Pharmacy Department

PRACTICE AND MEDICATION UPDATE

May 7, 2026

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Central Zone Pharmacy Department

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ISSUE
- ■Best practice
- ☐Drug shortage
- ■Pack size/packaging change
- ■Medication change
- ☐Recall
- ☐Medication Advisory
- ☐Other:

NS Health Sexually Transmitted and Blood-borne Pathogen Post-Exposure Updates

On May 7, 2026, the new Nova Scotia Health Sexually Transmitted and Blood-borne Pathogen Exposure guideline, order set, and patient handout will be implemented to guide the management of adults, adolescents, and children ≥ 12 years of age. The IWK implemented these changes on December 6, 2025. Updates incorporate updated national guidelines, streamline access to HIV post-exposure prophylaxis medication, and provide expanded clinical guidance for additional exposure types.

Most of the changes fall into 3 themes:

1) **Updated HIV post-exposure prophylaxis regimen (HIV PEP)**
2) **Streamlined patient access for the full 28-day HIV PEP regimen**
3) **Clinical guidance for additional exposures and pathogens**

1. Updated HIV PEP Regimen

For HIV PEP, NS Health now recommends:

Tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg (Truvada®) PO once daily
PLUS dolutegravir (Tivicay®) 50 mg PO once daily x 28 days

2. Streamlined Patient Access for HIV PEP Antivirals

HIV PEP provided from NS Health Emergency Departments and Infectious Diseases Clinics will now contain a full 28-day medication supply. Prescribers will collaborate by telephone with a pharmacist who will complete an HIV PEP Pharmacy Check for medication safety before the 28 day supply of HIV PEP is released to the patient. To initiate the HIV PEP Pharmacy Check, HIV PEP prescribers will call 1-833-559-5509. This phone line will operate 24 hours a day, 7 days a week. The consulted pharmacist's name should be documented as it is required to remove the HIV PEP medications from Pyxis.

3. Additional Clinical Guidance

Sexually transmitted and blood-borne pathogen exposures include a variety of situations with complex medical and psychosocial considerations. Details have been added to the guidelines and power plan/order set to assist clinician assessment, including:

- Guidance on sexual exposures
- Classification and assessment of exposure and associated risk
- Counselling, follow-up, and consultation recommendations

Resources

For more information, please consult the following sexually transmitted and blood-borne pathogen post-exposure resources:

- Order set
- Guideline
- Patient information
- IWK and NS Health First line

NS Health/IWK Handout to be given to Patients for Follow-Up with Primary Care Practitioner (non-staff) or Occupational Health (staff)

Your patient/staff member may have had a significant exposure to sexually transmitted and/or blood-borne pathogen(s). The following steps have been taken, and the patient was directed to follow up with you.

- ☐ HIV post-exposure prophylaxis (PEP) with Truvada® (tenofovir disoproxil fumarate 300 mg and emtricitabine 200 mg) 1 tablet PO once daily **PLUS** Tivicay® (dolutegravir 50 mg) 1 tablet PO once daily was started and a 28-day supply was provided
- ☐ HBIG was given
- ☐ Hepatitis B vaccine x 1 dose was given
- ☐ Tetanus-diphtheria-pertussis (Tdap) vaccine x 1 dose was given
- ☐ Please complete hepatitis B series through occupational health, primary care provider, Public Health, or a Community Pharmacy Primary Care Clinic.

