



BRITISH COLUMBIA  
CENTRE *for* EXCELLENCE  
*in* HIV/AIDS

EDUCATION & TRAINING

## **Module 7: How to access HIV PEP and PrEP in BC**

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# Faculty Disclosure

- **Faculty:** Junine Toy
- **Relationships with commercial interests:**
  - **Grants/Research Support:** none to disclose
  - **Speakers Bureau/Honoraria:** none to disclose
  - **Consulting Fees:** none to disclose
  - **Other:** none to disclose
- Antiretroviral medications are not approved by Health Canada as post-exposure prophylaxis (PEP) for the prevention of HIV. Recommendations for HIV PEP are considered "off-label" use of medications.



# Disclosure of Commercial Support

- This program has not received any financial or in-kind commercial support.
- **Potential for conflicts of interest:**
  - No commercial organization has supported this program.



# Mitigating Potential Bias

- The content of the presentation is consistent with guidelines developed by sub-committees of the Committee for Drug Evaluation and Therapy (CDET)
- Generic names of medications are used in place of brand names



# Learning Objectives

On completion of this module, participants will be able to outline:

- How to access HIV post-exposure prophylaxis (PEP) in BC
- How to access HIV pre-exposure prophylaxis (PrEP) in BC



# Chemoprophylaxis for HIV

## Post-exposure Prophylaxis (PEP)

- Short-term antiretroviral (ARV) therapy initiated in an HIV-uninfected person immediately **AFTER** an isolated high risk HIV exposure to prevent HIV infection

## Pre-exposure Prophylaxis (PrEP)

- Use of ARV medication in an HIV-uninfected person at high risk of HIV acquisition, initiated **PRIOR** to and continued after potential HIV exposure(s) to reduce the risk of HIV infection



- In BC, the current PEP regimen contains 3 antiretroviral medications (an integrase inhibitor and 2 nucleos(t)ide reverse transcriptase inhibitors) taken for 28 days, Raltegravir + lamivudine (3TC) + tenofovir DF (TDF) *or*
- Raltegravir + emtricitabine-tenofovir DF (TDF)
- In BC, the recommended PrEP regimen is emtricitabine-tenofovir DF (FTC-TDF) in a fixed dose combination tablet taken regularly once daily.



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# **Access to HIV Post-exposure Prophylaxis in BC**

# PEP Antiretroviral Agents

- Ideally, initiate within 2 hours post-exposure, but no later than 72 hours post-exposure
- 3 ARV medications for 28 days
- Regimen for PEP Initiation in BC
  - raltegravir 400 mg twice daily
  - lamivudine 150 mg twice daily
  - tenofovir DF 300 mg once daily

## Regimen for PEP continuation

- Raltegravir 400 mg twice daily
- Emtricitabine-tenofovir DF (200 - 300 mg) once daily



- HIV post-exposure prophylaxis should be initiated at the earliest opportunity after potential HIV exposure. Ideally, this is within 2 hours after exposure, but no later than 72 hours post-exposure.
- All 3 antiretroviral medications in the PEP regimen should be initiated at the same time, and should be taken continuously for a full 28 days.
- The standard adult PEP regimen for initiation in BC consists of the integrase inhibitor raltegravir and two nucleos(t)ide reverse transcriptase inhibitors lamivudine and tenofovir DF.
- The medications included can be adjusted for pediatric dosing, or renal insufficiency if required
- If PEP continuation with standard adult dosing is deemed appropriate, in most cases, the regimen will be adjusted to raltegravir and fixed dose emtricitabine-tenofovir DF to reduce pill burden



## Pediatric Dosing for PEP

| Drug  | Child's weight                 | Dose  |
|---|--------------------------------|---|
| Tenofovir DF 300 mg tablet <sup>1</sup><br>(≥ 2 years of age) | 8 to < 16 kg                   | 75 mg (one quarter tablet) once daily                           |
|   | 16 to < 25 kg                  | 150 mg (one half tablet) once daily                             |
|   | 25 to < 35 kg                  | 225 mg (three-quarter tablet) once daily                        |
|   | ≥ 35 kg                        | 300 mg (one tablet) once daily                                  |
| Lamivudine 150 mg tablet <sup>2</sup>                         | < 14 kg (and ≥ 4 weeks of age) | 4 mg/kg/dose twice daily  |
|   | 14 to < 20 kg                  | 75 mg (one-half tablet) twice daily                             |
|   | ≥ 20 to < 25 kg                | 75 mg (one-half tablet) in a.m. and 150 mg (one tablet) in p.m. |
|   | ≥ 25 kg                        | 150 mg (one tablet) twice daily                                 |
| Raltegravir 400 mg tablet<br>(≥ 2 years of age)               | < 10 kg                        | 8 mg/kg/dose twice daily  |
|   | 10 to < 14 kg                  | 100 mg (one-quarter tablet) twice daily                         |
|   | 14 to < 25 kg                  | 200 mg (one-half tablet) twice daily                            |
|   | ≥ 25 kg                        | 400 mg (one tablet) twice daily                                 |



1. Tenofovir DF tablet is difficult to split. Parents should get a pill splitter. The tablet may be crushed and mixed with a small amount of jam, yogurt, or peanut butter to mask the bitter taste.
2. Lamivudine tablet can be crushed and mixed with food.
3. Children less than 36 kg may be unable to swallow tablets or capsules. The tablets in the PEP starter kit can be used to initiate therapy, with prompt consultation with the Oak Tree Clinic pharmacist (604-875-2212 extension 2) or pediatrician (604-875-2250).
4. For children less than 2 years of age, contact the on-call Pediatric Infectious Diseases specialist (604-875-2161) or the Oak Tree Clinic pediatrician (604-875-2250).

