Nonoccupational Postexposure Prophylaxis (nPEP) for HIV Infection: an Update

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Disclosures

This talk may include discussion of non-FDA approved strategies for HIV prevention.

Disclaimer

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AETC AIDS Education & Training Center Program Mountain West

WA State Bill 6127-2023-2

Increasing access to HIV postexposure prophylaxis drugs or therapies.

- Addition to RCW 70.41, effective January 1, 2025.
- A hospital must adopt a policy and have procedures in place, that conform with the guidelines issued by the CDC, for the dispensing of HIV postexposure prophylaxis drugs or therapies.
- This policy must ensure that hospital staff dispense or deliver, with a patient's informed consent, a 28-day supply of HIV postexposure prophylaxis drugs or therapies following the patient's possible exposure to HIV, unless medically contraindicated, inconsistent with accepted standards of care, or inconsistent with CDC guidelines.
- When available, hospitals shall dispense or deliver generic HIV postexposure prophylaxis drugs or therapies.

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WA State Bill 6127-2023-2

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- Addition to RCW 48.43, effective January 1, 2025.
- For nongrandfathered health plans issued or renewed on or after January 1, 2025, a health carrier may not impose cost sharing or require prior authorization for the drugs that comprise at least one regimen recommended by the CDC for HIV postexposure prophylaxis.
- A health plan shall reimburse a hospital that bills for a 28-day supply of any HIV postexposure prophylaxis drugs or therapies dispensed or delivered to a patient in the emergency department for take-home use, pursuant to section 1 of this act, as a separate reimbursable expense. This reimbursable expense is separate from any bundled payment for emergency department services.

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Case:

You are seeing a new patient for an initial PrEP visit. He is a 26yo MSM who moved to the city 3 months ago. Since moving, he tells you he has had condomless receptive and insertive sex every other day or so with about 50 partners. Last condomless sex was last night.

PMH: none
Meds: none
Substance use: none

A point-of-care HIV test done in the clinic is negative.

Case: What do you prescribe today?

You:

1) Prescribe nothing and repeat HIV testing in 2-3 weeks.
2) FTC/TDF x 30 days with 2 refills.
3) FTC/TDF + raltegravir x 28 days.
4) FTC/TDF + dolutegravir x 28 days.
5) BIC/FTC/TAF x 28 days.
6) Cabotegravir/rilpivirine IM injection x 1

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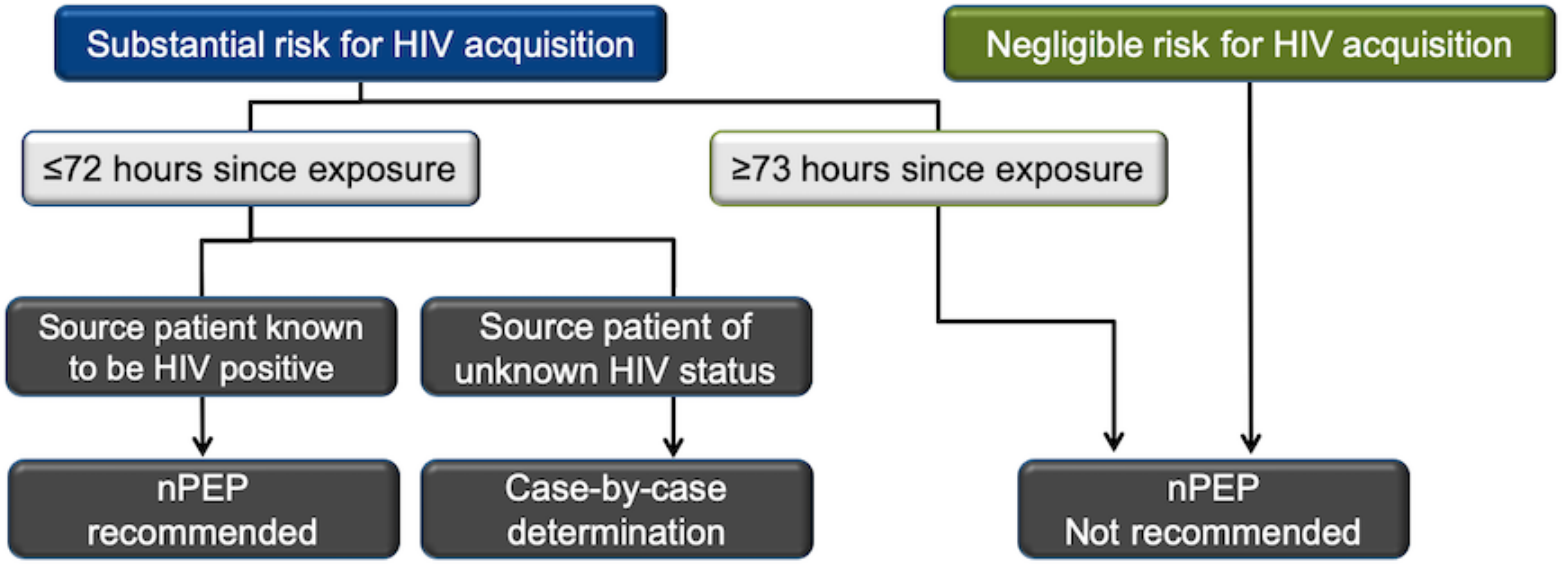
PEP with repeated exposures

“nPEP should be provided only for infrequent exposures. Persons [with] frequent, recurrent exposures …should not be prescribed frequent, repeated courses of nPEP. Instead … consider the prescription of daily TDF and FTC for PrEP.

