

Pharmacist-driven HIV PrEP Programs and Prescribing: The Nova Scotia Experience

November 7, 2025

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Conflict of Interest Disclosures

Presenter's Name: Tasha Ramsey

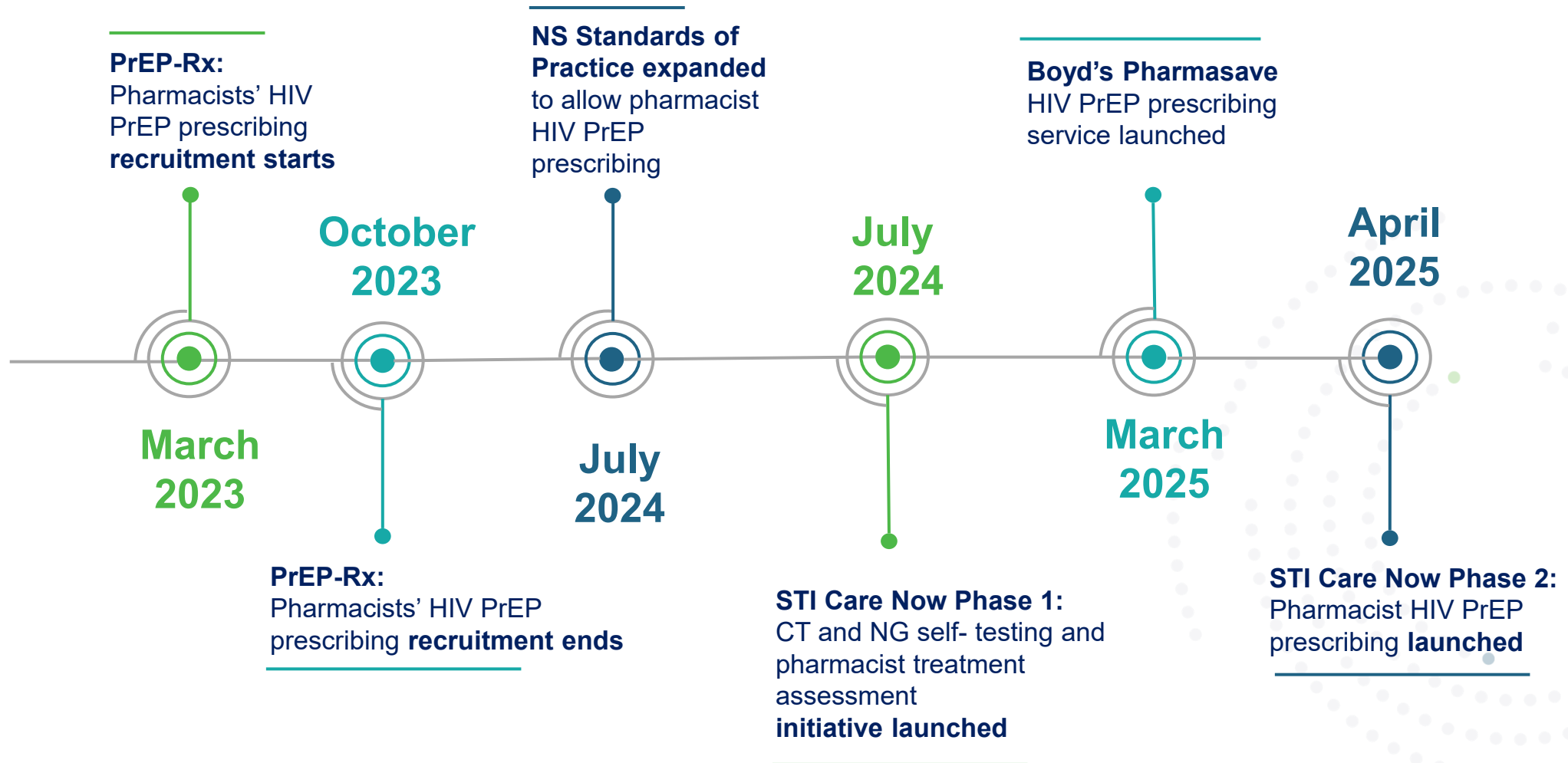
- I have relationships with commercial interests:
 - Advisory Board/Speakers Bureau: Not applicable
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 - Speaker/Consulting Fees: Canadian Society of Healthcare-Systems Pharmacy (CSHP), Pharmacy Examining Board of Canada, Pharmacy Association of Nova Scotia, Canadian HIV and Viral Hepatitis Pharmacist Network
 - Other:
 - Nova Scotia Health (including STI Care Now) and Dalhousie University employee
 - Working Group Member of the Canadian HIV and Viral Hepatitis Pharmacist Network
- Project sponsorship: PrEP-Rx study was funded by an unrestricted research grant from Shoppers Drug Mart awarded to Kyle Wilby

Session Outline



- ① **PrEP-Rx Study: The Project That Made It Possible**
- ② **Nova Scotia Pharmacy Regulator: Scope Expansion**
- ③ **HIV PrEP Prescribing: What it Looks Like in Practice**

NS HIV PrEP Pharmacist Prescribing Journey





Section 1: **PrEP-Rx**

Background

- Reports of challenges accessing HIV PrEP prescribers in the context of a **primary health care provider shortage** in Nova Scotia
- Research in Nova Scotia also showed **pharmacists are willing** to address this care gap, and **target users are interested** in pharmacist-prescribed HIV PrEP

Lived experience from perspective of both target users and pharmacists essential to gather for proposed pharmacy practice change

PrEP-Rx: Objectives

To evaluate the **feasibility** and **acceptability** of pharmacist prescribing for HIV PrEP

To describe the patient population accessing the pharmacy PrEP prescribing service

Population



To describe co-infections and laboratory abnormalities as part of PrEP prescribing and monitoring procedures

Laboratory



To describe participant satisfaction

Satisfaction



PrEP-Rx

March 2023 – October 2023

Key Innovations

Pharmacist prescribing for HIV Pre-Exposure Prophylaxis in 10 HRM community pharmacies

Who Participated?