For more information on pediatric guidelines, see: <http://www.cfenet.ubc.ca/therapeutic-guidelines/accidental-exposure>

## HIV PEP Initiated in Hospital Emergency Department and Other Select Sites in BC

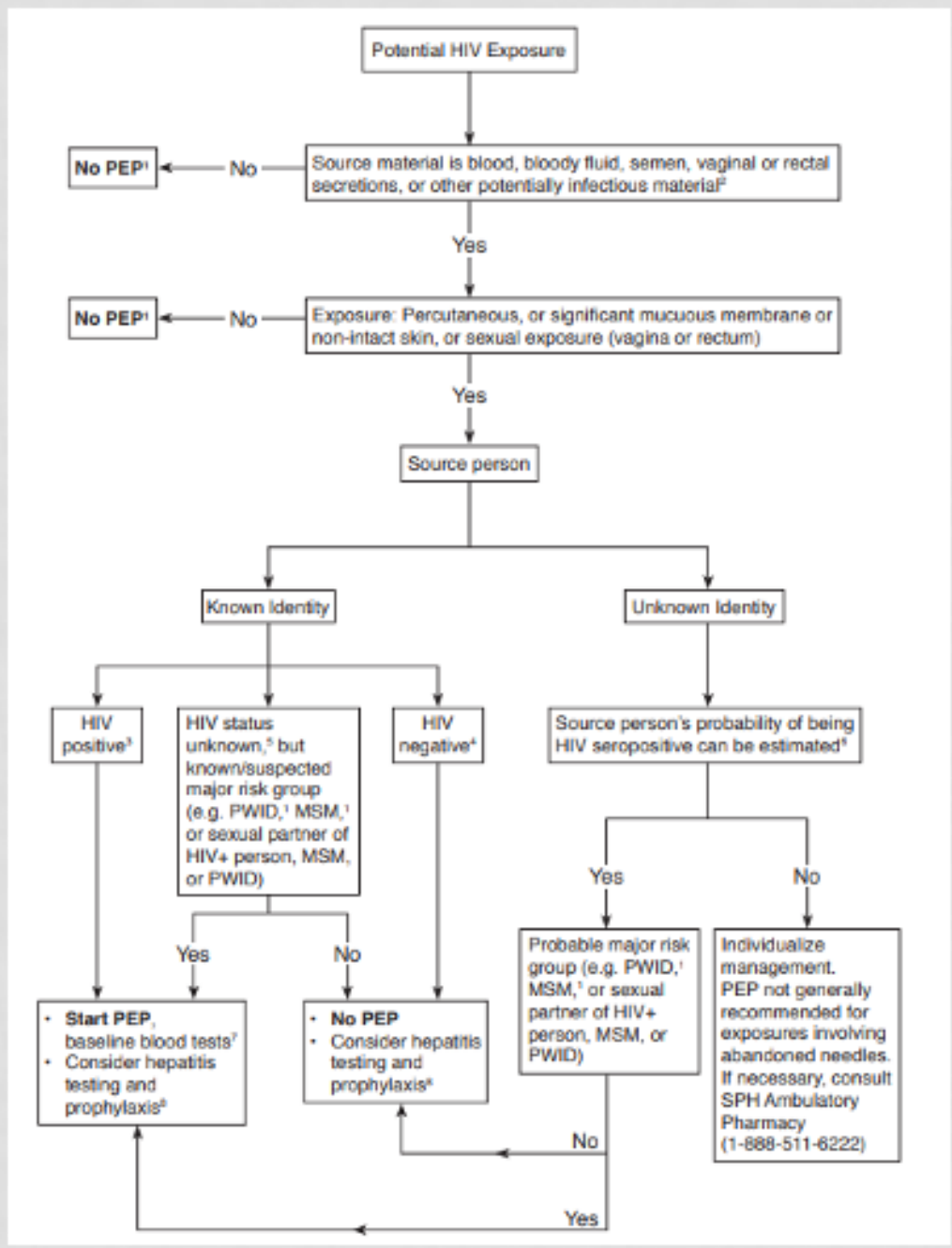
- 5-day PEP “starter kits” available in ~200 sites across BC
  - All hospital emergency departments, select nursing stations and clinics
  - Clients should present immediately AFTER a potential HIV exposure
- Healthcare staff at site to assess client according to BC-CfE PEP guidelines and issue kit if appropriate (algorithm in starter kit)
- HIV serology and other bloodwork to be drawn prior to PEP kit issue and initiation
- Client to see follow-up prescriber before 5-day kit is finished
  - Prescriber to call SPH Pharmacy (1-888-511-6222) to determine if continuation of HIV prophylaxis indicated and to arrange medication supply



SPH, St. Paul's Hospital, Vancouver

- HIV PEP medication in BC is managed by St. Paul's Hospital (SPH) Ambulatory Pharmacy.
- 5-day PEP starter kits available in all hospital emergency departments, and in select nursing stations and clinics. Persons who experience a potential occupational or non-occupational HIV exposure should present to a PEP kit site immediately to be assessed by a healthcare provider and, if indicated, initiate a 5-day PEP kit.
- Guidance for healthcare providers on assessing exposure risk can be found in the starter kit (algorithm on kit form), in BC-CfE PEP guidelines found at [www.cfenet.ubc.ca](http://www.cfenet.ubc.ca), or by consulting the BC-CfE REACH line (Vancouver: 604-681-5748; Outside Vancouver: 1-800-665-7677).
- Baseline HIV serology and other recommended PEP bloodwork should be obtained in the exposed client prior to PEP initiation.
- The client should then see their general practitioner or qualified nurse practitioner to determine if continuation of HIV PEP for the full 28-day course is indicated.
- The follow-up prescriber should contact SPH Ambulatory Pharmacy (1-888-511-6222) to discuss HIV PEP continuation, and provide a prescription for the 23 day balance of the PEP regimen if indicated.

# PEP Starter Kit Algorithm to Assess HIV Risk



The 5-day PEP starter kit contains an algorithm to help healthcare providers to assess the risk of a potential HIV exposure and whether PEP initiation is indicated. The algorithm is found on the back of the PEP starter kit reorder form.

# HIV Post-Exposure Prophylaxis (PEP) 5-Day Starter Kit

- Follow-up information sheets for patient and provider in the kit
- Kit re-order form is attached to the front of the 5-day starter kit
- Kit site must complete and fax reorder form to St. Paul's Hospital Pharmacy to obtain replacement kit



Example of a 5-day PEP starter kit



- Shown in the photograph is a 5-day PEP starter kit found in emergency departments and select healthcare sites in BC.
- The contents of the kit should be provided to the exposed patient. This includes a 5 day starter supply of PEP medication, an information sheet for the patient, and an information sheet for the patient's follow-up provider.
- Before the kit is issued to a patient, the HIV PEP kit reorder form attached to the front of the kit should be removed for completion by the healthcare provider at the PEP kit site. The completed form should be faxed to St. Paul's Hospital Ambulatory Pharmacy in Vancouver, to inform the PEP program of the kit's issue, and to obtain a replacement kit for future use.

