
Pregnancy Planning
Acute Infectious Diseases Assessment
Neutropenia
Sexual Health Check
Infectious Mononucleosis
Non-acute Infectious Diseases Assessment
Daily Updates November 2017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Immunology
Infectious Diseases
Cellulitis in Adults
Fever in Returning Travellers
Hepatitis B
Hepatitis C
Herpes Simplex
Herpes Zoster (Shingles)
Human Immunodeficiency Virus (HIV)
Infectious Mononucleosis
Influenza Infection and Control
Measles
Meningococcal Disease
Mumps
Pertussis (Whooping Cough)
Post-exposure Varicella Zoster or Herpes Zoster
Recurrent Staphylococcal Infection
Rheumatic Fever
Scabies
Varicella (Chicken Pox)
Medical / Infectious Diseases / Human Immunodeficiency Virus (HIV)
Human Immunodeficiency Virus (HIV)
Clinical editor's note
HIV Pre-exposure prophylaxis (PrEP) is funded for people who are at high risk of contracting HIV, on specialist advice.
Background
About human immunodeficiency virus (HIV)
Assessment
1. Recommend testing for HIV for anyone who asks for a test and those in higher risk groups.
2. Determine eligibility for PHARMAC-funded pre-exposure prophylaxis (PrEP).
3. If recent potential exposure to HIV, assess suitability for post-exposure prophylaxis (PEP).
Management
See Australasian Society for HIV Medicine (ASHM) – General Practitioners and HIV 2015.
Manage patient according to:
• screening test result.
• ongoing management.
• pre-exposure prophylaxis (PrEP).
• post-exposure prophylaxis (PEP).
Request
• For blood or body fluid exposure incidents, seek immediate acute infectious diseases advice from the on-call infectious diseases consultant (not the registrar).
• Seek acute infectious diseases advice for patients with HIV, especially:
  • for advice on explaining antibody testing.
  • all patients newly diagnosed with HIV.
  • all patients with specific complications of late-stage HIV.
• For patients with retinitis, arrange acute ophthalmology assessment and seek acute infectious diseases advice.
• If concern about patient's mental health, request non-acute mental health assessment.
• In all pregnant women who are HIV positive, immediately request acute infectious disease assessment and acute obstetric assessment.
Information
For health professionals
For patients
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Human Immunodeficiency Virus (HIV)
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Management

See Australasian Society for HIV Medicine (ASHM) – General Practitioners and HIV 2015.

Manage patient according to:

- **screening test result**.
- **ongoing management**.
- **pre-exposure prophylaxis (PrEP)**.
  PrEP is where people at high risk of acquiring HIV take HIV medication daily to prevent HIV. Complete the ASHM – PrEP in Practice: Practical Guidance for General Practitioners in New Zealand self-learn modules and Canterbury Initiative (CI) training to manage patients on PrEP.

  1. Establish if patient:
     - meets criteria for PHARMAC-funded PrEP – see tenofovir disoproxil fumarate + emtricitabine (Truvada). There is strict funding criteria for PHARMAC funded PrEP. Patient eligibility will be reviewed every 3 months, before completion of script.
     - does **not** meet criteria and may want to self-fund treatment from overseas for approximately $40/month. This requires a prescription and medicine import form.

     Strongly encourage patients to take the interactive quiz when considering if PrEP is right for them.
  2. Discuss the limitations of PrEP.
  3. If treating at own practice, request specialist approval:
     - Complete the PrEP Recommendation for Approval Request Form.
     - Fax the completed form to the Infectious Diseases Service or Sexual Health Service.
     - Once approved, complete the prescription and PHARMAC special authority application.
  4. If not treating at own practice, refer to the Sexual Health Service or to a general practitioner willing to take referrals for PrEP.
  5. Use the information sheet outlining ongoing monitoring for patients on PrEP as guidance.
  6. If primary HIV infection is suspected:
     - arrange HIV RNA (viral load) and repeat testing at a short interval.
     - seek specialist advice.

1. Establish if patient:
   - meets criteria for PHARMAC-funded PrEP – see tenofovir disoproxil fumarate + emtricitabine (Truvada). There is strict funding criteria for PHARMAC funded PrEP. Patient eligibility will be reviewed every 3 months, before completion of script.
   - does **not** meet criteria and may want to self-fund treatment from overseas for approximately $40/month. This requires a prescription and medicine import form.

   Strongly encourage patients to take the interactive quiz when considering if PrEP is right for them.

