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

Date: _____

Client name:_____DOB:_____PHN: _____

_____has been identified as meeting eligibility criteria for publically funded HIV Pre-Exposure Prophylaxis (HIV PrEP). HIV PrEP refers to the use of a single tablet combination therapy containing Emtricitabine 200 mg/tenofovir DISPROXIL FUMARATE 300 mg (e.g. Truvada®) or Emtricitabine 200 mg/tenofovir ALAFENAMIDE 25 mg (e.g. Descovy®). The medication is taken 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: https://www.bccfe.ca/hiv-pre-exposure-prophylaxis-prep

We are seeking your assistance in prescribing HIV PrEP.

Included with this letter is:

- □ A partially completed 'PrEP Enrolment & Prescription Request Form'
  - Please complete all outstanding information prior to submission to the BCCfE.
  - Please note, a negative HIV test within 15 days preceding submission of this form is required.
- □ A table indicating testing recommendations during HIV 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 HIV 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 HIV 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 - HIV PrEP

Assay Type	Baseline	Test Ordered and Date**	After 1st month then every 3 months
HIV Serology‡ (4th Generation Ab/Ag Assay)	**X**	☐ Date:_____	**X** Documentation to BCCfE is not required for ongoing HIV PrEP enrollment. Clinicians are responsible for monitoring ongoing HIV status.
Hepatitis B Screen* (hepatitis B surface antigen, surface antibody, core antibody)	**X**	☐ Date:_____	
Hepatitis C Screen (hepatitis C antibody, if not known to be hepatitis C positive)	**X**	☐ Date:_____	Screen as per exposure risks
Gonorrhea Screen^ (urine NAAT test; throat, rectal and/or vaginal swabs dependent on type of sexual exposures reported)	**X**	☐ Date:_____	**X** Screen as per exposure risks
Chlamydia Screen ^ (urine NAAT test; throat,rectal and/or vaginal swabsdependent on type of sexual exposure reported)	**X**	☐ Date:_____	**X** Screen as per exposure risks
Syphilis Screen^ (T. pallidum EIA)	**X**	☐ Date:_____	**X** Screen as per exposure risks
Renal Function (creatinine,eGFR, urinalysis or urine albumin to creatinine ratio)	**X**	☐ Date:_____	**X** Documentation to BCCfE is not required for ongoing HIV PrEP enrollment. Clinicians are responsible for monitoring ongoing renal function. A urinalysis or urine albumin to creatinine ratio (ACR) may be ordered as part of ongoing management
Pregnancy test (urine or serum HCG))	**X**	☐ Date:_____	**X** as indicated

*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

Practitioner Alert

‡ If symptoms suggestive of acute HIV infection (recent contact risk coupled with the emergence of typical symptoms), and/or history of high-risk condomless sex within the previous 2 weeks, a nucleic acid amplification test (NAAT) for HIV RNA is recommended. Contact the BC Centre for Disease Control medical microbiologist on call at 604-661-7033 to discuss the option to order this test.

Defer PrEP initiation until acute HIV infection is ruled out.

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

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 ≥ 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:	☐ 0	☐ 10-50	☐ 50-80	☐ >80	☐ Not Applicable	☐ Unknown
With Casual Partners:	☐ 0	☐ 10-50	☐ 50-80	☐ >80	☐ Not Applicable	☐ Unknown
For Men:						
As Insertive Partner:	☐ 0	☐ 10-50	☐ 50-80	☐ >80	☐ Not Applicable	☐ Unknown
As Receptive Partner:	☐ 0	☐ 10-50	☐ 50-80	☐ >80	☐ Not Applicable	☐ Unknown

Substance Use in Last 6 Months

Problem Alcohol Use:	☐ Yes	☐ No	☐ Unknown	GHB:	☐ Yes	☐ No	☐ Unknown
Crystal Methamphetamine:	☐ Yes	☐ No	☐ Unknown	Ketamine:	☐ Yes	☐ No	☐ Unknown
Cocaine:	☐ Yes	☐ No	☐ Unknown	Heroin:	☐ Yes	☐ No	☐ Unknown
Ecstasy:	☐ Yes	☐ No	☐ Unknown				

Laboratory at Baseline

Date: _____ (YYYY-MM-DD)

Creatinine: _____

GFR: _____

HB SAg+ ☐ Yes ☐ No ☐ Unknown

HB SAb Titre > 10 ☐ Yes ☐ No ☐ Unknown

HCV Antibody: _____

HIV Ab/Ag EIA: _____ (NB Window Period 14 - 21 days)

T. pallidum EIA: _____

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 ☐ Gardasil-9			