45 participants



51% were between the 25-35 years of age



85% self-identified as male



97% reported sexual-orientation or gender diversity:
92% sexual-orientation
5% gender



All met HIV PrEP eligibility based on **sexual** risk factors:

- HIRI MSM score > 11 (78%)
- Syphilis or rectal STI (16%)
- HIV positive partner (4%)

Conclusions

Pharmacists prescribing for HIV PrEP was successfully piloted in community pharmacies in Nova Scotia

Participants reported positive experiences with the prescribing pharmacist

What We're Hearing

"My pharmacist is not only accessible and close to me but they understand the needs of the lgbtq2s+ community."

This study has helped me to regain confidence in my sexual health and know I am keeping myself and community safe."

What Did We Find?



All participants remained **HIV-negative** while enrolled in the study



52% never used PrEP before
24% were former PrEP users
24% were current PrEP users



Four co-infections (1 hepatitis B, 1 syphilis, 1 chlamydia, 1 gonorrhea) were identified through pharmacist monitoring and assessed by the study physician

97% felt **comfortable** seeing the pharmacist for HIV PrEP
97% found the pharmacy **accessible**
100% of respondents believed PrEP prescribing should **always be available in pharmacies**

Hot Off The Press!

d'Entremont-Harris M, Ramsey TD, MacNabb K, Murphy A, Bishop A, Isenor JE, Kelly DV, Al Hamarneh YN, Lee M, Ferguson A, Furlotte K, Woodill L, Hatchette T, Wilby KJ.

Implementation and acceptance of pharmacists' prescribing of human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP).

Can Pharm J (Ott). 2025 Aug 22;158(5):302-311.
doi: 10.1177/17151635251355277.

PMID: 40881659; PMCID: PMC12373644.



Scan the QR code to check it out!



Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) is an important HIV prevention tool, but it is difficult to access in many jurisdictions. Leveraging pharmacists' scope of practice feels like a natural solution to fill a gap in prescriber access. I'm grateful to have had the opportunity to contribute to research that I hope will enable better access HIV PrEP.

La prophylaxie préalable à l'exposition au VIH (PrEP) est un outil important de prévention du VIH, mais elle est sous-utilisée. Tirer parti du champ d'activité des pharmacies semble être une solution naturelle pour combler le manque d'accès aux prescripteurs. Je suis reconnaissant d'avoir eu l'occasion de contribuer à des recherches qui, je l'espère, permettront d'améliorer l'accès à la PrEP contre le VIH.

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302

Implementation and acceptance of pharmacists' prescribing of human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP)

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Jennifer E. Isenor, BSc(Pharm), PharmD¹; Deborah V. Kelly, BSc(Pharm), ACPR,

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Matthew Lee, MD, CCFP; Abbey Ferguson, BA(Hons); Kirk Furlotte, MSc, MA¹;

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Kyle John Wilby, BSP, ACPR, PharmD, PhD¹

ABSTRACT



Background: Pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) is highly effective at reducing the risk of acquiring HIV. PrEP is underused due, in part, to prescriber inaccessibility. The overall aim of this study was to evaluate the impact of pharmacist PrEP management (including prescribing and monitoring) on clinical and acceptance outcomes in patients who are at high risk for HIV exposure.

Methods: Pharmacist-led PrEP management was guided by a prescribing protocol and implemented at 10 community pharmacies in Nova Scotia over 6 months. Baseline and follow-up bloodwork determined HIV status, coinfection(s), and other eligibility criteria for initial and refill PrEP prescriptions. Patient acceptance was measured according to the theoretical framework for acceptability of health care interventions.

Results: Forty-five participants met eligibility criteria, and 37 remained for the study duration. Around half of the participants had never used PrEP before, and all identified as men who have sex with men or transgender women. Participants were highly accepting of the service and agreed that pharmacist-led PrEP management should always be available. Few reported privacy or stigma/discrimination concerns. All participants remained HIV-negative during study participation, and participants with coinfections were linked with care ($n = 4$).

Interpretation: The service was acceptable and effective for patients. Future work is required to reach underserved populations, particularly individuals with injection-related HIV risk factors.

Conclusions: Pharmacist-led PrEP management can provide an alternative way to obtain PrEP for higher-risk patients. This study resulted in a regulation change on July 1, 2024 that authorized pharmacists to prescribe PrEP in Nova Scotia. *Can Pharm J (Ott)* 2025;158:302-311



Section 2:

NS Pharmacists Scope Expansion

Human Immunodeficiency Virus Pre-Exposure Prophylaxis

Effective July 1, 2024

Pharmacists may prescribe **oral** HIV PrEP to eligible populations when they:

- do so in accordance with a **protocol that is consistent with clinical practice guidelines**.
- have **access to, and can interpret the results for, the laboratory tests** that are necessary to both initiate and continue HIV PrEP (for clarity, point of care testing cannot be used).

Pharmacists who undertake assessment and prescribing for HIV PrEP must:

- provide comprehensive counselling about the use of HIV PrEP including its benefits, risks, and requirements for monitoring.
- provide counselling about the risks, management, recommendations for screening for sexually transmitted and blood-borne infections, and any vaccines available.
- provide information to those requiring referral to another healthcare provider about how and where to access care and assist them in accessing it if necessary.
- ensure they are familiar with communication strategies for **delivering an infectious disease diagnosis** to individuals.

Scan the QR code to access our prescribing protocols!



Prescribing Protocol

Pre-Exposure Prophylaxis (PrEP) for HIV Prescribing Protocol - Initial Prescribing