# PEP Starter Kit Form

To obtain a Replacement Starter Kit, complete this form and fax to 604-806-8255. A replacement kit will not be released without complete information.

## HEALTHCARE PROVIDER TO COMPLETE SECTIONS I - IV

### I. Patient Information (this kit was dispensed to)

Patient label if available

Legal Name (Last, First): \_\_\_\_\_

Gender:  Male  Female  Transgender  M to F  
 F to M

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_ PHN: \_\_\_\_\_

Address: \_\_\_\_\_

Pregnant:  Yes  No Pediatric (≤ 12 years of age):  Yes  No

(if yes to either, contact St. Paul's Hospital Ambulatory Pharmacy at 1-888-511-6222 ASAP)

Baseline HIV antigen/antibody test ordered

### II. Exposure Information

Date & time of exposure: \_\_\_ / \_\_\_ / \_\_\_\_ : \_\_\_ AMPM

Date & time of THIS kit release: \_\_\_ / \_\_\_ / \_\_\_\_ : \_\_\_ AMPM

Type of Exposure (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Unprotected Sexual Intercourse   | <input type="checkbox"/> Needle-sharing                |
| <input type="checkbox"/> Vaginal <input type="checkbox"/> Anal                                      | <input type="checkbox"/> Needlestick (hollow-bore)     |
| <input type="checkbox"/> Insertive <input type="checkbox"/> Receptive <input type="checkbox"/> Both | <input type="checkbox"/> Cut / Puncture (solid object) |
| <input type="checkbox"/> Sexual Assault   | <input type="checkbox"/> Splash: _____                 |
| <input type="checkbox"/> Bite   | <input type="checkbox"/> Other: _____                  |

Type of body fluid(s):  Blood  Semen  Other: \_\_\_\_\_

Source risk group:  HIV+  MSM  PWID  Other: \_\_\_\_\_  Unknown

Gender of source:  Male  Female  Transgender  Unknown

### III. Occupational Exposure?

Occupation: \_\_\_\_\_

Location:  Healthcare facility \_\_\_\_\_  Other: \_\_\_\_\_

\*If occupational exposure, consider reporting to WorkSafe BC

### IV. Healthcare Provider Information

Ordering Physician: \_\_\_\_\_ Follow-up Provider: \_\_\_\_\_

MSP # \_\_\_\_\_ MSP # \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

### V. Site Pharmacy (or designate if no pharmacy) to complete this action and fax to 604-806-8255

Site Pharmacist/Designate: \_\_\_\_\_ Date ordered: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Name of Hospital/Medical Site: \_\_\_\_\_

### SPH Pharmacy Use Only

KIT # \_\_\_\_\_ Replaced with KIT # \_\_\_\_\_

Kit contains a 5 day supply of:

- raltegravir 400mg orally twice daily
- lamivudine 150mg orally twice daily
- tenofovir DF 300mg orally once daily

### PLEASE SEE OVER FOR RISK ASSESSMENT ALGORITHM

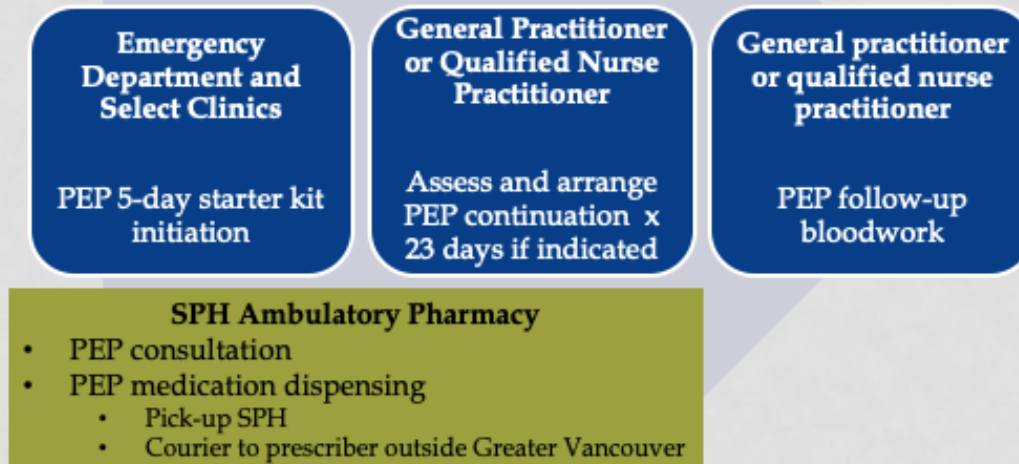
ALGORITHM FOOTNOTES AND GLOSSARY (see PEP guidelines for more information):

1. PEP = post exposure prophylaxis; MSM = men who have sex with men; PWID = person who injects drugs
2. CSF; amniotic, pleural, peritoneal, pericardial, or synovial fluids; inflammatory exudate; breast milk; organs or tissue. Not saliva, tears, nasal secretions, sweat, sputum, vomitus, urine, or feces unless visibly bloody.
3. Source person is considered HIV positive if there is a positive test for HIV Ag/Ab. If source available and consents, request HIV RNA (viral load) test on source.
4. Source person is considered HIV negative if there is a recent negative HIV Ag/Ab or point-of-care test result, and no clinical indication of a current or recent acute retroviral-like illness.
5. If source person consents, then test source for HIV (Ag/Ab and point-of-care test, if available), anti-HCVAb, and HBsAg.
6. See BC-CIE PEP guidelines (<http://cfenet.ubc.ca/post-exposure-prophylaxis>, Appendix I).
7. Obtain baseline HIV Ag/Ab, CBC & diff., creatinine, eGFR. Counsel re: precautions to avoid transmission to others. (BC-CIE PEP Guidelines (<http://cfenet.ubc.ca/post-exposure-prophylaxis>, Appendix II). To see follow-up health care provider within 5 days.
8. For individuals who may be susceptible to hepatitis B and/or C, request HBsAg, anti-HBsAb, anti-HBc total, and anti-HCVAb. Manage and follow-up per BCCDC recommendations for blood and body fluid exposures ([www.bccdc.ca](http://www.bccdc.ca)).

v3EP1001

- Here is a closer view of the PEP starter kit form, which acts as a client risk assessment form, as a prescription form, and as the kit reorder form.
- Form completion by the kit site healthcare provider is required when a kit is issued. The completed form is then faxed to SPH Ambulatory Pharmacy to trigger kit replacement.
- Incomplete forms may result in a delay with kit replacement.

