

Pre-exposure Prophylaxis (PrEP) Frequently Asked Questions

Designated Prescriber Status

Which providers are eligible to apply for Designated Prescriber Status?

At the present time, physicians, nurse practitioners and graduate nurse practitioners are eligible to apply for Designated PrEP Prescriber status. Medical residents and students are not eligible to apply.

Will pharmacists and RNs be able to prescribe PrEP?

No, not at the present time. Alberta Health Services and Alberta Health are exploring this as an option for future prescribing.

Do the names/contact information of Designated PrEP Prescribers have to be listed on the AHS website?

At the present time, the list of all Designated PrEP prescribers will be available on the AHS website. There is currently no other way for patients or pharmacies to determine which prescribers are on the approved list of prescribers.

Will all prescribers on the approved list be accepting new patients?

No. Not all prescribers on the approved list will be accepting new patients. Some prescribers/clinics will only accept patients within their clinic mandate or be assessing patients within their existing patient practice for suitability for PrEP. To determine if a physician is accepting new patients, check the College of Physician and Surgeons' website (cpsa.ca) or contact the prescriber's office directly.

Pharmacy questions

How will the pharmacy know if the prescriber is a designated prescriber?

The [Pharmacy Benefact](#) provides the link to the publicly posted AHS Designated PrEP Prescriber list.

How will the pharmacy know if the prescription is for PrEP (versus post exposure prophylaxis (PEP) or treatment of established HIV infection)?

There is no way for the pharmacy to know this unless this is written on the prescription or by asking the patient or contacting the provider. Treatment for established HIV should never include just TDF/FTC alone and prescriptions for PEP are usually a maximum of 28 days.

How will the pharmacy know if the patient is eligible for PrEP?

Alberta residents with a valid Alberta Health care card and ID are eligible for PrEP under the provincial program if the prescription is written by a Designated PrEP Prescriber. Non-Alberta residents or prescriptions written by non-designated prescribers may be covered by alternate federal or private plans.

What DIN numbers will be covered by the universal coverage in Alberta?

The [Pharmacy Benefact](#) for TDF/FTC lists 3 DIN:

- 00002452006 [Apo-Emtricitabine-Tenofovir 200 mg/300 mg Tablet]
- 00002443902 [Mylan-Emtricitabine/Tenofovir 200 mg/300 mg Tablet]
- 00002399059 [Teva-Emtricitabine/Tenofovir 200 mg/300 mg Tablet]

Clinical Questions

At what point do you discontinue PrEP if GFR drops?

For PrEP, the recommended dose of TDF/FTC* is based on renal function as follows:

CrCl: ≥ 60 mL/min: No dosage adjustment

CrCl < 60 mL/min: Do not use fixed-dose combination tablet; no available data on the use of dosage-adjusted individual components (i.e. TDF and FTC)

Consultation with an Infectious Diseases/HIV specialist is recommended with CrCl < 60 mL/min

Do you ever test HIV RNA if recent high-risk exposure?

HIV RNA testing may be considered in consultation with the Virologist on Call for the Provincial Laboratory for Public Health in select situations, e.g. strong suspicion of acute HIV sero-conversion.

If the patient does not show up for a three-month visit, can the prescription be extended?

Yes, the prescription can be extended in some situations, e.g. extended travel. In general, this extension should not exceed 6 months between visits and should be considered in exceptional circumstances. The patient should be advised to access medical care should they experience symptoms suggestive of acute HIV sero-conversion and/or other STIs.

What do we order for HPV immunity?

There is no good screening test to assess for HPV immunity but the patient can be considered non-immune if they have not received the Gardasil vaccine.

What about the use of doxycycline for the prevention of STIs?

To date, one pilot study ([Bolen et al](#)) has examined the use of doxycycline for pre-exposure prophylaxis of bacterial STIs and has reported reductions in bacterial STI in men enrolled in the study. Additional studies are underway to determine the optimum approach for bacterial STI prevention.

What is the anticipated rate reduction in HIV in contrast to STI increase?

Preliminary data from countries which have experienced high uptake of PrEP (together with other HIV prevention measures) report a de-coupling of HIV and STI incidence with declines in HIV incidence and rises in STI incidence.

Is there an age cut-off for Gardasil vaccine for the prevention of head and neck cancers?

Gardasil®9 vaccine provides protection against the most common oncogenic type (HPV-16) linked to head and neck cancers. The vaccine is currently approved for use in females 9 to 45 years of age and males aged 9 to 26 ([NACI 2017](#)). Some experts recommend immunization in individuals at risk of HPV acquisition outside of these age groups.

Are there any drug interactions with PrEP?

The risk of nephrotoxicity is increased when TDF is combined with regular use of NSAIDs or other nephrotoxic agents. Nephrotoxic drugs should be avoided with TDF.

There are very few other drug interactions with TDF/FTC.

For which patient groups are a provincially funded hepatitis A vaccine provided?

Indications for Hepatitis A vaccine in the [AHS Immunization Program Standards Manual](#):

Pre-exposure for individuals 6 months of age and older: o Individuals with chronic liver disease, including but not limited to:

- Hepatitis B carriers
- Hepatitis C positive individuals
- Candidates for or recipients of liver transplantation
- Individuals who have developed chronic liver graft versus host disease following hematopoietic stem cell transplant (HSCT)
- Individuals receiving repeated replacement of plasma derived clotting factors
- Individuals with lifestyle risks of infection such as:
 - illicit drug use (injectable and non-injectable)
 - men having sex with men
 - household or close contacts of children adopted from hepatitis A endemic countries

Would patients initiated on PrEP be continued on PrEP if they are hospitalized and seen by a non-designated prescriber?

Yes, patients would be able to continue in hospital and it would be provided to them if the medications are in stock but if they aren't, the patient may need to bring in their own supply until the hospital has it available. The medications would be continued even if the prescriber seeing the patient is not on the designated prescriber list.

KEY

* TDF/FTC = tenofovir disoproxil fumarate/emtricitabine