



HIV PRE- AND POST-EXPOSURE PROPHYLAXIS GUIDELINE

HIV Pre-Exposure Prophylaxis

Clinical Setting	Primary therapy	Comments (required testing)
<p>A) Sexually Active Adults and Adolescents (>35 kg) who have had anal or vaginal sex in the past 6 months AND any of the following:</p> <ol style="list-style-type: none"> 1) A sexual partner with HIV infection with detectable HIV viral load¹ 2) A recent bacterial STI 3) Inconsistent or no condom use with sexual partners <p>B) People who inject drugs AND</p> <ol style="list-style-type: none"> 1) Have had an injecting partner who is HIV positive AND/OR 2) Who share drug preparation or injection equipment with other people <p>¹If partner is HIV infected with undetectable viral load on effective ART, then engage with shared decision making with patient regarding need for PrEP with risk/benefit discussion.</p> <p>NOTE: Adolescents under age 18 require parental consent for PrEP unless prescribed at Title X clinic. If parental consent is not possible, refer to Title X clinic.</p>	<p>Emtricitabine 200 mg PO daily + tenofovir disoproxil fumarate 300 mg PO Daily (TRUVADA) (requires CrCl >60 mL/min)¹</p> <p>OR</p> <p>Emtricitabine 200 mg-tenofovir alafenamide 25 mg PO daily (DESCOVY)^{2,3} (requires CrCl >30 mL/min. If CrCl is <30 consult ID)</p> <p>Provide adherence counseling to patients. Medication will prevent HIV only if taken consistently without missed doses.</p> <p>If combination products are not available, individual generic equivalents can be used</p> <p>²Descovy is not FDA approved for women at risk for HIV through receptive vaginal sex. If CrCl <60 for women at risk through receptive vaginal sex, consult ID.</p> <p>³Provide only a 90-day supply with 0 refills. Refill after 90 days only if required lab testing is performed.</p>	<p><u>Initial lab screening:</u></p> <ul style="list-style-type: none"> - HIV antigen/antibody - HIV quantitative PCR for those who have had recent unprotected sex⁴ - Basic metabolic panel (BMP) - Hepatitis B serology⁵ - STI screening: oral, anal swabs and urine NAAT for gonorrhea and chlamydia (GC/CT), RPR for syphilis. - Pregnancy screen - Lipid panel (Descovy only) <p><u>Lab monitoring:</u></p> <p><i>Every 3 months:</i></p> <ul style="list-style-type: none"> - HIV antigen/antibody - HIV 1 RNA PCR - NAAT for GC/CT based on anatomic site of exposure (eg, rectal and/or pharyngeal swabs in addition to urine testing) - RPR - Pregnancy test <p><i>Every 6 months</i></p> <ul style="list-style-type: none"> - BMP if >50 year old OR CrCl <90 mL/min <p><i>Yearly</i></p> <ul style="list-style-type: none"> - BMP if <50 year old AND CrCl >90 mL/min - Lipid Panel (Descovy only) <p>⁴To rule out acute HIV infection</p> <p>⁵LFTs should be closely monitored in those with active HBV infection after discontinuation of Truvada or Descovy given risk of rebound hepatitis.</p> <p><u>Need more information?</u></p> <ul style="list-style-type: none"> • Full CDC PrEP prescribing information • National Clinician Consultation Center PrEP Line @ 1-855-448-7737 (9:00 AM – 8:00 PM EST)

HIV Non-occupational Post-Exposure Prophylaxis		
Clinical Setting	Primary therapy	Comments
<p>Adults and adolescents ≥13 years old with CrCl >60⁶ within 72 hours of known or possible HIV exposure including:</p> <ul style="list-style-type: none"> • Condom slippage or breakage • Lapse in condom use by serodiscordant or unknown status partners⁶ • Other episodic exposure to blood, semen, vaginal secretions, or body fluids with visible blood contamination • Sexual assault • Needle sharing <p>⁶Consult ID for further guidance if CrCl <60 or if partner is known HIV positive with undetectable viral load</p>	<p>Emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg daily (TRUVADA) + dolutegravir 50 mg daily (TIVICAY)</p> <p>If combination product is not available, individual generic equivalents can be used</p>	<p><u>Duration:</u> 28 days</p> <p><u>Baseline labs in exposed patient:</u></p> <ul style="list-style-type: none"> - HIV antigen/antibody - site-specific NAAT testing for chlamydia/gonorrhea - RPR - Hep B surface antigen/antibody and core antibody - Hep C antibody - pregnancy test - comprehensive metabolic panel <p><u>Follow up Testing:</u> <i>4-6 weeks</i></p> <ul style="list-style-type: none"> - HIV Antigen/Antibody - RPR - Basic Metabolic Panel - Gonorrhea/Chlamydia NAAT if presumptive treatment not previously administered <p><i>3 months</i></p> <ul style="list-style-type: none"> - HIV Antigen/Antibody <p><i>6 months</i></p> <ul style="list-style-type: none"> - RPR - Hepatitis C antibody - Hepatitis B serology (if nonimmune at baseline) - HIV antigen/antibody (only if Hep C acquired in interim) <p><u>Laboratory testing for source (if available)</u></p> <ul style="list-style-type: none"> - HIV antigen/antibody test AND - HIV quantitative PCR if risk for acute HIV - Do NOT wait for results to start PEP, can discontinue if source testing is found to be negative. <p><u>Exposures that do not warrant PEP:</u> Kissing, spitting, oral-to-oral contact in the absence of mucosal damage (e.g., mouth-to-mouth resuscitation); human bites not involving blood</p> <p><u>Need more information?</u></p> <ul style="list-style-type: none"> • Full CDC PEP prescribing information • National Clinician Consultation Center PEP Line @ 1-888-448-4911 (9:00 AM – 8:00 PM EST)

Antimicrobial Subcommittee Approval: 02/2022	Originated: 02/2022
P&T Approval: 02/2022	Last Revised: 02/2022
Revision History:	

The recommendations in this guide are meant to serve as treatment guidelines for use at Michigan Medicine facilities. If you are an individual experiencing a medical emergency, call 911 immediately. These guidelines should not replace a provider's professional medical advice based on clinical judgment, or be used in lieu of an Infectious Diseases consultation when necessary. As a result of ongoing research, practice guidelines may from time to time change. The authors of these guidelines have made all attempts to ensure the accuracy based on current information, however, due to ongoing research, users of these guidelines are strongly encouraged to confirm the information contained within them through an independent source.

If obtained from a source other than med.umich.edu/asp, please visit the webpage for the most up-to-date document.