

Minnesota Board of Pharmacy HIV PEP Patient Intake Form

Name _____ Pronouns _____ Date of Birth _____ Age _____ Today's Date _____

Do you have health insurance? **Yes / No / Not Sure** If yes, please provide card or insurance info: _____

If no or not sure, do you want help getting insurance? _____

Primary Care Provider Name and location (do you want help finding one? **Yes / No**) _____

List of medicines you take _____

Any allergies to medicines or food products? **Yes / No** If yes, list them here _____

Have you used HIV prevention medications in the past? **Yes / No** If yes, please describe _____

Health and History Screen

1.	Are you under 13 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do you have a documented HIV negative test in the previous 7 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
3.	Have you ever been diagnosed with any disease of the kidney?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
4.	Have you ever been diagnosed with any disease of the bones (osteoporosis, osteopenia, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
5.	Have you ever been diagnosed with or tested positive for Hepatitis B infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
6.	Are you pregnant, nursing, or planning on getting pregnant or nursing while taking HIV prevention medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
7.	Did you experience a potential HIV-exposure MORE than 72 hours ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
8.	Was the potential HIV-exposure while working for an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
9.	Was the potential HIV-exposure related to a sexual assault or unwanted sexual contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

What is the source of your HIV concern? (if unable or uncomfortable answering, discuss with the pharmacist) _____

Optional-May be used by pharmacy if desired

Patient Name:	Date of birth:
Address:	
City/State/Zip Code:	Phone number:

- Verified DOB with valid photo ID
- Verified lab results as required per the MN Board of Pharmacy protocol

Rx

Drug: emtricitabine 200 mg/tenofovir disoproxil fumarate 300mg (Truvada)
Sig: Take 1 tablet by mouth once daily with _____ for 30 days
Quantity: #30 No refills

PLUS

Pick One:

Drug: dolutegravir 50mg (Tivicay)
Sig: Take 1 tablet by mouth once daily for 30 days with Truvada Rx.
Quantity: #30 No Refills

Drug: raltegravir 400mg (Isentress)
Sig: Take 1 tablet by mouth twice daily for 30 days with Truvada Rx.
Quantity: #60 No Refills

Written Date: _____

Prescriber Name: _____ Prescriber Signature: _____

Pharmacy Address: _____ Pharmacy Phone: _____

-or-

Notes: _____

PEP Assessment & Treatment Care Algorithm

Age Restriction Question 1	No = meets age requirement Continue to step 2	Yes – refer to PCP
HIV Screening Question 2	Yes – obtain copy or document when lab was drawn, name of lab, results	If No – order lab and initiate PEP or defer to local emergency department
Complicating Comorbidities Questions 3,4	If No, continue	If yes to 3 or 4, determine specific diagnoses as applicable and include in DUR and regimen selection
HBV Question 5	If No, continue	If Yes or Not Sure; refer to local Emergency Department
Pregnancy/nursing Question 6	If No, continue	If Yes or Not Sure; refer to local Emergency Department
PEP Risk Evaluation Questions 7-9	If No, continue	If yes to 7: PEP is not recommended. If patient insists on PEP access, refer to Emergency Department If yes to 8: the patient should report exposure to employer and access care through Emergency Department If yes to 9: refer to Emergency Department for support with formal evaluation. If declined, appropriate to offer PEP and review support resources.
Exposure Specifics	Review the reported data with the below Exposure Risk Criteria	

Exposure Risk Criteria

- PEP recommended if exposure of:
 - Vagina, rectum, eye, mouth, other mucous membrane, nonintact skin, percutaneous contact (needle stick, etc) with:
 - Blood, semen, vaginal secretions, rectal secretions, breast milk, or bodily fluid visibly contaminated with blood
- PEP ***not recommended*** if exposure of:
 - Intact skin, hair, or nails with
 - any bodily substance
 - Vagina, rectum, eye, mouth, other mucous membrane, nonintact skin, percutaneous contact (needle stick, etc) with:
 - Urine, nasal secretions, saliva, sweat, or tears if not visibly contaminated with blood even if source patient is known to be living with HIV

Labs - General

- If rapid HIV test is positive, DO NOT start PEP and refer to primary care
- Make all efforts to obtain baseline HIV screening labs. Due to urgency of starting PEP, deferral is appropriate if labs are ordered and the pharmacist is able to obtain labs results once completed.

