

## Pre-Exposure Prophylaxis (PrEP) for HIV Prescribing Protocol - Refill

Patient Information			
Name: _____ Preferred Name/Alias: _____			
HCN: _____ Phone Number: _____			
Street Address: _____ City/Town: _____ Province: _____			
Postal Code: _____			
Date of Birth: _____ Age: _____			
Gender: _____ or <input type="checkbox"/> Prefers not to disclose gender			
Pronouns: _____			
Primary Care Provider (PCP): _____ Fax: _____ Phone: _____			
<input type="checkbox"/> Patient does not have a primary care provider			
Refills will be prescribed after baseline laboratory results are confirmed with ongoing laboratory monitoring.			
<b>Medical History</b>	Allergies, medical conditions, and medications reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Known allergy to tenofovir or emtricitabine?	<input type="checkbox"/> Yes - <b>STOP</b>	<input type="checkbox"/> No
	Exposure to HIV within last 72 h while NOT taking HIV PrEP?	<input type="checkbox"/> Yes – <b>REFER</b> <sup>1*</sup>	<input type="checkbox"/> No
	CONTRAINDICATED due to interactions with the patient's current medications ? <i><b>University of Liverpool HIV Drug Interaction Checker</b></i>	<input type="checkbox"/> Yes - <b>STOP</b>	<input type="checkbox"/> No
	Known eGFR < 30mL/min?	<input type="checkbox"/> Yes – <b>STOP</b> <sup>3*</sup>	<input type="checkbox"/> No
	Has a diagnosis of hepatitis B?	<input type="checkbox"/> Yes – <b>STOP</b>	<input type="checkbox"/> No
	If the patient has a uterus, are they pregnant?	<input type="checkbox"/> Yes – <b>STOP</b>	<input type="checkbox"/> No
	Is the patient lactating?	<input type="checkbox"/> Yes – <b>STOP</b>	<input type="checkbox"/> No
<b>Eligibility</b>	<input type="checkbox"/> HIV-negative individual at risk of HIV infection requesting HIV PrEP.		
<b>Laboratory Tests Ordered</b>	<p>The following labs are required to assess for treatment eligibility and ongoing monitoring.</p> <p><input type="checkbox"/> Ordered at <b>refill</b> appointments and repeated at described frequency:</p> <p>Every 3 months:</p> <ul style="list-style-type: none"> <li>HIV (Ag/Ab and viral load)</li> <li>Syphilis serology<sup>2*</sup></li> <li>Chlamydia and gonorrhea (urine and pharyngeal/anorectal swabs, if applicable)</li> <li>ALT</li> <li>Beta-HCG (if applicable)</li> <li>Serum creatinine, or every 6 months if WNL and no risk factors for kidney disease</li> </ul> <p>Every 12 months</p> <ul style="list-style-type: none"> <li>Hepatitis B serology (if unvaccinated or not immune)</li> <li>Hepatitis C serology<sup>2*</sup></li> <li>Lipids (if tenofovir alafenamide)</li> </ul> <p>The pharmacist is to review the results before releasing the next refill.</p>		
Refills			
<b>Assessment</b>	<b>HIV</b>	<input type="checkbox"/> negative	<input type="checkbox"/> positive - <b>STOP</b>
	<b>HIV viral load</b>	<input type="checkbox"/> undetectable	<input type="checkbox"/> detectable – <b>STOP</b> <input type="checkbox"/> N/A
	<b>HBV infection (HBsAg)</b>	<input type="checkbox"/> negative	<input type="checkbox"/> positive - <b>STOP</b>
	<b>HCV</b>	<input type="checkbox"/> negative	<input type="checkbox"/> positive – <b>REFER</b> <sup>2*</sup> , but continue
	<b>Syphilis</b>	<input type="checkbox"/> negative	<input type="checkbox"/> positive – <b>REFER</b> <sup>2*</sup> , but continue
	<b>Chlamydia</b>	<input type="checkbox"/> negative	<input type="checkbox"/> positive – <b>REFER</b> <sup>2*</sup> , but continue
	<b>Gonorrhea</b>	<input type="checkbox"/> negative	<input type="checkbox"/> positive – <b>REFER</b> <sup>2*</sup> , but continue

