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le VIH et l'hépatite C

## PEP/PrEP Update – A BC Case Study



**Dr. Mark Hull** MHSc FRCPC  
Clinical Associate Professor  
Division of AIDS  
University of British Columbia

**Joshua Edward**, Program Manager,  
Knowledge Translation, Health Initiative for  
Men (HIM)

**Leah Kelley** is Policy Analyst at the First  
Nations Health Authority



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portion:  
**Toll-free access number:** 1-866-500-7712  
**Access code:** 3970509

**The webinar will commence  
shortly.**

**All participants will be muted  
until the question period.**

# Overview

- **Dr. Mark Hull** MHS Sc FRCPC, Clinical Associate Professor, Division of AIDS, University of British Columbia
- **Joshua Edward**, Program Manager, Knowledge Translation, Health Initiative for Men (HIM)
- **Leah Kelley**, Policy Analyst at the First Nations Health Authority

Moderator:

- **Rob Higgins**, Community-Based Research Centre for Gay Men's Health

# Biomedical Prevention in BC – Update on Post-exposure Prophylaxis and Pre-Exposure Prophylaxis

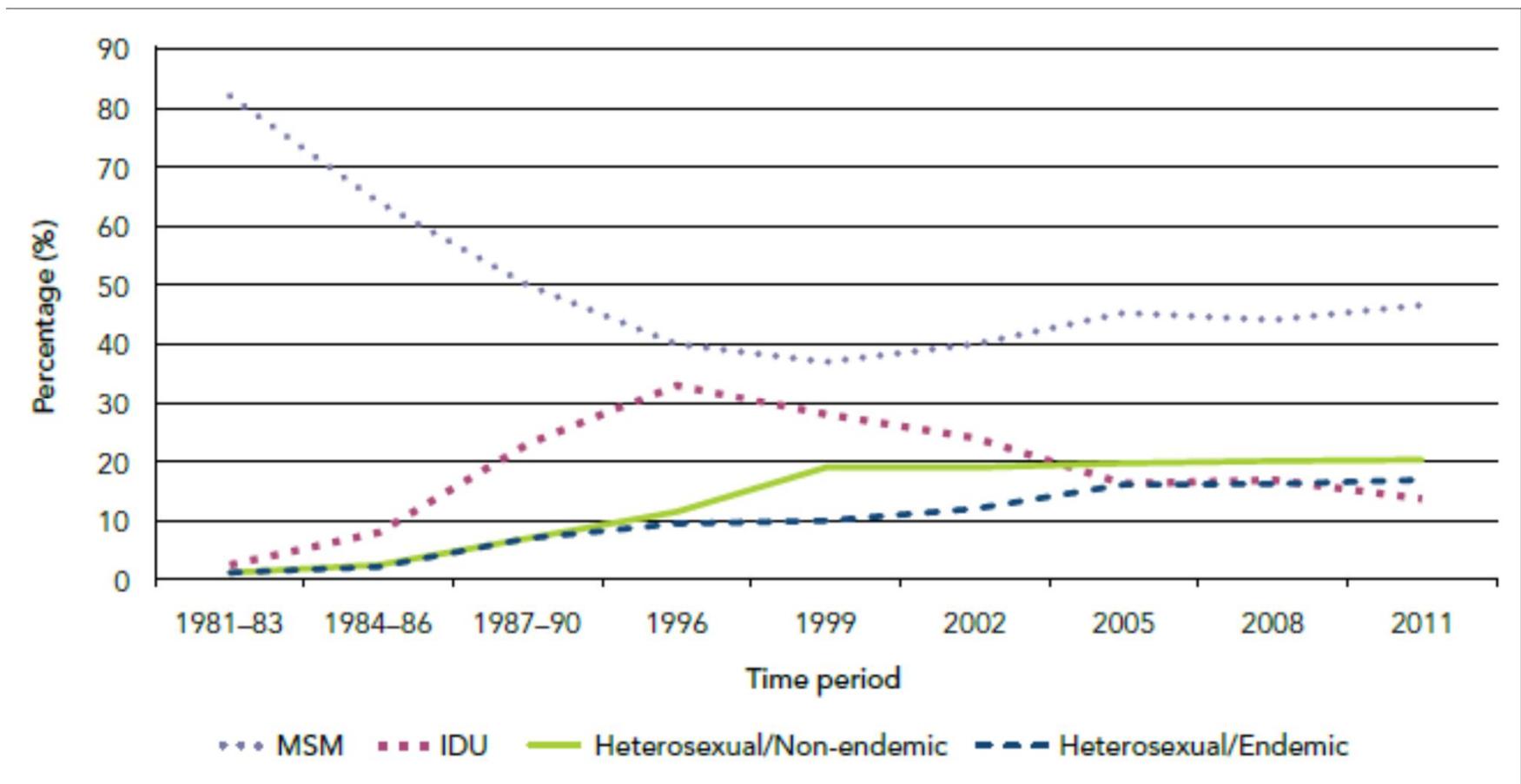
Mark Hull MHS<sub>c</sub> FRCPC  
Clinical Associate Professor  
Division of AIDS  
University of British Columbia

# Objectives

- 1. Overview of biomedical prevention strategies
  - Defining NPEP and PrEP
- 2. How we assess people for NPEP
- 3. The BC CfE NPEP Pilot
  - Moving forward with the Targeted PrEP program

