An up-to-date and downloadable PDF file is available online at ***www.FCAETC.org/treatment***. To order additional printed copies, please email ***orders@fcaetc.org.*** If you require an alternate format to accommodate a disability, please email ***contact@fcaetc.org*** or call ***866.352.2382***.

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Pre-Exposure Prophylaxis (PrEP) & Post-Exposure Prophylaxis (PEP)

Treatment of Sexually Transmitted Diseases (STDs) in HIV-Infected Patients

Treatment of Tuberculosis (TB) in HIV/AIDS

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University of Florida College of Dentistry, Gainesville, Florida

352.627.9133 • cstewart@dental.ufl.edu

National Clinicians' Post-Exposure Prophylaxis Hotline

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Consultation on the interpretation of resistance test results

- - - If outside our region, please consult the national services below - - -

National Consultation Services

PEPline 888.448.4911
National Clinicians' Post-Exposure Prophylaxis Hotline
9 am - 2 am EST, 7 days a week

Perinatal HIV Hotline 888.448.8765
National Perinatal HIV Consultation & Referral Service
24 hours a day, 7 days a week

Warmline 800.933.3413
National HIV/AIDS Telephone Consultation Service
9 am - 8 pm EST, Monday - Friday
Voicemail 24 hours a day, 7 days a week

USF University of South Florida
CENTER for HIV Education and Research
www.USFCenter.org

Therapeutic Agents for Oral Manifestations of HIV Disease in Adults & Adolescents

June 2014

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This pocket resource contains photographs and agents for treatment of oral manifestations of HIV disease including: antifungal, antiviral, topical, antibacterial, and other treatments.

References:

1. Centers for Disease Control and Prevention. (2009, April 10). Guidelines for prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: Recommendations from CDC, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. MMWR, 58 (No. RR-4), 155, 160-161.
2. Oravig™ [package insert]. Woodcliff Lake, NJ: Strativa Pharmaceuticals, a Division of Par Pharmaceutical, Inc.; April, 2010.
3. Bartlett, J.G., Gallant, J.E., Pham, P.A., & Johns Hopkins University School of Medicine. (2009). Medical management of HIV infection 2009-2010. Durham, NC: Knowledge Source Solutions, LLC, 2009.
4. Treatment of Common Oral Lesions, Siegel MA, Silverman S, Sollecito p 50-52. 6th edition T. BC Decker 2006.
5. Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at: *http://aidsinfo.nih.gov/guidelines/html/4/adult-and-adolescent-oi prevention-and-treatment-guidelines/0*. Accessed (5/14/2014).

The information contained in this publication is intended for medical professionals, as a quick reference to the national guidelines. This resource does not replace nor represent the comprehensive nature of the published guidelines. Recognizing the rapid changes that occur in this field, clinicians are encouraged to consult with their local experts or research the literature for the most up-to-date information to assist with individual treatment decisions for their patient (pt). If your pt should experience a serious adverse event, please report the event to the FDA (www.fda.gov/Safety/MedWatch/HowToReport/default.htm) to help increase pt safety.

Visit *www.FCAETC.org/treatment* for the most up-to-date version of this resource.

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CONDITIONS ARE LISTED IN ALPHABETICAL ORDER:

CANDIDIASIS

Oropharyngeal Candidiasis: Initial Episodes
Duration of therapy: 7-14 days

Preferred Oral Therapy:
• Fluconazole 100 mg po once daily (AI) **or**

Preferred Topical Therapy:
• Clotrimazole troches 10 mg po 5 times once daily (BI), **or**
• Miconazole 50 mg mucoadhesive buccal tablet apply to mucosal surface over the canine fossa once daily (do not swallow, chew, or crush tablet). Refer to product label for more detailed application instructions. (BI)

Alternative Oral Therapy:
• Itraconazole oral solution 200 mg po once daily (BI), **or**
• Posaconazole oral solution 400 mg po bid once, then 400 mg once daily (BI)

Alternative Topical Therapy:
• Nystatin suspension 4-6 mL qid or 1-2 flavored pastilles 4-5 times daily (BII)

Esophageal Candidiasis
Duration of therapy: 14-21 days

Preferred Therapy:
• Fluconazole 100 mg (up to 400 mg) poor IV once daily (AI), **or**
• Itraconazole oral solution 200 mg po once daily (AI)