Special Authority for Waiver of Rule

Initial application only from a named specialist or medical practitioner on the recommendation of a named specialist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

1. Patient has tested HIV negative; and
2. Either:

2.1 All of the following:

2.1.1 Patient is male or transgender; and

2.1.2 Patient has sex with men; and

2.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and

2.1.4 Any of the following:

2.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or

2.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or

2.1.4.3 Patient has used methamphetamine in the last three months; or

2.2 All of the following:

2.2.1 Patient has a regular partner who has HIV infection; and

2.2.2 Partner is either not on treatment or has a detectable viral load; and

2.2.3 Condoms have not been consistently used.

Renewal only from a relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis; and
2. Patient has undergone testing for HIV, syphilis, and a full STI screen in the previous two weeks; and
3. Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 12 months; and
4. Patient had received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks; and
5. Patient has tested HIV negative; and
6. Either:

    6.1 All of the following:

        6.1.1 Patient is male or transgender; and

        6.1.2 Patient has sex with men; and

        6.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and

        6.1.4 Any of the following

            6.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or

            6.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or

            6.1.4.3 Patient has used methamphetamine in the last three months; or

    6.2 All of the following:

        6.2.1 Patient has a regular partner who has HIV infection; and

        6.2.2 Partner is either not on treatment or has a detectable viral load; and

        6.2.3 Condoms have not been consistently used.

2. Discuss the limitations of PrEP ^.

Limitations of PrEP

- Compliance required to be effective
- No protection against other sexually transmitted infections (STIs)
- Need condom use after missed dose
- Common side-effects – headache, abdominal pain, and weight loss. See tenofovir disoproxil fumarate + emtricitabine for more side-effects.

3. If treating at own practice, request specialist approval:
   - Complete the PrEP Recommendation for Approval Request Form.
   - Fax the completed form to the Infectious Diseases Service or Sexual Health Service.
   - Once approved, complete the prescription and PHARMAC special authority application.

Canterbury
District Health Board
Te Poari Hauora o Waitaha

Sexual Health Clinic
and Infectious
Diseases Department

(Attach Label here or Complete Patient Details)

NAME:_____

NHI:_____ GENDER: ___ DOB:_____

PrEP Recommendation for Approval Request Form

Behavioural Eligibility

- ☐ Patient has tested HIV negative (test result within last 7 days)
  AND
- ☐ Patient is male or transgender
  AND
- ☐ Patient has sex with men
  AND
- ☐ Patient likely to have multiple episodes of condom-less anal intercourse in the next 3 mths
  AND
  - ☐ Patient has ≥1 episode of condom-less receptive anal intercourse with ≥1 casual male partners in the last 3 months
    OR
  - ☐ Diagnosis of rectal chlamydia, rectal gonorrhoea or syphilis in the last 3 months
    OR
  - ☐ Patient has used methamphetamine in the last three months

OR

- ☐ Patient is HIV negative **AND** has a regular partner who has HIV infection **AND** partner is either not on treatment **OR** has a detectable viral load **AND** condoms have not been consistently used

Clinical Eligibility	
Confirm no signs or symptoms of acute HIV infection	
eGFR : ≥ 60 mL/min	
No significant drug interactions between Truvada and regular medications https://www.hiv-druginteractions.org	
Baseline investigations (within past 2 weeks, and in addition to the above)	
Hepatitis A and B and C serology (vaccination recommended if HAV and/or HBV naive)	
STI screen – syphilis, gonorrhoea, chlamydia	
Complete Blood Count	
Liver Function Tests	
Pregnancy test (for women of child bearing potential)	
No bone health concerns https://www.sheffield.ac.uk/FRAX/	
Please ensure the following have been provided and discussed	
NZAF PrEP Booklet	
Patient information leaflet on Truvada (including potential interactions with OTC medications i.e NSAIDS)	
Information on STI and HIV risk reduction	
Counsel re bone health – see HealthInfo "Reducing your risk of osteoporosis"	
3 monthly visit for STI screening with repeat prescription while on PrEP	

Requesting Doctor

I, Doctor _____ have reviewed the above results and confirm that this patient meets all the criteria for PrEP, and that I will be providing ongoing (3 monthly) PrEP care.