Potential Adverse Effects with HIV PEP treatment:

Side Effects	Side Effects Management
Truvada®: tenofovir + emtricitabine (NRTI - Nucleoside Reverse Transcriptase Inhibitor)	
Asthenia, headache, diarrhea, nausea, vomiting Nephrotoxicity; should not be administered to individuals with acute or chronic kidney injury or those with eGFR <60. If the HIV PEP recipient has chronic hepatitis B, withdrawal of this drug may cause an acute hepatitis exacerbation Drug interactions (rare, avoid NSAIDs or other nephrotoxic drugs if possible)	**GI ADRs are usually mild/self limiting** **Nausea**: • Antiemetics, take with food **Diarrhea**: • Loperamide **Anorexia**: • Chew gum • Frequent, small meals
Tivicay®: dolutegravir (INSTI - Integrase inhibitor)	
Insomnia, nausea, fatigue, headache, dizziness, increase in creatinine kinase and benign increase in serum creatinine Drug interactions: contraindicated with dofetilide, fampridine; dose adjustment required if given with apalutamide, carbamazepine, enzalutamide, oxcarbazepine, phenobarbital, phenytoin, primidone, rifampin. Administer 2 hours before or 6 hours after polyvalent cations (eg. Ca, Fe, Mg, Al)	**Nausea**: • Antiemetics, take with food

Monitoring and Management of HIV PEP Toxicity:

- Side effect management should be implemented to ensure completion of HIV PEP
- If abnormal baseline laboratory markers (ALT and serum creatinine) or signs/symptoms of organ dysfunction were identified. Ongoing monitoring of biochemistry is advised 2 weeks after starting HIV PEP

Treatment Duration and Discontinuation of Therapy

Treatment duration is a maximum of four weeks. Early termination of HIV PEP can be considered, if the source tests HIV-negative, is a person living with HIV with an undetectable viral load (<200 copies/mL) for sexual exposures or there is reconsideration of the transmission risk of the exposure. Consult with an Infectious Diseases Specialist if assistance is needed.

If you received HIV post-exposure prophylaxis from a Nova Scotia Health facility and have questions for a pharmacist, call 1-833-559-5509.

Follow Up:

- ☐ HIV testing should be performed at 4 to 6 weeks and 3 months following exposure. (Also test at 6 months if HCV conversion occurs)
- ☐ Monitor for signs and symptoms of HIV seroconversion illness (i.e. acute HIV infection) that may occur within 2 months after exposure (e.g., "flu-like" symptoms, weight loss, skin rash, fever, lymphadenopathy, fatigue)
- ☐ Order HIV testing if your patient has an illness compatible with an acute HIV infection (see above)

Counselling and Education:

- ☐ Secondary HIV prevention tailored to the type of exposure experienced should include:
  - Barrier contraception methods (e.g. condoms) for those with sexual exposures.
  - HIV pre-exposure prophylaxis (PrEP) after HIV PEP for those with continued risk of acquiring HIV through non-occupational exposure.
  - Harm reduction programs including safe supplies (needle and syringe exchange)
  - Treatment of substance use disorders (including opioid agonist therapy)
  - Avoid sharing razors, needles or instruments that contaminated with blood or bodily fluids
  - Refrain from donating blood, plasma, organs, tissue, or semen until the last follow up test is reported negative (unless source is found to be negative)
  - Discontinuation of breast feeding should be considered in the setting of HBV and HIV exposure
- ☐ Individuals should seek medical attention if experiencing symptoms of acute HIV infection (e.g. febrile illness)

HCV exposure follow-up testing and counselling

- ☐ 3 and 6 months - HCV serology
- ☐ Counsel regarding signs and symptoms of hepatitis that may occur within 6 weeks to 6 months after exposure (e.g., fatigue, loss of appetite, abdominal discomfort, jaundice, change in color of urine and stool, rash, sore joints)

HBV exposure follow-up testing and counselling

- ☐ 2 months after the 3rd vaccine dose - HBV serology (anti-HBs) if vaccinated post-exposure
- ☐ HBsAg 6 months after the exposure
- ☐ Counsel regarding signs and symptoms of hepatitis that may occur within 6 weeks to 6 months after exposure (e.g., fatigue, loss of appetite, abdominal discomfort, jaundice, change in color of urine and stool, rash, sore joints)