Patient Information																																																																	
Name: _____	Preferred Name/Alias: _____																																																																
HCN: _____	Phone Number: _____																																																																
Street Address: _____	City/Town: _____ Province: _____																																																																
Postal Code: _____																																																																	
Date of Birth: _____	Age: _____																																																																
Gender: _____ or <input type="checkbox"/> Prefers not to disclose gender																																																																	
Pronouns: _____																																																																	
Primary Care Provider (PCP): _____ Fax: _____ Phone: _____																																																																	
<input type="checkbox"/> Patient does not have a primary care provider																																																																	
The first supply of HIV PrEP will be prescribed at the initial prescribing appointment.																																																																	
Medical History	Allergies, medical conditions, and medications reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																
	Known allergy to tenofovir or emtricitabine? <input type="checkbox"/> Yes - STOP <input type="checkbox"/> No																																																																
	Exposure to HIV within last 72 h while NOT taking HIV PrEP? <input type="checkbox"/> Yes - REFER ^{1*} <input type="checkbox"/> No																																																																
	CONTRAINDICATED due to interactions with the patient's current medications? <input type="checkbox"/> Yes - STOP <input type="checkbox"/> No																																																																
	<u>University of Liverpool HIV Drug Interaction Checker</u>																																																																
	Known eGFR < 30mL/min? <input type="checkbox"/> Yes - STOP ^{3*} <input type="checkbox"/> No																																																																
	Has a diagnosis of hepatitis B? <input type="checkbox"/> Yes - STOP <input type="checkbox"/> No																																																																
	If the patient has a uterus, are they pregnant? <input type="checkbox"/> Yes - STOP <input type="checkbox"/> No																																																																
	Is the patient lactating? <input type="checkbox"/> Yes - STOP <input type="checkbox"/> No																																																																
Eligibility	<input type="checkbox"/> HIV-negative individual at risk of HIV infection requesting HIV PrEP.																																																																
Laboratory Tests Ordered	The following labs are required to assess for treatment eligibility and ongoing monitoring. <input type="checkbox"/> Ordered at the initial prescribing appointment: <ul style="list-style-type: none">HIV (Ag/Ab and viral load) The pharmacist is to review the results of the HIV test after the patient has been taking HIV PrEP for 30 days.																																																																
Laboratory Results Reviewed	<table><tr><th colspan="4">Initial Prescribing</th></tr><tr><td>HIV</td><td><input type="checkbox"/> negative</td><td><input type="checkbox"/> positive - STOP</td><td></td></tr><tr><td>HIV viral load</td><td><input type="checkbox"/> undetectable</td><td><input type="checkbox"/> detectable - STOP</td><td><input type="checkbox"/> N/A</td></tr><tr><td>HAV immunity</td><td><input type="checkbox"/> immune</td><td><input type="checkbox"/> not immune</td><td></td></tr><tr><td>HBV immunity (HBsAb)</td><td><input type="checkbox"/> immune</td><td><input type="checkbox"/> not immune</td><td></td></tr><tr><td>HBV infection (HBsAg)</td><td><input type="checkbox"/> negative</td><td><input type="checkbox"/> positive - STOP</td><td></td></tr><tr><td>HCV</td><td><input type="checkbox"/> negative</td><td><input type="checkbox"/> positive - REFER^{2*}, but continue</td><td></td></tr><tr><td>Syphilis</td><td><input type="checkbox"/> negative</td><td><input type="checkbox"/> positive - REFER^{2*}, but continue</td><td></td></tr><tr><td>Chlamydia</td><td><input type="checkbox"/> negative</td><td><input type="checkbox"/> positive - REFER^{2*}, but continue</td><td></td></tr><tr><td>Gonorrhea</td><td><input type="checkbox"/> negative</td><td><input type="checkbox"/> positive - REFER^{2*}, but continue</td><td></td></tr><tr><td>CBC</td><td><input type="checkbox"/> WNL</td><td><input type="checkbox"/> abnormal - CAUTION^{4*}</td><td></td></tr><tr><td>eGFR</td><td><input type="checkbox"/> > 60 mL/min</td><td><input type="checkbox"/> < 60 mL/min - CAUTION^{3*}</td><td><input type="checkbox"/> < 30 mL/min - STOP</td></tr><tr><td>Beta-HCG</td><td><input type="checkbox"/> negative</td><td><input type="checkbox"/> positive - STOP</td><td><input type="checkbox"/> N/A</td></tr><tr><td>ALT</td><td><input type="checkbox"/> WNL</td><td><input type="checkbox"/> > 54 U/L (M) or > 44 U/L (F) - CAUTION^{5*}</td><td></td></tr><tr><td>Urinalysis</td><td><input type="checkbox"/> WNL</td><td><input type="checkbox"/> > 54 U/L (M) or > 44 U/L (F) - CAUTION^{5*}</td><td></td></tr><tr><td>Lipid panel</td><td><input type="checkbox"/> WNL</td><td><input type="checkbox"/> abnormal - CAUTION^{6*}</td><td><input type="checkbox"/> N/A</td></tr></table>	Initial Prescribing				HIV	<input type="checkbox"/> negative	<input type="checkbox"/> positive - STOP		HIV viral load	<input type="checkbox"/> undetectable	<input type="checkbox"/> detectable - STOP	<input type="checkbox"/> N/A	HAV immunity	<input type="checkbox"/> immune	<input type="checkbox"/> not immune		HBV immunity (HBsAb)	<input type="checkbox"/> immune	<input type="checkbox"/> not immune		HBV infection (HBsAg)	<input type="checkbox"/> negative	<input type="checkbox"/> positive - STOP		HCV	<input type="checkbox"/> negative	<input type="checkbox"/> positive - REFER ^{2*} , but continue		Syphilis	<input type="checkbox"/> negative	<input type="checkbox"/> positive - REFER ^{2*} , but continue		Chlamydia	<input type="checkbox"/> negative	<input type="checkbox"/> positive - REFER ^{2*} , but continue		Gonorrhea	<input type="checkbox"/> negative	<input type="checkbox"/> positive - REFER ^{2*} , but continue		CBC	<input type="checkbox"/> WNL	<input type="checkbox"/> abnormal - CAUTION ^{4*}		eGFR	<input type="checkbox"/> > 60 mL/min	<input type="checkbox"/> < 60 mL/min - CAUTION ^{3*}	<input type="checkbox"/> < 30 mL/min - STOP	Beta-HCG	<input type="checkbox"/> negative	<input type="checkbox"/> positive - STOP	<input type="checkbox"/> N/A	ALT	<input type="checkbox"/> WNL	<input type="checkbox"/> > 54 U/L (M) or > 44 U/L (F) - CAUTION ^{5*}		Urinalysis	<input type="checkbox"/> WNL	<input type="checkbox"/> > 54 U/L (M) or > 44 U/L (F) - CAUTION ^{5*}		Lipid panel	<input type="checkbox"/> WNL	<input type="checkbox"/> abnormal - CAUTION ^{6*}	<input type="checkbox"/> N/A
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* See APPENDIX 1. M = male sex; F = female sex; WNL = within normal limits; N/A = not applicable																																																																	
Assessment	<input type="checkbox"/> The patient is eligible for PrEP (tenofovir/emtricitabine) <input type="checkbox"/> The patient is NOT eligible for PrEP (tenofovir/emtricitabine) due to: _____																																																																
Prescription	<input type="checkbox"/> Emtricitabine/tenofovir disoproxil fumarate 200mg / 300mg (Truvada®) Take 1 tablet once daily. Duration x _____ days Refill x _____ <input type="checkbox"/> Emtricitabine/tenofovir alafenamide 200 mg / 25 mg (Descovy®) Take 1 tablet once daily. Duration x _____ days Refill x _____ <i>Recommended: Prescribe a 30-day supply at the initial prescribing appointment.</i> Prescribing for on-demand HIV PrEP and injectable (cabotegravir) HIV PrEP is NOT within the pharmacist scope of practice.																																																																
Patient Education	<input type="checkbox"/> Patient education sheet was reviewed with the following points discussed: <ul style="list-style-type: none">Daily dosing of PrEP and the importance of not missing dosesNew cases of HIV continue to be diagnosed in Nova ScotiaPotential adverse effects and management strategies<ul style="list-style-type: none">Nausea, vomiting, diarrhea, flatulenceFatigueHeadache↓ bone mineral density↓ CrCl mL/min/yearLaboratory monitoring protocols <input type="checkbox"/> Patient self-monitoring protocols																																																																
Immunization	Encourage completion of applicable vaccines: <ul style="list-style-type: none">Individuals who engage in substance use or harmful use of alcohol: Hep A, Hep B, Pneu-C-20Men who have sex with men: Hep A, Hep B, HPVIndividuals who engage in high-risk sexual practices: Hep A, Hep Bmpox vaccineAll patients: Routine COVID, Tdap, influenza, and all recommended routine vaccines (routine immunization schedules and individuals at high risk).																																																																
Follow-Up	<input type="checkbox"/> Initial prescribing appointment follow-up date: _____ (Recommended: At first refill) At each follow-up, the pharmacist is to assess for: <ul style="list-style-type: none">Symptoms of HIV seroconversion (e.g. febrile illness, mono-like symptoms, rash that cannot otherwise be explained)Adherence to therapy and adverse effectsOngoing indication for PrEPUse of other HIV and STI prevention strategies																																																																
Pharmacist Certification	By signing, I certify that I have assessed the patient and that patient consent was obtained. Pharmacist Name: _____ Signature: _____ NSCP #: _____ Date: _____																																																																