	<b>eGFR</b>	<input type="checkbox"/> > 60 mL/min	<input type="checkbox"/> < 60 mL/min – <b>CAUTION</b> <sup>3*</sup>	<input type="checkbox"/> <30 mL/min - <b>STOP</b>
	<b>Beta-HCG</b>	<input type="checkbox"/> negative	<input type="checkbox"/> positive – <b>STOP</b>	<input type="checkbox"/> N/A
	<b>ALT</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> > 54 U/L (M) or > 44 U/L (F) – <b>CAUTION</b> <sup>5*</sup>	
	<b>Lipid panel</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> abnormal - <b>CAUTION</b> <sup>7*</sup>	<input type="checkbox"/> N/A
* See APPENDIX 1. M = male sex; F = female sex; WNL = within normal limits; N/A = not applicable				
<b>Prescription</b>	<input type="checkbox"/> Emtricitabine / tenofovir disoproxil fumarate 200mg / 300mg (Truvada®) Take 1 tablet once daily. Duration x ___ days Refill x ___ <input type="checkbox"/> Emtricitabine / tenofovir alafenamide 200 mg / 25 mg (Descovy®) Take 1 tablet once daily. Duration x ___ days Refill x ___ <i>Recommended: Prescribe up to a 90-day supply with refills, as appropriate.</i> Prescribing for on-demand HIV and injectable (cabotegravir) HIV PrEP is <b>NOT</b> within the pharmacist scope of practice.			
<b>Patient Education</b>	<input type="checkbox"/> Patient education sheet was reviewed with the following points discussed: <ul style="list-style-type: none"> <li>• Daily dosing of PrEP and the importance of not missing doses</li> <li>• New cases of HIV continue to be diagnosed in Nova Scotia</li> <li>• Potential adverse effects and management strategies               <ul style="list-style-type: none"> <li>• Nausea, vomiting, diarrhea, flatulence</li> <li>• Fatigue</li> <li>• Headache</li> <li>• ↓ bone mineral density</li> <li>• ↓ CrCl mL/min/year</li> </ul> </li> <li>• Laboratory monitoring protocols</li> </ul> <input type="checkbox"/> Patient self-monitoring protocols			
<b>Immunization</b>	Encourage completion of applicable vaccines: <ul style="list-style-type: none"> <li>• Individuals who engage in substance use or harmful use of alcohol: Hep A, Hep B, Pneu-P-23</li> <li>• Men who have sex with men: Hep A, Hep B, HPV</li> <li>• Individuals who engage in high-risk sexual practices: Hep A, Hep B</li> <li>• <a href="#">mpox vaccine</a></li> <li>• All patients: Routine COVID, Tdap, influenza, and all recommended routine vaccines (<a href="#">routine immunization schedules</a> and <a href="#">individuals at high risk</a>).</li> </ul>			
<b>Follow-Up</b>	<input type="checkbox"/> Refill follow-up date: _____ (Recommended: At next refill) At each follow-up, the pharmacist is to assess for: <ul style="list-style-type: none"> <li>• Symptoms of HIV seroconversion (e.g., febrile illness, mono-like symptoms, rash that cannot otherwise be explained)</li> <li>• Adherence to therapy and adverse effects</li> <li>• Ongoing indication for PrEP</li> <li>• Use of other HIV and STI prevention strategies</li> </ul>			
<b>Pharmacist Certification</b>	By signing, I certify that I have assessed the patient and that patient consent was obtained. Pharmacist Name: _____ Signature: _____ NSCP #: _____ Date: _____			

