

Guidelines for the Management of Exposures to Blood and Body Fluids

Section 3 – Antiretroviral Therapy (ART) for HIV Post-Exposure Prophylaxis (HIV PEP)

Page 1 of 5

2024 05 13

The human immunodeficiency virus (HIV) post-exposure prophylaxis (PEP) starter kits are provided by the Saskatchewan Ministry of Health. HIV PEP starter kits are located in a variety of health care facilities throughout Saskatchewan (see [Appendix 2 – Saskatchewan Post-Exposure Prophylaxis \(PEP\) Kit Sites](#)).

If HIV PEP is indicated, it is recommended the antiretroviral therapy (ART) medications be initiated as soon as possible.

Initiation of all medications in the HIV PEP ‘starter kit’* should not be delayed:

- HIV PEP should start as soon as possible, ***preferably within 2 hours*** of the exposure and is unlikely to be of benefit if more than 72 hours post-exposure.
- Adherence to HIV PEP medications is critical for prevention of infection.

*Refer to [Appendix 5 – Antiretrovirals in HIV PEP Kits](#)

NOTE: Genotypic resistance testing of the source patient’s virus at the time of the exposure to confirm the most appropriate HIV PEP regimen is impractical as it may take two or more weeks to obtain the results.

Provision of HIV PEP Kit

The physician or RN(NP) will make the determination if an HIV PEP Kit is recommended. When the ER physician or RN(NP) requires a second opinion on the results of the Risk Assessment, the ID Specialist or Medical Health Officer (MHO) can be consulted to assist in decision-making. When the situation is questionable and access to an ID Specialist is delayed, it is better to start HIV PEP and ensure quick assessment by an ID Specialist if required to determine the need to continue therapy.

Before dispensing the HIV PEP Kit, the current list of medications the exposed person is on must be reviewed to determine if there are any contraindications. It is ideal to view the prescription history in the Saskatchewan Drug Plan’s electronic Pharmaceutical Information Program (PIP).

Determine Necessity of Ongoing HIV PEP

If the risk assessment indicates that HIV PEP should be continued, the full treatment period is 28 days. If further consultation is required, please contact ID Specialists or Medical Health Officer.

The HIV PEP Kit includes 5 days of medication. The remaining course for 23 days of HIV PEP medications can be obtained with a prescription. Access to HIV PEP medications

Guidelines for the Management of Exposures to Blood and Body Fluids

Section 3 – Antiretroviral Therapy (ART) for HIV Post-Exposure Prophylaxis (HIV PEP)

Page 2 of 5

2024 05 13

from a community pharmacy, if the pharmacy does not have the medication in stock, may take approximately 2 days.

Decision for Ongoing HIV PEP

The final determination for ongoing HIV PEP is made by the prescriber at the time of the exposure or by the consulting provider.

If the prescription for ongoing PEP differs from the medications in the PEP Kit, consultation with ID Specialist or prescriber who has additional education as a PEP prescriber is required.

Accessing HIV PEP Medications to Complete 28 Day Course

If ongoing HIV PEP is recommended, the attending physician or RN(NP) will write a prescription for the client.

Timely Access to Ongoing HIV PEP Medications

It may take up to 2 days for the community pharmacies to obtain the medications for HIV PEP and it is imperative no doses are missed in the interim, therefore:

- Fax the prescription to the client's pharmacy of choice as soon as written or instruct client to take to pharmacy as soon as possible.

The ongoing HIV PEP medications will be provided to the client free of charge with no additional prescribing criteria if containing the same regimen in the PEP Kits:

- **Saskatchewan Drug Plan**

The Saskatchewan Drug Plan authorizes Exception Drug Status (EDS)¹ for alternate regimens the client when the physician or pharmacist requests it. The pharmacist needs to know the EDS criteria requested is 'HIV PEP' and the name of the ID Specialist or HIV authorized prescriber authorizing ongoing HIV PEP so they can inform the Drug Plan.