There are **three protocols**:

Initial Eligibility Assessment Protocol

- Determines if the patient will benefit from HIV PrEP
- Establishes the participant's expectations:
 - Adherence
 - Adverse effects
 - Monitoring
- Enables collection of baseline laboratory results

Initial Prescribing Protocol

- Prescribes the first supply of HIV PrEP

Refill Protocol

- Prescribes refills after baseline laboratory results are confirmed with ongoing laboratory monitoring

Laboratory Tests

nova scotia health authority
Department of Pathology and Laboratory Medicine - Central Zone
Laboratory Requisition – Primary Care

Gray fields indicate required information to prevent delay or rejection of sample.

Authorized requestor's information:
Ordering clinician/practitioner: _____
PRN (Physician registration #): _____
Address: _____
Telephone (for critical results): _____

Copy to clinician/practitioner name: _____
PRN: _____ **Location:** _____

Priority: ☐ Routine ☐ Urgent (see reverse)
Fasting? ☐ No ☐ Yes – number of hours: _____

☐ Standing order request – indicate test and frequency: _____

Authorized requestor's signature: _____
Date signed: _____ (signature expires one year from this date)

Instructions to patients (see reverse)

Chemistry	CT	Endocrine	CT	Hematopathology	CT	Urine testing	CT
<input type="checkbox"/> Electrolytes (Na, K)	Gr	<input type="checkbox"/> PSA	Gr	<input type="checkbox"/> Profile, auto diff	L	<input type="checkbox"/> Urinalysis	U
<input type="checkbox"/> Chloride (Cl)	Gr	<input type="checkbox"/> TSH	Gr	<input type="checkbox"/> INR (PT)	B	<input type="checkbox"/> Alb/Creat ratio (ACR)	U
<input type="checkbox"/> Total CO2	Gr	<input type="checkbox"/> Thyroxine, free (FT4)	Gr	<input type="checkbox"/> Is patient on Warfarin? <input type="checkbox"/> No <input type="checkbox"/> Yes		Stool testing	CT
<input type="checkbox"/> Glucose AC	Gr	<input type="checkbox"/> HCG quantitative	Gr	<input type="checkbox"/> PTT	B	<input type="checkbox"/> Stool C & S	E
<input type="checkbox"/> Glucose, random	Gr	Lipids	CT	<input type="checkbox"/> No		<input type="checkbox"/> Stool O & P	S
<input type="checkbox"/> Urea	Gr	<input type="checkbox"/> Triglycerides	Gr	<input type="checkbox"/> Is patient on Anticoagulant Therapy?			
<input type="checkbox"/> Creatinine	Gr	<input type="checkbox"/> Cholesterol	Gr	<input type="checkbox"/> Yes		<input type="checkbox"/> Traveled to/immigrated from outside North America	
<input type="checkbox"/> Total Bilirubin	Gr	<input type="checkbox"/> HDL-Cholesterol	Gr	<input type="checkbox"/> Type		<input type="checkbox"/> Immune compromised	
<input type="checkbox"/> Alkaline phosphatase	Gr	<input type="checkbox"/> LDL-Cholesterol	Gr				
<input type="checkbox"/> ALT	Gr	Drug levels	CT	Microbiology (blood only)	CT		
<input type="checkbox"/> CK	Gr	Pre-level only: Last dose date		Outbreak investigation? Provide Public Health Outbreak #			
<input type="checkbox"/> Phosphorus	Gr	Last dose time _____ hrs		Hepatitis:			
<input type="checkbox"/> Albumin	Gr	Tested by: _____		Hepatitis A	<input type="checkbox"/> Diagnosis <input checked="" type="checkbox"/> Immunity	Gd	
<input type="checkbox"/> Uric Acid	Gr			Hepatitis B	<input type="checkbox"/> Diagnosis <input checked="" type="checkbox"/> Immunity	Gd	
<input type="checkbox"/> Protein, total	Gr			Hepatitis C	<input type="checkbox"/> Diagnosis <input checked="" type="checkbox"/> Immunity	Gd	
<input type="checkbox"/> Calcium	Gr			Rash illness:			
<input type="checkbox"/> Gentin	Gr			Measles	<input type="checkbox"/> Diagnosis <input checked="" type="checkbox"/> Immunity	Gd	
<input type="checkbox"/> Magnesium	Gr			Rubella	<input type="checkbox"/> Diagnosis <input checked="" type="checkbox"/> Immunity	Gd	
<input type="checkbox"/> CRP	Gr			Parvovirus B19	<input type="checkbox"/> Diagnosis	Gd	
				Other:			
				<input type="checkbox"/> HIV 1 & 2	Gd		
				<input type="checkbox"/> EBV (mononucleosis)	Gd		
				<input type="checkbox"/> Syphilis	Gd		
				<input type="checkbox"/> Lyme disease	Gd		
				Ant-Tissue transglutaminase	Gd		
				Miscellaneous	CT		
				Anti-Tissue transglutaminase	Gd		