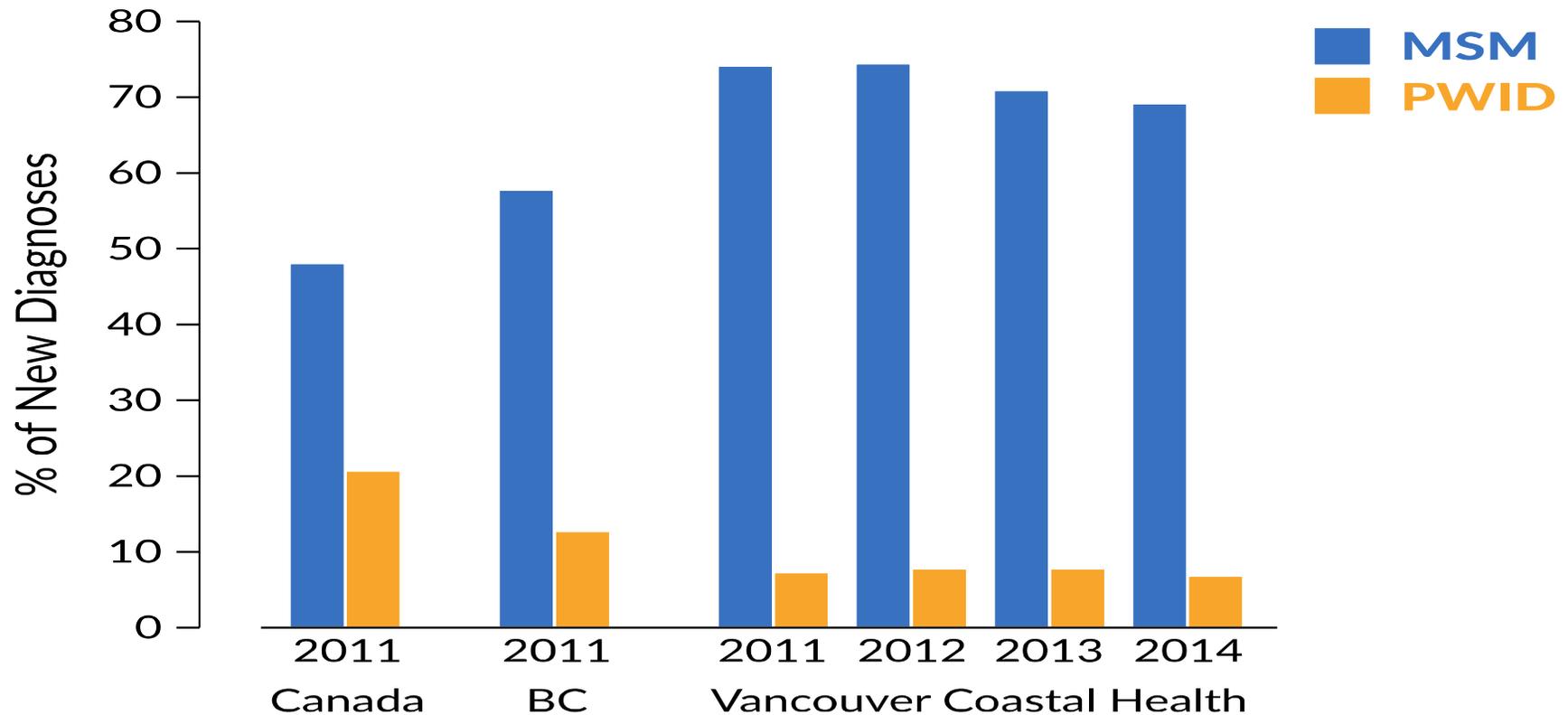
# gbMSM remain a priority group in Canada

HIV new diagnoses by risk category, Canada.