Alternative Therapy:
• Voriconazole 200 mg po or IV bid (BI), **or**
• Posaconazole 400 mg po bid (BI), **or**
• Caspofungin 50 mg IV once daily (BI), **or**
• Micafungin 150 mg IV once daily (BI), **or**
• Anidulafungin 100 mg IV, for one dose, then 50 mg IV once daily (BI), **or**
• Amphotericin B deoxycholate 0.6 mg/kg IV once daily (BI), **or**
• Lipid formulation of amphotericin B 3-4 mg/kg IV once daily (BIII)

Chronic Suppressive Therapy
• Chronic suppressive therapy is usually not recommended unless pts have frequent or severe recurrences (BIII)
• If used, it is reasonable to discontinue therapy if CD4 >200 cells/mm^3 (AIII)

NOTE: Topical therapy is preferable for treatment of oral candidiasis in pregnancy (AIII). Chronic maintenance therapy or secondary prophylaxis, against oropharyngeal or esophageal candidiasis using systemically absorbed azoles should not be initiated during pregnancy (AIII). Furthermore, prophylaxis with systemic azoles should be discontinued in HIV-infected women who become pregnant (AIII).

NOTE: Treatment regimens vary with each pt according to severity of pt's conditions and immune status.

HERPES SIMPLEX VIRUS

Note: Severe Mucocutaneous HSV Infections (Refer to primary care or specialty physician)
Orolabial Lesions
Duration of therapy: 5-10 days
• Valacyclovir 1 g po bid (AIII), **or**
• Famciclovir 500 mg po bid (AIII), **or**
• Acyclovir 400 mg po tid (AIII)

Chronic Suppressive HSV Therapy
Indications:
• For pts with severe recurrences (AI) **or**
• Pts who want to minimize the frequency of recurrences (AI)
Treatment:
• Valacyclovir 500 mg po bid (AI) **or**
• Famciclovir 500 mg po bid (AI) **or**
• Acyclovir 400 mg po bid (AI)
• Continue indefinitely without regard to CD4 count improvement

For Acyclovir-Resistant Mucocutaneous HSV infections
Preferred Therapy:
• Foscarnet 80-120 mg/kg/day IV in 2-3 divided doses until clinical response (AI)

Alternative Therapy
Duration of therapy: 21-28 days or longer, based on response (CIII)
• Topical trifluridine, **or**
• Topical cidofovir, **or**
• Topical imiquimod, **or**
• IV cidofovir

Note: Topical formulations of trifluridine and cidofovir are not commercially available but can be compounded

LEUKOPLAKIA, ORAL HAIRY

Generally asymptomatic, no treatment required. Usually resolves with onset of Highly Active Antiretroviral Therapy.

PERIODONTITIS AND GINGIVITIS

• Betadine 10% solution (Povidone-iodine) is used during scaling and root planing
• Chlorhexidine gluconate 0.12% (Peridex® or PerioGard®) rinse with 15 mL bid for 30 seconds and spit out for 1-2 weeks
• Metronidazole (Flagyl®) 250 mg tid for 7-14 days (avoid if severe hepatic disease, alcoholic beverages or pregnancy) or Clindamycin 300 mg tid for 7-14 days
• May consider prescribing antibiotics plus an antifungal agent

ULCERATION, APHTHOUS

Aphthous Ulcers, Antibacterial Treatment
• Chlorhexidine gluconate oral rinse 0.12% (Peridex® **or** PerioGard®): Rinse with 15 mL for 30 seconds bid and spit out the solution for 1-2 weeks

ULCERATION, APHTHOUS Continued

• Tetracycline suspension: 125 mg/mL – swish for 1-2 minutes and expectorate bid 7 days or until lesions resolve

Recurrent Aphthous Ulcerations
• Fluocinonide 0.05% ointment apply to affected areas after meals and at bedtime
• Fluocinonide 0.05% ointment (Lidex®) 50:50 with Orabase® apply small amount on a cotton swab to affected areas after meals and at bedtime as needed. Press medication onto the area, but do not rub medication into the tissue.
• Clobetasol propionate 0.05% ointment apply using a sterile cotton swab to ulcers bid
• Dexamethasone elixir 0.5 mg/5 mL (Decadron®) rinse 5 mL for 2 min qid then expectorate (for multiple lesions)

Major Aphthous Ulcerations or Refractory Recurrent Aphthous
• Prednisone: 20-40 mg once daily po for 1-2 weeks, then taper. Biopsy prior to treatment should be considered. Consult primary care physician before prescribing.