Other tests
Please print: ☐ Urine chlamydia and gonorrhea NAAT

Other tests not listed, including urine culture, may require different requisitions; please see our website for more information: www.cdna.nshealth.ca/pathology-laboratory-medicine

Container Type (CT) Legend: L Light blue blood tube C Sterile ovoid blood - card E Stool C & S enteric transport media G Gold blood tube Gr Green blood tube with gel separator L Lavender blood tube R Red blood tube S Sero/CLIA CAP peripheries U Urine container 24-24 hour urine container

Note for ordering pharmacist: 1 Order HCG as applicable for patients with a uterus. 5 Order IgG at baseline if prescribing IAT.

nova scotia health authority
Department of Pathology and Laboratory Medicine - Central Zone
Laboratory Requisition – Microbiology Primary Care

Gray fields indicate required information to prevent delay or rejection of sample.

Authorized requestor's information:
Ordering clinician/practitioner: _____
PRN (Physician registration #): _____
Address: _____
Telephone (for critical results): _____

Copy to clinician/practitioner name: _____
PRN: _____ **Location:** _____

Priority: ☐ Routine ☐ Urgent

Authorized requestor's signature: _____
Date signed: _____ (signature expires one year from this date)

Please visit our website for more information: www.cdna.nshealth.ca/pathology-laboratory-medicine

Most commonly requested tests (if not in this section, move to the next)

☐ Midstream urine for CAS
☐ Testing for asymptomatic patients not recommended
☐ Indwelling catheter urine for CAS
☐ Group A Strep throat culture
☐ Group A Strep antigen screen (<16 years; received before 1800 hrs)
☐ Stool for CAS
☐ Stool for H. pylori stool antigen

☐ Stool for ova and parasites¹
☐ Traveled to/immigrated from outside North America
☐ Location: _____
☐ Stool for C. difficile
☐ Vaginal/yeast/Trichomonas Gram stain (Nugent score)
☐ Vaginal swab for N. gonorrhoeae and Chlamydia²
☐ Urine for N. gonorrhoeae and Chlamydia (male)

Specimen source
☐ Sputum
☐ Nasopharyngeal
☐ Nail
☐ Skin scrapings (specify source) _____
☐ Swab (specify site) _____
☐ Stool³
☐ Eye: ☐ Left ☐ Right
☐ Other (specify site) _____

Examination requested
☐ Testing required
☐ Aerobic culture
☐ Fungal culture
☐ Virus detector⁴ (specify virus) _____
☐ Mycobacterial culture
☐ Other: _____

Other tests (not specified above) – please print
☐ rectal swab for chlamydia and gonorrhea
☐ throat swab for chlamydia and gonorrhea

Microbiologists' phone numbers
Bacteriology
Dr. Ross Davidson (902) 473-5520
Dr. David Haldane (902) 473-2392
Virology/Immunology/Molecular
Dr. Todd Hatcher (902) 473-6885
Dr. Jason LeBlanc (902) 473-7698
On-call microbiologist (902) 473-2220

Clinically relevant information: _____

Serological testing: Use Primary Care blood requisition CD0028

Note for pharmacist: Order only chlamydia and gonorrhea tests that apply to your specific patient based on the anatomic sites they are to have sex, select either on this form if applicable to your patient, and complete Microbiology Primary Care requisition for results.

1 Specialized transport media required. 2 Ova and parasite requests will be processed only for Giardia and Cryptosporidium unless travel/immigration history is indicated. 3 Testing of women > 15 years is restricted to those with symptoms and/or between exposures, and those with multiple recent partners.

Delivering an Infectious Diseases Diagnosis



Nova Scotia Pharmacist's Human Immunodeficiency Virus Pre-Exposure Prophylaxis Prescribing Resource: Delivering A Sexually Transmitted And Blood Borne Infection Diagnosis

Preamble:

- Human Immunodeficiency Virus (HIV) Pre-Exposure Prophylaxis (PrEP) prescribing involves testing for Sexually Transmitted And Blood Borne Infections (STBBI) including HIV, hepatitis B, hepatitis C, syphilis, chlamydia, and gonorrhea.
- In the event a new diagnosis of HIV, hepatitis B, hepatitis C, syphilis, chlamydia or gonorrhea is discovered by a pharmacist as part of monitoring for HIV PrEP prescribing, the pharmacist is responsible for informing the patient.

HIV	<ul style="list-style-type: none"> Not curable Requires lifelong antiretroviral therapy HIV antibody/antigen (Ab/Ag) will remain detectable lifelong HIV viral load will decrease when on effective antiretroviral therapy
Hepatitis B	<ul style="list-style-type: none"> Curable, however some have chronic disease HBsAb (antibody) can be detected due to past infection or vaccination HBsAg (antigen) is only present with infection
Hepatitis C	<ul style="list-style-type: none"> Curable, but reinfection is possible if re-exposed Hepatitis C virus (HCV) antibody will remain detectable lifelong after an infection Look for detectable HCV viral load to determine if infection is a present infection
Syphilis	<ul style="list-style-type: none"> Curable, but reinfection is possible if re-exposed Syphilis antibody test will remain detectable lifelong after an infection Syphilis RPR must be completed to determine present versus past infection
Chlamydia	<ul style="list-style-type: none"> Curable, but reinfection is possible
Gonorrhea	<ul style="list-style-type: none"> Curable, but reinfection is possible

Before Telling the Patient:

- Consider seeking emotional and clinical support from an experienced colleague.
- Be sure to stay calm, composed, and prepared to share the news with the patient.
- When delivering the diagnosis of a STBBI, your focus is on the patient and Public Health will address contact tracing and the needs of the public.

