Title	HIV Pre-Exposure Prophylaxis (PrEP)
Document Type	Clinical Protocol
Version number	SH018/2.1
Approval/Issue date	April 2021
Review dated	April 2023
Approved by	Dr Sally Wielding
Owner/Person Responsible	Dr Sally Wielding
Developed by	Dr Dan Clutterbuck
Reviewed by	Dr Sally Wielding
Healthcare Inequality Impact Assessed (statutory for policies)	N/R

Borders Protocol for HIV Pre-Exposure Prophylaxis (PrEP)

What's New in Version 2:

Important changes section by section:

1.1 More information
New ibase guides are available and the BASHH/BHIVA UK Guideline on PrEP has been published

2.2 Buying PrEP online is still an option and the cost is now as low as £18 for each month's supply. If you get, or intend to get your PrEP online you can have your monitoring done at our clinics.

3 PrEP appointments
Give advice and information and perform baseline tests for any patient requesting PrEP.

5 5.1: uPCR is only routinely indicated at baseline. Routine uPCR is only required at clinician request in patients with renal abnormalities. Most PrEP users will not require routine uPCR or urinalysis

5.2 HIV Testing at baseline
In all circumstances perform an HIV test on the day of providing PrEP. **HIV testing guidance has been simplified**

If negative HIV test in the last 3 months with no high risk sex since, start PrEP, test today and repeat HIV test in 3 months.

If negative HIV test in the last 3 months but with high risk sex since then, start PrEP, test today and repeat HIV test in 4 weeks.

If no recorded negative HIV test in the last 3 months and risks since last tested, perform PoCT (Insti syphilis/HIV) and serology at baseline, start PrEP and test again at 1 or 3 months depending on recent risks

4 6.1 PrEP dosing: it should be emphasized that four does per week does not allow ANY leeway for missed doses
6.2 If restarting On-demand PrEP less than 4 days after the last dose was taken, restart with a single dose. If 4 or more days have passed since the last dose was taken, restart with a double dose.

7.1 Initial PrEP supply
Dispense one month (30 tablets) of PrEP if eligible and given an appointment for follow up at the GMC in 1 month. If confident about dosing and with no other medical issues, arrange HIV testing only and give 3 months supply.
If no medical or other issues and absolutely confident about lack of HIV risk in the month prior to PrEP start, review can be arranged for 3 months.

What's New in Version 2:

8.3 Reduced PrEP Monitoring for stable patients:

The frequency of renal monitoring for stable patients has reduced

Protocol for provision of 6 month PrEP prescription and 12 monthly renal monitoring
Routine monitoring:
Patients under the age of 40 years and with baseline eGFR >90ml/min and no other risk factors require eGFR at baseline and 12 monthly. uPCR is not required.
Patients over the age of 40 years and with baseline eGFR >90ml/min and no other risk factors require eGFR at baseline and 6 monthly. uPCR is not required.
Enter in the clinical note the date when the next eGFR is required and if uPCR is indicated (usually not)

6-monthly prescriptions
Patients who are stable on PrEP may be able to move to the provision of 6 monthly prescriptions after a minimum of 6 months of prescribing. They should continue to attend for an STI screen 3 monthly.

Patients requiring additional monitoring can move to 6 monthly prescriptions and 6 monthly eGFR if stable for 1 year or 3 eGFR results on PrEP, after discussion with senior clinician.

10 PrEP coding
All attendances for PrEP should be coded (ie every time PrEP is prescribed, or every time that those who are self-sourcing PrEP attend for monitoring).

1) What is PrEP?

PrEP stands for "pre-exposure prophylaxis". PrEP is taken before sex; "pre-exposure". "Prophylaxis" means to prevent infection; in this case HIV. So, PrEP is used by HIV negative people to prevent them from becoming HIV positive.

Research has been done into different types of PrEP, but the only type used at the moment is tablets. In men who have sex with men (MSM) and transwomen the only tablet that should be used as PrEP is a combination pill containing both tenofovir (disoproxil) and emtricitabine (TD-FTC). The brand name for this is "Truvada", but there are other generic versions available – the NHS in Scotland has used Dr Reddy's and Lupin brand for PrEP.

Tenofovir/Emtricitabine is one of the most widely used medicines to treat HIV. It was approved for the treatment of HIV in 2004, and for use as PrEP in the United States in 2012.

1.1 More Information

The information you need on PrEP is included in this document, the accompanying flowchart and the Residency Criteria for PrEP in the Borders.

