

Prescribing

PrEP

A Summary Guide for Ontario Family Physicians

Prepared by Barrie's LGBTQ+ friendly Pharmacy



PHARMACY
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What is PrEP? Pre-exposure prophylaxis (PrEP) is a highly effective proactive strategy to reduce the risk of HIV acquisition for adults at high risk. Taken once a day orally, tenofovir disoproxil fumarate/emtricitabine 300/200 mg, can reduce the risk of acquiring HIV by over 90% if taken consistently.

Can a family physician prescribe it? Yes! Truvada can be prescribed by a family physician when indicated for PrEP. Facilitated access registration is not required. It is an important route to improve access and patient sexual health.

Is it covered? PrEP is covered by the Ontario Drug Benefit program (Trillium, ODSP, Seniors, OHIP+). It does **not** require a Limited Use (LU) code or EAP application. Generic Truvada is now available which has dramatically reduced the cost of this medication. Many private drug plans also provide coverage.

The PrEP approach: PrEP should be part of a combination prevention strategy that includes behavioural interventions (e.g., condoms, counselling on risk reduction, partner reduction), biomedical interventions (e.g., treatment of HIV-positive partners, testing and treatment of sexually transmitted infection, and attention to syndemic conditions that may predispose people to increased risk-taking behaviour (e.g., depression, substance use).

How is it prescribed? A script for the first 30 days is initially prescribed with a follow up. After this, 90 days can be prescribed with a doctor follow up every three months. *Each PrEP prescription should be for no more than three months, with no automatic refills (possible short extension in event of short delay of appointment).* PrEP appointments should include assessments and counselling regarding strategies for reducing risk of HIV infection, syndemic conditions, as well as interventions to ensure adherence.

PrEP Indications

> Men who have sex with men (MSM)

Patients who report condomless sex and are at risk for STIs

Patients who have accessed nPEP (non-occupational prophylaxis) more than once

> Heterosexual Exposure

HIV-negative partner in a serodiscordant relationships reporting condomless sex (if partner is at high risk to transmit, evidence for negligible risk/undetectable is low)

> People who inject drugs (PWID)

If patient is sharing injection drug use
paranephelia

Which guidelines? We refer to the 2017 Canadian guideline on HIV pre-exposure prophylaxis and nonoccupational postexposure prophylaxis from the Canadian Medical Association Journal (CMAJ)¹ in this summary.

¹Tan, DHS, et al. Canadian guideline on HIV pre-exposure prophylaxis and nonoccupational postexposure prophylaxis. CMAJ 2017 November 27;189:E1448-58. doi: 10.1503/cmaj.170494

What lab testing is needed? There is necessary lab work at baseline prior to starting PrEP and prior to each new prescription. This is to ensure the patient is tolerating the medication (which is generally well tolerated) and have not contracted HIV or other STIs. HIV-negative status should be confirmed shortly before every initial or follow-up prescription is provided. Confirmation of HIV status should further include evaluation for signs or symptoms suggestive of acute HIV infection within the last 12 weeks. If acute HIV infection is ever suspected, additional laboratory evaluation with an HIV RNA nucleic acid amplification test (if available) or repeat fourth-generation assay 7 to 21 days later is suggested, and PrEP should be postponed or suspended until results are received.

Hepatitis A, B and C serologies should be performed at baseline, with vaccination for hepatitis A and B for nonimmune. All patients should have underlying kidney disease ruled out prior to starting. This is done with a urinalysis and serum creatinine level. Estimated GFR should be > 60mL/min. Caution should be used when starting PrEP in patients with low bone mass or osteoporosis.

Table 3: Suggested evaluation at baseline and during pre-exposure prophylaxis				
Assay type	Baseline	30 d	Q 3 mo	Q 12 mo
Laboratory evaluation				
HIV testing*	X	X	X	
Hepatitis A immunity (hepatitis A total antibody)†	X			
Hepatitis B screen (surface antigen, surface antibody, core antibody)†‡	X			X†
Hepatitis C antibody	X			X
Screening for gonorrhea and chlamydia§ (urine nucleic acid amplification test, throat and rectal swabs for culture or nucleic acid amplification; test anatomic sites depending on type of sexual activity reported)	X		X	
Syphilis serology§	X		X	
Complete blood count	X			
Creatinine	X	X	X	
Urinalysis	X			
Pregnancy test (as appropriate)	X		X	
Clinical evaluation				
Symptoms of HIV seroconversion	X	X	X	
PrEP adherence		X	X	
Indication for PrEP	X	X	X	
Use of other HIV and STI prevention strategies	X	X	X	
Presence and management of syndemic conditions	X	X	X	
<small>Note: PrEP = pre-exposure prophylaxis, STI = sexually transmitted infection. *Preferred HIV test is a 4th-generation antibody/antigen combo assay. Those with signs or symptoms of acute HIV should also undergo HIV RNA or pooled nucleic acid amplification test. †Hepatitis A and/or B vaccine should be initiated in unvaccinated individuals. Those who remain nonimmune to hepatitis B virus should be rescreened annually. ‡Individuals with chronic active hepatitis B should be managed in consultation with an expert on hepatitis B virus according to Canadian guidelines. §Individuals who have STIs should be offered standard therapy and follow-up as per local guidelines.</small>				

Why Express Aid Pharmacy? The pharmacy team is well suited to provide your patients with a high quality, confidential, and caring experience. We have undergone training to better understand the LGBTQ+ community and the pharmacy is an officially designated Safer Space™. Our pharmacists are well-versed with PrEP (and PeP) and are available to address any interactions or other questions you or your patients might have. **We always have generic Truvada in-stock and offer free delivery anywhere in Ontario for PrEP or nPEP.** The pharmacy offers after-hours emergency access to PeP as well.



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