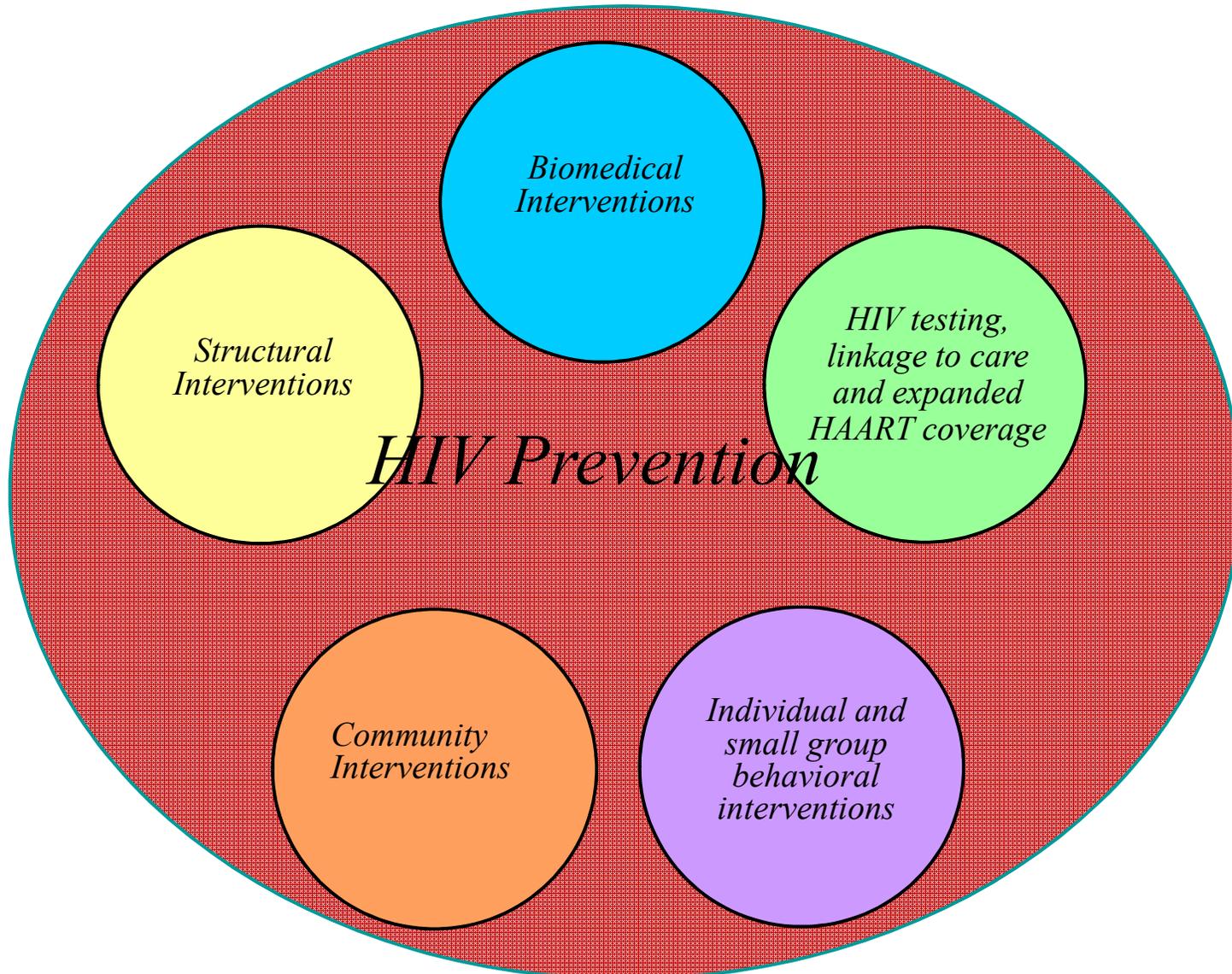


# gbMSM are now highest risk group within Vancouver

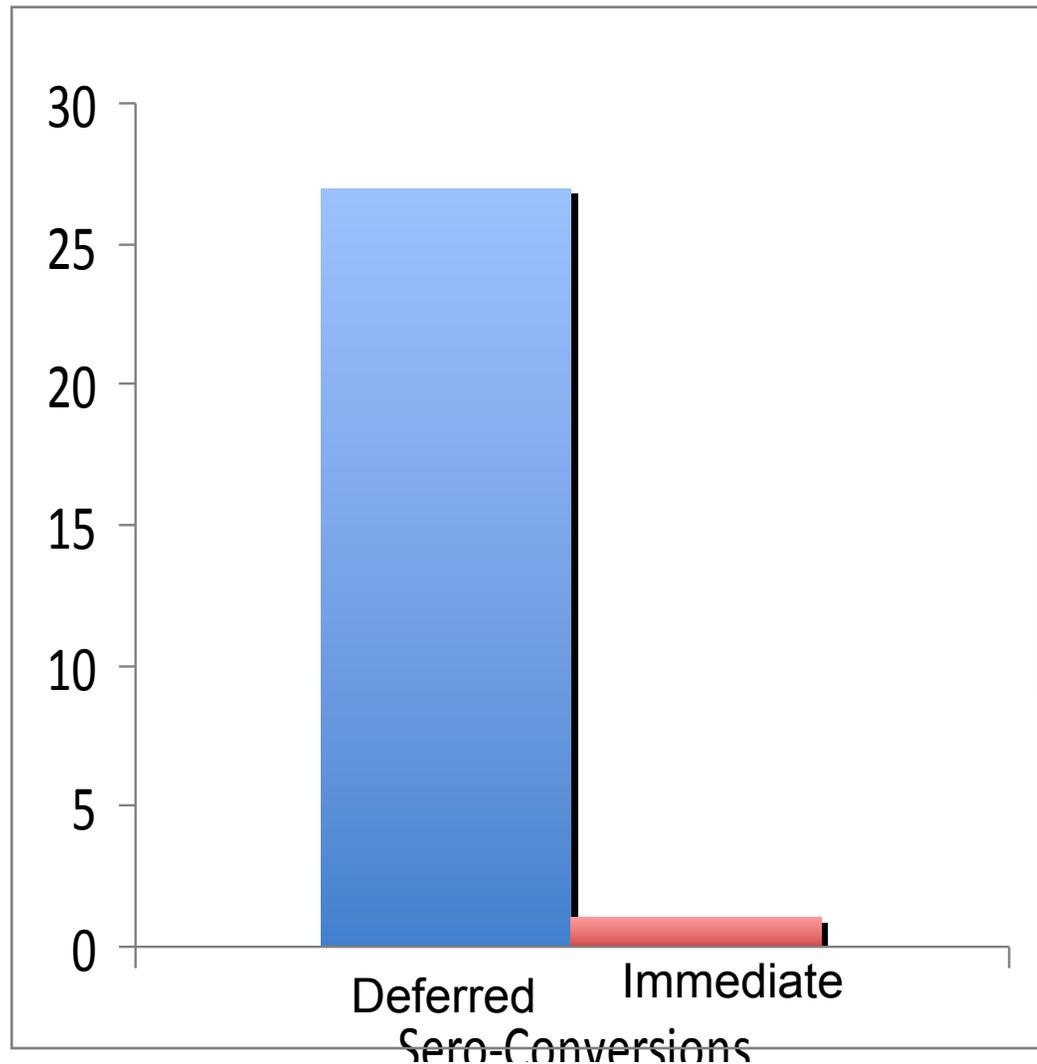
**Proportion of each exposure category in all new HIV diagnoses in select regions, 2011–2014**



# Combination Prevention Strategies for HIV



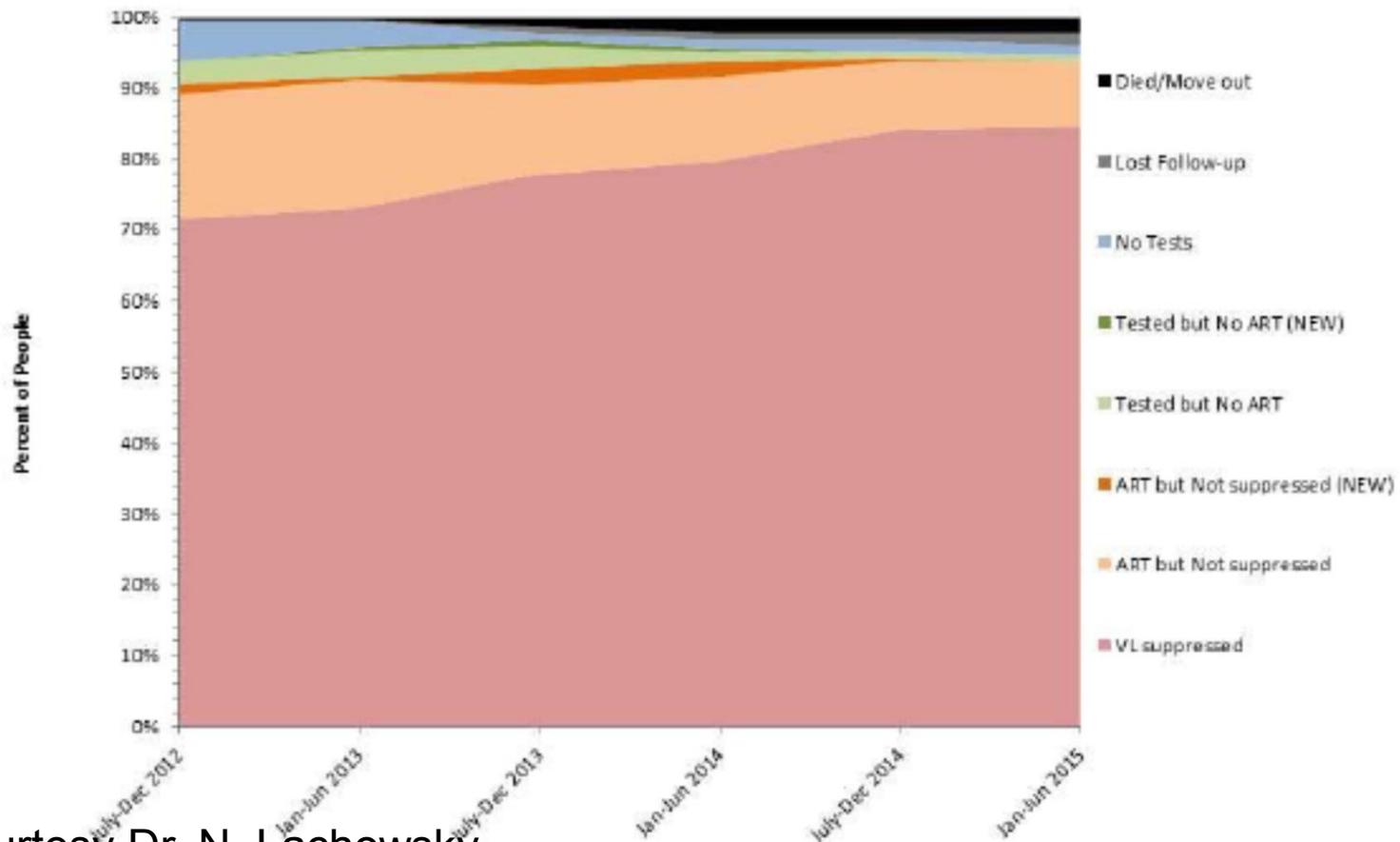
# ART reduces transmission of HIV



HR = 96.3% reduction in transmission. No difference seen if index patient male or female

