Nova Scotia Provincial Pharmacare Programs

Request for Coverage of Truvada (emtricitabine/tenofovir disoproxil fumarate) for PrEP

PATIENT INFORMATION			
PATIENT SURNAME	**PATIENT GIVEN NAME**	**HEALTH CARD NUMBER**	**DATE OF BIRTH**
PATIENT ADDRESS			

DIAGNOSTIC INFORMATION

☐ Patient meets criteria for HIV-1 PrEP as outlined below

HIV-1 Pre-Exposure Prophylaxis (PrEP) Criteria

► 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:

- 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

► 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:

- 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).

► 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:

- 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.

See Formulary for full criteria and relevant notes.

PRESCRIBER NAME & ADDRESS:		
LICENCE #	**PRESCRIBER SIGNATURE**	**DATE**

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

NOVA SCOTIA