Topical Anesthetics and Coating Agents for Oral Ulcerations
• Benzocaine in Orabase®: Apply a small amount with a cotton swab to the affected area as needed for pain *Caution with allergy to esters or Novocain*
• Benadryl® elixir (12.5 mg/5 mL): Swish with 5 mL for two minutes every 2 hrs and before meals, expectorate
• Benadryl® elixir + Kaopectate (or Maalox®), 50:50 mixture: Swish with 5 mL every 2 hrs and before meals, expectorate
• Viscous lidocaine 2%: Swish with 5 mL before meals and expectorate. Caution: gag reflex may be lost, aspiration is possible.

VARICELLA ZOSTER VIRUS

(Herpes Zoster, Shingle)
Duration of therapy: 7-10 days, longer duration should be considered if lesions resolve slowly
Acute Localized Mucocutaneous Dermatomal Head/Neck

Preferred Therapy:
• Valacyclovir 1000 mg po tid (AII) **or**
• Famciclovir 500 mg po tid (AII)

Alternative Therapy:
• Acyclovir 800 mg po 5 times daily

XEROSTOMIA

• Lubricants: artificial saliva substitutes or Oral Balance® ointment
• Salivary stimulants: sugarless gum, sugarless hard lozenges
• Systemic sialogogues: Pilocarpine (Salagen®) - Consult pt's physician before prescribing

Consult PDR or pharmacology text for more information regarding indications, contraindications and adverse reactions.

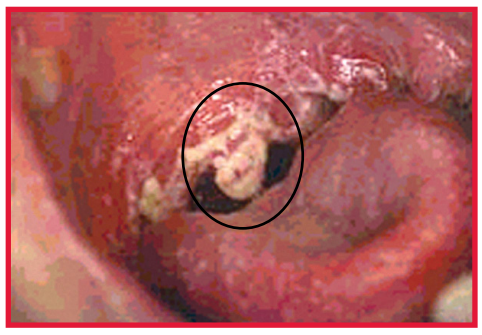
Oral Manifestations Associated with HIV/AIDS

JUNE 2014

CANDIDIASIS

Angular Cheilitis

Erythematous

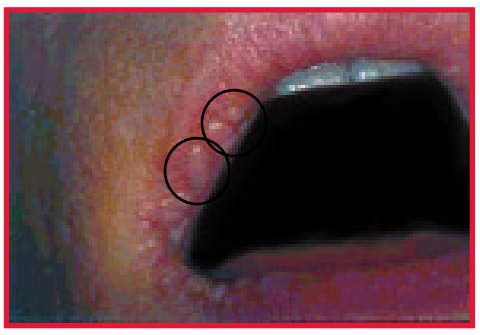

Hyperplastic

Pseudomembranous

HERPES SIMPLEX VIRUS (HSV)

With Candidiasis

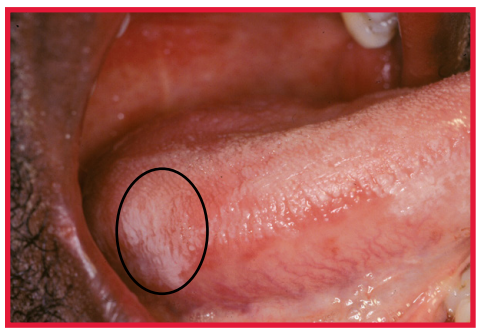
HUMAN PAPILLOMA VIRUS (HPV)

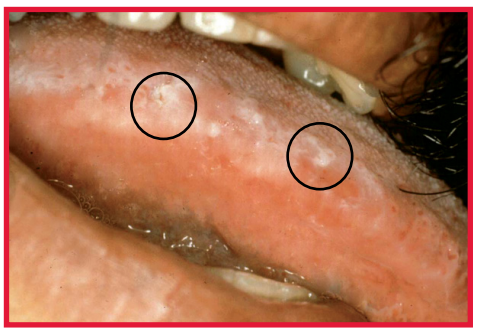

Human Papilloma Virus (HPV)

Human Papilloma Virus (HPV)

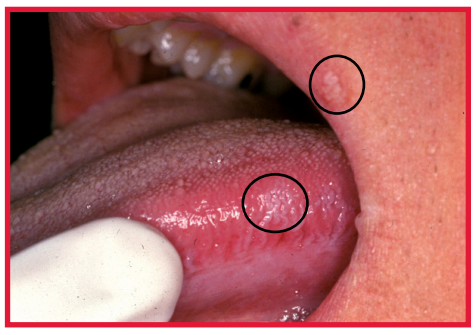
With onset of HAART and reconstitution of the immune system, most of these manifestations should not be present in the pt's mouth. If oral manifestations associated with HIV/AIDS are observed in a pt using HAART, a medical referral should be considered for evaluation of possible HAART failure or progression of the disease.