- **Non-Insured Health Benefits (NIHB)**

Health Canada NIHB provides coverage for registered First Nations and recognized Inuit individuals in Canada with a limited range of medically necessary health-related goods and services not provided through private or provincial/territorial health insurance plans. Most medications are an open benefit and do not require prior

¹ For immediate EDS approval during Monday to Friday office hours call (306) 787-8744. When after hours approval is sought, call 1-800-667-2549. Requests received in this manner may take longer to process.

Guidelines for the Management of Exposures to Blood and Body Fluids

Section 3 – Antiretroviral Therapy (ART) for HIV Post-Exposure Prophylaxis (HIV PEP)

Page 3 of 5

2024 05 13

approval. If prior approval is required, the pharmacist will call the Drug Exception Centre at

1-800-580-0950 to initiate the exception process. The prescriber will be faxed a form to complete so a decision can be made.

- **Workers' Compensation Board (WCB)**

In the instance of occupational exposures where WCB provides coverage and an alternate regimen has been prescribed, the usual WCB process should be followed.² If the claim is not yet set up through WCB, the employee can call WCB. The options for payment include:

- a. The employer may pay for the prescription and submit the bill to WCB for coverage once the claim is set up.
- b. The employee can pay for the prescription and submit the bill to WCB for coverage once the claim is set up.
- c. The employee can request the prescription be filled for one week at a time to reduce upfront costs and to allow time for WCB to set the claim up.

Should WCB deny coverage, but the ID Specialist determines the exposure requires HIV PEP, the medications would be covered by the Ministry of Health.

Potential Adverse Effects of One Month of Antiretroviral Therapy

The following provides a rough estimate of frequency of adverse effects to assist discussion between the physician and the exposed person in deciding about use of HIV PEP.

- Minor Reactions – headache, nausea, diarrhea, fatigue, etc. (70% of patients).
- Serious Reactions – are rare.
- Long Term Effects – are poorly defined: $\approx 1:5,000$.

Special Considerations

Considerations should be given to individuals with **renal insufficiency** and those on other medications.

Pregnant/Breastfeeding Clients

The antiretroviral medications contained in the provincial HIV PEP kit are **1st line choices for treating pregnant HIV patients** and as such may be used if HIV prophylaxis required. Do not deny HIV PEP solely on the basis of pregnancy.

² <http://www.wcbask.com/workers/if-youre-injured/>.

Guidelines for the Management of Exposures to Blood and Body Fluids

Section 3 – Antiretroviral Therapy (ART) for HIV Post-Exposure Prophylaxis (HIV PEP)

Page 4 of 5

2024 05 13

HIV PEP is **indicated at any time during pregnancy** when a significant exposure to HIV has occurred. Before administering to a pregnant woman, the clinician should discuss the potential benefits and risks to her and the fetus.

Avoid breastfeeding while on HIV PEP and for 3 months after the exposure or until HIV transmission has been ruled out. The risk of breastfeeding is related to the risk of transmission of the virus through the breastmilk, not because of risks from the medications.

Children less than 35 kg

The antiretroviral medications contained in the provincial HIV PEP kit cannot be modified to support pediatric dosing. Medications and pediatric dosing are outlined in Appendix 5.

Guidelines for the Management of Exposures to Blood and Body Fluids

Section 3 – Antiretroviral Therapy (ART) for HIV Post-Exposure Prophylaxis (HIV PEP)

Page 5 of 5

2024 05 13

Revisions

Date	Change
May 2024	HIV PEP medications in PEP Kits has been updated to first line medications (Truvada, and Tivicay which is replacing raltegravir). Truvada has been full formulary for years. Tivicay has become full formulary as of April 1, 2024. The requirement for ID specialist consultation enabled automatic exception drug status for HIV PEP medications. This step is no longer needed when ongoing PEP is prescribed with the full formulary medications. The updates reflect the change in process to streamline access to medications at no charge for patients at time of dispensing.