# Arranging Continuation of PEP



SPH, St. Paul's Hospital, Vancouver



- After PEP starter kit issue and initiation, the exposed person must see their general practitioner or qualified nurse practitioner before the 5-day kit is completed. The follow-up prescriber should contact SPH Ambulatory Pharmacy by telephone (1-888-511-6222) with the details of the exposure to discuss if HIV PEP continuation for the full 28-day course is indicated, and to provide a verbal prescription if required.
- The prescription for PEP continuation will be processed by SPH Ambulatory Pharmacy, and can be picked up at the pharmacy during regular hours of operation (Mon-Fri), or can be delivered to the follow-up prescriber's office if outside Greater Vancouver.
- The follow-up prescriber is responsible for ordering and reviewing follow-up bloodwork for the client (see PEP guidelines on the BC-CfE website: <http://www.cfenet.ubc.ca/post-exposure-prophylaxis>).

# HIV Post-Exposure Prophylaxis Program

- SPH pharmacists consult with HIV specialists to determine if continuation of post-exposure prophylaxis is recommended (28 day total)
- Considerations:
  - Exposed patient: medical conditions, medication history
  - Exposure: time to presentation, location of exposure, type of exposure, type of body fluid(s), protective measures
  - Source information: HIV status/risk factors for HIV, relevant clinical information e.g. if known to be taking HIV medications



SPH, St. Paul's Hospital, Vancouver

- In order to assess whether a client should continue PEP for the full course, the SPH pharmacist will ask the follow-up provider for relevant background information about the exposed patient, the source person, the nature of exposure and the body fluid or substance to which client was exposed to.
- When required, the SPH pharmacist will obtain further guidance from a BC-CfE HIV specialist on whether PEP should be continued.

# Clinical Scenarios Requiring Special Management

- Individualized PEP management , including dose adjustment or regimen modification, may be appropriate in certain clinical situations
- Contact SPH Ambulatory Pharmacy for guidance (1-888-511-6222) if:
  - exposed patient is *pediatric*
  - exposed patient is *pregnant*
  - exposed patient has *renal impairment (eGFR < 50 mL/min)*
  - exposed patient has *chronic hepatitis B infection*
  - *source patient is taking antiretroviral treatment*
  - concern about *drug-drug interactions*
  - patient is *not tolerating antiretrovirals*



- Alternatives to the standard PEP regimen may be appropriate in certain circumstances.
- This may include recommendations for dose adjustment, regimen modification, or careful monitoring.
- Contact SPH Ambulatory Pharmacy (1-888-511-6222) for guidance in the above clinical scenarios.



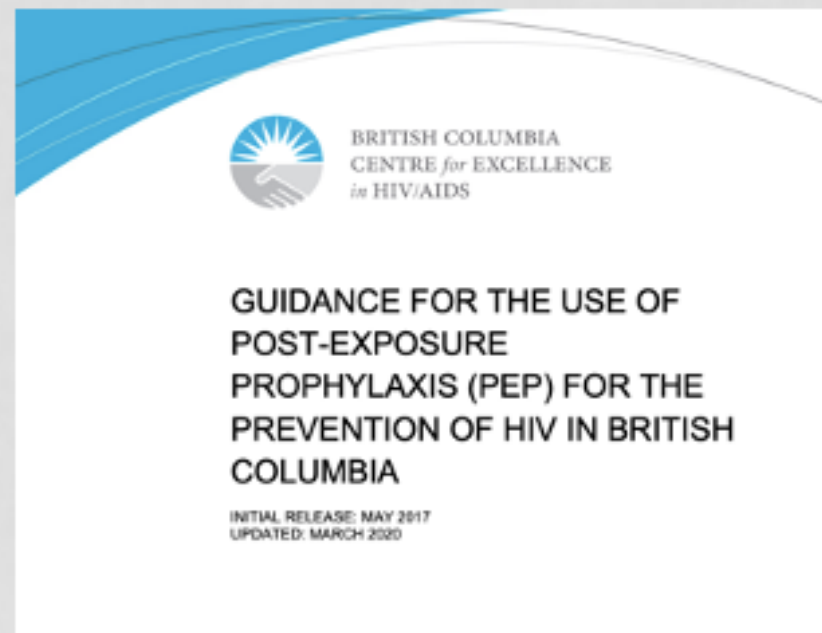
# PEP Phone Support

- **SPH Ambulatory Pharmacy**
  - *Mon-Fri 8:00 am to 5:00 pm PST (after hours 24 hours a day, 7 days a week)*
  - 1-888-511-6222
- **REACH line (for healthcare providers)**
  - *24 hours a day, 7 days a week*
  - 604-681-5748 (Vancouver)
  - 1-800-665-7677 (Outside Vancouver)
- **RACE line (for healthcare providers)**
  - *Mon-Fri 8:00 am to 5:00 pm PST*
  - 604-696-2131 (Vancouver)
  - 1-877-696-2131 (Outside Vancouver)



# Additional PEP Resources

- BC-CfE Website - PEP guidelines and information
  - <http://www.cfenet.ubc.ca/post-exposure-prophylaxis>
- BC-CfE Clinical Education and Training Programs
  - <https://education.cfenet.ubc.ca>
  - Online *HIV Prevention* course
- HIV drug interaction websites
  - [app.hivclinic.ca](http://app.hivclinic.ca)
  - <https://www.hiv-druginteractions.org/>





### BC-CfE HIV POST-EXPOSURE PROPHYLAXIS (PEP) END OF THERAPY ASSESSMENT FORM

To be completed by follow-up provider.