# Treatment as Prevention Vancouver - Reaching Our Targets

Cascade of care for HIV positive MSM in Vancouver, Canada: 2012 - 2015



Slide courtesy Dr. N. Lachowsky

# Biomedical interventions for Prevention

- NPEP
  - Provision of standard combination antiretroviral therapy to prevent HIV transmission AFTER a consensual high risk exposure (sexual, needle-sharing)
- PrEP
  - Provision of antiretroviral agents (emtricitabine/tenofovir) to prevent HIV infection PRIOR to high risk exposure (sexual, ? needle sharing)

# Antiretrovirals – Rationale for Use in Prevention

- 1. Animal studies
  - 89% reduction in risk of infection Irvine, C. CID 2015;60 (S3): S165.
- 2. Prevention of Mother to Child Transmission
  - <2% transmission in HAART era in BC.
- 3. Occupational PEP

# NPEP – How do we assess risk?

- Risk of Transmission = possibility that the source person is HIV positive

x

the risk of type of exposure

# NPEP assessment

What do we know about the source?

- Known HIV + (undetectable or not?)

OR

- Group at risk for elevated rate of HIV
  - Men who have sex with men
  - Injection Drug Use

# What was the type of exposure?

Exposure type	Risk (assuming source HIV+)
Non-Occupational Needle stick injury	1/150
Receptive anal sex	1/70 – 1/200
Insertive anal sex	1/200 – 1/900
Vaginal sex (receptive)	1/1000
Vaginal sex (insertive)	1/2000

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# NPEP - Assessment

<b>Exposure:</b>	<b>Source:</b>	<b>Action:</b>
Condomless anal sex	HIV+ with unknown viral load	Initiate NPEP Starter kit
Needle sharing	Or Unknown HIV status but higher prevalence group	→ assessment for full 28d course
Vaginal intercourse		

# NPEP - Assessment

## Timing

- Individuals must present within **72 hours to be eligible**
  - Viral life cycle can be interrupted
  - animal model data : zero infections if 28 day PEP started within 24hrs Tsai, J Virol 1998;72:4265.

# NPEP – Starter Kit

- Initial starter kit currently consists of 7 days:
- Lamivudine (3TC) 150mg BID
- Tenofovir 300mg daily
- Lopinavir/ritonavir 2 tablets BID
- If high risk exposure full 28 day course recommended

# Baseline Lab tests

- HIV testing
- Baseline liver/kidney tests
- Hepatitis tests and STI screens recommended

# NPEP - Follow-up

- Monitoring on therapy:
- Laboratory work at week 2 and 4:
  - Liver and kidney tests
- Monitoring post therapy:
- HIV testing at 2-4 weeks, and 3 months post therapy

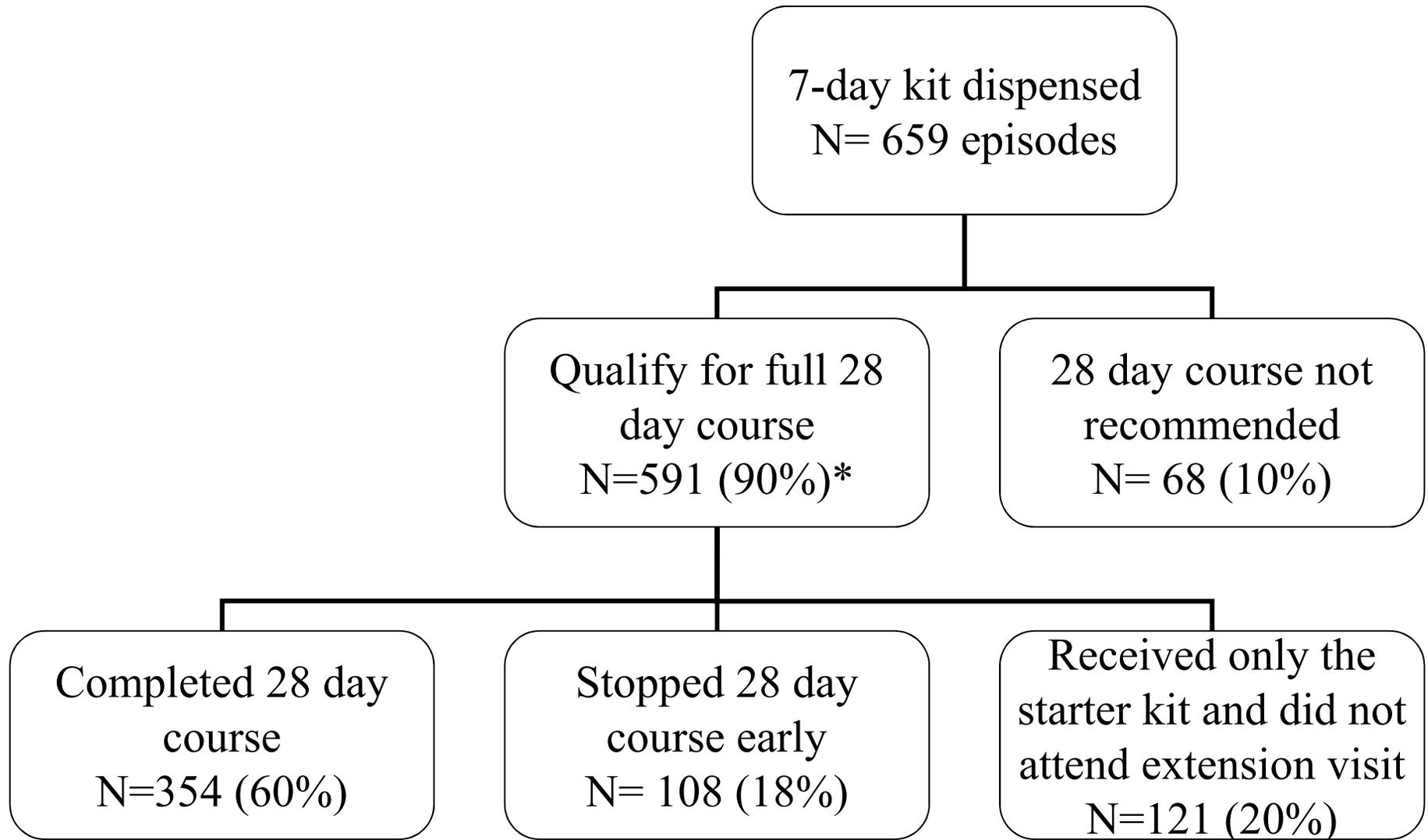
# BC CfE NPEP Pilot

- Developed in conjunction with PHC, BCCDC, VCH community sites and Health Initiative for Men (HiM):
- Sites for starter kit included:
- SPH Emergency Room and SPH IDC
- Spectrum Health
- Bute and HiM clinics
- BCCDC West 12<sup>th</sup> STI clinic
- Downtown Community Health Clinic