The i-Base leaflet on NHS PrEP in Scotland is available in hard copy in the clinic or at http://i-base.info/prep-in-scotland-guide/

For people not eligible for NHS PrEP, i-base guide to Buying PrEP Online, NHS PrEP is very useful and contains dosing information. It was last updated late 2017.
http://i-base.info/guides/prep

Or as a PDF
http://i-base.info/guides/prep/pdf

For more detailed clinical information, the BASHH/BHIVA UK PrEP Guideline
https://www.bhiva.org/PrEP-guidelines

2) Protocol for PrEP advice and monitoring in the Borders

Patients wanting advice on PrEP
Patients may present to ask about PrEP availability through the NHS. Others are already taking PrEP purchased on-line. In others, the clinician may feel that the patient is at high risk of HIV and should be informed about PrEP. The options for patients who want to access PrEP are:

- Obtaining NHS Funded PrEP
- Purchasing PrEP online

2.1 NHS Funded PrEP: Individuals at greatest risk of acquiring HIV are eligible for NHS Scotland funded HIV prevention interventions including PrEP if ALL the following apply:

Universal criteria:
- Aged 16 or over.
- Tested HIV negative.
- Able to attend the clinic for regular 3 monthly review including for monitoring, sexual health care and support, and to collect prescriptions.
- Willing to stop NHS-funded PrEP if the eligibility criteria no longer apply.
- Resident in Scotland *(confirm an address in Scotland).*

If all of the above universal criteria are met, the client may be assessed for NHS funded PrEP. See the document Residency Criteria for PrEP in the Borders for the options for confirming an address in Scotland.

Plus one or more of the following: An individual is eligible for PrEP if <u>one or more</u> of the following apply:
1. Current sexual partners, irrespective of gender, of people who are HIV positive and with a detectable viral load.
2. MSM & transgender women with a documented bacterial rectal STI in the last 12 months
3. MSM & transgender women reporting condomless penetrative anal sex with two or more partners in the last 12 months and likely to do so again in the next 3 months
4. Individuals, irrespective of gender, at an equivalent high risk of HIV acquisition, as agreed with another specialist clinician

(*The term MSM used here includes transgender men who have male sexual partners)

Document the indication for NHS PreP. For those at the highest risk, including partners of people recently diagnosed with HIV, it is appropriate to make them aware of PrEP availability without them asking about it.

2.2 Online purchase of PrEP

Many people, particularly MSM, who do not fit the above criteria, will wish to take PrEP as additional protection against HIV. If they have no significant contraindications it is often very reasonable for them to take PrEP as a precaution. In most cases they should be supported in doing this. In a small number of individuals with significant renal or bone disease, the risk of PrEP may outweigh the risk of HIV acquisition. These patients should be referred to the GMC for a further medical discussion.

Information for patients**:**

- PrEP is provided by the NHS to people who fit certain eligibility criteria, but some other people may want to take PrEP as an additional protection against HIV
- Some people buy PrEP online at a cost of around £18 for each month's supply. If you get, or intend to get your PrEP online you can have your monitoring done at our clinics.
- We cannot state that there is absolutely no risk if you choose to buy PrEP online because the PrEP is not sourced directly from the manufacturers.
- It is legal to obtain 3 months of generic drug via the internet for personal use
- A prescription is not required but some sellers may request this.
- The website www.iwantprepnow.co.uk has been set up by community advocates to provide information about PrEP and links to sellers. Sellers are added to the site only when generic drug has been purchased with no problems and therapeutic drug monitoring (TDM) has been carried out in at least one person showing presence of the drug.
- 'I Want PrEP Now' worked with clinicians to ensure generic drug efficacy by sharing TDM results. No 'fake' PrEP tablets have ever been reported in the UK.
- This clinic does not perform TDM for prep.

2.3 Should anyone be advised against taking PrEP?:

2.3.1 PrEP should not be used:

- By people who are HIV positive.
- If HIV seroconversion is suspected

2.3.2 PrEP is usually not indicated if:

- The negative person is only having sex with HIV positive partner(s) who are on treatment with an undetectable viral load.
- Other situations where the risk of HIV is negligible
- Pre-existing medical conditions such as renal impairment that significantly increase the risk of Truvada adverse events (CrCl< 60ml/min)
- Eligible or undergoing treatment for **Chronic hepatitis B**
- Individuals with chronic active Hepatitis B virus where Truvada may be used for therapy, though not an absolute contraindication requires discussion with Hepatologist prior to initiation and close monitoring after discontinuation to monitor for Hepatitis B viral rebound

3 PrEP appointments

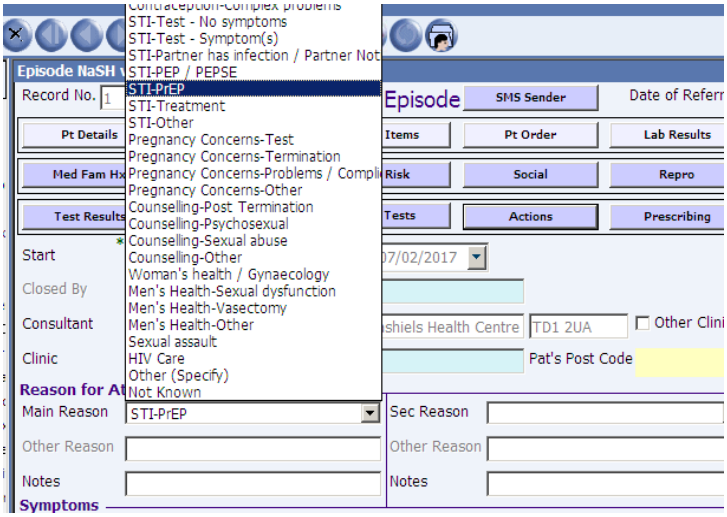
Patients can discuss PrEP at any clinician appointment in the Borders. They should receive information and baseline tests.