Once complete, fax this form to 604-806-9044 (Date faxed: \_\_\_\_\_)

| Patient Information (or Patient Label)  |  |
|---|--|
| Last Name: _____  | First Name: _____  |
| PHN: _____  | Date of Birth: ____ / ____ / ____<br>DD MON YYYY   |
| Date of PEP regimen initiation: ____ / ____ / ____<br>DD MON YYYY   |  |
| PEP Treatment   |  |
| Number of days of PEP completed   |  |
| <input type="checkbox"/> Full 28 day treatment  |  |
| <input type="checkbox"/> Other (estimated number of days): _____  |  |
| Reason for early discontinuation: _____   |  |
| Side effects on PEP   |  |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, check all that apply)                           |  |
| <input type="checkbox"/> Nausea/vomiting  | <input type="checkbox"/> Fatigue   |
| <input type="checkbox"/> Diarrhea   | <input type="checkbox"/> Mood change   |
| <input type="checkbox"/> Other (specify): _____   |  |
| Laboratory abnormalities on PEP (At week 2 & 4 on PEP, only if abnormal at baseline)                              |  |
| <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____ |  |
| -----<br>*Follow up of 12 weeks post-treatment*   |  |
| Post-PEP Treatment HIV Antigen/Antibody Testing   |  |
| 3 weeks post  | <input type="checkbox"/> Not done <input type="checkbox"/> Done → Date: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive* |
| 6 weeks post  | <input type="checkbox"/> Not done <input type="checkbox"/> Done → Date: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive* |
| 12 weeks post   | <input type="checkbox"/> Not done <input type="checkbox"/> Done → Date: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive* |
| * If HIV Ag/Ab positive, consult BC-CfE HIV Specialty Clinic:<br>604-806-8315 or 604-806-8316                     |  |

Completed by: \_\_\_\_\_  
(please print name)

For BC-CfE use only: Exposure date: \_\_\_\_\_

Version December 2017

# End of Therapy Assessment



- The follow-up provider is responsible for ordering and reviewing the results of PEP follow-up bloodwork (as per BC-CfE PEP guidelines).
- The HIV PEP End of Therapy PEP Assessment Form should be completed and faxed to the BC-CfE (604-806-9044) after the recommended 12 weeks of post-treatment follow-up.



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## **PrEP Access in BC**

## BC-CfE PrEP Resources

- Client assessment tool and lab forms
- Healthcare provider and client phone support
- *HIV Prevention* online course

<http://www.cfenet.ubc.ca/hiv-pre-exposure-prophylaxis-prep>

-The BC-CfE provides PrEP at no cost to qualifying individuals who are deemed clinically at risk of HIV acquisition as per BC-CfE guidelines. Any licensed BC physician or qualified nurse practitioner may prescribe PrEP through the program.

-Resources for prescribers are available on the BC-CfE website (<http://www.cfenet.ubc.ca/hiv-pre-exposure-prophylaxis-prep>), including BC-CfE PrEP guidelines, PrEP program eligibility criteria, client assessment tool, bloodwork requisitions, PrEP enrolment and prescription request form, instructions for how to obtain PrEP, phone support numbers, and the *HIV Prevention* online course.

# BC-CfE PrEP Program Eligibility

## MSM or transgender women

HIV Incidence Risk Index (HIRI)-MSM  $\geq 10$   
History of infectious syphilis or rectal bacterial sexually transmitted infection  
Known HIV-positive sexual partner, with unsuppressed viral load  
Recurrent NPEP use

## Persons who inject drugs

Known HIV-positive injecting partner, with unsuppressed viral load

**Clinical Criteria:  
High Risk for HIV  
Acquisition**

## Heterosexual

Known HIV-positive sexual partner, with unsuppressed viral load

## Other

Clinically assessed increased HIV risk

NPEP, non-occupational post-exposure prophylaxis  
MSM, men who have sex with men

Unsuppressed viral load: viral load not consistently  $< 200$  copies/mL, and/or not receiving stable ART

In order to access PrEP through the program, persons must meet clinical criteria for high risk of HIV infection as per BC-CfE PrEP guidelines. The criteria are outlined above, and further clarified below.

- Cis and transgender men who have sex with men (MSM) and transgender women (TGW) who report condomless anal sex **AND** have any of the above listed risk factors.
- Heterosexual men and women who report condomless vaginal or anal sex **AND** have the above listed risk factor.
- Persons who inject drugs who report sharing injection equipment **AND** have the above listed risk factor.
- Other cases may be considered for PrEP coverage if adequate risk information is submitted by the clinician for review.

# BC-CfE PrEP Program Eligibility

In addition to meeting clinical criteria for high risk of HIV infection, the client must meet all of the following eligibility criteria:

- BC resident with active Medical Services Plan coverage, or Interim Federal Health coverage
- Adequate renal function (estimated glomerular filtration rate or creatinine clearance >60 mL/min)
- Documented hepatitis B status (Hepatitis B surface antigen)
- Current negative HIV antigen/antibody (Ag/Ab) test (sample dated *within previous 15 days* of application)



BC-CfE in HIV/AIDS (2019) <http://cfenet.ubc.ca/hiv-pre-exposure-prophylaxis-prep>

-For Hepatitis B surface antigen positive clients, additional monitoring or consultation with a qualified HBV practitioner is recommended.

-If the client has symptoms of acute HIV infection within the previous 6 weeks, and/or history of high risk condomless sex in the previous month, a pooled nucleic acid amplification test for HIV RNA is recommended to rule out acute HIV infection.

## PrEP Regimen

- Emtricitabine-tenofovir disoproxil fumarate
  - 200mg-300 mg (1 tablet) once daily
- Seek advice for the following conditions: renal dysfunction (eGFR <60 mL/min), hepatitis B infection, or pregnant patients

eGFR, estimated glomerular filtration rate



The current Health Canada approved HIV pre-exposure prophylaxis (PrEP) regimen consists of the fixed dose combination emtricitabine 200 mg - tenofovir disoproxil fumarate 300 mg taken once daily. The two ingredients are nucleos(t)ide analogue reverse transcriptase inhibitors. There are several clinical conditions for which the risk/benefit of using PrEP must be considered, or special management is indicated.



# BC-CfE PrEP Program Enrolment & Prescription Request

- Initial PrEP Program enrolment requires completion and submission of a PrEP Enrolment and Prescription Request Form by a licensed BC physician or qualified nurse practitioner
- The form **must** be completed in its entirety
- Submitted requests (faxed to the BC-CfE DTP 604-806-9044) reviewed for clinical eligibility and program qualification
- One to three business days for review
- Prescribers contacted if clarification required
- Prescribers notified by fax when PrEP request is authorized

DTP, Drug Treatment Program



- Clients are enrolled into the BC-CfE HIV PrEP Program at the time of first request for PrEP medication.
- Enrolment form found at <http://cfenet.ubc.ca/hiv-pre-exposure-prophylaxis-prep>