# NPEP Pilot

- Evaluation Period July 2012 – December 2014
- Process:
  - Starter kit given
  - Followup with nurse at St Paul's IDC
  - Assessment for continuation
  - Referral to physician if side effects/drug interactions
  - Follow-up and Labs week 2, 4, 6 (HIV test)

# Overall Outcomes



# Where did people access NPEP?

SPH Emergency	43%
Bute/HiM	37%
Spectrum	5%
SPH IDC	8%
DCHC	3%

# Summary

Male	91%
Median Age (years)	32 years
<b>Exposure type:</b>	
Condomless Anal Sex	79%
Needle sharing	8%
<b>Risk group:</b>	
Known HIV	35%
MSM	81%
<b>Time to start after exposure:</b>	23 hours

# Side effects

- Common side effects amongst those with IDC follow-up:
- Nausea 43%
- Diarrhea 53%
- Fatigue 47%
- 15% had physician visit to evaluate

# Comparison to other programs

- Review of the Boston NPEP program 2010-11
- 180 ED starts
  - Drop-off rate of > 40% to first visit
  - Only 23% completed full program Bogoch, I. CID 2014;58:1618.
- Review of NPEP in Toronto
  - found of 241 individuals completion rates for HIV testing 39%. Chan, A. Int J STI AIDS 2013;24:393

# State of NPEP in BC now

- Review of current regimen - ? Change to more tolerable regimen
- Follow-up at Bute/HiM community sites
- PEP available at all BC emergency rooms
  - CfE can be contacted to discuss use for NPEP if appropriate exposure has occurred

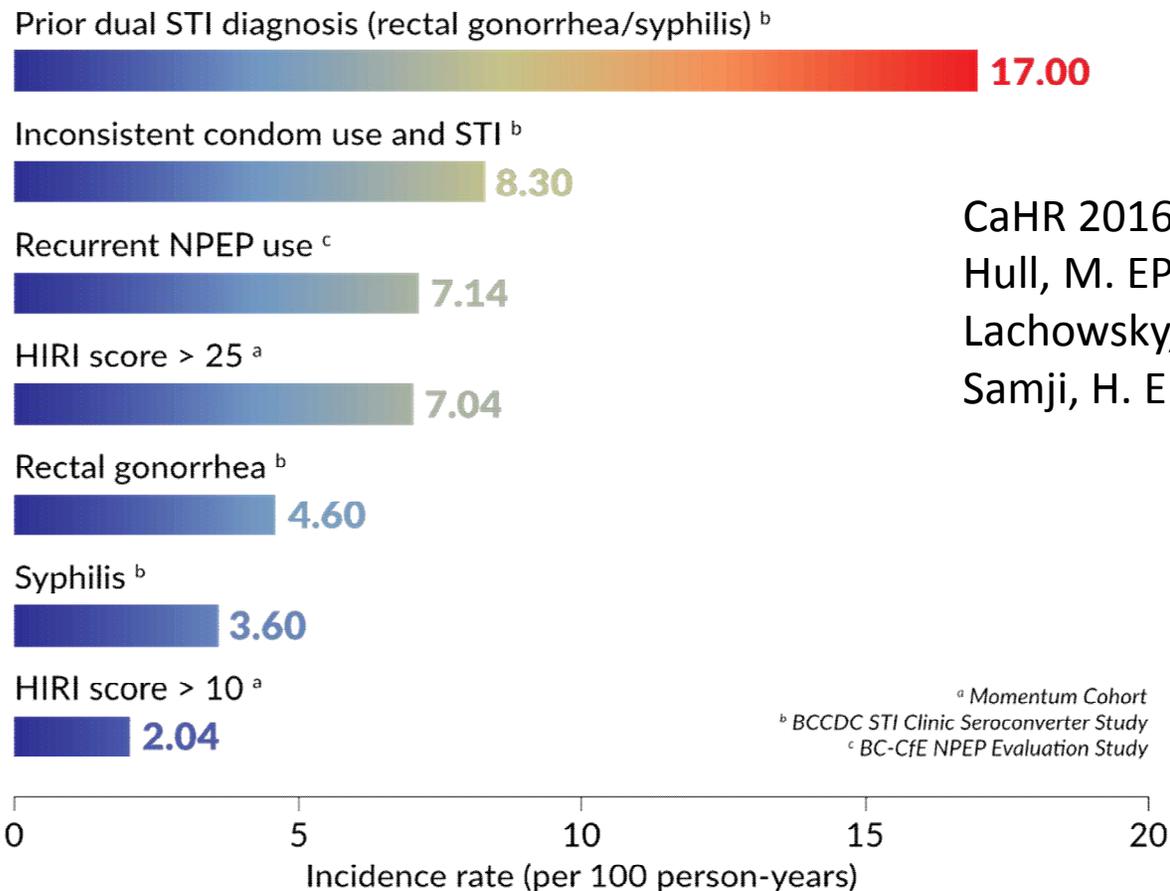
# PrEP in BC – the Public Health Officer/BC CfE Targeted PrEP Initiative

# PrEP – How can the health system target PrEP to those at highest risk?

- How can the health system try and target PrEP to gbMSM at highest risk for HIV?
  - Clinical Scoring Systems (HIRI-MSM)
  - Evidence of other STI's
  - Use of NPEP
  - ? Sexual networks of new cases