However, if the most recent recurring exposure is within the 72 hours prior to an evaluation, nPEP may be indicated with transition of the patient to PrEP after completion of 28 days of nPEP medication.”

2016 Nonoccupational PEP Guidelines

Evaluation for nPEP



Substantial Risk for HIV Acquisition

Exposure of
Vagina, rectum, eye, mouth or other mucous membrane, nonintact skin, or percutaneous contact

With
Blood, semen, vaginal secretions, rectal secretions, breast milk, or any body fluid that is visibly contaminated with blood

When
The source is known to be HIV-positive

Negligible Risk for HIV Acquisition

Exposure of
Vagina, rectum, eye, mouth or other mucous membrane, intact or nonintact skin, or percutaneous contact

With
Urine, nasal secretions, saliva, sweat, or tears if not visibility contaminated with blood

Regardless
Of the known or suspected HIV status of the source

Source: 2016 HHS Nonoccupational PEP Guidelines: https://depts.washington.edu/cfas/wordpress/wp-content/uploads/2025/02/CDC-PEP-Guidelines.pdf

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CDC Guidelines - what you might see in the update

- More discussion about indication, including emphasis on urgency of nPEP.
- Change in first line 3-drug regimens.
- Changes in laboratory testing with new HIV testing and monitoring strategies.
- Better alignment with PrEP guidelines and PEP to PrEP.

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Two-drug v three-drug nPEP

- WHO: "While … two drugs can be effective, three drugs are preferred."

  https://iris.who.int/bitstream/handle/10665/378221/9789240095137-eng.pdf?sequence=1

- Australian National Guidelines recommend FTC/TDF over a 3-drug regimen.
  - "There is no evidence to support the greater efficacy of three- over two-drug regimens, although we continue to recommend three-drug regimens in certain situations based on evidence that a higher number of drugs or combination of drug classes has historically achieved better treatment outcomes for HIV."
  - https://pep.guidelines.org.au/guidelines/prescribing-pep/recommended-pep-regimens/

- Limited data suggest that 2 drugs is not inferior to 3 drugs.

  Pierce et al. Sex Health 2017; 14: 179-87.

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Injectable PEP?

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PEP in pocket (PiP)

- A supply of PEP medication for persons with low-frequency, high-risk HIV exposures who decline to use one of the available PrEP regimens.
- Shown to be feasible in Toronto, with no PEP failures identified.

  Billick MJ et al. J Acquir Immune Defic Syndr. 2023 Nov 1;94(3):211-213.
  Rashotte M et al. Int J STD AIDS. 2024 May;35(6):446-451

- PEP med stability info (*for a subset of PEP meds)
  - Original sealed bottle 24 months
  - Original bottle without seal 30 days to 6 weeks

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Implementation issues

- Medication costs
  - Advanced purchasing by hospital pharmacies.
  - Requires reimbursement by insurance.
  - Purchase = 30 pills, Dispensing = 28 pills
  - Though specifies use of generics, dolutegravir will remain on patent until 2028. A generic raltegravir was FDA approved 12/19/2024.
- Assessment and follow-up
  - Will PEP be over-prescribed? Under-prescribed?
  - Where will follow-up occur?

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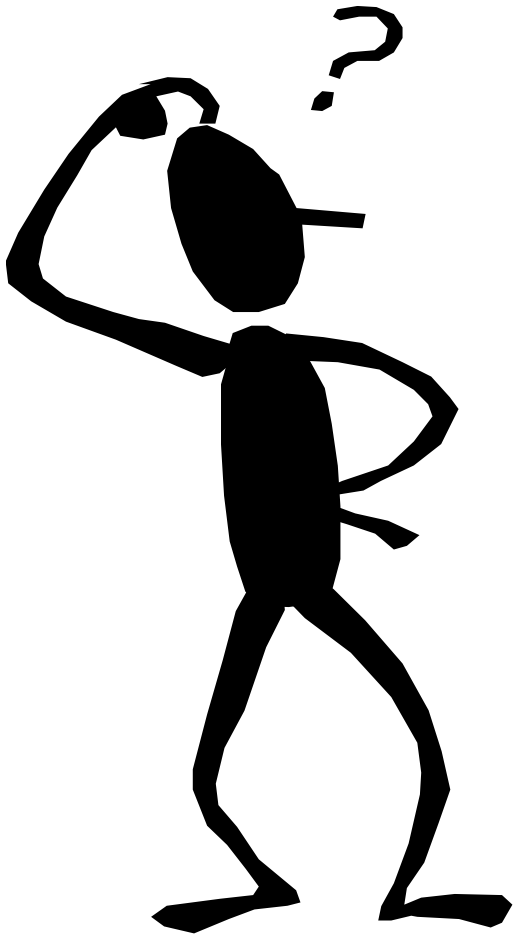
Questions?



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