Post-Exposure Prophylaxis (PEP)
for the Prevention of HIV After Exposure

Recommendations from the Michigan Department of Health and Human Services Bureau of HIV and STI Programs

The Michigan Department of Health and Human Services (MDHHS) recognizes that antiretroviral (ARV) therapy initiated soon after a potential exposure to HIV, may, in certain circumstances, prevent HIV acquisition. Therefore, pursuant to recommendations made by the U.S. Centers for Disease Control and Prevention (CDC), **MDHHS strongly encourages the utilization of ARV post-exposure prophylaxis (PEP) in the event of a potential exposure to HIV**. To facilitate the implementation of this recommendation, MDHHS encourages all institutions that may encounter individuals requesting PEP (e.g., emergency departments, urgent care clinics, sexual health clinics, primary care and family practice facilities, etc.) to develop clear protocols for the management of PEP. These protocols should clearly establish standards for timely clinical assessment, treatment, counseling, medication access and follow-up requirements.

Exposure to HIV that poses a chance for transmission is a **medical emergency.** PEP is most effective when started **as soon as possible** following a potential exposure. Effectiveness decreases over time, so PEP is generally not recommended after 72 hours.

Preferred PEP Regimens for Healthy Adults

<u>Single-Tablet Regimen:</u>
Bictegravir (BIC) 50mg / Tenofovir Alafenamide (TAF) 25mg / Emtricitabine (FTC) 200mg PO once daily for 28 days

<u>Multi-Tablet Regimen:</u>
Dolutegravir (DTG) 50mg + [Tenofovir Alafenamide (TAF) 25mg *<u>OR</u>* Tenofovir Disoproxil Fumarate (TDF) 300mg] + [Emtricitabine (FTC) 200mg *<u>OR</u>* Lamivudine (3TC) 300mg] PO once daily for 28 days

If the patient is pregnant or trying to conceive: The preferred medications have been used safely for pregnant individuals with HIV, providing reassurance for its safety in pregnant individuals who require PEP. Counseling should include risks and benefits of prophylaxis for both maternal and fetal health. Seek consultation with an HIV expert for any questions or concerns.

If the patient has impaired renal function: TDF/FTC regimens should not be utilized for individuals with a CrCl < 60mL/min. TAF/FTC regimens should not be utilized for individuals with a CrCl < 30mL/min. Seek consultation with an HIV expert for any questions or concerns.

Seek consultation with an HIV expert for assistance with selecting an alternative PEP regimen in cases where preferred regimens are contraindicated or unavailable.

*For immediate, free clinical consultation with an HIV expert, please call the **MDHHS/Henry Ford HIV Consultation Line** at **313-575-0332.***

In the event of a pediatric exposure, please consult a pediatric HIV specialist.

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Exposure to HIV that poses a chance for transmission is a **medical emergency**. Immediate assessment with rapid initiation of PEP is critical in reducing the likelihood of seroconversion. To ensure greatest efficacy, PEP should be offered **as soon as possible** after exposure and initiated no later than 72 hours following exposure. PEP is generally not recommended for persons seeking care more than 72 hours after exposure.

Clinicians should **communicate PEP recommendations simply and clearly** with consideration for a patient's emotional state and ability to comprehend the nature of antiretroviral treatment. Counseling regarding PEP initiation should include the following:

- Likelihood that the person was exposed to HIV and the possibility of transmission.
- Indications and timeline for PEP.
- Potential benefits of PEP to prevent HIV acquisition.
- Potential risks of proposed PEP regimens (e.g., review of medical comorbidities, potential medication interactions, allergies).
- Signs and symptoms of acute HIV infection.
- Recommendations to reduce the possibility of HIV transmission if the patient acquires HIV during the PEP period.
- Importance of taking the first dose as soon as possible, taking the medication daily as prescribed and taking the full course unless instructed to stop by a health care provider.
- Plans to access the **full 28-day supply of PEP medication**. Due to the time-sensitive nature of PEP, considerations for medication access can be critical.
    - Identifying local pharmacies that routinely carry PEP medications can help ensure individuals will be able to fill prescriptions within the required timeframe.
    - In some settings, starter packs or medication samples may be utilized for the provision of a short supply of medication to help ensure a person starting PEP has the time necessary to work with local pharmacies and obtain the full supply.
    - For individuals without insurance, many pharmaceutical companies offer prescription assistance and co-payment assistance programs.

Clinicians should **conduct baseline laboratory testing** (see the full MDHHS PEP recommendations for more information). The initial dose of PEP medication **should NOT be delayed or denied** while awaiting the results of laboratory testing. PEP medications can be modified or stopped once laboratory results are received.

When possible, an individual starting PEP should be linked to an infectious disease (ID) provider or HIV expert within 24 hours of PEP initiation. This allows for a review of the decision to start PEP, confirmation of medication access, and the arrangement of appropriate **follow-up care and monitoring**. Follow-up re-evaluation and laboratory testing are recommended at four to six weeks, 12 weeks, and six months after exposure. PEP **should NOT be delayed or denied** based on access to an ID provider or other specialist.

Patients initiating PEP who may have repeat or continuing exposure to HIV should receive **education about pre-exposure prophylaxis (PrEP)** and be provided with resources to transition to PrEP following the completion of PEP if they are interested. For additional information regarding PrEP, please visit Michigan.gov/MIPrEP.

Access the full MDHHS PEP recommendations at Go.mi.gov/wjw0d2564.

References:

Centers for Disease Control and Prevention. 2025. Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV – CDC Recommendations, United States, 2025. https://www.cdc.gov/mmwr/volumes/74/rr/pdfs/rr7401a1-H.pdf.

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