# Identifying those at highest risk in BC

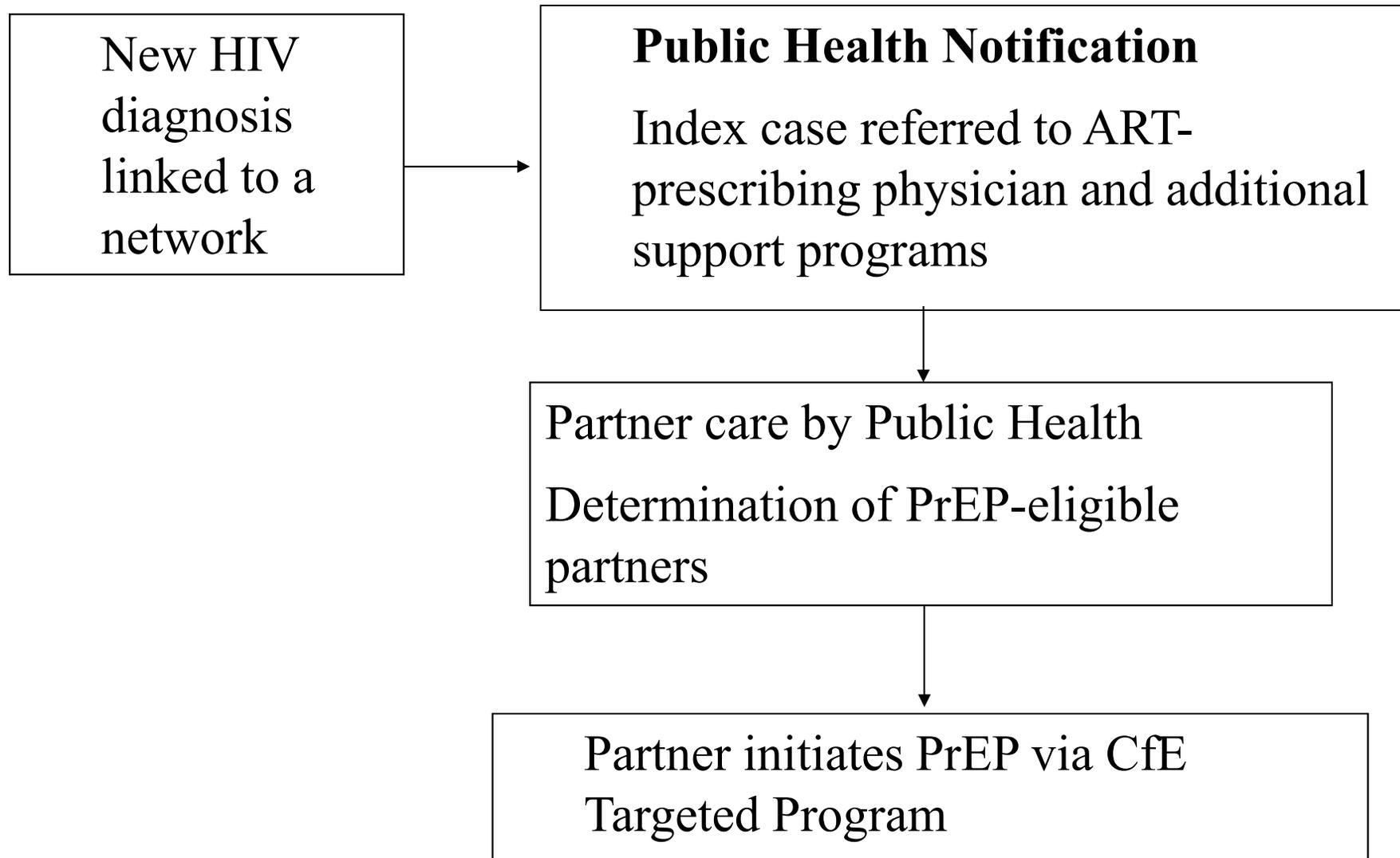
## HIV Incidence



CaHR 2016:  
Hull, M. EPH 1.2  
Lachowsky, N. EPHP 5.04  
Samji, H. EPHP 2.02

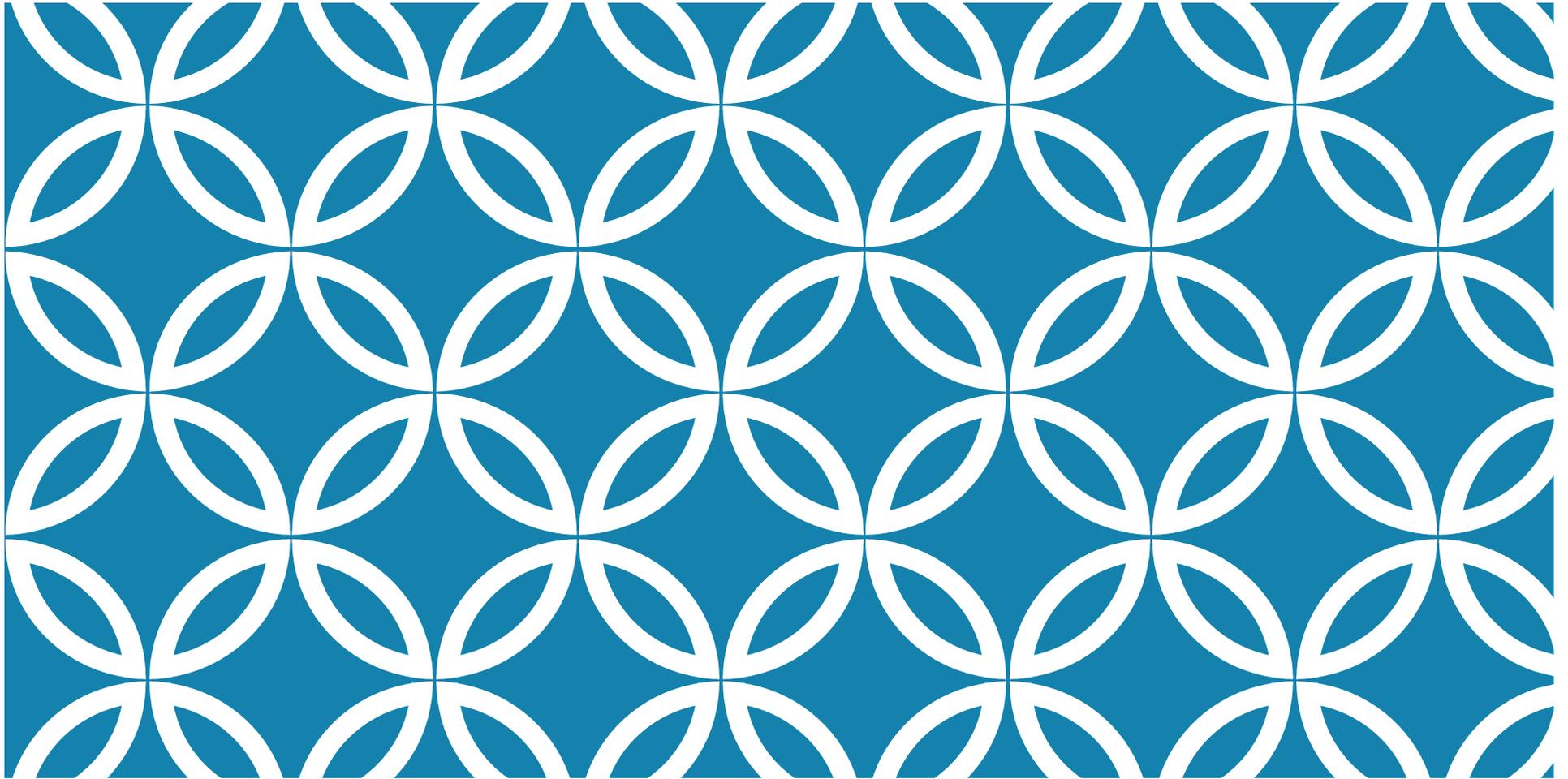
<sup>a</sup> Momentum Cohort  
<sup>b</sup> BCCDC STI Clinic Seroconverter Study  
<sup>c</sup> BC-CfE NPEP Evaluation Study

# BC Public Health Officer/BC CfE Targeted PrEP Initiative



# Conclusions

- Overall TasP success has reduced HIV infections in BC and Canada.
- MSM constitute a key population in the ongoing epidemic
- Biomedical prevention strategies are an important tool for setting the stage for HIV elimination



**Getting PrEP'd:  
Challenges Facing the HIV  
Prevention Revolution**

**Joshua Edward  
HIM**

## BACKGROUND

Health Initiative for Men is a private non-profit devoted to strengthening the health and well-being of gay, bi, and other men who have sex with men; including both trans and cis men (though nobody is turned away for testing services). All services are free and anonymous.

