## **Appendix E: Sample Prescription**

Rx - TRUVADA TABLET (200-300 MG) (emtricitabine/tenofovir disoproxil fumarate)

1 (One) Tablet(s), Once daily X 30 Day(s)

Pharmacist Instructions:

For HIV Pre-Exposure Prophylaxis

Note: Prescription EXPIRES 3 months from the day written and patient must repeat

lab work before refill allowed.

Qty: 30 (Thirty) Tablet(s) Drug Use: Continuous Refills: 2 Route: Oral

Start Date: 01-Jan-2019 End Date: 01-Apr-2019
Compliance Pkg Req: No Substitutions: Allowed
Effective Date: 01-Jan-2019 Expiry Date: 01-Apr-2019
Trial Dispenses: Not Authorized