For patients who are at risk and cannot access PrEP immediately, provide advice on Buying PrEP Online as above.

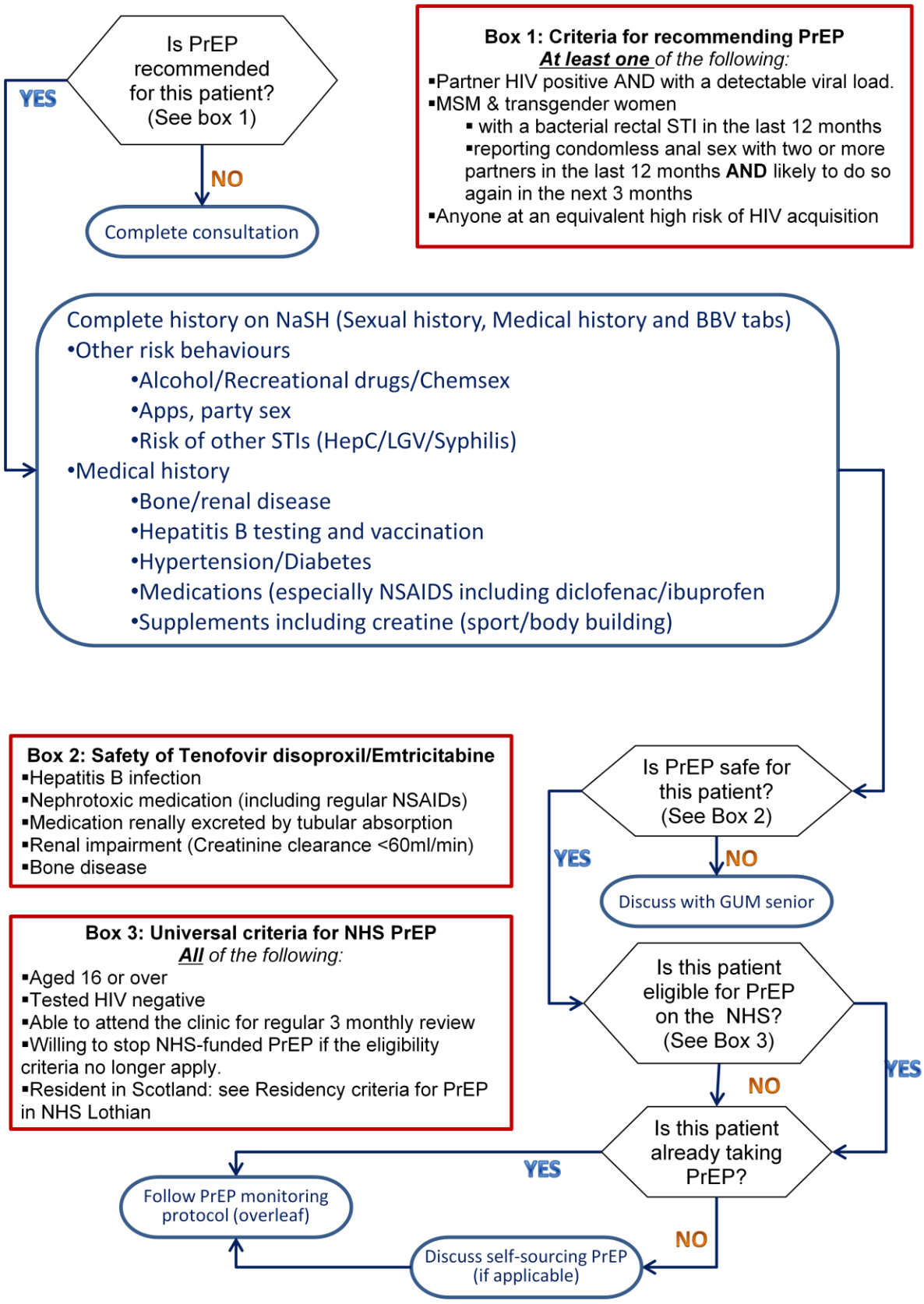
4 PrEP Consultations

Record 'Main reason for attendance' or 'Secondary reason' as 'STI – PrEP' whenever PrEP is discussed in detail in a consultation. **This is really important** – results of eGFR and other tests will only be checked if the episode is identified as a PrEP consultation.

