Pre-exposure prophylaxis (PrEP) is a strategy in which an HIV-uninfected person takes an HIV medication daily to prevent HIV infection. The purpose of this survey is to learn about Washington providers’ current familiarity with and use of PrEP as well as potential interest in education and support for prescribing PrEP.

Thank you for your time.

Do you regularly see any HIV-negative patients who are over 14 years old for any of the following: primary or longitudinal care, walk-in or emergency care, STD or family planning, or obstetric or gynecologic care?

☐ Yes
☐ No

Do you see any of the following categories of patients? (Check all that apply.)

☐ Men who have sex with men
☐ Transgender women (male-to-female) or men (female-to-male)
☐ Injection drug users
☐ HIV-uninfected men or women with an HIV-positive partner
☐ None of the above

Have you heard of PrEP before today?

☐ Yes
☐ No

What are your top 3 concerns about the use of PrEP as part of HIV prevention approaches? (Please check up to 3 items.)

☐ Effectiveness of PrEP
☐ Not certain who PrEP is right for
☐ Staff time involved
☐ Cost to patients
☐ Unreimbursed costs to our clinic
☐ Adherence challenges
☐ Drug resistance
☐ Risk compensation (i.e., decreased condom use)
☐ Toxicity because of Truvada
☐ Toxicity because of comorbidities or other medications
☐ Medication diversion (i.e., selling/sharing meds)
☐ No concerns
☐ Other

Other (please explain):

________________________________________

Have you ever discussed PrEP with any of your patients? (Whether or not you ended up prescribing it.)

☐ Yes
☐ No

With approximately how many patients?

_______________________________________

Please indicate below the percentage of these discussions that were initiated by you or by your patient by placing the slider at the approximate percentage of discussions initiated by you, and the remainder will be considered as initiated by your patient.

You

50%

Patient

(Place a mark on the scale above)
In approximately what percentage of these discussions did your patient ultimately not start PrEP?

- 0%
- 50%
- 100%

(Place a mark on the scale above)

What were the reasons your patient(s) did not start PrEP? (Check all that apply.)

- Perceived low risk
- Ineligible because tested HIV-positive
- Ineligible because of renal insufficiency
- Concern about side effects
- Cost/insurance issues
- Elected to seek PrEP from another provider
- Other

Other (please explain):

Which specific patient characteristics would prompt you to initiate a conversation about PrEP? (Check all that apply.)

- MSM with history of condomless sex
- Man or woman with HIV-positive partner on ARV therapy
- Man or woman with HIV-positive partner not on ARV therapy
- MSM with recent bacterial STI
- Heterosexual man or woman with recent bacterial STI
- Commercial sex worker
- Serodiscordant couple interested in conception
- Active injection drug user
- Post-exposure prophylaxis (PEP) use
- None. I would never initiate a conversation about PrEP.
- Other

Other (please explain):

If one of your patients were interested in PrEP as part of their HIV prevention approach, how comfortable would you be in discussing and providing PrEP?

- Very comfortable
- Somewhat comfortable
- Somewhat uncomfortable
- Very uncomfortable

How comfortable do you feel talking with your patients about the following topics? (Check all that apply.)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Very comfortable</th>
<th>Somewhat comfortable</th>
<th>Somewhat uncomfortable</th>
<th>Very uncomfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>PrEP candidacy</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Efficacy of PrEP</td>
<td>○</td>
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<td>Costs/insurance</td>
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<td>Risks/side effects</td>
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<td>Adherence</td>
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<td>Drug resistance</td>
<td>○</td>
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<tr>
<td>Condoms/safe sex</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
HIV transmission risk

Monitoring on PrEP

Have you prescribed PrEP for any of your patients?  
☐ Yes  ☐ No

For approximately how many of your patients?  
__________________________________

Have you experienced prior authorization required by insurance as an obstacle to PrEP coverage?  
☐ Yes  ☐ No

If yes, which insurance companies?

Have you experienced denial of coverage by insurance as an obstacle to PrEP coverage?  
☐ Yes  ☐ No

If yes, which insurance companies?

Have you experienced denial of coverage by patient assistance program as an obstacle to PrEP coverage?  
☐ Yes  ☐ No

If yes, which assistance programs?

