

Excerpts from the Michigan Department of Health and Human Services nPEP Guidance

Individuals who have experienced non-occupational exposures to HIV, such as unprotected vaginal or anal sex with a partner of known or unknown HIV status, sharing injecting drug use equipment, or sexual assault, may present in any healthcare setting at any time. The Michigan Department of Health and Human Services (MDHHS) supports the US Public Health Service working group recommendation that **institutions** (e.g., *emergency departments, urgent care facilities, community health centers, health departments, and those conducting forensic exams following sexual assault*) develop clear protocols for the management of nPEP.¹

1. **nPEP should be recommended** to individuals who have experienced a high risk, non-occupational exposure to HIV, such as unprotected vaginal or anal sex with a partner of known or unknown HIV status, sharing injecting drug use equipment, or sexual assault.

Rationale: Antiretroviral (ARV) therapy initiated soon after unanticipated sexual contact or injecting drug use may, in certain circumstances, prevent HIV transmission.

2. **Providers should prescribe a 28-day course of three (or more) tolerable drugs** to combat infections following a known or potential exposure to HIV.²

Preferred Regimen for Healthy Adults

**Tenofovir Disoproxil Fumarate 300 mg with Emtricitabine 200 mg (Truvada) PO once daily for 28 days
plus Raltegravir (Isentress) 400 mg PO twice daily for 28 days**

OR

**Tenofovir Disoproxil Fumarate 300 mg with Emtricitabine 200 mg (Truvada) PO once daily for 28 days
plus Dolutegravir (Tivicay) 50 mg PO once daily for 28 days**

Pregnant women/birthing persons: Dolutegravir is a recommended drug for use in pregnant women/birthing persons. To discuss risk and benefits of prophylaxis for both maternal and fetal health, a prompt consultation with an HIV expert should occur.

Note: For a list of alternative CDC-recommended nPEP regimens for adults and pediatrics, please reference:

<https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>

*For immediate informational assistance, contact the **MDHHS/Henry Ford HIV Consultation Line: (313) 575-0332***

*For urgent prescription requests, contact **MedCart Pharmacy: 1-877-770-4633, option 1***

In the event of a pediatric exposure, please consult a Pediatric HIV Specialist

Elizabeth E. Secord, MD – Wayne Pediatrics

Email: esecord@med.wayne.edu; Consultation Line (available 24/7): **248-840-4785**

3. **HIV nPEP should be offered as soon as possible** after exposure and initiated, generally, no later than 72 hours following exposure.
4. **Discussion with a patient regarding initiation of HIV nPEP** should include the following:
 - a. risk of acquiring HIV infection
 - b. potential of nPEP to prevent HIV infection
 - c. possible side effects of the nPEP regimen
 - d. duration of nPEP
 - e. monitoring schedule, including follow-up
 - f. importance of adherence to the medication regimen
 - g. plan for accessing the full 28-day supply of appropriate ARVs promptly by way of:
 - i. prescription filled at a pharmacy that carries the medications
 - ii. pharmaceutical compassionate use and co-pay assistance programs

5. **Starter packs** (5-7 day supply) of appropriate ARV medications should be available on-site for rapid initiation of HIV nPEP. A prescription for the remainder of the full 28-day supply should be provided to the patient when they receive the starter pack.
6. **Clinicians should obtain blood from the patient** for baseline HIV rapid or expedited point of care serologic testing when recommending initiation of nPEP.
7. **HIV nPEP regimen should be started without waiting for the results** of the baseline HIV test; refusal to undergo baseline HIV testing should not preclude initiation of nPEP.
8. In addition to a baseline test, all patients seeking care after a potential HIV exposure should be tested for the presence of HIV antibodies/antigens at 4- 6 weeks and 3 months after exposure to determine whether HIV infection has occurred.³ **Patients should be advised where follow-up HIV testing is available to them at no cost.**
9. **Persons who present with repeated high-risk behavior** or for repeat courses of nPEP should be considered for Pre-Exposure Prophylaxis (PrEP) after completion of the 28-day nPEP regimen.
10. **For all exposures**, other health risks resulting from the exposure should be considered, and when indicated, prophylaxis administered, such as hepatitis B vaccine, hepatitis C testing and treatment, as well as testing and treatment for other sexually transmitted infections and pregnancy.

Urgent Prescription Requests:

- *MedCart Specialty Pharmacy: 1-877-770-4633, option 1*
- A Clinical Pharmacist is available 24/7 and will respond to emergency voicemails as soon as possible.
- MedCart will assist with same or next day delivery/mail options, payment and benefit options, and more.

Access the full MDHHS Guidance on nPEP at:

https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/HIVSTI/PEP/MDHHS_nPEP_Guidance.pdf

Consultation concerning implementation of these guidelines can be obtained from:

- *The MDHHS/Henry Ford Consultation Program.* This program is set up to answer questions from Michigan health care professionals regarding HIV non-Occupational Post-Exposure Prophylaxis (nPEP), as well as HIV Disease Management, HIV Drug Interactions, HIV Pre-Exposure Prophylaxis (PrEP), and Perinatal HIV Treatment.
 - Non-urgent questions can be submitted at www.henryford.org/HIVconsult and will be responded to in 24 to 48 hours.
 - For urgent questions, health care professionals should contact the 24-hour consultation line by calling **313-575-0332**.
- *Pediatrics: Elizabeth E. Secord, MD – Wayne Pediatrics*
Email: esecord@med.wayne.edu; Consultation Line (available 24/7): **248-840-4785**
- *Midwest AIDS Training and Education Center (MATEC Michigan):*
Cell (available 24/7): **313-408-3483**

¹ Kuhar, DT, Henderson, DK, Struble, KA, Heneine, W, Thomas, V, Cheever, LW, Gomaa, A, Panlilio, AL. Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis. *Infect Control Hosp Epidemiol.* 2013 Sep;34(9):875-92. doi: 10.1086/672271

² "Welcome to CDC Stacks | Updated Guidelines for Antiretroviral Postexposure Prophylaxis after Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV-United States, 2016 - 38856 | Guidelines and Recommendations." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, stacks.cdc.gov/view/cdc/38856.

³ <https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>