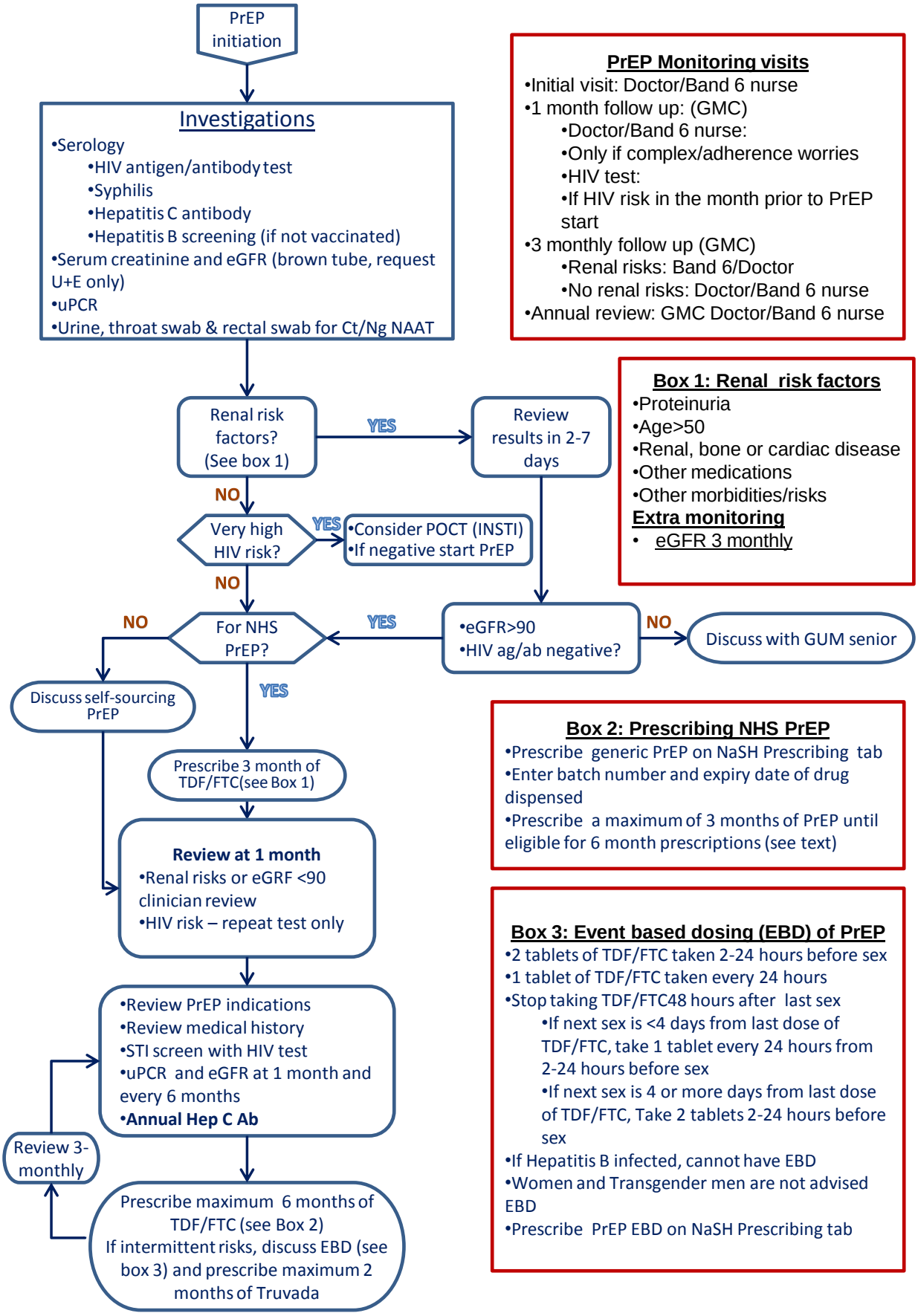
Use the PrEP Clinical notes proforma in the file with this protocol to prompt and record discussion.



Algorithm for assessment for NHS PrEP



Algorithm for initiating and monitoring PrEP



PrEP Monitoring visits

- Initial visit: Doctor/Band 6 nurse
- 1 month follow up: (GMC)
  - Doctor/Band 6 nurse:
  - Only if complex/adherence worries
  - HIV test:
  - If HIV risk in the month prior to PrEP start
- 3 monthly follow up (GMC)
  - Renal risks: Band 6/Doctor
  - No renal risks: Doctor/Band 6 nurse
- Annual review: GMC Doctor/Band 6 nurse

Box 1: Renal risk factors

- Proteinuria
- Age>50
- Renal, bone or cardiac disease
- Other medications
- Other morbidities/risks

Extra monitoring

- eGFR 3 monthly

Box 2: Prescribing NHS PrEP

- Prescribe generic PrEP on NaSH Prescribing tab
- Enter batch number and expiry date of drug dispensed
- Prescribe a maximum of 3 months of PrEP until eligible for 6 month prescriptions (see text)

Box 3: Event based dosing (EBD) of PrEP

- 2 tablets of TDF/FTC taken 2-24 hours before sex
- 1 tablet of TDF/FTC taken every 24 hours
- Stop taking TDF/FTC48 hours after last sex
  - If next sex is <4 days from last dose of TDF/FTC, take 1 tablet every 24 hours from 2-24 hours before sex
  - If next sex is 4 or more days from last dose of TDF/FTC, Take 2 tablets 2-24 hours before sex
- If Hepatitis B infected, cannot have EBD
- Women and Transgender men are not advised EBD
- Prescribe PrEP EBD on NaSH Prescribing tab