Signed _____ NZMC# _____ Date _____

Address:

Phone:	Fax:	

Authorising Specialist

Name & Signature:	NZMC#
Address:	
Phone:	Fax:

PrEP Recommendation for Approval Request Form

5. Use the information sheet outlining ongoing monitoring for patients on PrEP as guidance.

Canterbury District Health Board
Te Poari Hauora o Waitaha

An Information sheet: Ongoing monitoring for patients on PrEP

This information sheet has been designed to assist you, the GP prescribing PrEP, with the **ongoing follow-up requirements** for the person taking PrEP. For further information refer to https://www.pharmac.govt.nz/medicines/my-medicine-has-changed/prep-for-hiv/ or https://www.ashm.org.au/HIV/PrEP/ . Once a patient is commenced on PrEP it is **essential** they are followed up 3 monthly, prior to the next prescription being issued. This evaluation will vary slightly over the 12 month period, and is outlined below to assist you in navigating this.

Clinical follow-up & patient education

Points to cover include;

- Whether the patient meets Special Authority criteria for ***renewal*** of PrEP.
- Assessment for signs of acute HIV infection.
- Adherence to regimen.
- Condom use.
- Evaluation of side-effects.
- Prevention of HIV and other STI's, and how to reduce those risks (including the use of recreational drugs).
- Emphasise smoking cessation and safe alcohol use (if applicable), as these factors are linked with osteoporosis, as is Tenofovir.
- Refer to Health Info on Reducing your risk of osteoporosis

Laboratory evaluation and Lab testing

- Testing for HIV, syphilis, and a full STI screen needs to have occurred in the previous two weeks

Test		3 months after initiation	Every 3 months while on PrEP	Every 6 months while on PrEP	Annually
HIV testing		✓	✓		
Hepatitis C serology					✓
STI screen Ensure **all** applicable sites tested (pharyngeal, rectal, and urine NAT)	Syphilis serology	✓	✓		
	Gonorrhoea	✓	✓		
	Chlamydia	✓	✓		
Complete Blood Count (CBC)				✓	
Liver Function Tests (LFT's)				✓	
*Phosphate		✓			✓
HbA1c		✓			✓
**eGFR and protein/creatinine ratio (urinary)		✓		✓	
Pregnancy test		✓	✓		

* If phosphate is below the normal range then repeat. If persistently low consider urinary phosphate measurement and discussion with Infectious Diseases or Sexual Health.
** A rise in serum creatinine is not a reason to withhold treatment if the eGFR remains ≥60 mL/min/1.73 m2

This information sheet is for the use of the ongoing PrEP prescriber.

Test		3 months after initiation	Every 3 months while on PrEP	Every 6 months while on PrEP	Annually
HIV testing		✓	✓		
Hepatitis C serology					✓
STI screen Ensure **all** applicable sites tested (pharyngeal, rectal, and urine NAT)	Syphilis serology	✓	✓		
	Gonorrhoea	✓	✓		
	Chlamydia	✓	✓		
Complete Blood Count (CBC)				✓	
Liver Function Tests (LFT's)				✓	
*Phosphate		✓			✓
HbA1c		✓			✓
**eGFR and protein/creatinine ratio (urinary)		✓		✓	
Pregnancy test		✓	✓		

post-exposure prophylaxis (PEP) ^ .

1. Seek acute infectious disease advice as soon as possible (within 72 hours) regarding PEP. See ASHM – Post-Exposure Prophylaxis (PEP) .
2. If patient is exposed to HIV, encourage exposed patients to:
    - use protection or avoid sexual intercourse.
    - return if they develop mononucleosis-type symptoms.

FROM ASHM guidelines

Current evidence suggests that for both rectal and vaginal exposures, high protection is achieved after 7 days of daily dosing [52]. Women need to have high adherence to daily dosing of TD*/FTC to maintain adequate drug levels in vaginal/cervical tissues [52]. No data are yet available about intracellular drug concentrations in penile tissues susceptible to HIV infection to inform considerations of protection for male insertive sex partners. Limited data exist for trans and gender diverse people; therefore (similarly to women), extra attention to daily dosing is recommended.

Intermittent (coitally timed or on-demand) PrEP was assessed among MSM in the IPERGAY study, and has been recommended as an acceptable regimen for this population group in France. The high frequency with which this dosing was performed afforded blood levels similar to daily dosing levels. Patients who would only like to use PrEP on rare occasions may not reach the therapeutic (protective) drug level after a long period without PrEP, and may not maintain these levels long enough to prevent HIV infection. In the absence of strong evidence of efficacy of intermittent PrEP dosing in such users, the ASHM guidance panel has taken the more cautious approach of recommending only daily dosing as described in the section on Indicated medication.

