

HIV Pre-Exposure Prophylaxis (PrEP): Clinician Notification Letter

Date: _____

Client name: _____ DOB: _____ PHN: _____

_____ has been identified as meeting eligibility criteria for publically funded HIV Pre-Exposure Prophylaxis (PrEP). HIV PrEP refers to the use of a single tablet combination therapy containing tenofovir disoproxil fumarate/emtricitabine (brand name Truvada®) by HIV-negative individuals to prevent infection in the event of a potential future exposure.

Eligibility has been assessed by a Registered Nurse, according to the Provincial PrEP Guidelines: <http://cfenet.ubc.ca/hiv-pre-exposure-prophylaxis-prep>

We are seeking your assistance in prescribing PrEP.

Included with this letter is:

- A partially completed 'PrEP Enrolment & Prescription Request Form'
 - Please complete all outstanding information prior to submission to the CfE.
 - Please note, a negative HIV test within 15 days preceding submission of this form is required.
- A table indicating testing recommendations during PrEP
 - Please note what tests, if any, were ordered by the attending RN
- A partially completed BC CfE PrEP Assessment Tool of the client

Medications are dispensed by the St. Paul's Hospital Ambulatory Pharmacy. Please call 1-800-547-3622 to coordinate delivery outside of the Greater Vancouver area. If client lives within the Vancouver area, medication pick up is done directly at St. Paul's Hospital Ambulatory Pharmacy. Please note that for all PrEP refills, the client will need to contact the St. Paul's Pharmacy directly to arrange for medication delivery/pickup after completion of the refill prescription by the health care provider.

If you have questions about PrEP eligibility or prescribing, please contact the BC Centre for Excellence in HIV/AIDS Drug Treatment Program at 604-806-8515. The following resources are also available:

- SmartSexResource (**toolkit and provider pages*)
- BCCfE Drug Treatment Program at: <http://cfenet.ubc.ca/drug-treatment-program>

Yours sincerely,

SUMMARY OF TESTING RECOMMENDATIONS DURING PrEP

Assay Type	Baseline	Test Ordered and Date**	After 1 st month then every 3 months	Every 6 months
HIV Serology‡ (4th Generation Ab/Ag Assay)	X	<input type="checkbox"/> Date: _____	X	
Hepatitis B Screen (Hepatitis B Surface Antigen, surface antibody, core antibody)*	X*	<input type="checkbox"/> Date: _____		
Hepatitis C Screen (Hepatitis C Antibody, if not known to be hepatitis C positive)	X	<input type="checkbox"/> Date: _____		X (for PWID and MSM)
Gonorrhea screen^ (urine NAAT test, throat and rectal swabs for gonorrhea depending on type of sexual activity reported)	X	<input type="checkbox"/> Date: _____	X (for MSM)	X
Chlamydia Screen ^ (Chlamydia urine NAAT test; throat and rectal swabs for chlamydia depending on type of sexual activity reported)	X	<input type="checkbox"/> Date: _____	X (for MSM)	X
Syphilis Screen^ (T. pallidum EIA)	X	<input type="checkbox"/> Date: _____	X (for MSM)	X
Creatinine and urinalysis or Urine albumin to creatinine ratio	X	<input type="checkbox"/> Date: _____	X	
Pregnancy test (for people of child-bearing potential)	X	<input type="checkbox"/> Date: _____	X	

*Hepatitis B Vaccine should be initiated in unvaccinated individuals who are anti-HBs Ab negative.

^ Individuals diagnosed with concurrent STI should be offered standard therapy following Canadian Guidelines

****TO OBTAIN TEST RESULTS, PLEASE CONTACT: _____**

Practitioner Alert

‡ If symptoms suggestive of acute HIV infection, and/or history of high-risk condomless sex are present in the previous 2 weeks, a nucleic acid amplification test (NAAT) for HIV RNA is recommended. This test can be arranged by contacting the medical microbiologist on call at BCCDC (tel: 604- 661-7033).

Defer PrEP initiation until acute HIV infection is ruled out.