# BC-CfE PrEP Enrolment & Prescription Request

- Licensed BC physicians and qualified nurse practitioners
- BC-CfE review for eligibility
- <http://cfenet.ubc.ca/hiv-pre-exposure-prophylaxis-prep>

| BRITISH COLUMBIA<br>CENTRE FOR PREVENTION<br>OF HIV/AIDS   |   | Drug Treatment Program  |   | PRE-EXPOSURE PROPHYLAXIS (PrEP) ENROLMENT & PRESCRIPTION REQUEST   |      |
|--|---|---|---|--|------|
| Please return completed form as per instructions on reverse:<br>By Fax: 604-806-0044, Telephone: 604-806-8515  |   |   |   | OFFICE LAB ONLY<br>PrEP #  |      |
| <b>Patient and Prescriber Information</b>  |   |   |   |  |      |
| Patient: (Legal First or Given Name)   |   | (Legal Last Name)   |   | Telephone:   |      |
| Patient's Address:   |   |   | Postal Code   | Personal Health Number or Other Billing #  |      |
| Sex:   | <input type="checkbox"/> Male <input type="checkbox"/> Female | Transgender:  | <input type="checkbox"/> M to F <input type="checkbox"/> F to M | Date of Birth: DD ___ MON ___ YYYY ___   |      |
| Pick-up site: <input type="checkbox"/> St. Paul's Hospital Ambulatory Pharmacy <input type="checkbox"/> Prescriber's Office (outside Greater Vancouver)  |   |   |   |  |      |
| <b>Prescribing Physician/Name of Provider:</b>   |   |   |   |  |      |
| Name:  |   | College ID number:  |   |  |      |
| Address:   |   | MSC number:   |   |  |      |
|  |   | Telephone:  |   |  |      |
|  |   | Fax:  |   |  |      |
| Follow-up prescriber to order medication refills (if different from the physician noted above):  |   |   |   |  |      |
| Name:  |   | MSC#:   | Address:  |  | Tel: |
| <b>Patient Information</b>   |   |   |   |  |      |
| <b>Ethnicity:</b><br>Does this individual self-identify as an Aboriginal person, that is, First Nations, Métis or Inuit?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                  |   |   |   |  |      |
| <b>HIV Transmission Risk Factors (check all that apply)</b>  |   |   |   |  |      |
| <b>Men who have sex with men (MSM)/ Transgender women:</b><br><input type="checkbox"/> HIV Risk Index Score (HIV-MSM) > 10 (Score: ___)<br><input type="checkbox"/> Prior Bacterial Rectal STI/Syphilis<br><input type="checkbox"/> Recurrent PrEP Use |   | <b>Known HIV+ partner not on stable ART and/or viral load not &lt; 200 copies/mL:</b><br><input type="checkbox"/> MSM<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Injection Drug Use |   | <b>Public Health:</b><br><input type="checkbox"/> Targeted PrEP<br><b>Other risk (specify):</b><br>_____ |      |
| <b>Most recent bloodwork result:</b>   |   |   |   |  |      |
| Creatinine: DD ___ MON ___ YYYY ___  |   | Negative HIV Serology: DD ___ MON ___ YYYY ___<br>(if generation HIV test within past 15 days)  |   | Hepatitis B SAg Positive: <input type="checkbox"/> Yes <input type="checkbox"/> No                       |      |
| eGFR: DD ___ MON ___ YYYY ___  |   | Prior PrEP: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Continuing <input type="checkbox"/> Restarting  |   |  |      |
|  |   | Drug Allergy: <input type="checkbox"/> None Known <input type="checkbox"/> Yes (specify): _____   |   |  |      |
| <b>Medication Prescription</b>   |   |   |   |  |      |
| Emtricitabine-Tenofovir DF 200-300mg tablet. Take one tablet once daily.<br><input type="checkbox"/> 30 Tablets (for first time PrEP prescriptions) <input type="checkbox"/> 90 Tablets  |   |   |   |  |      |
| Prescriber's signature: _____  |   | MSC#:   | Date: DD ___ MON ___ YYYY ___                                   |  |      |
| PrEP use only:<br>Prescription Expiry Date: (30 days after authorization)  |   | Authorized by: _____  |   |  |      |
| DO NOT DISPENSE AFTER EXPIRY DATE  |   |   |   |  |      |

- Provide the client's full legal name as written on government issued identified, address, date of birth, BC Health Care Number (Personal Health Number), and qualifying risk factor(s) for HIV acquisition (as per BC-CfE PrEP Guidelines).
- The application also requires the documentation of serum creatinine, estimated glomerular filtration rate (eGFR), date of recent negative HIV antigen/antibody test (within previous 15 days of application), and hepatitis B surface antigen status
- PrEP with emtricitabine-tenofovir DF is not recommended if eGFR is <60mL/min.
- Enrolment form found at <http://cfenet.ubc.ca/hiv-pre-exposure-prophylaxis-prep>

