Burnett Foundation Aotearoa

NZSHS
THE NEW ZEALAND SEXUAL HEALTH SOCIETY INCORPORATED
SEXUAL HEALTH FOR ALL

Updated: May 2023

Dear Doctor,

Your patient would like to access HIV post-exposure prophylaxis (PEP) and has downloaded this information from the Burnett Foundation Aotearoa website to help guide us through the process.
https://www.pep.guidelines.org.au/index.php/prescribing-pep/when-to-prescribe-pep

PEP consists of 28 days of HIV antiretroviral therapy, which must be commenced within 72 hours of a high risk exposure (the earlier the better). It consists of co-formulated tenofovir disoproxil with emtricitabine (300/200mg) taken as one tablet once daily with the addition of a third drug in certain situations: Dolutegravir (50mg) also taken as one tablet once daily.

Refer to the ASHM PEP Guidelines for guidance for situations where two vs three drug PEP is indicated:
https://www.pep.guidelines.org.au/index.php/prescribing-pep/when-to-prescribe-pep,

The following advice has been endorsed by the New Zealand Sexual Health Society.

Further information is available from the following as needed:

- On call Infectious Diseases or Sexual Health Specialist
- HealthPathways
- ASHM PEP Guidelines

PEP prescription

Special Authority Criteria

As of July 2022, PEP can be prescribed by any prescriber, including GPs and nurse practitioners. Y**ou will need to complete special authority form SA2139.**

The special authority criteria for funded PEP are as follows:

- Treatment course to be initiated within 72 post exposure
  AND
- Either:
  - Patient has had condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml*
    OR
  - Patient has shared intravenous injecting equipment with a known HIV positive person
    OR
  - Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates that prophylaxis is required
    OR
  - Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown.

**People living with HIV who are on antiretroviral therapy and maintain an undetectable viral load for at least 6 months do not sexually transmit HIV.*

There may be other situations where PEP is indicated but not funded, and these situations can be discussed with an Infectious Diseases or Sexual Health specialist on a case-by-case basis. Clinical discretion would be appropriate given the importance of timely initiation.

Baseline assessment

Your patient will need a baseline assessment at commencement of PEP, including assessing risk for HIV acquisition, a review of medical history and medications, and baseline laboratory testing.

PEP must be commenced within 72 hours of a possible HIV exposure (the earlier the better). If the most recent exposure was >72 hours ago, PEP must not be prescribed.

Do not wait for the results of laboratory testing before commencing PEP.

Laboratory testing:

Test	Baseline	Week 4-6	3 months
HIV serology	✕	✕	✕
Hepatitis B serology (unless known to be immune)	✕		✕
Hepatitis C serology	✕		✕
STI screen as per Aotearoa NZ STI Management Guidelines	✕	✕	✕
Syphilis	✕		✕
FBC, crea, eGFR, LFT	✕		
Pregnancy test (if indicated)	✕	✕	

Contraindications

The following are relative contraindications or factors which may complicate drug choice, and should be discussed with an Infectious Diseases or Sexual Health Physician before commencing PEP:

- Source has known or suspected antiretroviral drug resistance
- Significant renal or hepatic impairment
- Pregnancy or breastfeeding
- Drug interactions
- Chronic hepatitis B infection
- Allergy or adverse drug reaction

Drug interactions

PEP has few drug interactions. The University of Liverpool HIV Drug Interactions checker is a useful resource.

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As with any medication, there should always be a consideration of risk versus benefit. The patient should seek medical advice if they feel unwell or have concerns. Adverse effects that should be discussed with your patient include:

- Mild GI side effects
  Initial mild GI side effects are relatively common, and usually settle within the first week or two. The patient can be advised to take this medicine with food to reduce the likelihood of these side effects. This medicine does not otherwise need to be taken with food.
- Renal dysfunction
  PEP can affect renal function, however significant nephrotoxicity is extremely unlikely to result from a 28- day course in those with no other risk factors. Consider other renal risk factors in your clients, for example age, diabetes, hypertension or other medical conditions, or potentially nephrotoxic medications such as NSAIDs. Patients with known renal disease or significant risk factors should be referred to or discussed with infectious diseases or sexual health services.

Follow up

Patients should be followed up at 4-6 weeks and 3 months after commencing PEP, for laboratory testing as described above. Patients should seek earlier medical review if feeling unwell in the interim.

Patients should adopt risk-reduction practices until their seronegative status is confirmed at follow up. However, many patients who are eligible for PEP may be at ongoing risk for HIV and would benefit from HIV pre-exposure prophylaxis (PrEP) in the longer term. These patients can transition from PEP to PrEP at their 4-week follow-up appointment if they would like to, assuming their HIV test has remained negative.

Burnett Foundation Aotearoa has an online module for clinicians interested in prescribing PrEP, as well as useful patient information. More information about PrEP prescribing in your region can be found on Health Pathways.

Useful resources:

- For clinical questions about PrEP, please contact your local sexual health service, or Infectious Diseases or sexual health physician.
- ASHM PEP Guideline
- PrEP information for clinicians (Burnett Foundation Aotearoa)
- Aotearoa New Zealand STI Management Guidelines for use in Primary Care
- University of Liverpool HIV drug interactions checker