

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 • Blood or semen splash on intact skin • Exposure to urine, saliva or bites

2. Screen for symptoms of Acute HIV Infection.

- Current high fever, fatigue, rash, pharyngitis or sore throat; if symptoms are present, order HIV PCR viral load and ensure close follow-up.

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

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

4. Choose a 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.**
- Use a 3-drug regimen; discuss choices with the patient and consider their ability to pay for and adhere to the regimen.

■ Preferred regimens*

Truvada® (300 mg tenofovir DF/200 mg emtricitabine)
+ **Tivicay® (dolutegravir 50 mg), each 1 pill PO daily**



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



Or **Truvada® (300/200 mg) 1 pill PO daily**
+ **Isentress® (raltegravir 400 mg BID) 1 pill PO twice a day**
(Isentress®/raltegravir regimen recommended in 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 CDC PEP guidelines. Avoid using tenofovir (Truvada®) 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.®

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

- a. Common side effects of 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 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 b/Ag 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
- In California, Medi-Cal covers any HIV regimen as PEP; in notes to pharmacy add “bill to Medi-Cal HIV carve-out.”
- In California, the PrEP Assistance Program (PrEP-AP) helps low income [\leq 500% Federal Poverty Line (FPL)] insured patients pay for PrEP-related out-of-pocket costs including PEP. For people enrolled in PrEP-AP, the program covers the cost of PrEP or PEP-related medical visits and labs, Truvada® and Descovy® co-payments after the \$7,200 Gilead benefit is exhausted, and co-payments for other PEP medications on the PrEP-AP formulary: tinyurl.com/prepap
- 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).
- In California, the PrEP-AP (tinyurl.com/prepap) serves uninsured low-income patients (<500% FPL) as a payer of last resort for PrEP/PEP-related medical costs. For people enrolled in PrEP-AP, the program covers the cost of PrEP or PEP-related medical visits and labs, STI treatment, and the cost of select PEP medications on the PrEP-AP formulary: tinyurl.com/prepap.

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 tht 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.

Raltegravir (Isentress®; by mail only):

The Merck Patient Assistance Program provides next-day delivery of raltegravir. It's mailed from the East Coast, so you call before 11:30am PST in order to get next-day delivery.

1. Call **800-727-5400** before 11:30am to get same-day processing. Let the service representative know that this is an urgent PEP case and requires same-day processing and next-day delivery.
2. They will talk you through the process and form, which is available online: merckhelps.com/ISENTRESS
3. The patient's delivery information must be provided, and someone must be available to sign for the delivery. Deliveries may also be made to the provider's office.

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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