

# Manitoba Health and Healthy Living HIV Post-exposure Prophylaxis Drug Order Form



Fax order to: Taché Pharmacy    Fax: 204-231-1739    Phone: 204-233-3469

Please note that inquiries (not orders) can be sent to: [tache@mts.net](mailto:tache@mts.net)

Please complete ALL sections below:

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

Date of order (mm/dd/year): \_\_\_\_\_ Date needed: \_\_\_\_\_

Facility ordering: \_\_\_\_\_ Individual ordering: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Facility to receive order: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Kit	Type of Kit	Quantity and Reason for Order	Taché Pharmacy Use Only
Adult	<b>BASIC KIT – Adult or ≥ 50 kg</b> Zidovudine 300 mg/Lamivudine 150 mg (Combivir® 300/150 mg) – <b>10 tablets</b>	# Requested _____ used kits / expired kits (circle one) If expired, how many _____	Combivir® Lot # _____  Expiry _____
	<b>EXPANDED – Adult or ≥ 50 kg</b> Lopinavir 200 mg/Ritonavir 50 mg (Kaletra® 200/50 mg) – <b>20 tablets</b>	# Requested _____ used kits / expired kits (circle one) If expired, how many _____	Kaletra® Lot # _____  Expiry _____
Pediatric	<b>BASIC Pediatric Kit – SOLID</b> Zidovudine 100 mg – <b>20 capsules</b> Lamivudine 150 mg – <b>10 tablets</b>	# Requested _____ used kits / expired kits (circle one) If expired, how many _____	Zidovudine Lot # _____  Expiry _____  Lamivudine Lot # _____  Expiry _____
	<b>BASIC Pediatric Kit – LIQUID</b> Zidovudine 10 mg/ml – <b>160 ml</b> Lamivudine 10 mg/ml – <b>120 ml</b>	# Requested _____ used kits / expired kits (circle one) If expired, how many _____	Zidovudine Lot # _____  Expiry _____  Lamivudine Lot # _____  Expiry _____
	<b>EXPANDED Pediatric Kit – A</b> Lopinavir 100 mg/Ritonavir 25 mg (Kaletra® 100/25 mg) – <b>40 tablets</b>	# Requested _____ used kits / expired kits (circle one) If expired, how many _____	Kaletra® Lot # _____  Expiry _____
	<b>EXPANDED Pediatric Kit – B</b> Nelfinavir (Viracept® 250 mg) <b>70 tablets</b>	# Requested _____ used kits / expired kits (circle one) If expired, how many _____	Viracept® Lot # _____  Expiry _____

Please refer to the *Integrated Post-exposure Prophylaxis Protocol for HIV, HBV and HCV: Guidelines for Managing Exposures to Blood and Body Fluids* available at:  
[www.gov.mb.ca/health/publichealth/cdc/fs/ipep.pdf](http://www.gov.mb.ca/health/publichealth/cdc/fs/ipep.pdf)