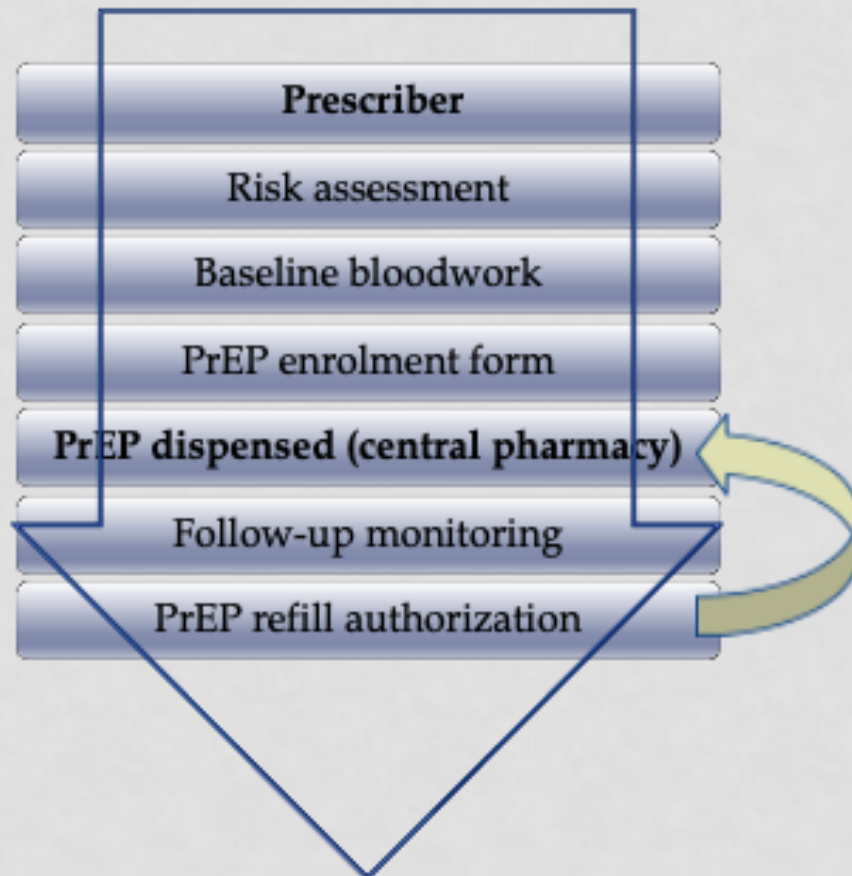
# First PrEP Program Prescription

- The client's first PrEP program prescription is automatically processed by SPH Pharmacy
- PrEP prescription quantity:
  - Initiating PrEP: 30 or 44 day supply
  - Continuation of stable PrEP: maximum 90 day supply
- Prescription pick-up:
  - In Greater Vancouver, PrEP prescriptions are picked-up at SPH Ambulatory Pharmacy
  - Clients who reside outside Greater Vancouver may request medication delivery to their prescriber's office, or another designated healthcare site
  - Prescriptions must be picked up within 30 days of the prescription date, otherwise submission of a new request will be required



# PrEP Program and Initial Medication Dispensing

Processed by St. Paul's Hospital (SPH) Ambulatory Pharmacy



| BRITISH COLUMBIA<br>CENTRE FOR DISEASE CONTROL<br>& PREVENTION  |   | Drug Treatment Program |  | PrEP # <input type="text"/>               |   |
|---|---|------------------------|--|---|---|
| <b>PRE-EXPOSURE PROPHYLAXIS (PrEP) ENROLMENT &amp; PRESCRIPTION REQUEST</b>   |   |                        |  |   |   |
| Please return completed form as per instructions on reverse:<br>By Fax: 604-806-6054, Telephone: 604-806-8515   |   |                        |  |   |   |
| <b>Patient and Prescriber Information</b>   |   |                        |  |   |   |
| Patient: (Legal First or Given Name)  |   | Legal Last Name        |  | Telephone:                                |   |
| Patient's Address:  |   |                        | Postal Code  | Personal Health Number or Other Billing # |   |
| Sex:  | <input type="checkbox"/> Male <input type="checkbox"/> Female | Transgender:           | <input type="checkbox"/> M to F <input type="checkbox"/> F to M  | Date of Birth: DD ___ MON ___ YYYY ___    |   |
| Pick-up site: <input type="checkbox"/> St. Paul's Hospital Ambulatory Pharmacy <input type="checkbox"/> Prescriber's Office (outside Greater Vancouver)   |   |                        |  |   |   |
| <b>Prescribing Physician/Name of Provider:</b>  |   |                        |  |   |   |
| Name:   |   |                        | College ID number:   |   |   |
| Address:  |   |                        | MBC number:  |   |   |
|   |   |                        | Telephone:   |   |   |
|   |   |                        | Fax:   |   |   |
| Follow-up prescriber to order medication refills (if different from the physician noted above):   |   |                        |  |   |   |
| Name:   |   | MBC#: _____            | Address: _____   |   | Tel: _____  |
| <b>Patient Information</b>  |   |                        |  |   |   |
| Ethnicity:<br>Does this individual self-identify as an Aboriginal person, that is, First Nations, Métis or Inuit?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |   |                        |  |   |   |
| HIV Transmission Risk Factors (check all that apply)  |   |                        |  |   |   |
| Men who have sex with men (MSM)/<br>Transgender women:<br><input type="checkbox"/> HIV Risk Index Score (RR-HSM) > 10<br>(Score _____)<br><input type="checkbox"/> Prior Bacterial Rectal STI/Syphilis<br><input type="checkbox"/> Recurrent PrEP Use |   |                        | Known HIV+ partner not on stable ART<br>and/or viral load not < 200 copies/mL:<br><input type="checkbox"/> MSM<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Injection Drug Use |   | Public Health:<br><input type="checkbox"/> Targeted PrEP<br>Other risk (specify): _____ |
| Most recent bloodwork result:   |   |                        |  |   |   |
| Creatinine: _____   |   | DD ___ MON ___ YYYY    | Negative HIV Serology:<br>(4th generation HIV test within past 15 days)  |   | DD ___ MON ___ YYYY   |
| eGFR: _____   |   | DD ___ MON ___ YYYY    | Hepatitis B SAg Positive: <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |
| Prior PrEP: <input type="checkbox"/> No <input type="checkbox"/> Yes  |   |                        | <input type="checkbox"/> Continuing <input type="checkbox"/> Fluctuating   |   |   |
|   |   |                        | Drug Allergy: <input type="checkbox"/> None Known <input type="checkbox"/> Yes (specify): _____  |   |   |
| <b>Medication Prescription</b>  |   |                        |  |   |   |
| Emtricitabine-Tenofovir DF 200-300mg tablet. Take one tablet once daily.  |   |                        |  |   |   |
| <input type="checkbox"/> 30 Tablets (for first time PrEP prescriptions)   |   |                        | <input type="checkbox"/> 80 Tablets  |   |   |
| Prescriber's signature: _____ MBC#: _____ Date: DD ___ MON ___ YYYY   |   |                        |  |   |   |
| BCCCL use only:<br>Prescription Expiry Date: <input type="text"/> (30 days after activation) Authorized by: <input type="text"/>  |   |                        |  |   |   |
| DO NOT DISPENSE AFTER EXPIRY DATE   |   |                        |  |   |   |
| VH 80768  |   |                        |  |   |   |