Five gbOMSM health care centres throughout Metro Vancouver.

Work across four domains of health: sexual, physical, mental / emotional, social.

## GETPREPED.CA

Worked with community-based expert reference committee to identify assets, needs, resources and barriers related to PrEP for gbOMSM in our community.

Inspiration & Priorities:

- 1) Advocating for and increasing access to AVAILABLE PATHWAYS for PrEP in our community in conjunction with raising awareness.
- 2) Movement away from risk-based language and “right” and “wrong” candidates for PrEP
- 3) Ms. Pacman Gobbling Truvada



## KEY CAMPAIGN MESSAGES

Education

Evidence-based messaging

Self-efficacy and empowerment

Access pathways, including generics

Additional HIV and STI prevention resources

**ACTION AND ADVOCACY**



# CAMPAIGN MATERIALS

Website

Condom boxes

Posters

Beer coasters

MODELS

# GETPrEPED



PrEP works, so why isn't it more available for men at risk for HIV?

TAKE ACTION



<http://www.getpreped.ca>

# THE GREAT CANADIAN PREP PATCHWORK

Publicly funded: Québec, First Nations & Inuit Health Branch

Semi-publicly funded: Ontario (Trilium; public and private research)

Very limited public funding: British Columbia (public and private research)

No public funding: Territories; Alberta, Saskatchewan, Manitoba, Maritimes, Newfoundland and Labrador (excepting those eligible for FNIHB)

# ACCESS PATHWAYS: MORE PATCHES

“Only” requires a prescription; but obtaining a prescription may mean disclosing intensely personal sexual information (i.e. condom use, group sex events) and more or less necessitates being “out” to the provider

Well-meaning but uninformed care providers: may not be aware of clinical guidelines (example, recommending on-demand PrEP to trans men)

Once all preparatory steps are completed, more barriers may present themselves: complex and time-consuming insurance navigation; pharmacies may not stock Truvada; generic importation registration, payment, shipping, and pickup can all present delays and difficulty in accessing PrEP even with a prescription

Helpful hint: navigate the process yourself in your area, and take notes!

# GETPREPED.CA: FROM OUTREACH TO OUTRAGE

Despite our own campaign's best efforts, PrEP access in BC and most of Canada still remains out of reach for many gbO MSM, including those at highest-risk for HIV infection

Community questions and concerns over province paying for HIV treatment: perceived lack of investment in PrEP as prevention

Individuals in our province and throughout our country are contracting HIV while trying unsuccessfully to access PrEP, despite all of our combined best efforts

# GENERIC IMPORTATION: CBSA

Health Canada considers a personal importation as an importation by an individual for their own use or for the use of a person under their care or guardianship and which does not meet the definition of a commercial importation as set out in paragraph 16 of this memorandum.

22. Under C.01.045 of the *Food and Drug Regulations*, importation of prescription drugs is restricted to practitioners, drug manufacturers, wholesale druggists or registered pharmacists, or a resident of a foreign country while a visitor in Canada. **Note** that drugs imported by practitioners for treating patients are not considered to be personal importations but rather commercial importation for sale.

## *Canadian Residents*

23. Health Canada may exercise enforcement discretion to permit a Canadian returning from abroad to bring with them, on their person, a single course of treatment or a 90-day supply based on the directions for use, whichever is less, of a prescription drug. This discretion is generally reserved for Canadian residents returning to Canada with prescription drugs which were dispensed for a treatment prior to leaving Canada, or drugs obtained through a filled prescription to treat an illness while abroad.

24. Prescription drugs imported in this fashion must be for the individual's personal use or the use of a person for whom they are responsible and with whom they are travelling. Additionally, all personal importations of prescription drugs must be packaged in the hospital, pharmacy dispensing or retail packaging, or have the original label affixed to it clearly indicating what the product is and what it contains.

25. The CBSA may detain and refer prescription drugs to Health Canada when these conditions are not met.

26. Canadian residents may not import prescription drugs by mail or courier.

## *Non-Residents of Canada*

27. Visitors to Canada and non-residents arriving from abroad are permitted to import a single course of treatment or a 90-day supply of a prescription drug hand-carried for their personal use or the use of a person under their care and with whom they are travelling.

28. Visitors and non-residents are allowed to import a single course of treatment or a 90 day supply of a prescription drug by mail or courier.

29. All personal importations of prescription drugs must be packaged in the hospital, pharmacy dispensing or retail packaging, or have the original label affixed to it clearly indicating what the product is and what it contains.

30. The CBSA may detain and refer prescription drugs to Health Canada when these conditions are not met.

# IMPORTATION: HEALTH CANADA GUIDANCE

## **Canadian Resident:**

Importations of prescription drugs by Canadian residents are not permitted by mail or courier.

So as not to interrupt a course of treatment, Health Canada may use enforcement discretion to permit a Canadian returning from abroad to bring with them on their person a single course of treatment or a 90-day supply based on the directions for use, whichever is less, of a prescription drug.

The drug must be for the individual's own personal use or the use of a person for whom they are responsible and with whom they are travelling.

The drug must be in one of the following:

- Hospital or pharmacy dispensed packaging;
- Original retail packaging; or
- have the original label affixed to it which clearly indicates what the health product is and what it contains.

## **How to Access PrEP Without Insurance in Vancouver (for \$75 CAD Per Month)**



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### **DAVIE BUYERS CLUB**

A step-by-step guide for people in Vancouver, BC, (and other Canadian cities) who do not have insurance coverage for PrEP to import an FDA-approved generic version from a foreign pharmacy for approximately \$75 CAD per month

*Disclosures: the author is not affiliated with the websites, organizations, pharmacies or medication described in this tutorial. The author has no financial interest in people obtaining PrEP by these or any other means. The author is a concerned citizen who feels that people who could safely benefit from PrEP, under supervision of their doctor or nurse practitioner, should be able to access it at a reasonable cost.*

# CASE STUDY: LONDON

**Massive drop in London HIV rates may be due to internet drugs**



Thousands of Londoners are buying PrEP from foreign websites  
Tom Craig/Getty

# CASE STUDY: LONDON

Three London clinics reported 40% drop in new HIV diagnoses

One London clinic reported 50% drop in new HIV diagnoses

“We need to be very cautious at this stage, but I can’t see what else it can be,” says Will Nutland at the London School of Hygiene and Tropical Medicine, who has set up PrEPster, a website that gives people information on how to give themselves PrEP. “Something extraordinary has happened in the last 12 months because of a bunch of DIY activists working off our kitchen tables.”

