



**SPECIAL AUTHORIZATION REQUEST FORM**  
**The Newfoundland and Labrador Prescription Drug Program (NLPDP)**  
**Request for Coverage for emtricitabine/tenofovir disoproxil fumarate for HIV 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**

<b>Patient Name</b>	<b>Date of Birth</b>	<b>NLPDP Drug Card/MCP Number</b>
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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 vira (i.e. not on ART or >200 copies/mL); or
- High-incidence risk index (HIRI)-MSM risk score  $\geq 11$ .

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

Has the prescriber had an initial consultation with the HIV clinic prior to initiating any patients on Pre-Exposure Prophylaxis (PrEP).  Yes  No

**For initial consultation, please contact Dr. Debbie Kelly at 709-864-7805 or by email at [dvkelly@mun.ca](mailto:dvkelly@mun.ca).**

Although NLPDP Special Authorization approvals will be for a 1 year period, prescriptions should only be issued every 3 months after confirmation of a negative HIV test.

**Prescriber:**

Prescriber Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
 (please print)

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_