

Manitoba HIV Pre-Exposure Prophylaxis (PrEP) Prescriber Registration

In making this registration I recognize that:

- I am required to review the provincial eligibility criteria for PrEP and the Manitoba HIV Program HIV Prevention Guidelines prior to prescribing PrEP.
 - https://www.gov.mb.ca/health/publichealth/cdc/docs/prep_eligibility_criteria.pdf
 - <https://mbhiv.ca/guidelines>
- I will ensure that each patient/client fulfills the provincial eligibility criteria and I will schedule ongoing follow-up for monitoring and counseling as described by the clinical guidance for PrEP outlined in the HIV Prevention Guidelines.

Prescriber Full Name

Professional Designation (MD, NP, RN(AP) Reproductive Health/STBBI or other)

College Registration Number

Prescriber e-mail address (*This will be used for sharing updates related to HIV PrEP*)

Clinic Mailing Address (*The address where you will be providing PrEP*)

Clinic Phone Number

Prescriber Signature

Registration Date

Return registration via: stbbi@gov.mb.ca

Population and Public Health Branch

Manitoba Health and Seniors Care

Information from this registration will be shared with Non-Insured Benefits, Manitoba Health and Seniors Care.

Please allow two weeks for your registration to be processed prior to prescribing PrEP for coverage under Manitoba Drug Programs. You will be only be contacted if there are issues identified with your registration.