56 Dean Street TDM pilot project: no issues found with generics

Cipla: Approved to supply PrEP in India in 2016

## OUR CONCERNS WITH PREP:

Why are countries in the global south bearing the burden of supplying HIV prevention drugs to far wealthier countries in the global north?

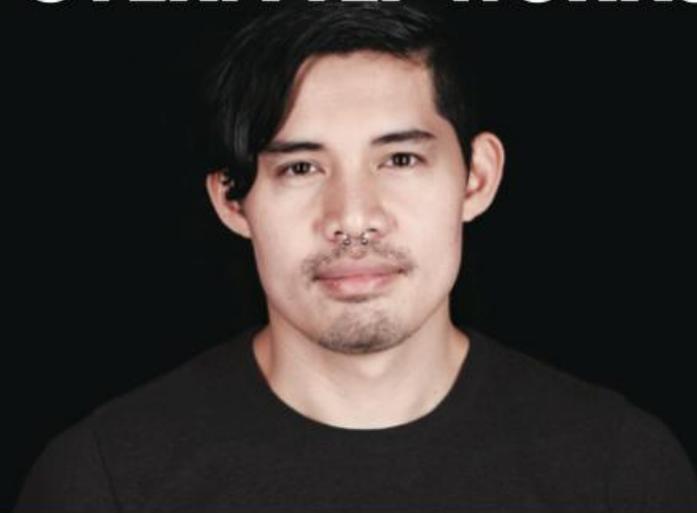
No Canadian generic manufacturer interested (yet)

Will take multiple manufacturers to achieve competitive pricing

CDEC: Gilead must reduce price: if not may not clear pCPA process; if so, may not be low enough to significantly increase access

THE REALITY IS...

**THE TIME FOR DEBATE  
IS OVER. PrEP WORKS.**



**GETPrEPED.ca**

**HiM** HEALTH  
INITIATIVE  
FOR MEN  
[www.checkimout.ca](http://www.checkimout.ca)



First Nations Health Authority  
Health through wellness

# First Nations Health Benefits & Access to Truvada

March 27, 2017

49



## Presentation Overview

- Brief overview of FNHA
- FNHA Health Benefits Program
- Eligibility & Access
- Truvada Coverage & Usage





## Our Common Foundation

### Our Vision

Healthy, self-determining and vibrant, BC First Nations children, families and communities

### Our Values

Respect, Discipline, Relationships, Culture, Excellence & Fairness

### Our Directives

1. Community Driven, Nation Based
2. Increase First Nations Decision-Making & Control
3. Improve Services
4. Foster Meaningful Collaboration and Partnerships
5. Develop Human and Economic Capacity
6. Be without Prejudice to First Nations Interests
7. Function at a High Operational Standard



## Responsibilities of the FNHA

The FNHA plans, designs, manages and funds the delivery of health programs and services to First Nations in BC to improve health and well-being.





## Responsibilities of the FNHA

FNHA's community-based services are largely focused on health promotion and disease prevention, such as:

- Primary Care Services
- Mental Health & Addictions Programs
- Health Infrastructure
- Environmental Health & Research
- **FNHA Health Benefits Program**





## FNHA Health Benefits Program

The FNHA Health Benefits program provides a specific number of health-related goods and services to meet medical or dental needs that are not covered by provincial or other third party health insurance programs.





## The FNHA Health Benefits Program

The program provides:

- MSP - BC Medical Service Plan (CareCard)
- Pharmacy
- Medical Supplies & Equipment (MS&E)
- Dental
- Vision Care
- Medical Transportation
- Mental Health – Short Term Crisis Intervention
- Indian Residential School Resolution Health Support Program





## Eligibility

The FNHA Health Benefits plan provides a specific range of health-related goods and services to any First Nations person that:

- Has a Canadian status number
- Is a resident of British Columbia (as defined by BC's Medical Service Plan)
- Is eligible for BC's Medical Service Plan
- Is not covered under any other benefits provided by the federal government or First Nations organization through self-government or land claims agreements
- First Nations persons unsure of their coverage may contact the FNHA Health Benefits office at 1-800-317-7878 to confirm eligibility



## Pharmacy



The FNHA Health Benefits Program covers the cost of specific drugs for clients including:

- Prescription drugs
- Over-the-counter drugs
- Compounds - drug mixtures prepared by pharmacists are referred to as “extemporaneous mixtures” on the Drug Benefit List



# Truvada

Emtricitabine 200mg + Tenofovir-Disoproxil 300mg Tablet

Officially Approved Indication in Canada:

- HIV infection (Adults) 1 tablet daily
- HIV infection prevention (Adults) 1 tablet daily (pre-exposure)

First Nations Health Benefits provides full coverage for Truvada

Health Benefit Drug Claims:

- Since April 1, 2015 to present (March 1, 2017), there has been a total of 23 FNHA clients who have accessed Truvada
- Approximately 43% of claimants (10 clients) received supplies outside of BC





## Resources

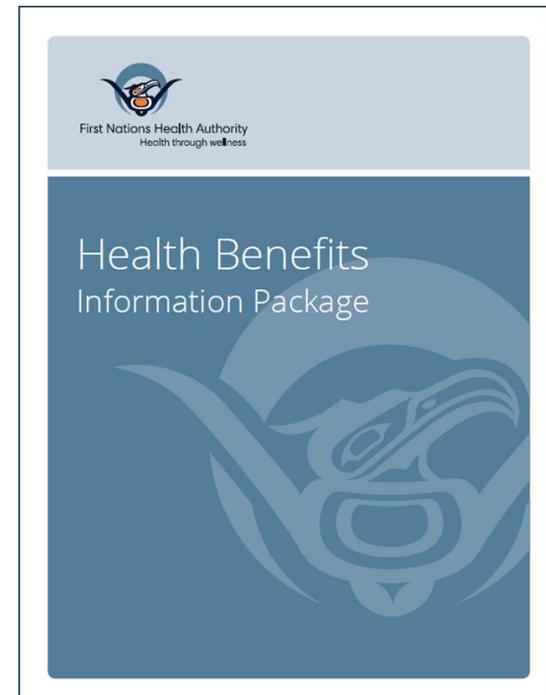
The Health Benefits Information Package can be downloaded at:

[http://www.fnha.ca/Documents/FNHA\\_HealthBenefits\\_InfoPackage.pdf](http://www.fnha.ca/Documents/FNHA_HealthBenefits_InfoPackage.pdf)

All drugs approved for coverage by FNHA are listed on the Drug Benefit List.

This list is available at:

<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/pharma-prod/med-list/index-eng.php>



# Thank you, questions?





**Please evaluate this webinar.**

**Thank you!**