Summary of follow-up testing

Timing after exposure	Tests
4 to 6 weeks	HIV
	Chlamydia and Gonorrhea[1]
	Syphilis[1]
3 months	HIV
	HCV serology
	Chlamydia and Gonorrhea[1]
	Syphilis[1]
6 months	HIV[2]
	HCV serology
	HBsAg
6 months or 2 months after 3rd HBV dose	HBV serology

[1] Repeat STI testing is recommended at follow-up if indicated clinically; note that syphilis testing may be particularly important at 4-6 weeks since it requires 2-4 weeks for an antibody response to develop

[2] Consider if hepatitis C infection was acquired after the infection

PATIENT INFORMATION – Post Exposure Prophylaxis for HIV

Name of Medication: **Tenofovir (TDF) and Emtricitabine (FTC)**
Common Trade Name: **Truvada®**

***Description*:**
Emtricitabine and tenofovir (Truvada ®) are medications that help protect your body from HIV. They work by stopping the virus from making more copies of itself. In your case, these medications are being used to help prevent HIV after you may have been exposed to it. Research shows that taking Truvada® soon after being exposed to HIV can lower the chance of getting the infection. These medicines are also used during pregnancy, birth, and in newborns to help stop a baby from getting HIV from a mother who has the virus. That's why doctors may give these medications after certain types of exposure to HIV.

***Proper Use of This Medication*:**
- Take this medication exactly as prescribed by your doctor. Do not take more of it, do not take it more often, and do not take it longer than your doctor has ordered.
- Do not stop taking this medication without checking with your doctor first.
- Always take Truvada® at the same time each day. This helps keep a steady amount of medicine in your body.
- This medication can be taken with or without food. If it causes stomach upset, take it with food.

***Dosing*:**
The dosing of Truvada® will be 1 tablet once daily.

Missed Doses:
If you miss a dose of the medication at the regularly scheduled time, but then remember it that same day, you should take the missed dose immediately. **You should not take more than 1 dose of Truvada® in a day, or 2 doses of Truvada® at the same time** to make up for missing a dose. If a situation arises where you are unsure of what to do, immediately contact your doctor or pharmacist, who is knowledgeable of your case, to get the answer.

***Storage*:**
- Keep out of the reach of children.
- Store at room temperature, in a tightly closed vial, away from heat and direct light.
- Do not store in the bathroom, near kitchen sink or in other damp areas. Heat or moisture may cause the medication to break down.
- Do not keep outdated medication and properly discard of any extra medication by returning it to your pharmacy for disposal.

Precautions While on This Medication:
- It is important to keep scheduled doctor's appointments to check progress and blood work.
- Do not take any other medication, prescription or over-the-counter products, without discussing it with your doctor or pharmacist first.
- There is always potential for an allergic reaction when you start a new medication so if you experience any of the following symptoms, contact your doctor immediately: sudden wheezing and chest pain or tightening; swelling of the eyelids, face and/or lips; skin rash or hives anywhere on the body.

If you received HIV post-exposure prophylaxis from a Nova Scotia Health facility and have questions for a pharmacist, call 1-833-559-5509.

- Based on a limited amount of information from human pregnancy, there appears to be a low risk to the baby with the use of Truvada® during pregnancy. Inform your doctor if you may be pregnant or trying to be pregnant.

Common Side Effects of the Medication:
Along with the desired effects, a medication may cause some unwanted effects. If unwanted effects occur, they should always be reported to your doctor at your next scheduled appointment or possibly sooner.

- Diarrhea: if diarrhea occurs, you may take the over-the-counter medication loperamide (Imodium®).
- Stomach upset: If stomach upset occurs, it helps to have food in your stomach before you take the Truvada®. If stomach upset is bothersome your doctor or pharmacist can recommend an over-the-counter medication.
- Decreased appetite: If decreased appetite occurs, it may help to eat frequent, small meals, or chew gum.
- Other unwanted effects: nausea, vomiting, headache, abnormal physical weakness or lack of energy, fatigue, loss of appetite and decrease in kidney function.