## Pre-Exposure Prophylaxis (PrEP) for HIV Prescribing Protocol - APPENDIX 1

1. If client reports a high/moderate risk exposure (e.g. receptive anal intercourse, insertive anal/ front hole, receptive vaginal/front hole intercourse without barrier protection, needle sharing) within the last 72h and client was NOT taking HIV PrEP, refer the client for assessment for post-exposure prophylaxis (PEP). PrEP may be prescribed and initiated once HIV infection has been ruled out.
2. Syphilis and HCV serology remain positive if the patient had the infection previously. If the results return positive, ask the patient if they have a known history of the infection. Next ask if the previous infection was treated. If the syphilis or HCV infection was treated and there is a possibility of a new syphilis or HCV infection, a referral is required for treatment. Positive chlamydia or gonorrhea results suggest an active infection that requires referral for treatment. PrEP may be initiated before the infection(s) are treated.
3. STOP when CrCl < 60 mL/min for emtricitabine/tenofovir disoproxil fumarate (Truvada®)  
STOP when CrCl < 30mL/min for emtricitabine/tenofovir alafenamide (Descovy®)
4. If CBC results are abnormal (e.g. anemia), proceed with prescribing but advise client to seek an appointment with primary care provider/walk-in clinic/Virtual Care NS to follow-up on abnormal results and ask client to inform you of the outcome of the assessment.
5. If ALT results are above normal limits, you may proceed with prescribing if they are less than 10 times the upper limit of normal. If ALT results are elevated more than once, advise client to seek an appointment with primary care provider/walk-in clinic/Virtual Care NS to follow-up on abnormal results and ask client to inform you of the outcome of the assessment.
6. If urinalysis results are abnormal (e.g. proteinuria), proceed with prescribing but advise client to seek an appointment with primary care provider/walk-in clinic/Virtual Care NS to follow-up on abnormal results and ask client to inform you of the outcome of the assessment. If results indicate the presence of a few white blood cells (WBC), assess the patient for symptoms or other signs of infection, and if absent, it is acceptable to proceed with PrEP prescribing.
7. Emtricitabine/tenofovir alafenamide (Descovy®) has been associated with increase in lipids and weight gain. Order lipid panel at baseline and every 12 months while on therapy containing tenofovir alafenamide to monitor for change from baseline. Please note that a lipid panel should be drawn fasted (8 to 12 hours without food); if not, the triglycerides may return falsely elevated. If results show elevated triglycerides, first investigate if the patient was fasting when blood was drawn. If they were not fasting, re-order the lipid panel, instruct the patient to fast, and interpret the new results.

**Where else to get sexual health care (e.g.: gonorrhoea, chlamydia, syphilis, HIV)?**

- All Zones in Nova Scotia
  - Family physician or nurse practitioner's office
  - Walk-in medical clinics
  - [Virtual Care NS](#) or [Maple](#)
  - Student clinics
- Central Zone
  - [Halifax Sexual Health Centre](#) – 7071 Bayers Road, Suite 302, Halifax.
  - [QEII STI Clinic](#) – 5820 University Avenue (Dickson Building, 5<sup>th</sup> floor), Halifax
  - [Clayton Park Sexual Health Clinic](#) 310-255 Lacewood Drive, Halifax
  - [Newcomer Health Clinic](#) – 6960 Mumford Road #2056 (Mumford Professional Centre)
  - [Wije'winen Health Centre](#) – 209-2021 Brunswick Street, Halifax
- Eastern Zone
  - [Ally Centre](#) – 75 Prince Street, Sydney
- Western Zone
  - [Tri-County Women's Centre Women's Wellness and 2SLGBTQIA+ Clinics](#)  
– 12 Cumberland Street, Yarmouth.
  - If you are under 30: [The Red Door – Youth Health & Support Centre Clinic](#)  
– 10 Webster Street, Suite 203, Kentville
- Northern Zone
  - Truro Sexual Health Clinic (902-956-1550) – 68 Robie Street (Fundy Trail Mall), Suite 103, Truro
- If none of the above options are possible, most local emergency departments can offer STI testing and treatment.

**Blood-borne infection treatment (e.g.: HIV, hepatitis C, hepatitis B) requires primary care physician or nurse practitioner involvement and/or referral to specialists (e.g.: HIV treatment is offered via the QEII HIV Clinic)**

- All Zones in Nova Scotia
  - Family physician or nurse practitioner's office
  - Walk-in medical clinics
  - [Virtual Care NS](#) or [Maple](#)
  - Student clinics
- If none of the above options are possible, most local emergency departments can offer treatment.