3.1 History & discussion to document (use PrEP standard text to document on NaSH)

HIV risks
- HIV positive partner (detectable viral load)
- Routine sexual health and testing history
- Condomless sex in last 12 months
- Rectal Bacterial STI in 12 months
- PEP in last 1 year

Other risk behaviours
- Recreational drugs/Chems
- Alcohol
- Apps, party sex
- Risk of other STIs (HepC/LGV/Syphilis)

Medical history
- bone/renal disease
- hepatitis B testing and vaccination
- Hypertension
- Medications documented (especially NSAIDS including diclofenac)
- Use of creatine supplements (sport/bodybuilding) – may affect eGFR calculation. NOT contra-indicated with PrEP
- Drug interactions must be checked at http://www.hiv-druginteractions.org/

3.2 Counselling and discussion

PrEP as part of HIV and STI risk reduction
- Implications of PrEP and effects on condom use and behaviour
- Importance of 3-monthly HIV/STI screen
- Risk of other STIs (esp Hepatitis C/LGV/Syphilis)
- Other risk reduction methods including condoms (Consider referral to behaviour change clinic)
- Information and support for those involved in chemsex if appropriate.
- Offer appointment with sexual health adviser to discuss risk reduction and other support.

Starting PrEP
- Explanation of PrEP, how it works, indications and limitations,
- Importance of baseline HIV test at time of starting
- Repeat HIV test if condomless sex occurs not on PrEP. HIV resistance
- Daily dosing, missed doses
- Event Based Dosing for infrequent, predictable sexual contacts
- How to take their medication, effectiveness, risks and benefits, need for adherence and common side effects
- Follow up appointments and prescribing
- Permission to contact patients GP. It is always preferable that we contact the patient's GP. This will largely be on initiation of PrEP and after each annual review.

4. Borders PrEP Start Standard Text

Paste this text into the clinical note after completing the consultation. Delete sections that do not apply. Add details as needed. Sign and date at the bottom. Text in italics is for instruction/information only and should be deleted.

Attends for PrEP

Eligible for PrEP on NHS/ Indication:

Current sexual partner is HIV positive and with a detectable viral load.
Documented bacterial rectal STI in the last 12 months
History of condomless penetrative anal sex with two or more partners in the last 12 months and likely to do so again in the next 3 months
At an equivalent high risk of HIV acquisition, as agreed with another specialist clinician (document indication and discussion)

Universal Criteria for PrEP: Resident in Scotland
CHI:
GP:

Medical History:
Allergies:
Medication:
Medical conditions:
Advised re avoiding NSAIDs

Following provided:

Assessment for possible acute HIV infection – last HIV test:
Last condom less sex:
STI screen (Chlamydia/GC/HIV/STS/HCV), uPCR, U+Es sent – eGFR:
Baseline eGFR
Vaccinations:
BCC discussed and leaflet given
Written information on dosing instructions, side effects, method, effectiveness
Self-sourcing discussed

Opts for daily dosing/ EBD
PrEP Generic (tenofovir disoproxil fumarate 245mg/ emtricitabine 200mg) for 1month/ 2 months /3 months given
Discussed commencing - advised double dose and then effective after 24hrs, single dose daily thereafter. Advised re continuing single doses for 48hrs after last condomless sex if stopping. Repeat double dose if no PrEP taken for more than 3 consecutive days.

To do:
Follow up in: 1 month/ 3 months
Requires renal monitoring every 3/6/12 months
Next renal function check (eGFR) due mm/yy
Consent to GP letter:

Borders PrEP Review Standard Text

Paste this text into the clinical note after completing the consultation. Delete sections that do not apply. Add details as needed. Sign and date at the bottom. Text in italics is for instruction/information only and should be deleted.

PrEP Review

Attends for routine PrEP review
Last eGFR:
Current dosing schedule: EBD / Daily
Missed doses:
Issues inc side effects:
Changes to medical history:
No NSAIDs

Eligibility: Continues to meet criteria (UPAI with 2+ partners in 12 months/ bacterial rectal STI/ HIV+ partner with detectable VL/ at high risk of acquisition as discussed with DrXX)

Eligible for 6 monthly prescription? (see protocol)

Continue with EBD/ Daily dosing
XX day supply Tenofovir DF/ Emtricitabine given

Next visit: SHS only / Full monitoring inc SHS, eGFR

5 Recommended tests (see table of PrEP monitoring tests)

5.1 Baseline tests

Before or at time of starting PrEP:
or
If someone is taking PrEP at the time of first attendance:

- 4th generation venous blood HIV test (our standard test)
- Consider POCT and start PrEP same day if at very high risk
- HepBcAb if unvaccinated (and start vaccination if immunity unknown; on-demand TDF/FTC is not recommended in chronic hepatitis B infection & if continuous PrEP is started, hepatology review required before cessation)
- *It is not necessary to recheck Hepatitis B status in those who are known to have completed a vaccination course*
- Hepatitis C Ab (if they meet NHS PrEP eligibility criteria)
- Serum creatinine (brown tube, request U+E only) and eGFR
- uPCR
- **uPCR is only routinely indicated at baseline. Routine uPCR is only required at clinician request in patients with renal abnormalities.**

5.2 HIV Testing at baseline

It is important to be as confident as possible that an individual is HIV negative when starting PrEP. For high risk individuals it may not be possible to be entirely confident that this is the case. Don't defer PrEP start on those who are at high risk of infection.