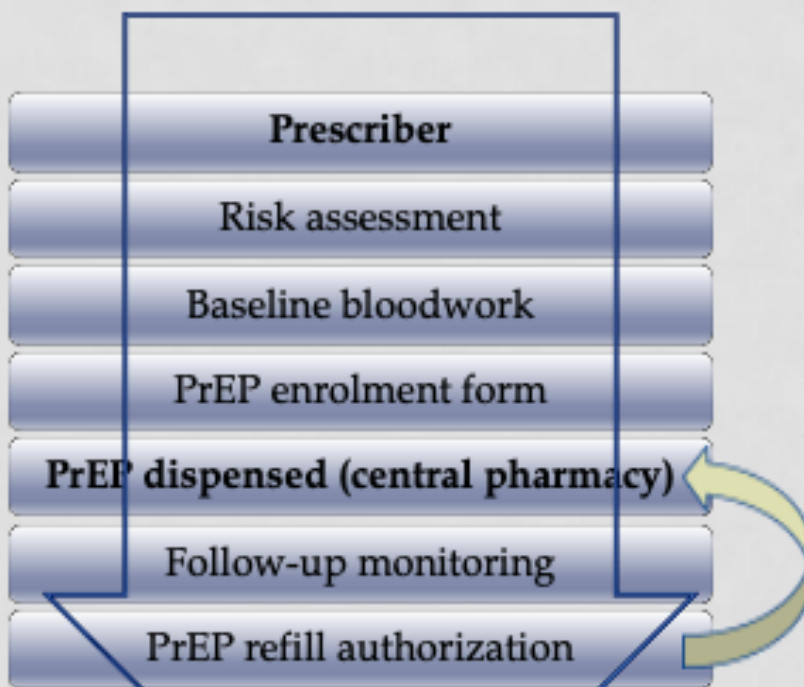
# PrEP Refills


- A signed prescription is required for each PrEP refill
- Prescribers should ensure the client is monitored as per BC-CfE PrEP guidelines (e.g. HIV Ag/Ab test, renal function, screening for sexually transmitted infections, etc) prior to authorizing PrEP refills
- BC-CfE mails preprinted PrEP refill prescription forms to the prescriber; this form or any legal prescription format may be used to authorize PrEP refills
- Authorized PrEP refill prescriptions can be faxed to the DTP (preferred), or given to the client to present to pharmacy. Pick-up date should be specified on the prescription if known.
- If pick-up date is not specified, the client should call pharmacy to prompt the prescription to be processed when required.
- PrEP refill prescriptions must be picked up within 30 days of the prescription date, otherwise a new prescription will be required

DTP, Drug Treatment Program




# PrEP Refills





BRITISH COLUMBIA  
CENTRE FOR EXCELLENCE  
IN HIV/AIDS

**Drug Treatment Program  
PrEP PRESCRIPTION REFILL FORM**



Providence  
HEALTH CARE  
1400 HASTINGS STREET

Please return completed form as per instructions on reverse.  
 Fax: 604-806-6044, Telephone: 604-806-8515

pharmacy only  
PrEP # \_\_\_\_\_

| Patient and Physician Information   |  |  |   |
|---|--|--|---|
| Patient: (First or Given Names)   |  | (Last Name)                              | Telephone:                                |
| Patient's Address:  |  | Postal Code                              | Personal Health Number or Other Billing # |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female  | Transgender: <input type="checkbox"/> M to F <input type="checkbox"/> F to M | Date of Birth: DD ___ MON ___ YYYY _____ |   |
| Prescribing Physician/Name of Provider:   |  | College ID number:                       |   |
| Name:   |  | MSC number:                              |   |
| Address:  |  | Telephone:                               |   |
|   |  | Fax:                                     |   |
| Follow-up prescriber to order medication refills (if different from the physician noted above)  |  |  |   |
| Name: _____   |  | MSC#: _____                              | Tel: _____                                |
| Most Recent Bloodwork   |  |  |   |
| Lab Test:   |  | Test Date:                               |   |
| Creatinine: _____   |  | DD ___ MON ___ YYYY _____                |   |
| eGFR: _____   |  | DD ___ MON ___ YYYY _____                |   |
| Confirmed Negative HIV Serology:<br><small>(4<sup>th</sup> generation HIV test within past 15 days)</small>   |  | DD ___ MON ___ YYYY _____                |   |
| Prescription Authorization  |  |  |   |
| Form Printed On (DD/MON/YYYY):  |  | Estimated Refill Date (DD/MON/YYYY):     |   |
| Emtricitabine-Tenofovir DF 200mg-300mg tablet. Take one tablet daily: <input type="checkbox"/> 30 Tablets <input type="checkbox"/> 90 Tablets                     |  |  |   |
| Pick-up site: <input type="checkbox"/> St. Paul's Hospital Ambulatory Pharmacy<br><input type="checkbox"/> Prescriber's Office (outside Greater Vancouver): _____ |  |  |   |
| Prescriber's signature: _____   |  | MSC#: _____                              | Date: DD ___ MON ___ YYYY _____           |
| <b>REFILL FORM EXPIRES 30 DAYS AFTER PRESCRIPTION DATE</b>  |  |  |   |
| Prescription Not Authorized   |  |  |   |
| <input type="checkbox"/> Patient is no longer under my care   |  |  |   |
| <input type="checkbox"/> Patient has moved out of BC  |  |  |   |
| <input type="checkbox"/> Deceased   | Date of death:   | DD ___ MON ___ YYYY _____                |   |
| <input type="checkbox"/> Patient is now HIV-positive  | Date of HIV diagnosis:   | DD ___ MON ___ YYYY _____                |   |
| <input type="checkbox"/> Patient discontinued PrEP  | Date of discontinuation:   | DD ___ MON ___ YYYY _____                |   |
| Reason: <input type="checkbox"/> Adverse Drug Reaction (describe): _____  |  |  |   |
| <input type="checkbox"/> Other (describe): _____  |  |  |   |

V15-JAN-2018

# PrEP Program Re-Enrolment

- Re-enrolment into the PrEP program is required in the following scenarios:
  - Greater than 6 month lapse past expected PrEP refill date
  - Returning to BC, after moving out of the province
  - PrEP restart after discontinuation
  - PrEP restart after receiving a course of PEP (post-exposure prophylaxis)
- Program re-enrolment requires completion of the PrEP Enrolment and Prescription Request Form



# Healthcare Provider Support (PrEP)

- **Pharmacy PrEP support**

- *Mon-Fri 8:00 am to 5:00 pm PST*
- 1-800-547-3622

- **To speak with a physician for advice regarding PrEP**

## **REACH line**

- *24 hours a day, 7 days a week*
- 604-681-5748 (Vancouver)
- 1-800-665-7677 (Outside Vancouver)

## **RACE line**

- *Mon-Fri 8:00 am to 5:00 pm PST*
- 604-696-2131 (Vancouver)
- 1-877-696-2131 (Outside Vancouver)







BRITISH COLUMBIA  
CENTRE *for* EXCELLENCE  
*in* HIV/AIDS

EDUCATION & TRAINING

End of Module 7

