



SPECIAL AUTHORIZATION REQUEST FORM

**The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Request for Coverage for emtricitabine/tenofovir disoproxil fumarate for PrEP**

Pharmaceutical Services

Department of Health and Community Services
P.O. Box 8700, Confederation Bldg.
St. John's, NL A1B 4J6

Phone: (709) 729-6507
Toll Free Line: 1-888-222-0533
Fax: (709) 729-2851

Patient Information

Patient Name	Date of Birth	NLPDP Drug Card/MCP Number
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Address

Diagnostic Information

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

Drug and Duration of Therapy

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 (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.

Recent Blood Work:

Creatinine: ____ DD ____ MON ____ YYYY ____ **Negative HIV Serology:** DD ____ MON ____ YYYY ____
(4th generation HIV test within past 15 days)

eGFR: ____ DD ____ MON ____ YYYY ____ **Hepatitis B SAg Positive:** Yes No

Prescriber:

Prescriber Name: (please print)	License Number:
Address:	Phone Number: Fax Number:
Signature:	Date:

Please note that Special Authorization Requests normally take approximately 10 working days to be processed.

Version September 2018 – Replaces previous forms