Clinicians should familiarise themselves with the reasons for this recommendation, because it is likely that patients will want to experiment with less rigorous dosing and reduce their pill burden. Therefore, it may be necessary to explore the frequency with which patients will begin to use PrEP for HIV prevention. For example, if an MSM patient wants to take PrEP while on an overseas trip, he can be advised to start daily PrEP a week before departure and to cease PrEP once it is no longer needed (i.e. 28 days after the last high-risk episode).

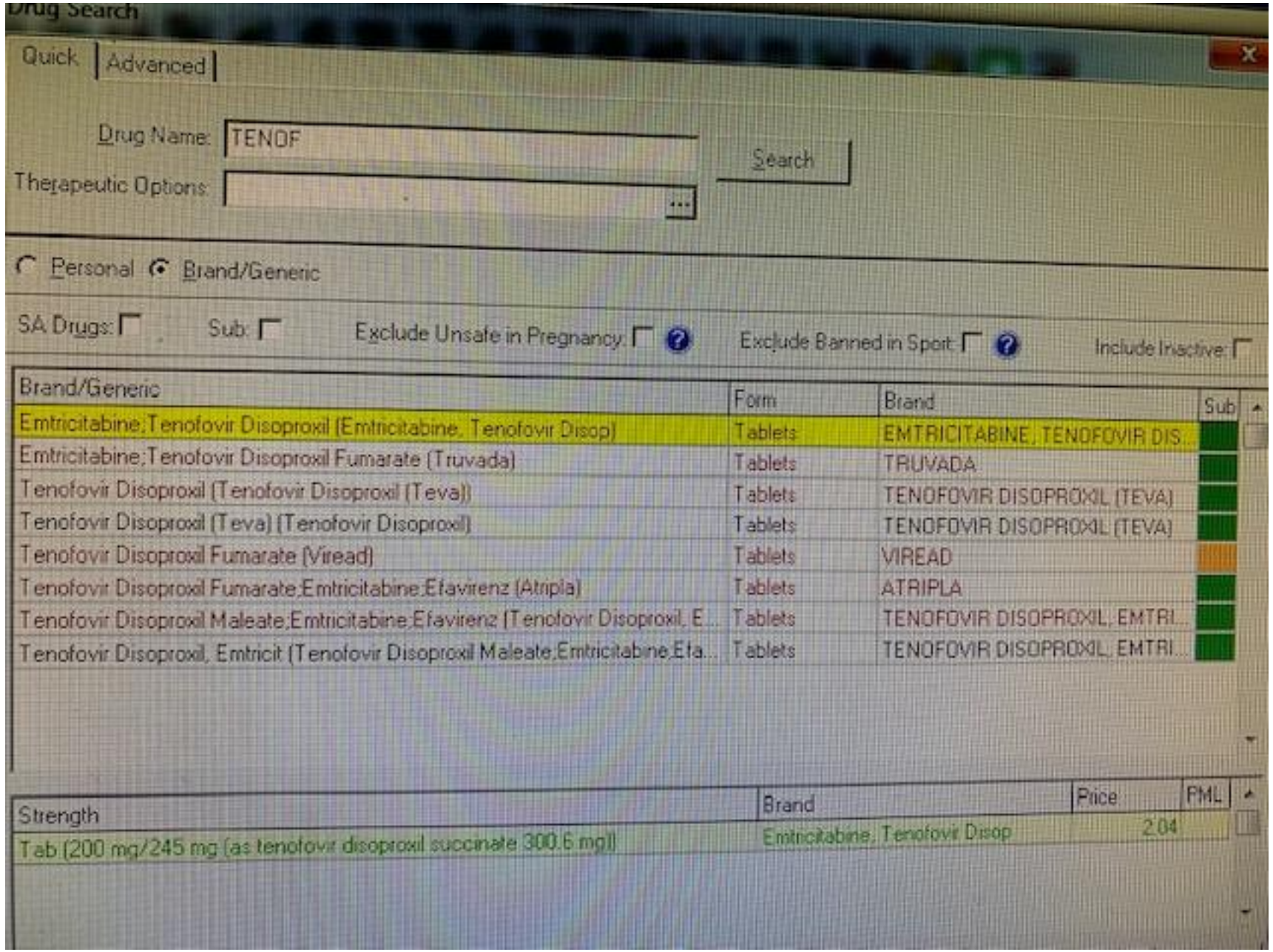
The time to clinical protection for anal sex has been evaluated in a single RCT (IPERGAY), starting with a double dose of TDF-FTC 2–24 hours before sex. This is supported by pharmacokinetic data in animal studies.