PEP: Baseline Assessment and Ongoing Management

Test	Required Frequency	Needed before fill?	Notes
HIV (Ag/Ab) screening	Baseline + 4-6 weeks after potential HIV exposure + 3 months after potential HIV exposure	YES - required	If positive, refer to PCP and do not start PEP.
Three site STI screening (syphilis, gonorrhea, chlamydia)	Baseline	No – can be deferred	If positive, refer to PCP. Positive STI screening is not a contraindication to PEP.
Serum creatine	Baseline	No – can be deferred	If CrCL < 60mL/min, weigh risks to renal health vs risk of infection
Hepatitis B screening (surface antigen and	Baseline + 6 months after potential HIV	No – can be deferred	If HBV surface antigen is positive, refer to Emergency Department or

surface antibody)	exposure		urgent care to consider alternative to PEP regimen. If both negative, offer HBV vaccination as appropriate
Hepatis C screening (antibody)	Baseline + 6 months after potential HIV exposure	No – can be deferred	If positive, refer to PCP. Hepatitis C is not a contraindication to PEP.
Pregnancy	Baseline + 4-6 weeks after potential HIV exposure	No – can be deferred	Pregnancy is not a contraindication to PEP

*HIV PEP Medication Options

Medication and route	Patient Population	Dosing Schedule	Duration	Notes/Dose Adjustments
Emtricitabine 200mg / Tenofovir Disoproxil Fumarate 300mg tablets PLUS Dolutegravir 50mg tablets OR Raltegravir 400mg tablets for oral administration	All at risk patients	1 tablet daily (#28) 1 tablet daily (#28) 1 tablet twice daily (#56)	28 days, no refills	Dosing adjustments needed if CrCl <60mL/min

PEP-Specific Counseling Points

- Critical importance of medication adherence to the effectiveness of PEP
- Signs/symptoms of acute HIV infection and recommended actions
- If appropriate, consistent and correct use of condoms and harm reduction strategies to prevent HIV and other STIs
- Importance of following up with PCP for usual care
- Testing requirements as listed above, including pharmacy outreach attempts to ensure patients are following through with testing
- For women of reproductive potential with genital exposure to semen, emergency contraception should be discussed
- For patients with ongoing risk, discuss HIV PrEP at future interactions
- Many insurance plans only pay for full bottles of HIV treatment and prevention medications; it is appropriate to dispense full bottles of PEP medications in this situation

Referrals

- Referrals to primary care should be coordinated as allowed, ensuring patient is following up with appropriate care
- If a patient becomes pregnant while taking PEP, refer to primary care
- If a primary care provider is not listed, use clinical judgement for locally available public health resources, sexual health clinics, and primary clinics that are nearby and accessible
- Referrals to emergency departments/urgent care should be made if signs/symptoms of acute renal injury or acute HIV infection while taking PEP
- Given time sensitive nature to starting PEP, have low threshold to refer to emergency department or urgent care or consult with infectious disease specialist if questions about prescribing or appropriateness of PEP

Care Plan

- Pharmacists should document clinically relevant interactions with patients, including when referrals are placed
- Proactive phone calls to remind patients of medication refills and upcoming lab requirements are strongly encouraged

Educational Resources

- CDC - PrEP and PEP Educational PDF
 - <https://www.cdc.gov/hivnexus/media/pdfs/2024/04/cdc-lsht-prevention-brochure-nows-the-time-patient.pdf>
- CDC – PEP 101 Factsheet PDF
 - <https://web.archive.org/web/20250123185052/https://www.cdc.gov/hiv/pdf/library/consumer-info-sheets/cdc-hiv-consumer-info-sheet-pep-101.pdf>
- MN Department of Health – HIV Prevention and Care Site
 - <https://www.health.state.mn.us/diseases/hiv/prevention>
- Sexual Violence Organizations
 - MN Coalition Against Sexual Assault: <https://mncasa.org/>

- MN Department of Health Safe Harbor Resources:
<https://www.health.state.mn.us/communities/humantrafficking/safeharbor/services.html>
- Sexual Violence Center: <https://www.sexualviolencecenter.org/>
- MN AIDS Line
 - 612-373-2437
 - AIDSLine@aliveness.org
- National Clinician Consultation Center PEP Line - 1-888-448-4911

References:

Dominguez KL, Smith DK, Vasavi T, et al. *Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV—United States, 2016*. US Centers for Disease Control and Prevention. Published April 18, 2016. Updated May 23, 2018. Accessed August 20, 2024. <https://stacks.cdc.gov/view/cdc/38856>

Kuhar DT, Henderson DK, Struble KA, et al. *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis*. US Centers for Disease Control and Prevention. Published September 24, 2013, Updated May 23, 2018. Accessed August 20, 2024. <https://stacks.cdc.gov/view/cdc/20711>

Partially adapted from State of Colorado's Board of Pharmacy HIV PEP and PrEP Protocol.