Have any of your PrEP patients been diagnosed with HIV?  
☐ Yes  ☐ No

Were they:

☐ HIV+ before starting PrEP  ☐ Unable to adhere to daily dosing  
☐ Experienced periods of starting and stopping PrEP  ☐ Possible PrEP failure

What resources have you accessed for PrEP education and prescribing? (Check all that apply.) Please note that each of these responses is hyperlinked to the associated resource, if you would like to access them for additional information.

☐ CDC Clinical Guidelines  ☐ PrEP DAP  
☐ Gilead Co-Pay Assistance Program  ☐ Gilead Truvada Medication Assistance Program  
☐ Patient Access Network  ☐ Patient Advocate Foundation Co-Pay Relief Program  
☐ PrEP FACTS  ☐ Other(s)

Other (please explain):  
________________________________________
If print materials were available, which topics would you find most useful for your continuing education on PrEP and/or prescribing? (Check all that apply.)

- Overview of PrEP efficacy
- Assessing candidates for PrEP and baseline evaluation
- Review of guidelines for prescribing PrEP
- Insurance/financial resources
- Adherence monitoring and support
- HIV testing and other lab monitoring for PrEP patients
- PrEP safety and drug resistance
- PEP to PrEP transition
- Protocols/visit checklists for PrEP visits
- Template notes for PrEP visits
- Other
- None

Other (please explain):

If an online tool were available to review PrEP data and prescribing guidelines and provide additional PrEP education and resources, how likely would you be to use it?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely

If there were a webinar series (~3-5 sessions) on prescribing PrEP in outpatient settings, how likely would you be to view the series?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely

If there were an interactive videoconference series on prescribing PrEP (~5-10 one-hour, noon-time sessions over ~6-12 months) that you could participate in using your computer or phone with a camera, how likely would you be to attend?

Each videoconference would include a 15 minute lecture, case presentations, and opportunities for questions and discussion.

If a list of local medical providers who regularly prescribe PrEP was available to you, how likely would you be to refer your patients for PrEP?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- I would prescribe PrEP myself

I am a:

- Nurse Practitioner
- Physician's Assistant
- MD
- DO
Please select one of the items on the drop-down menu that best describes your principal work setting.

- Academic Health Center
- Community Health Center
- Family Planning Clinic
- HIV Clinic
- HMO/Managed Care Organization
- Hospital-based Clinic
- Inpatient hospital setting
- Emergency room/urgent care clinic
- Indian Health Services/Tribal Clinic
- Infectious Disease Clinic
- Long-term Nursing Facility
- Maternal/child health clinic
- Mental/behavioral health clinic
- Rural Health Clinic
- STD Clinic
- Substance Abuse Treatment Center
- College/University Health Clinic
- Community based organization
- Correctional Facility
- Military/VA system
- Private Practice
- State/Local Health Department
- Other primary care
- Non-health setting

Other (please explain):
__________________________________________
What board or other certification(s) do you maintain? (Check all that apply.)

- Allergy and Immunology
- Anesthesiology
- Colon and Rectal Surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- HIV/AIDS Certification
- Internal Medicine
- Infectious Diseases
- Medical Genetics and Genomics
- Neurological Surgery
- Neurology
- Nuclear Medicine
- Obstetrics and Gynecology
- Maternal and Fetal Medicine
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Adolescent Medicine
- Pediatric Infectious Diseases
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Preventative Medicine
- Psychiatry
- Radiology
- Surgery
- Thoracic Surgery
- Urology
- Other
- None

Other (please explain):
__________________________________________

What is your gender?

- Male
- Female
- Transgender male
- Transgender female
- Other/Choose not to answer

What is your age?

- 29 years old or younger
- 30 - 39 years old
- 40 - 49
- 50 - 59
- 60 years old or older

Please check the box that best describes your ethnicity.

- Latino/Hispanic origin
- Non-Latino/Hispanic origin

Please check the box (or boxes) that best describe your racial background.

- White
- Black/African-American
- Native American/Alaskan Native
- Asian
- Pacific Islander/Hawaiian Native
- Other

Other (please explain):
__________________________________________
What is the zip code of your primary practice location?

______________________________