Other unwanted effects not listed above have the potential to occur in some patients. If you experience an unwanted effect not found above, report it to your doctor.

NEVER give this or any medication to others.

PATIENT INFORMATION - Post Exposure Prophylaxis for HIV

Name of Medication: **Dolutegravir (DTG)**
Common Trade Name: **Tivicay®**

***Description*:**
Dolutegravir (Tivicay®) is a medication that help protect your body from HIV. It works by stopping the virus from making more copies of itself. In your case, the medication is being used to help prevent HIV after you may have been exposed to it. Research shows that taking Tivicay® soon after being exposed to HIV can lower the chance of getting the infection. This medication is also used during pregnancy, birth, and in newborns to help stop a baby from getting HIV from a mother who has the virus. That's why doctors may give this medication after certain types of exposure to HIV.

***Proper Use of This Medication*:**
- Take this medication exactly as prescribed by your doctor. Do not take more of it, do not take it more often, and do not take it longer than your doctor has ordered.
- Do not stop taking this medication without checking with your doctor first.
- Always take Tivicay® at the same time each day. This helps keep a steady amount of medicine in your body.
- This medication can be taken with or without food. If it causes stomach upset, take it with food.

***Dosing*:**
The dosing of Tivicay® will be one 50 mg tablet once a day.

Missed Doses:
If you miss a dose of the medication, take it as soon as you remember. However, if it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. **You should not take more than 1 dose of Tiviacy® in a day, or 2 doses of Tivicay® at the same time** to make up for missing a dose. If a situation arises where you are unsure of what to do, immediately contact your doctor or pharmacist, who is knowledgeable of your case, to get the answer.

***Storage*:**
- Keep out of the reach of children.
- Store at room temperature, in a tightly closed vial, away from heat and direct light.
- Do not store in the bathroom, near kitchen sink or in other damp areas. Heat or moisture may cause the medication to break down.
- Do not keep outdated medication and properly discard of any extra medication by returning it to your pharmacy for disposal.

Precautions While on This Medication:
- It is important to keep scheduled doctor's appointments to check your progress and blood work.
- Do not take any other medication, prescription or over-the-counter products, without discussing it with your doctor or pharmacist first.
- Take dolutegravir at least 2 hours before or 6 hours after taking calcium or iron supplements and antacids.

If you received HIV post-exposure prophylaxis from a Nova Scotia Health facility and have questions for a pharmacist, call 1-833-559-5509.

- There is always potential for an allergic reaction when you start a new medication so if you experience any of the following symptoms, contact your doctor immediately: sudden wheezing and chest pain or tightening; swelling of the eyelids, face and/or lips; skin rash or hives anywhere on the body.
  Based on information from human pregnancy, there appears to be a low risk to the baby with the use of Tivicay® during pregnancy. Previous research in Africa suggested that if Tivicay® was used at the time of conception, it was associated with a small increase in a type of birth defect called neural tube deficits. However, the latest data indicates the risk when using Tivicay® at the time of conception is very low and similar to other HIV medication. Inform your doctor if you may be pregnant or trying to be pregnant.

Common Side Effects of the Medication:
Along with the desired effects, a medication may cause some unwanted effects. If unwanted effects occur, they should always be reported to your doctor at your next scheduled appointment or possibly sooner.

- Unwanted effects requiring immediate attention: Severe skin or hypersensitivity reactions including rash, muscle problems.
- Other unwanted Effects: nausea, diarrhea, headache, stomach pain, trouble sleeping.
- Stomach upset: If stomach upset occurs, it helps to have food in your stomach before you take the dolutegravir. If stomach upset is bothersome your doctor or pharmacist can recommend an over-the-counter medication.

Other unwanted effects not listed above have the potential to occur in some patients. If you experience an unwanted effect not found above, report it to your doctor.

NEVER give this or any medication to others.