

**APPLICATION FOR DESIGNATED HIV PrEP PRESCRIBER STATUS
for Restricted Benefit Claim Coverage under
Alberta HIV PrEP Program**

Tenofovir Disoproxil Fumarate + Emtricitabine for HIV PrEP

Coverage of generic tenofovir disoproxil fumarate + emtricitabine (TDF/FTC) is restricted to those patients for whom the drug is prescribed by a Designated Prescriber for HIV PrEP.

- Prescribing health care professionals who are proficient in clinical core competencies and trained in the administration of TDF/FTC may apply to be a Designated HIV PrEP Prescriber by completing this form. Applications will be evaluated and registration status will be communicated to applicants. Accepted registrations allow for practitioners to be included on the Designated HIV PrEP Prescriber List and their patients will be eligible to receive coverage of TDF/FTC for HIV PrEP.
- Coverage is restricted to clinically eligible individuals who are Alberta residents and have valid Alberta Health Care Insurance and who receive prescriptions from a Designated HIV PrEP Prescriber.

Please complete all sections of this form

**Return it by fax (780-342-0248) or e-mail (prep@ahs.ca) to
Alberta Health Services**

Registrations will be evaluated on an ongoing basis

SURNAME		FIRST NAME	INITIAL	PHONE Office	FAX
EMAIL	PRIMARY ADDRESS REGISTERED WITH CPSA OR CARNA		CITY	PROVINCE	POSTAL CODE
PRIMARY HIV PrEP CLINIC ADDRESS			CITY	PROVINCE	POSTAL CODE
COLLEGE OF PHYSICIANS AND SURGEONS REGISTRATION NUMBER OR PROFESSIONAL REGISTRATION NUMBER OR NURSE PRACTITIONER REGISTRATION NUMBER			SPECIALTY (Specify GP, specialist, nurse practitioner):		

Do you have previous experience in providing HIV PrEP (Y/N)?:
If yes, how long have you been prescribing HIV PrEP?:
If yes, approximately how many patients have you provided HIV PrEP to?:
Indicate whether you have participated in one or more of the following:

- AHS HIV PrEP CME Module
- Other AHS HIV PrEP CME sessions (specify which session and where attended):
- Other accredited HIV PrEP CME module (submit proof of participation)

I have reviewed the criteria for Designated HIV PrEP Prescriber status as attached and I agree to abide with these criteria.
I consent to having my name, office address, city, office phone and fax numbers made available on the AHS external website as a Designated HIV PrEP Prescriber.

I consent to having my e-mail address included on an AHS Designated HIV PrEP Prescriber list serve for the purpose of receiving program updates from AHS.

I consent to participation in an HIV PrEP quality assurance program upon acceptance by AHS as a Designated HIV PrEP Prescriber.

Signature of Prescriber (required) _____ **Date** _____

Criteria for Designated HIV PrEP Prescriber status:

-For coverage of HIV PrEP under the Alberta HIV PrEP Program, TDF/FTC must be prescribed by a health care professional who is registered with Alberta Health Services (AHS) as a Designated HIV PrEP Prescriber.

-The Designated HIV PrEP Prescriber must have training and/or be experienced in core clinical competencies related to HIV PrEP and practice according to current Alberta HIV Pre-Exposure Prophylaxis Guidelines.

-Registered Prescribers must have attended AHS' HIV PrEP sessions and/or completed AHS' HIV PrEP CME module and/or approved alternate (to be reviewed by AHS PrEP Medical Lead).

-It is expected that clinical criteria for eligibility for HIV PrEP and recommendations for follow-up of HIV PrEP recipients adheres to the most recent version of the Alberta HIV Pre-Exposure Prophylaxis Guidelines (Current version 04/09/2018). These criteria include recommendations for STBBI testing at baseline, with follow-up HIV/STI testing at regular intervals (e.g., 3 month intervals) and HCV serology every 12 months as well as ongoing laboratory monitoring (e.g., 3 month intervals) to ensure there are no adverse effects from the medication. Duration of initial prescription is 1 month and follow-up prescriptions are 3 months. Need for continuation of HIV PrEP should be assessed at each visit.