In all circumstances perform an HIV test on the day of providing PrEP.

Options:

If negative HIV test in the last 3 months with no high risk sex since, start PrEP, test today and repeat HIV test in 3 months.

If negative HIV test in the last 3 months but with high risk sex since then, start PrEP, test today and repeat HIV test in 4 weeks.

If no recorded negative HIV test in the last 3 months and risks since last tested, perform PoCT (Insti syphilis/HIV) and serology at baseline, start PrEP and test again at 1 or 3 months depending on recent risks

6 Dosing:

See the i-base leaflet 'PrEP in Scotland' and discuss the options with the patient

Heterosexuals/trans men/trans women: event-based dosing has not been investigated in heterosexuals; based on this and pharmacokinetic concerns we recommend daily PrEP and do not recommend event-based PrEP. In the absence of other data trans women and trans men should also be offered daily PrEP.

- 6.1: Daily PrEP

Daily PrEP should be taken at the same time each day. After 7 days of daily dosing in men and women, levels are thought to be protective. After two weeks of daily dosing (MSM) or three weeks (women), levels of FTC-TD reach steady state throughout the body and missing doses becomes less of an issue. There is no study showing that 4 doses of PrEP per week is as effective as 7 doses per week. So for optimal protection, the recommendation is to take a tablet every day. However, in one large extension study, MSM with levels of PrEP in their blood consistent with taking four or more doses per week had 100% protection against HIV. Some MSM on PrEP choose to take 4 does per week (Tues, Thurs, Sat, Sun) and some experts believe that this is enough PreP to give excellent protection against HIV for anal sex. Four doses per week is NOT recommended for women. **However it should be emphasized that four does per week does not allow ANY leeway for missed doses.**

- 6.2: On Demand dosing/ Event based Dosing: EBD

MSM: There have been no studies comparing daily prep with event-based dosing. Two different studies of daily and event-based PrEP showed similar efficacy. A large extension study (ANRS Prevenir) of 1400 MSM has found no HIV seroconversions in men on daily or On-demand PrEP.That does not mean that event-based dosing and daily PrEP are equally effective, but does provide reassurance the On –demand PrEP is a safe option for some MSM.. Event-based PrEP should be discussed and offered to those who have infrequent and predictable sexual contacts. On-demand dosing for a single sex act comprises 2 tablets 2-24 hours before sex, 1 tablet 24 hours (22-26 hours) after the first dose, and another tablet 48 hours (46-50 hours) after the first dose (2:1:1 dosing).
If restarting On-demand PrEP less than 4 days after the last dose was taken, restart with a single dose. If 4 or more days have passed since the last dose was taken, restart with a double dose.
If the double dose is taken in anticipation of sex, but dosing is not continued, the same rules apply – if starting On demand again within 3 days, start with a single dose, if 4 or more days, start with a double dose.

Advise a repeat HIV test if condomless sex during periods off PrEP for more than 7 days

7 Providing/dispensing PrEP

PrEP can be dispensed on the first visit to those who have no additional risk factors for renal or bone disease and are likely to have frequent condomless anal sex. Patients who require further discussion, have any renal or bone risks, who take any other medications or who are have significant HIV risk within the last month, should be added to the PrEP start waiting list. For those at the very highest risk of HIV and with other vulnerabilities, discretion can be used in starting PrEP immediately.

Patients eligible for immediate PrEP dispensing are confident about PrEP dosing, and have no other medical issues or renal or bone risks:

- Age>50
- Renal, bone or cardiac disease
- Other medications Drug interactions must be checked at
- http://www.hiv-druginteractions.org/
- Other morbidities/risks

7.1 Initial PrEP supply
Dispense one month (30 tablets) of PrEP if eligible and given an appointment for follow up at the GMC in 1 month. If confident about dosing and with no other medical issues, arrange HIV testing only (NTT at one month) and give 3 months supply.

If no medial or other issues and absolutely confident about lack of HIV risk in the month prior to PrEP start, review can be arranged for 3 months.

PreP tablets are pre dispensed in packs of 30 tablets.

For those opting for self-purchase, provide a copy of the i-base leaflet. Advise the patient to make an appointment at the GMC a month after starting the tablets (if no risks) or before staring the medication (if renal or other risks as above)

6.1 Follow up supplies
Dispense 3 months (90 tablets) of PrEP for daily dosing if eligible and given an appointment for follow up at the GMC in 3 months.

