

HIV Post-exposure Prophylaxis Drug Order Form



Fax order to: Taché Pharmacy • Fax: (204) 231-1739 • Phone: (204) 233-3469 • For Inquiries only e-mail: tache@mymts.net

Date (yyyy/mm/dd)	____/____/____	Delivery Date (yyyy/mm/dd): *	____/____/____
Contact Name:		Fax #:	
Facility Name:		Address:	
Telephone #:			

* If no date indicated, assume delivery in 4-5 business days.

Drug Content	Reason to Order	Quantity
Kit A – Standard [≥ 13 yr (any weight), ≥ 6 yr (≥ 35 kg)]		
emtricitabine/tenofovir (Truvada®*) 200/300 mg tablet - 3 tablets raltegravir (Isentress®) 400 mg tablet - 6 tablets	Units Requested:	
	Used kits <input type="checkbox"/> Or Expired Kits <input type="checkbox"/>	
	If expired, how many?	
Kit B – Renal [≥ 16 yr (any weight), 6 to < 16 yr (≥ 35 kg)]		
lamivudine/zidovudine (Combivir®) 150/300 mg tablet - 6 tablets raltegravir (Isentress®) 400 mg tablet - 6 tablets	Units Requested:	
	Used kits <input type="checkbox"/> Or Expired Kits <input type="checkbox"/>	
	If expired, how many?	
Kit C – Older Child [13 to < 16 yr (< 35 kg), 6 to < 13 yr (25 to < 35 kg)]		
zidovudine (Retrovir®) 100 mg capsule - 18 capsules lamivudine (3TC®) 150 mg tablet - 6 tablets raltegravir (Isentress®) 400 mg tablet - 6 tablets	Units Requested:	
	Used kits <input type="checkbox"/> Or Expired Kits <input type="checkbox"/>	
	If expired, how many?	
Kit D – Younger Child [6 to < 13 yr (< 25 kg), 2 to < 6 yr (< 35 kg)]		
zidovudine (Retrovir®) 100 mg capsule - 18 capsules lamivudine (3TC®) 150 mg tablet - 6 tablets lopinavir/ritonavir (Kaletra®) 100/25 mg tablet - 24 tablets	Units Requested:	
	Used kits <input type="checkbox"/> Or Expired Kits <input type="checkbox"/>	
	If expired, how many?	

*or generic equivalent

Please refer to the **Post-exposure Prophylaxis for HIV, HBV and HCV: Integrated Protocol for Managing Exposures to Blood and Body Fluids in Manitoba** available at:

<https://www.gov.mb.ca/health/publichealth/cdc/protocol/pep.html>

Prescriber's Name:	Prescriber's License No:	Prescriber's Signature:
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