

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 1 st month then every 3 months
HIV Serology‡ (4th Generation Ab/Ag Assay)	X	<input type="checkbox"/> 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	<input type="checkbox"/> Date: _____	
Hepatitis C Screen (hepatitis C antibody, if not known to be hepatitis C positive)	X	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> Date: _____	X Screen as per exposure risks
Syphilis Screen^ (T. pallidum EIA)	X	<input type="checkbox"/> Date: _____	X Screen as per exposure risks
Renal Function (creatinine,eGFR, urinalysis or urine albumin to creatinine ratio)	X	<input type="checkbox"/> 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	<input type="checkbox"/> 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

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

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.

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: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Identifies as: _____		
PrEP Access		
Date of Referral (if applicable): _____ (YYYY-MM-DD)		
Referred from:	PrEP coverage (check all that apply):	
<input type="checkbox"/> Self-referred _____	<input type="checkbox"/> Provincial PrEP Program	
<input type="checkbox"/> Other service/physician: _____	<input type="checkbox"/> Private Insurance - If yes, ___ % covered	
	<input type="checkbox"/> Self-Funded	
	<input type="checkbox"/> Other: _____	
Medical History		
Check all that apply:		
<input type="checkbox"/> Chronic Active Hepatitis B:	Current Medications: _____	
<input type="checkbox"/> Hepatitis C:	_____	
<input type="checkbox"/> Chronic Renal Impairment/CKD:	_____	
<input type="checkbox"/> Diabetes:	_____	
<input type="checkbox"/> Hypertension:	_____	
<input type="checkbox"/> Depression/Anxiety:	_____	
<input type="checkbox"/> Osteoporosis/Low Bone Mass:	Allergies: _____	
<input type="checkbox"/> other: __		
Prior STI's Ever		
Gonorrhea: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, <input type="checkbox"/> Rectal <input type="checkbox"/> urethral	<input checked="" type="checkbox"/> Pharyngeal
Chlamydia: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, <input type="checkbox"/> Rectal <input type="checkbox"/> urethral	<input checked="" type="checkbox"/> Pharyngeal
Syphilis: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <5times, 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:
 M S M
 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: _____ 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
 11 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			