Dispense 2 months (60 tablets) of PrEP for On-demand dosing if eligible (or adjust supply according to quantities used) and given an appointment for follow up in 3 months.

8 Follow up:

8.1: 1 month appointment
All patients should have an appointment 1 month after starting PrEP.

- Review dosing, adherence, side effects, other medications and sexual history
- uPCR
- eGFR
- Repeat HIV test/STI screen if risks in window period
- Indicate required follow up in the case notes - patients should have **Routine follow up** or **Additional follow up**

  Routine follow up (annual eGFR due …/…/….)

Additional follow up iindicated if at baseline:

- Proteinuria
- Age>50
- Renal, bone or cardiac disease
- Other medications
- Other morbidities/risks
- Baseline eGFR<90ml/min

Additional follow up (3/6 monthly eGFR), document any additional tests

8.2: 3 monthly appointment

Routine follow-up– no additional issues:

- Review dosing, adherence, side effects, other medications and sexual history
- 3-monthly 4th generation venous blood HIV test +/- POCT
- 3-monthly STI screen for MSM , STI screen as appropriate for heterosexuals
- 12 monthly eGFR (U+E & creatinine) in <40
- 6 monthly eGFR (U+E & creatinine) in >40
- Annual HepC Ab

Additional follow-up

- Review dosing, adherence, side effects, other medications and sexual history
- Any changes to medical history
- 3-monthly 4th generation venous blood HIV test +/- POCT
- 3-monthly STI screen for MSM , STI screen as appropriate for heterosexuals
- 3 monthly eGFR (U+E & creatinine)
- Annual HepC Ab
- Any additional tests as specified in plan

If renal function is stable at 12 months, the monitoring frequency can be reviewed and reduced.

Patients can be booked into clinic for routine tests, and then see the nurse or doctor for review.

Review side effects, dosing and other medications at each visit.

8.3 Reduced PrEP Monitoring for stable patients:

Protocol for provision of 6 month PrEP prescription and 12 monthly renal monitoring

Routine monitoring:
Patients under the age of 40 years and with baseline eGFR >90ml/min and no other risk factors require eGFR at baseline and 12 monthly. uPCR is not required.
Patients over the age of 40 years and with baseline eGFR >90ml/min and no other risk factors require eGFR at baseline and 6 monthly. uPCR is not required.
Enter in the clinical note the date when the next eGFR is required and if uPCR is indicated (usually not)

Additional monitoring:
Patients with baseline eGFR<90ml/min and/or other risk factors require eGFR at baseline and 3 monthly for the first year. uPCR is not routinely required.
If eGFR remains stable on several occasions over time, discretion can be used in reducing frequency of monitoring.

Prescribing
Patients who are stable on PrEP may be able to move to the provision of 6 monthly prescriptions after a minimum of 6 months of prescribing. They should continue to attend for an STI screen 3 monthly, but this visit can be to any NTT or m-test facility with or without appointment.

Patients requiring additional monitoring can move to 6 monthly prescriptions and 6 monthly eGFR if stable for 1 year or 3 eGFR results on PrEP, after discussion with senior clinician.

Enter in the clinical note the date when the next eGFR is required and if uPCR is indicated (usually not)

Test sets: PrEP Annual (PrEP Ann): GC/Ct NAAT Throat, Rectal, Urine, HIV Ab, STS, eGFR, HepC Ab +/- HepB serology as indicated by protocol

PrEP interim (PrEPInt): GC/Ct NAAT Throat, Rectal, Urine, HIV Ab, STS, eGFR,

PrEP NTT: GC/Ct NAAT Throat, Rectal, Urine, HIV Ab, STS

Criteria for Additional monitoring
- Diabetes and hypertension
- Renal, bone or cardiac disease
- Other medications
- Other morbidities/risks
- Baseline eGFR<90ml/min
- Age over 70 years

Eligibility for 6 month prescription:
Have been on PrEP for 6 months
Continued significant sexual risk (> 1 UAI partner in past 3 months)
Likely to require PrEP for at least another 6 months
No PrEP related problems or side effects
No more than 1 PrEP appointment DNA
Eligible for routine monitoring (no additional monitoring criteria)
Or
If additional monitoring required
3 eGFR results on PrEP available , reviewed by or discussed with consultant

9 Stopping PrEP

Assess continuing eligibility, willingness and ability to adhere at each annual visit or out with this timeframe if there is thought to be any significant change in a client's risk

Discontinue NHS funded PrEP if
- Universal criteria are no longer all met
- None of the eligibility criteria apply
- Any exclusion criteria are met

If a patient is no longer eligible for NHS funded PrEP, but wishes to continue on self-funded PrEP they would still be eligible to attend the PrEP clinic for monitoring

10 PrEP Coding

All attendances for PrEP should be coded (ie every time PrEP is prescribed, or every time that those who are self-sourcing PrEP attend for monitoring).

Episodes should also be coded when PrEP is stopped, when PrEP is declined or deferred or when a patient seeks PrEP but is ineligible.

At least two codes should be applied to each attendance but there is no limit to the number of codes that can be applied if relevant.

