

1. Assess risk for HIV based on exposure.

***PEP should be started within 72 hours of exposure; the sooner, the better. PEP is indicated for the following high-risk exposures with someone living with HIV and a viral load > 200 copies/mL or someone at risk for HIV with unknown status.**

Level of risk	Types of exposures
High risk ► offer PEP	<ul style="list-style-type: none"> • Condomless receptive anal sex • Condomless receptive vaginal sex • Sharing needles
Moderate risk ► consider PEP, discuss with patient	<ul style="list-style-type: none"> • Condomless insertive anal sex • Condomless insertive vaginal sex
Low risk ► would not offer PEP	<ul style="list-style-type: none"> • Insertive or receptive oral sex (consider for receptive if significant bleeding, ulcerations or trauma in mouth and ejaculation) • Sharing cookers, cotton or other drug paraphernalia • Zero/no risk: Blood or semen splash on intact skin • Zero/no risk: Exposure to urine, saliva or bites

2. Screen for symptoms of acute HIV Infection.

- Fever, fatigue, myalgias, lymphadenopathy rash, and/or sore throat (flu-like symptoms) are the most common acute HIV symptoms.
- If symptoms are present, order an HIV RNA viral load, consider providing rapid ART and ensure close follow-up.

3. Order labs. You do not need to wait until labs are drawn or resulted before starting PEP.

- **4th generation HIV Ag/Ab test or rapid HIV test**
- **HIV viral load (RNA PCR or NAAT)**
- STI testing, serum creatinine, hep C Ab w/reflex, hep B surface antigen (HBsAg), urine pregnancy test (if applicable)

4. Choose a 3-drug PEP regimen: Duration for all regimens is 28 days.

- **Use ICD-10 code Z20.6 (exposure to HIV) for billing.**
- **Write out “for post-exposure prophylaxis” in notes to the pharmacy to help with coverage.**
- **Discuss choices with the patient; consider coverage/cost and adherence to the regimen.**

■ Preferred regimens*

Biktarvy® (bictegravir/tenofovir/emtricitabine) 1 pill PO daily



Or **Tenofovir DF/emtricitabine 300/200 mg (Truvada® or generic**)**

+ Tivicay® (dolutegravir 50 mg), each 1 pill PO daily

(This regimen recommended in people with high pregnancy potential)



*The use of Biktarvy® or Descovy® for PEP is based on expert opinion and limited clinical data. They are not currently included in CDC PEP guidelines.

**Avoid using tenofovir DF (Truvada® or generic) in patients with known kidney disease (eGFR/eCrCL <60 mL/min). In patients with eGFR>30 mL/min, Descovy® (Tenofovir alafenamide (TAF) 25mg/emtricitabine 200mg) may be considered in the place of Truvada® or generic tenofovir DF/emtricitabine.

5. Counsel patient on possible side effects and importance of taking meds daily for full 28 days.

- a. Common side effects of tenofovir (Truvada® and Descovy®): nausea, abdominal discomfort or headache
- b. Adherence tips: Use a pill box, electronic/phone reminder, link dosing to a daily habit or routine.

6. Arrange for a repeat 4th generation HIV test in 6 and 12 weeks.

7. Consider offering patient “PEP to PrEP.”

Patients should be considered for transition to PrEP with Truvada® (tenofovir DF/ emtricitabine) or Descovy® (tenofovir AF/ emtricitabine) immediately after completing 28 days of PEP, or if future HIV exposures are likely or possible.

To transition from PEP to PrEP, check an HIV Ag/Ab test while on week 4 of PEP and prescribe PrEP so they can start PrEP as soon as they are done with PEP. Confirm that the HIV testing done during week 4 of PEP is negative to continue PrEP.

8. Advise patient on options for PEP follow-up or if HIV test is positive.

Contact your in-house PrEP navigators, HIV linkage staff or HIV providers. If you do not have in-house staff, please refer to your local health department.

Have questions?

National Clinician Consultation Center PEP Hotline (nccc.ucsf.edu): 888-448-4911

PEP medication coverage:

■ Insured patients

- Write in notes to the pharmacy: “for HIV post-exposure prophylaxis, ICD10 code Z20.6”
- Most private insurers cover PEP
- If patient has a high co-pay, use the following co-pay assistance programs can also be used:
 - » Gilead (Truvada®): gileadadvancingaccess.com
 - » Merck (Isentress®): activatethecard.com/7574/#
 - » Viiv (Tivicay®): viivconnect.com

■ Uninsured patients

- A number of manufacturer assistance programs can help provide access to PEP medications (see next page).

PEP manufacturer patient assistance programs:

Truvada®, Descovy® and Biktarvy®:

Patient Assistance Programs will provide a same-day 30-day supply at no cost for those who are without coverage, <500% FPL, meet medical necessity and are within 72 hours of exposure:

1. Complete online enrollment form with patient:
gileadadvancingaccess.com
2. Fax letter of necessity to the number on the form; The letter needs name, DOB, social security number, date of exposure, any kind of income, household size, and needs to state that this is a necessary drug due to exposure.
3. Call **800-226-2056** (M-F, 6am-5pm PST) to get voucher and bin number to take to pharmacy,
4. Call local pharmacy to ensure the medication is available; with voucher/bin number, the patient should be able to get same-day access to medication at no cost.

Biktarvy® starter kits may be available to you

1. A Gilead Therapeutic Specialist may be able to provide starter kits with 7 pills of Biktarvy® to each facility.
2. These starter kits are patient resources and designed to help with each facility's current rapid ART protocol or in situations where the provider has decided to a regimen switch is appropriate.
3. The starter kits can be replenished by calling the Gilead Therapeutic Specialist.
4. The starter kits must be signed by an HCP-program designated prescribing provider at drop-off.
5. Your representative can give you more information as to which HCP provider can sign for the starter kits. If other providers are interested in signing for the starter kits, your Gilead Therapeutic Specialist can submit the appropriate paperwork. Adding a new HCP provider can take up to 3 months.

Dolutegravir (Tivicay®):

The Viiv Healthcare Patient Assistance Program can provide a same-day voucher for a 30-day supply of dolutegravir at a local pharmacy.

1. Fill out the enrollment form:
viivconnect.com/get-started/
2. An advocate must call. Any healthcare staff can become an advocate on the same day by calling: **844-588-3288**; best to call by 4 pm. You will get an advocate number and patient ID to complete the voucher.
3. The patient brings the voucher and the prescription to a local pharmacy.
4. Do not fax the form. Faxing the form initiates the mail-order refill service and invalidates the initial voucher number.

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Funding for this presentation was made possible by 5 U1OHA29292-08-00 from the Human Resources and Services Administration HIV/AIDS Bureau. The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. Any trade/brand names for products mentioned in this document are for training and identification purposes only.

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