• The time to clinical protection for vaginal sex has been extrapolated from pharmacokinetic studies of TDF-FTC and there is consensus for a lead-in time for protection of 7 days.

• Data from IPERGAY demonstrate that, when PrEP is taken to prevent HIV acquisition from anal sex, dosing can be stopped when an oral dose has been taken 24 hours and 48 hours after the last episode of potential exposure. This is supported by animal and pharmacokinetic studies when the person is receptive, but there are fewer data for foreskin and urethra.

• There is consensus that, when taken to prevent HIV acquisition from vaginal sex, TD-FTC can be stopped when a daily oral dose has been taken for 7 days after the last episode of potential exposure.

from UK guidelines


Drug Search
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Drug Name: TENOF
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Therapeutic Options:
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Exclude Unsafe in Pregnancy:
Exclude Banned in Sport:
Include Inactive:
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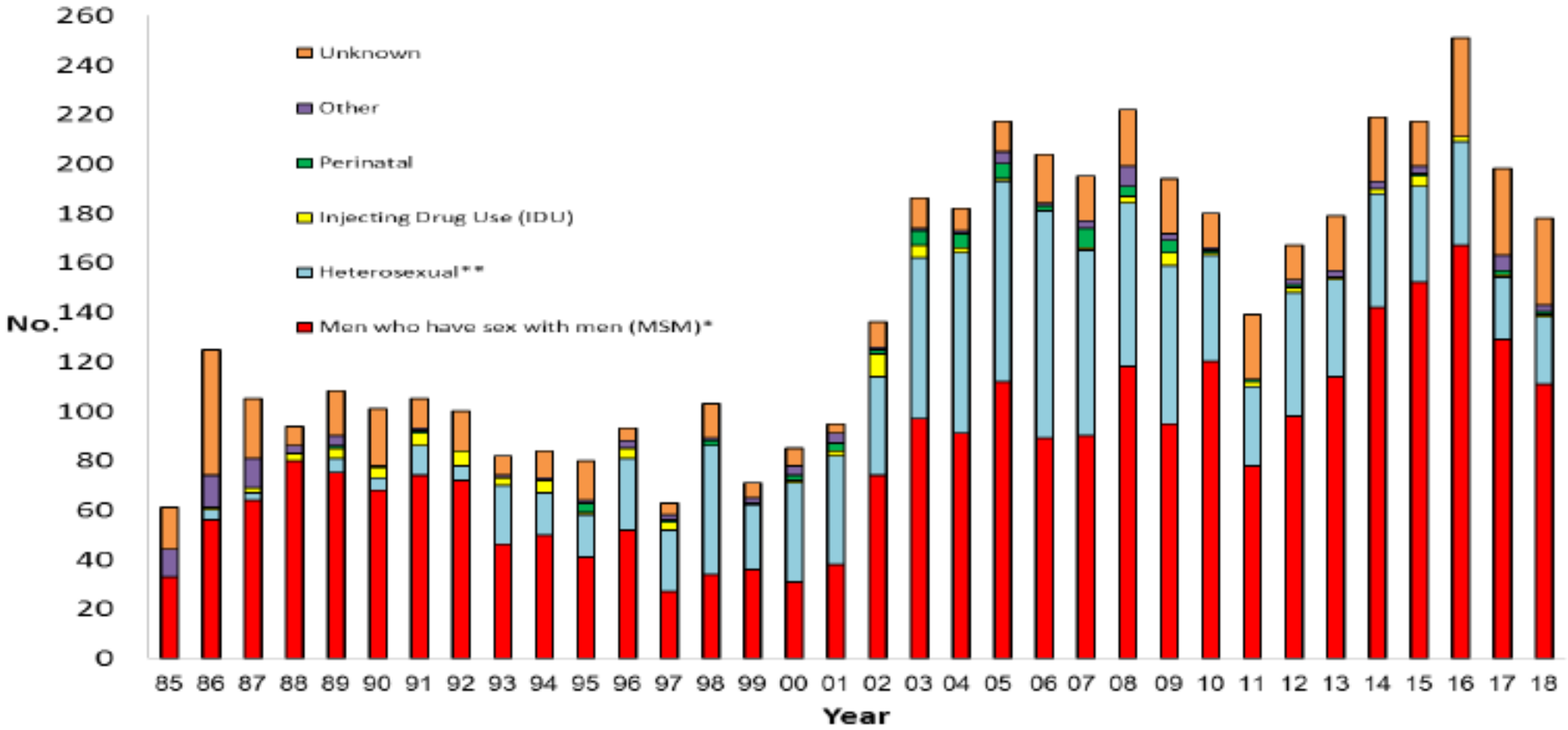
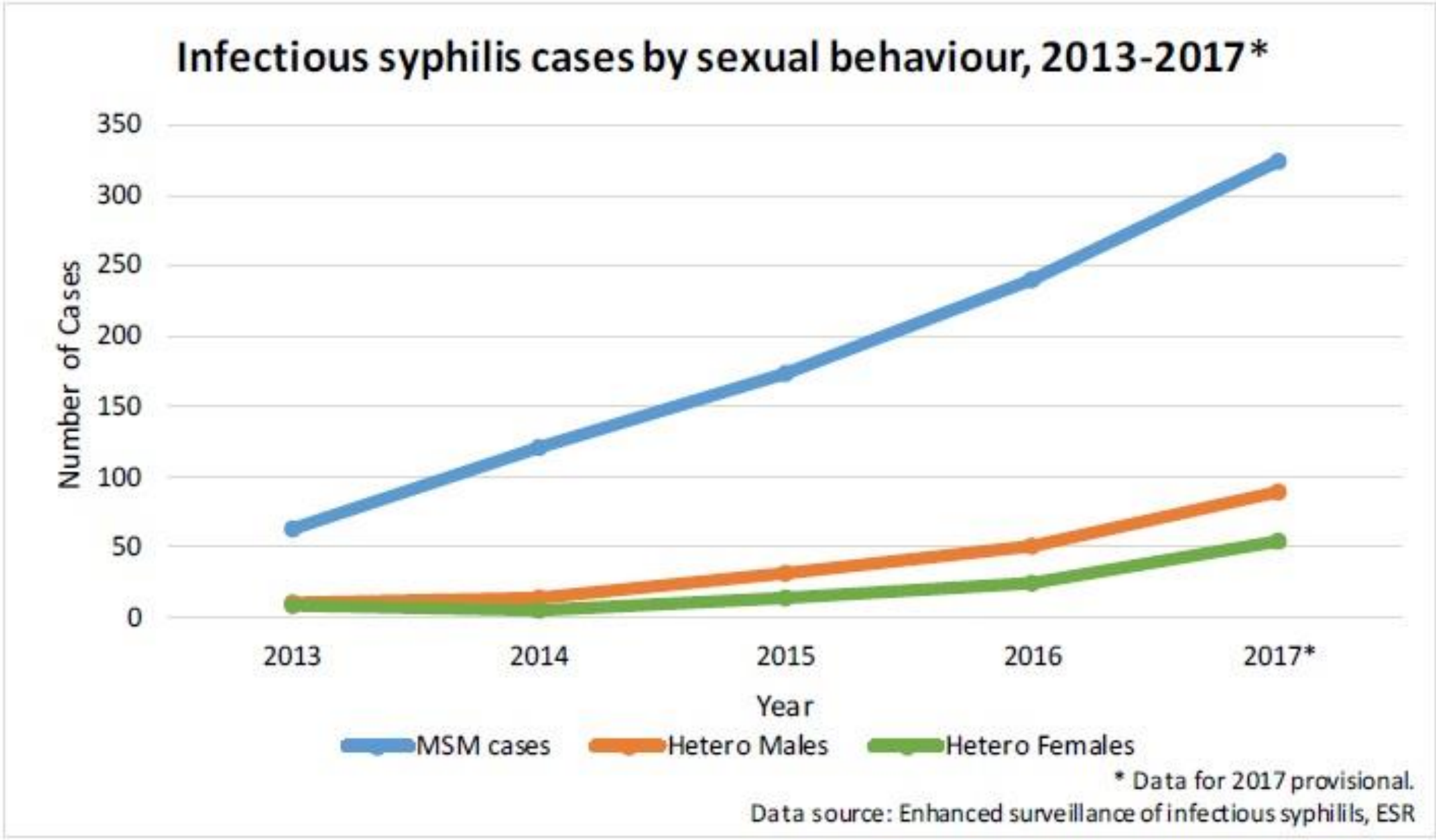
Strength
Brand
Price
PML
Tab (200 mg/245 mg (as tenofovir disoproxil succinate 300.6 mg))
Emtricitabine, Tenofovir Disop
2.04