Telling the Patient:

- Invite the patient to discuss their results with you as soon as possible (ideally within 72 hours) after receiving the test result.
- Whenever possible, invite the patient to the pharmacy in person to discuss test results indicating a STBBI infection in a private counselling room.
- Share the news the test indicates they have an infection and provide additional information if the patient is uncertain as to what this means.
- Avoid using language that the test is "positive". This can be misleading and perceived as a favorable test result. Describe clearly the test indicated they have an infection.
- Give the patient time to digest the news and provide support, guidance, and insight. See some tips and tricks to these conversations in the following sections.

Language Skills:

Commonly Used Phrases	Reaction	Suggested Reframe
Incurable STI	Fear, hopelessness, helplessness	Chronic, manageable, treatable
Reduce risk of infection	Focus on danger and fear	Lower possibility of transmission
Infected with STBBI INFECTION	Shame, fear, self-blame	Living with STBBI INFECTION
Person X gave STBBI INFECTION to person Y/ person Y caught STBBI INFECTION from person X	Blame, anger, deliberate intent	STBBI INFECTION was transmitted, STBBI INFECTION was acquired

Understanding Emotional Reactions and Providing Support:

Most people have an immediate period of shock and upset when first discovering their STBBI diagnosis, followed by gradual acceptance. This initial reaction can sometimes be intense and overwhelming. While most people reach the point of acceptance on their own, some people may experience recurring cycles of shame, guilt, anger, and depression, which can lead to avoidance of sex and intimacy in the event of sexual transmission.

As a healthcare professional, you can help facilitate moving towards acceptance by validating feelings first, before offering resources and detailed clinical information.

Adapted with permission from:
Halifax Sexual Health Centre Reactive Test Counselling – Tips & Tricks, Winter 2022
BC Centre for Disease Control





Section 3:

HIV PrEP Prescribing in Action

Tale of two early adopters

• STI Care Now

- Multiphase virtual care STI initiative
- Offers **virtual care** HIV PrEP prescribing consults
- Pharmacists employed by **provincial health authority**



• Boyd's Pharmasave

- Independent community pharmacy with a community pharmacy primary care clinic
- Offers **in-person and virtual care** HIV PrEP prescribing consults
- Pharmacists employed by **community pharmacy**



STI Care Now

STI Care Now: Phase One

July 2024 – April 28, 2025



STI Care Now: Phase Two

April 29, 2025 – Present

Key Innovations

1

Self-Assessment and Web-Based Kit Ordering

2

Self-testing kits for chlamydia & gonorrhea

3

Virtual care integrations

4

Linkage to care by a pharmacist

Phase 1 Metrics



2722 Kits Mailed



100+ Linkage to Care Appointments



1311 Test Results Shared

Overview

This phase integrates HIV screening, **HIV PrEP prescribing**, and strengthens community partnerships by partnering with additional community-based organizations and high-schools.

Key Innovations

1

Self-testing kits for HIV and HIV PrEP assessment

2

Self-reporting and linkage to care for reactive HIV screening

3

Focus on support and care navigation

What We're Hearing

"I took the opportunity because it was quick, easy and free."

"This initiative is SO GREAT. As a trans member of the queer community, having stigma free easily accessible testing options is so important. Thank you for this great program!!!"

What We've Learned



Most individuals requesting STI self-testing were between 20 and 35



5% of individuals identified as non-cis-gender



94% of users recommend self-testing through the initiative



25% of patients would not have had testing without the program

INSTI Multiplex HIV-1 / HIV-2 / Syphilis Antibody Test.



What We're Doing



Patient-use validation study for HIV/syphilis POCT



Developing resources for self-testing



Building awareness of program delivery & service

STI Care Now

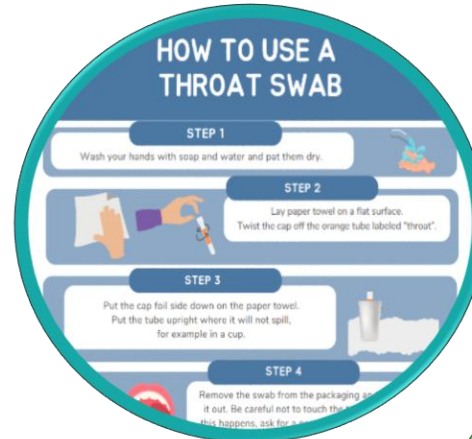
Self-referral and testing steps



01
**Complete Online
Self-referral form**



02
**Get a Test Kit*
and/or request HIV
PrEP consult**



03
**Use self-testing
kit**



04
**Put testing
kit in the mail**



05
**Notified via email
(or phone) of
testing progress
and
negative results**



06
**Linkage to care,
prescription and
other needed
care for those
with chlamydia
or gonorrhea
and those who
request HIV PrEP**