STISS Clinical Coding

Clinicians seeing patients for PrEP-related reasons use these STISS codes to record **eligibility** and **regimen choice**. This has been made as simple as possible and can be done very quickly for each PrEP episode.

A new STISS form should be created for each PrEP-related episode. This can be accessed from the episode menu bar (Figure 5).

The STISS form automatically pulls through some data about the patient from the recorded demographics and sexual history. Should data be missing, please ensure that the relevant parts of the NaSH record are complete. In particular, **Lifetime Sexual History** needs to be recorded. Please also ensure that the episode against which you are coding is recent (within the last 4 weeks – Figure 6).

Episode date should be recent Within **4 weeks**

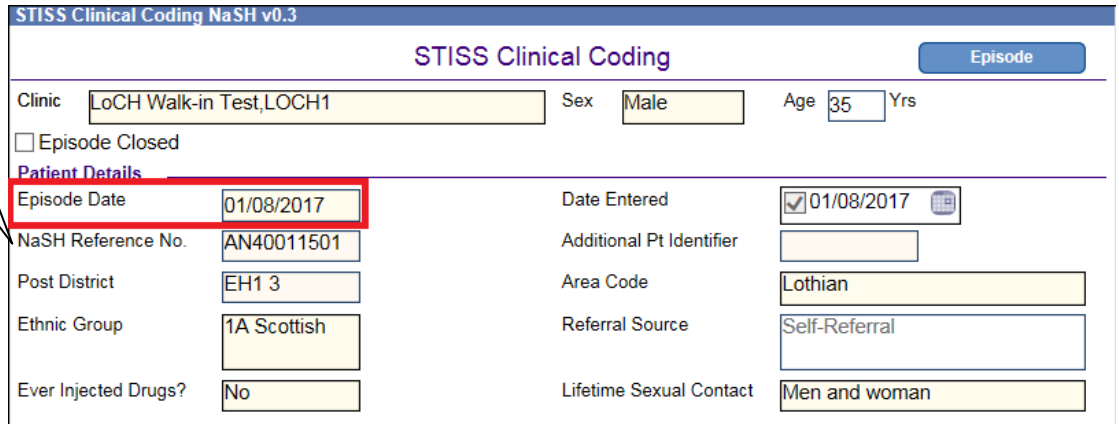


Figure 1

Adding PrEP Service Codes

1. **You always need to enter the <u>mandatory service code, S1P PrEP</u>** (Figure 7)

Mandatory fields are indicated with red stars *

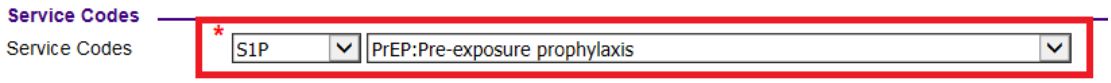


Figure 2

2. **You then need to enter <u>service codes</u>**. These relate to:

a) **Eligibility:**
PREPe codes: these let you select the reason for which PrEP is indicated. ***<u>Use at least one and as many as are applicable</u>.*** There is also a code for those patients who present for PrEP but are not eligible on the NHS (PREPe0, see Table 1).

b) **Prescription:**
PREPDAY and **PREPEBD** relate to the PrEP regimen prescribed.

If no prescription is issued in the clinic please use the following codes:

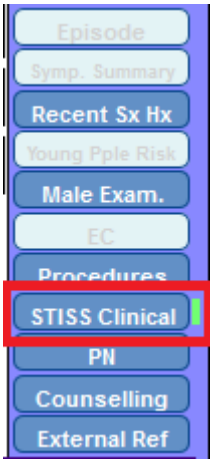
- **PREPOWN:** PrEP is *not being prescribed by the clinic* as the patient is sourcing their own. *Please also add either PREPDAY or PREPEBD to indicate regime.* PREPOWN should only be used if patient *is actually <u>taking</u> self-supplied PrEP* NOT simply if they intend to do so.

- **PREPDEC:** Patient doesn't want PrEP even though they are eligible.

- **PREPEND:** Patient no longer meets NHS prescribing criteria or is medically unable to continue.

Table 1: Full List of PrEP Service Codes

STISS service code	Description
PREPe0	PrEP Does not meet NHS eligibility criteria
PREPe1	PrEP Partner(s) HIV-positive with a detectable viral load
PREPe2	PrEP Documented bacterial rectal STI in the last 12 months
PREPe3	PrEP Condomless penetrative anal sex with 2 or more partners in last 12m and risk likely in next 3m
PREPe4	PrEP Equivalent high risk of HIV acquisition, as agreed with another specialist clinician
PREPDAY	PrEP regimen: starting or continuing DAILY PrEP
PREPEBD	PrEP regimen: starting or continuing EVENT BASED PrEP
PREPOWN	PrEP continued (through other source)
PREPDEC	PrEP offered and declined
PREPEND	PrEP stopped


Episode
Symp. Summary
Recent Sx Hx
Young Pple Risk
Male Exam.
EC
Procedures
STISS Clinical
PN
Counselling
External Ref