Issue 78 - May 2019
ISSN 1170-2656 (Print)
ISSN 1178-2692 (online)

AIDS – New Zealand




Infectious syphilis cases by sexual behaviour, 2013-2017*
350
300
250
200
150
100
50
0
Number of Cases
2013
2014
2015
2016
2017*
Year
MSM cases
Hetero Males
Hetero Females
* Data for 2017 provisional.
Data source: Enhanced surveillance of infectious syphilis, ESR

2011 to present for infectious syphilis below										
	Total	MSM	MSMSW	MSW	WSM	Con-current infection				
						HIV	HSV	HPV	Chlamydia	Gonorrhoea
2011	**8**	6	1	1	0	2			**1**	
2012	**26**	22	2	2	0	2	1	1	**10**	
2013	**18**	15	1	2	0	3			**2**	**1**
2014	**28**	22	3	1	**2**	2			**4**	**1**
2015	**26**	20	2	1	**3**	0	3	2	**9**	**3**
2016	**25**	18	3	3	**1**	2			**2**	**2**
2017	**27**	17	1	5	**4**	2	1	1	**5**	**1**
2018	**50**	39	1	8	**2**	2	2	0	**8**	**6**

Follow Up Visits for script

go through results: **( )**
Do a min data set: **( )**
Ensure the following done: **( )**

1. Patient has undergone testing for HIV, syphilis, and a full STI screen (**CHLAMYDIA/GONORRHOEA PCR - urine, rectal, pharynx**)in the previous two weeks; **( ) and**
2. Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 12 months; **( ) and**
3. Patient had received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks; **( ) and**
4. Patient has tested HIV negative; **( ) and**
5. Either:

All of the following: ( )
6.1.1 Patient is male or transgender; **and**
6.1.2 Patient has sex with men; **and**
6.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; **( ) and**
Any of the following
6.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; **( ) or**
6.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; **( ) or**
6.1.4.3 Patient has used methamphetamine in the last three months; **( )**

Compliance Check

- Check adherence **how many doses were missed in last 3/12= ( )**
- Check possible side effects **( )**
- new meds **( )**

Prep bag given { tests requested see outbox lab request form} **( )**

Every 3 months while on Prep (but may be do eGFR more if indicated see below)

HIV antibody (AHIV),
Syphilis EIA (SEIA))
CHLAMYDIA/GONORRHOEA PCR - urine, rectal, pharynx

Every 6 months while on PreP

HIV antibody (AHIV),
Syphilis EIA (SEIA)
Creatinine ,eGFR ,
CBC , Liver function Test
CHLAMYDIA/GONORRHOEA PCR - urine , rectal, pharynx
Protein creatinine ratio - urine

Every 12 months while on PreP (include)

Hepatitis C serology (AHCV)
Phosphate
HbA1c

Dear ,

RE: DUCK, Daffy NHI: DOB: 05 Aug 1950
33 St Asaph St, , Christchurch

I saw Daffy, who is at risk of contracting HIV. I have organized investigations, the results of which will be on Health Connect South, and I will check the results.

I recommended they start/continue Emtricitabine 200mg/Tenofovir Disoproxil 245mg (the generic form of TRUVADA), one tablet daily, as part of the HIV Pre-Exposure Prophylaxis (PrEP) programme. I provided a prescription for 3 months. Taken daily, this is very effective at decreasing HIV acquisition.

Please continue this medication long term unless Daffy is no longer at risk. Daffy is aware they need to make an appointment to discuss this with you well before they run out of medication. The details of recommended prescribing and follow up monitoring are available on HealthPathways>HIV. Please also see the included Canterbury Initiative document.

If you feel uncomfortable prescribing PrEP, please consider referring Daffy to a colleague who is comfortable prescribing PrEP and accepts GP referrals, see HealthPathways>HIV. Alternatively, we will continue to provide ongoing care if required

Thank you for looking after Daffy and feel free to ring myself or contact the service if you have any queries, require support, or you would like us to see Daffy again.

Yours sincerely,

Dr. Edward Coughlan / Dr. Heather Young (DELETE ONE)
Clinical Director / Sexual Health Physician (DELETE ONE)