STI Care Now

Key Stats and Outcomes So Far

Initiative Statistics



Accepted Requests
5628 Requests
4508 Patients



Kits Mailed
5628
Kit Return Rate
53%

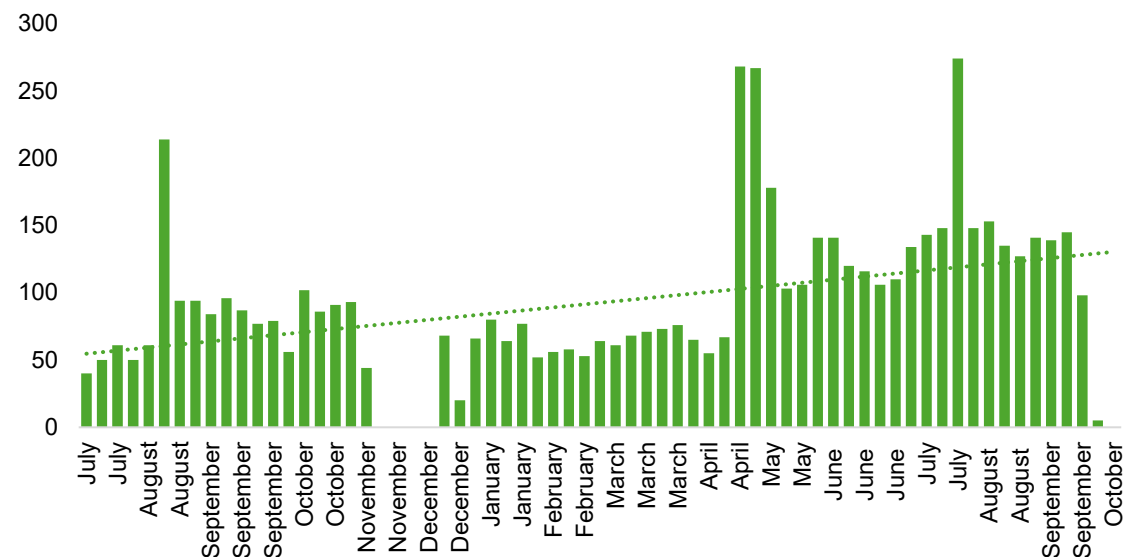


Results Shared
2964
214(-)ve
180 CT; 34 GC
10 CT & GC



651 Linkage to Care
with pharmacist
88 Social Worker
Consults

Requests Over Time



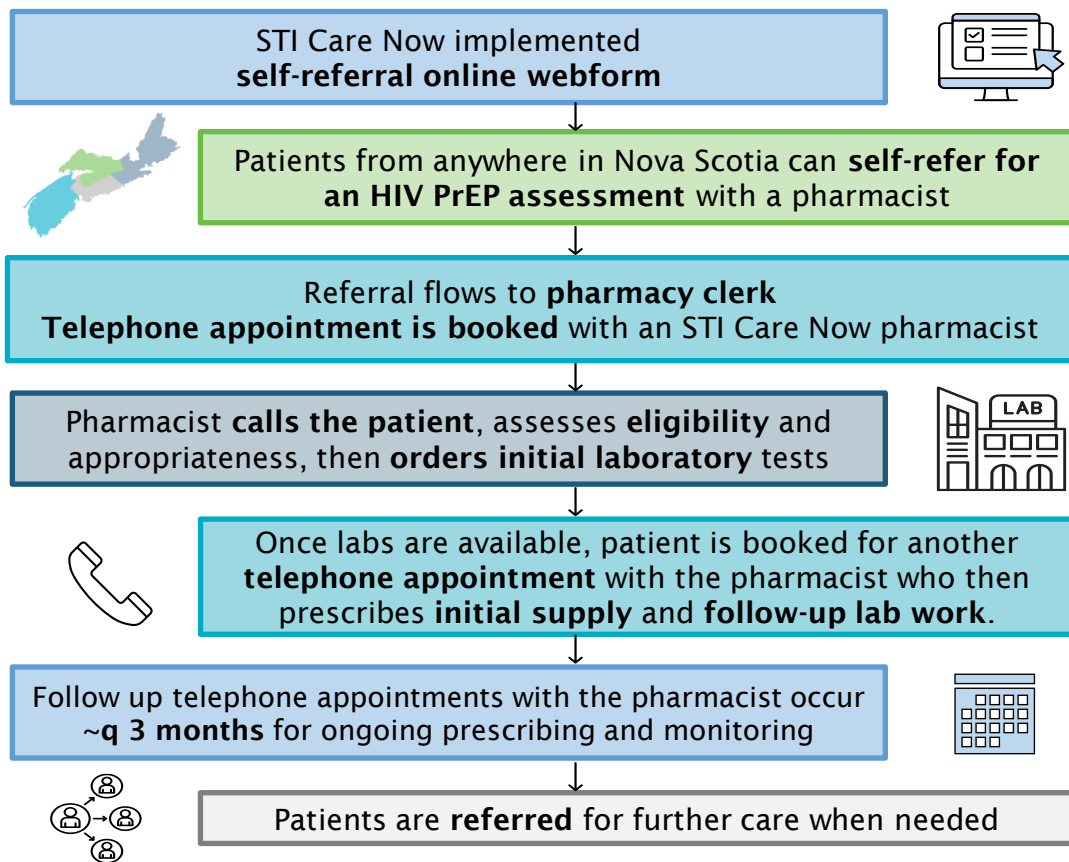
Patient Feedback: Total Survey Responses: **1688**, Survey Response Rate: **57%**

This is an amazing service! Please never end it! It's so accessible and easy to use. I am so grateful for this.

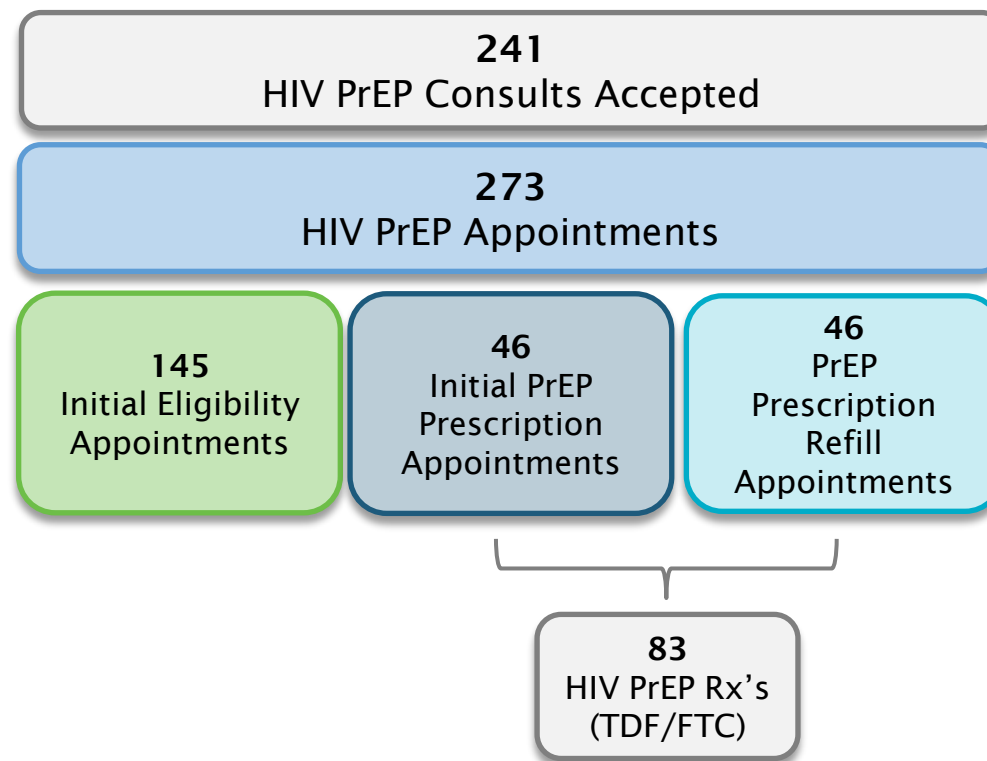
I was very happy with the pharmacist who contacted me. This is the first time I have ever had to do this and she was very nice and non judgmental and put me at ease, as I was very embarrassed and answered all my questions.