BRITISH COLUMBIA HIV PRE-EXPOSURE PROPHYLAXIS BASELINE ASSESSMENT TOOL

Assessment Date: _____

Patient Demographics

Client Name: _____ PHN: _____
 Postal Code: _____ Contact Telephone Number: _____
 Date of Birth: _____ (YYYY-MM-DD) Age: _____
 Gender: Male Female Transgender Identifies as: _____

PrEP Access

Date of Referral (if applicable): _____ (YYYY-MM-DD)
 Referred from: Self-referred Other service/physician: _____
 PrEP coverage (check all that apply):
 Provincial PrEP Program
 Private Insurance - If yes, _____% covered
 Self-Funded
 Other: _____

Medical History

Check all that apply:
 Chronic Active Hepatitis B: _____
 Hepatitis C: _____
 Chronic Renal Impairment/CKD: _____
 Diabetes: _____
 Hypertension: _____
 Depression/Anxiety: _____
 Osteoporosis/Low Bone Mass: _____
 Other: _____
 Current Medications: _____
 Allergies: _____

Prior STI's Ever

Gonorrhea: Yes No Unknown If yes, Rectal Urethral Pharyngeal
 Chlamydia: Yes No Unknown If yes, Rectal Urethral Pharyngeal
 Syphilis: Yes No Unknown

HIV Risk

HIRI-MSM Risk Index Calculator (Score ≥ 10 Suggests HIV Incidence of 2% in Vancouver)		
Question	Response	Score
1	How old are you today?	If <18 years, score 0 If 18-28 years, score 8 If 29-40 years, score 5 If 41-48 years, score 2 If 49 years or more, score 0 _____
2	In the last 6 months, how many men have you had sex with?	If >10 male partners, score 7 If 6-10 male partners, score 4 If 0-5 male partners, score 0 _____
3	In the last 6 months, how many times did you have receptive anal sex (you were the bottom) with a man without a condom?	If 1 or more times, score 10 If 0 times, score 0 _____
4	In the last 6 months, how many of your male sex partners were HIV-positive?	If >1 positive partners, score 8 If 1 positive partner, score 4 If 0 positive partner, score 0 _____
5	In the last 6 months, how many times did you have insertive anal sex (you were the top) without a condom with a man who was HIV-positive?	If 5 or more times, score 6 If <5 times, score 0 _____
6	In the last 6 months, have you used methamphetamines such as crystal or speed?	If yes, score 6 If no, score 0 _____
Add down entries in right to calculate total score:		_____
		Total Score

HIV Risk (continued)

Check all that apply:

- MSM
 - HIRI \geq 10
 - Prior recurrent NPEP use
 - Prior rectal bacterial STI/Syphilis diagnosis
- Known HIV+ Partner where viral load not < 200 copies/mL
- Injection Drug Use and known HIV+ Partner where viral load not < 200 copies/mL
- Other: _____

Condom Use (% of use for anal/vaginal sex):

- | | | | | | | |
|-----------------------|----------------------------|--------------------------------|--------------------------------|------------------------------|---|----------------------------------|
| With Main Partner: | <input type="checkbox"/> 0 | <input type="checkbox"/> 10-50 | <input type="checkbox"/> 50-80 | <input type="checkbox"/> >80 | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Unknown |
| With Casual Partners: | <input type="checkbox"/> 0 | <input type="checkbox"/> 10-50 | <input type="checkbox"/> 50-80 | <input type="checkbox"/> >80 | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Unknown |
| For Men: | | | | | | |
| As Insertive Partner: | <input type="checkbox"/> 0 | <input type="checkbox"/> 10-50 | <input type="checkbox"/> 50-80 | <input type="checkbox"/> >80 | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Unknown |
| As Receptive Partner: | <input type="checkbox"/> 0 | <input type="checkbox"/> 10-50 | <input type="checkbox"/> 50-80 | <input type="checkbox"/> >80 | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Unknown |

Substance Use in Last 6 Months

- | | | | | | | | |
|--------------------------|------------------------------|-----------------------------|----------------------------------|-----------|------------------------------|-----------------------------|----------------------------------|
| Problem Alcohol Use: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | GHB: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Crystal Methamphetamine: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | Ketamine: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Cocaine: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | Heroin: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Ecstasy: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | | | | |

Laboratory at Baseline

- Date: _____ (YYYY-MM-DD)
- Creatinine: _____ HCV Antibody: _____
- GFR: _____ HIV Ab/Ag EIA: _____ (NB Window Period 14 - 21 days)
- HB SAg+ Yes No Unknown T. pallidum EIA: _____
- HB SAb Titre > 10 Yes No Unknown RPR Titre: _____

Action

- PrEP Prescribed? Yes No If no, reason why not: _____
- PrEP Prescription Deferred: Yes
- If yes: HIV window period Awaiting baseline laboratory work Awaiting coverage Other
- Date PrEP Prescribed: _____ (YYYY-MM-DD)
- Daily PrEP Prescribed Other: _____
- Counseling: Condoms Adherence Side Effects/Renal Monitoring HIV/STI Required Monitoring
- Report Seroconversion Symptoms Vitamin D Weight-bearing Exercise
- Follow-up in 30 Days Arranged

Vaccines	Dose 1	Dose 2	Dose 3
Hepatitis A			
Hepatitis B			
HPV <input type="checkbox"/> Gardasil-9			