LEUKOPLAKIA, ORAL HAIRY

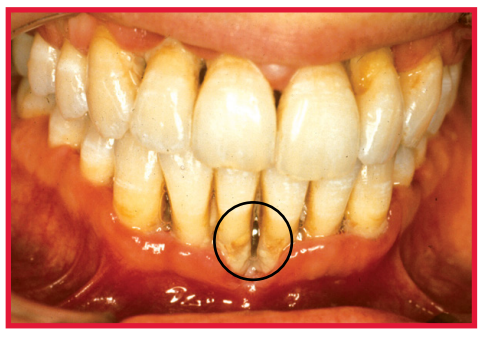




With Candidiasis

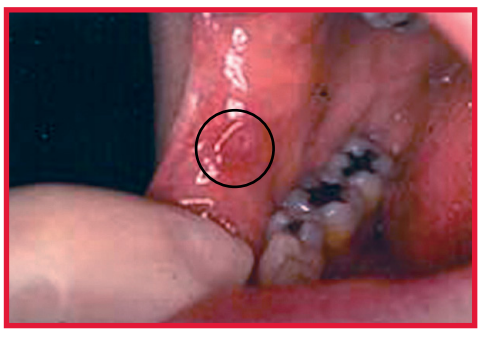

With HPV on Lip

PERIODONTITIS AND GINGIVITIS


Periodontitis

Linear Gingival Erythema

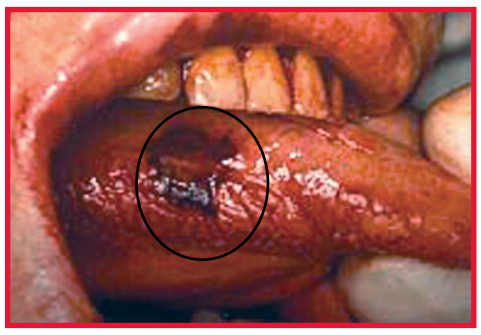
ULCER

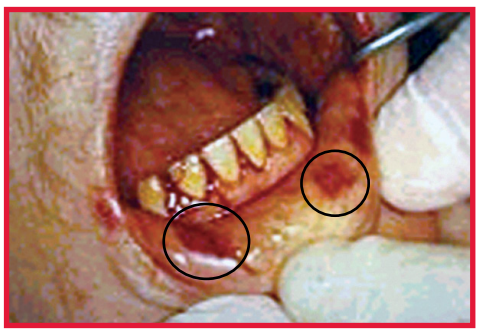

Aphthous

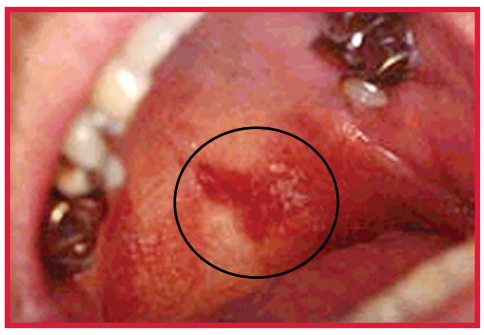
VARICELLA ZOSTER VIRUS

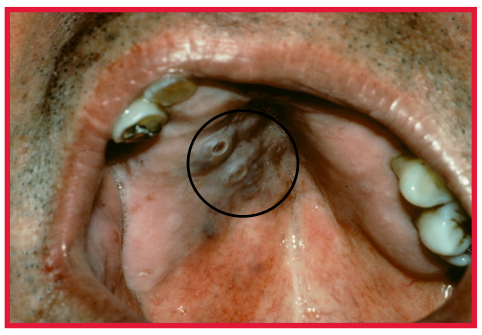
Herpes Zoster

ECCHYMOSIS VS. KAPOSI'S SARCOMA


Ecchymosis


Ecchymosis


Kaposi's Sarcoma


Kaposi's Sarcoma

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HIV Prevention Program

This program provides resources to assist with HIV/AIDS prevention initiatives.

For more information, please visit:
www.USFCenter.org/prevention

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Produced by the Florida/Caribbean AIDS Education and Training Center