I find this to be a great program, I have a difficult time accessing care, as do many Nova Scotians, at this time. I hope this program continues

STI Care Now: HIV PrEP



April 29, 2025 to October 30, 2025



Quotes From the STI Care Now Pharmacists:

Providing a virtual service where individuals have access to HIV PrEP has been a great experience. These individuals very much appreciate our care and feel we are providing a safe space with no judgment and easy access to treatment which they cannot necessarily get from their primary care provider or from a walk-in clinic.

STI Care Now Pharmacist #1

Providing care through this service has been a wonderful experience. Coming from a small town I can appreciate the difficulty rural Nova Scotians can face when accessing health care. Knowing that we are connecting with patients regardless of where they live in Nova Scotia is very rewarding.

STI Care Now Pharmacist #2

PrEP is the most rewarding part of STI Care Now. I hear stories from patients who have wanted to start PrEP but have faced various barriers. Offering virtual PrEP appointments removes many of these. We are able to build relationships over the phone, providing a safe space for patients to ask questions. Beyond accessibility, we build relationships through follow up.

STI Care Now Pharmacist #3

Boyd's Pharnasave



Community Pharmacy Primary Care Clinic

- 46 sites across the province (all four zones)
- Enables pharmacists to practice to fullest scope, integrating laboratory ordering, POCT, physical assessments and prescribing
- Separation of clinical services and dispensary services
- Seamless integration of HIV PrEP assessments and prescribing into day-to-day practice



Appointment-based services

- Appointment management software (i.e. MedMe) enables easy online booking, cancelations and rescheduling
- Allows pharmacists time to focus on offering clinical services with reduced distractions
- Ability to offer services in person, by phone or virtually



Gender and Sexual Health

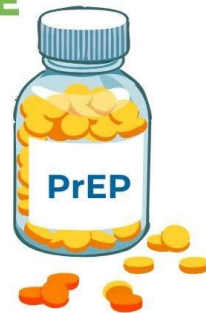
Pharmacist care with gender and sexual health needs. Examples of services include assessment and prescribing for HIV Pre-exposure prophylaxis medication, injection of medication and more.

Community Pharmacy Example: Boyd's Pharmasave

—BOYD'S—
PHARMASAVE®
NEW SERVICE!

Boyd's Pharmasave is excited to now offer:

**NOVA SCOTIA-WIDE
VIRTUAL
HIV PREP (PRE-
EXPOSURE
PROPHYLAXIS)
ASSESSMENTS**



- Visit www.boydsparmasave.ca and choose "Book an Appointment"
- Select *Gender and Sexual Health*, then select *HIV PrEP Assessment*
- Select phone, choose a date and time and complete the demographic questions
- A Pharmacist will assess you for PrEP eligibility, answer your questions, provide you with a lab requisition, and if appropriate, prescribe you medication which can faxed to your pharmacy or prepared by us and discreetly mailed to a location of your choice (signature required and delivery fee may apply)

*A valid Nova Scotia health card is required for service coverage

- **Independent community pharmacy** in Halifax
- Offering **in person** and **virtual** HIV PrEP assessments
- Available to patients across **Nova Scotia**

—BOYD'S—
PHARMASAVE

Gender and Sexual Health

Pharmacist care with gender and sexual health needs. Examples of services include assessment and prescribing for HIV Pre-exposure prophylaxis medication, injection of medication and more.

HIV PrEP (HIV Pre-Exposure Prophylaxis) Assessment

SELECT

Free of charge with valid NS Health Card

Book a consultation for HIV Pre-Exposure Prophylaxis



Facilitators For Adoption

Keys to success:

- Inclusive practice
 - Advocacy
 - Collaboration
- Welcoming environment
- Community engagement



Facilitators For Adoption...

Make it easy. One stop shopping.

Pharmacists

- Prescribing protocols
- Pre-populated laboratory requisitions
- Scripts for delivering a diagnosis
- Patient education materials

- Dedicated time (appointments, staff)

Patients

Offer suite of related services:

- Sexual health care
- Gender affirming care
- Substance use care

- Meet people where they are at (outreach) and in spaces they frequent (CBO, libraries, school clinics)

Barriers to Broader Adoption...Money

Pharmacist Funding

- STI Care Now and primary care clinic pharmacists make hourly rate paid by employer to offer these services
- Pharmacists in community pharmacies are not remunerated from MSI at present
- Applied for tariff agreement, but no word yet
- In non-primary care clinic community pharmacies, either pharmacist offering service free of charge, or charging patient

Medication Coverage

- Even with provincial public funding (Pharmacare) for TDF/FTC, cost is prohibitive in many cases

With social work referral – can get TDF/FTC filled through Metro Dispensary for \$30/fill

Out of pocket PrEP (TDF/FTC) cost (*With no public/private insurance*)

- TDF/FTC generic: \$250/month (Apo)
- TAF/FTC~\$960/month

Cost of Nova Scotia Family Pharmacare

- \$45,000/year, no dependents
 - Deductible: \$2,250
 - Co-payment: \$4,275
 - Out of pocket: \$2,812/year

Barriers to Broader Adoption...Testing

Ordering And Receiving Labs

- Though legally possible, not all pharmacists have a PMB to order bloodwork
- Logistical barriers to ordering and receiving laboratory results

Lack of access to swabs

- Inconsistent access to chlamydia and gonorrhea swabs across the province



Thank you!

Questions?
tramsey@dal.ca