

NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS
Request for Coverage of emtricitabine/tenofovir disoproxil fumarate for PrEP

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
DIAGNOSTIC INFORMATION			
<input type="checkbox"/> Patient meets criteria for HIV-1 PrEP as outlined below			
<p>HIV-1 Pre-Exposure Prophylaxis (PrEP) Criteria</p> <p>► Men Who Have Sex With Men (MSM) and Transgender Women (TGW): For pre-exposure prophylaxis (PrEP), in combination with safer sex practices, to reduce the risk of sexually acquired HIV-1 infection in adults at high risk who report condomless anal sex within the last six months and any of the following:</p> <ul style="list-style-type: none"> • Infectious syphilis or rectal bacterial sexually transmitted infection (STI), particularly if diagnosed in the preceding 12 months; • Recurrent use of nonoccupational postexposure prophylaxis (nPEP) (more than once); • Ongoing sexual relationship with an HIV-positive partner who is not receiving stable ART and/or does not have an HIV viral load <200 copies/ mL. (i.e. not on ART or >200 copies/mL); or • High-incidence risk index (HIRI)-MSM risk score ≥ 11. Please refer to the BC-CfE PrEP guidelines or the Canadian PrEP Guidelines which include details about how to calculate the HIRI-MSM risk score <p>► Heterosexual exposure: For pre-exposure prophylaxis (PrEP), in combination with safer sex practices, to reduce the risk of sexually acquired HIV-1 infection in heterosexual men and women at high risk of acquiring HIV infection who meet both of the following:</p> <ul style="list-style-type: none"> • Condomless vaginal or anal sex; and • Ongoing sexual relationship with an HIV-positive partner who is not receiving stable ART and/or does not have an HIV viral load <200 copies/ mL. (i.e. not on ART or >200 copies/mL). <p>► People who inject drugs (PWID): For pre-exposure prophylaxis (PrEP) for PWID who are at high risk of acquiring HIV infection and meet both of the following:</p> <ul style="list-style-type: none"> • Report sharing of injection equipment; and • Have an HIV-positive injecting partner who is not receiving stable ART and/or does not have an HIV viral load < 200 copies/mL. <p>See Formulary for full criteria and relevant notes.</p>			
PRESCRIBER NAME & ADDRESS: <div style="text-align: right; margin-top: 10px;"> _____ LICENCE # </div>		<div style="text-align: right; margin-top: 10px;"> _____ PRESCRIBER SIGNATURE </div> <div style="text-align: right; margin-top: 10px;"> _____ DATE </div>	

If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026

Please Return Form To: Nova Scotia Pharmacare Programs
 P.O. Box 500, Halifax, NS B3J 2S1
 Fax: (902) 496-4440