



nPEP

Non-Occupational Post-Exposure Prophylaxis

Quick Reference

Guide

RECOMMENDED REGIMEN

28 DAY REGIMEN

Tenofovir 300 mg + Emtricitabine 200 mg (Truvada) PO qd

PLUS

Raltegravir 400mg (Isentress) PO bid **OR** Dolutegravir 50mg (Tivicay) PO qd

With 2 week Follow Up Labs of Liver and CrCl.

National Clinical Consultation Line (for PEP): 1-888-448-4911

Kern County Public Health Services Department

PrEP Navigators

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Preferred Tx: 28 Day Rx of Tenofovir DF 300mg and fixed dose combination Emtricitabine 200 mg (Truvada)Once daily **with Raltegravir 400 mg (Isentress)** twice daily **OR Dolutegravir 50 mg (Tivicay)** once daily.

*With 2 week follow up labs of Liver and CrCl.

Base line Labs and STI Labs for Syphilis/Gonorrhea/Chlamydia/HIV at time of exposure before given Rx (See Table 2)

Age Group	Preferred / Alternative	Medication Combination
Adults and adolescents aged ≥13 years, including pregnant women, with normal renal function. (Creatinine Clearance ≥60ml/min)	Preferred	A 3-drug regimen consisting of Tenofovir DF 300 mg and a fixed combination of Emtricitabine 200 mg (Truvada) once daily With Raltegravir 400 mg twice a day (Isentress) Or Dolutegravir 50 mg once daily Tivicay
	Alternative	A 3-drug regimen consisting of Tenofovir DF 300 mg and fixed dose combination Emtricitabine 200 mg (Truvada) once daily With Darunavir 800 mg (as 2,400-mg tablets) once daily And Ritonavir 100 mg once daily
Adults and adolescence aged ≥13 years with renal dysfunction (creatinine clearance ≤59mL/min)	Preferred	A 3-drug regimen consisting of Zidovudine and Lamivudine, with both doses adjusted to degree of renal function With Raltegravir 400 mg twice daily (Isentress) Or Dolutegravir 50 mg once daily (Tivicay)
	Alternative	A 3-drug regimen consisting of Zidovudine and Lamivudine, with both doses adjusted to degree of renal function With Darunavir 800 mg (as 2,400-mg tablets) once daily And Ritonavir 100 mg once daily
Children aged 2-12 years	Preferred	A 3-drug regimen consisting of Tenofovir DF, Emtricitabine, and

Children aged 2-12 years	Alternative #1	Raltegravir, with each drug dosed to age and weight. A 3-drug regimen consisting of Zidovudine and Lamivudine With Raltegravir Or Lopinavir/Ritonavir With Raltegravir and Lopinavir/Ritonavir with dosed to age and weight
	Alternative #2	A 3-drug regimen consisting of Tenofovir DF and Emtricitabine and Lopinavir/Ritonavir With each dosed to age and weight

Children aged birth-27 days	Consult a pediatric HIV Specialist
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See Table 2 on reverse....

Table 2. Recommended schedule of laboratory evaluations of source and exposed persons for providing nPEP with preferred regimens

Test	Exposed persons				
	Source				
	Baseline	Baseline	4–6 weeks after exposure	3 months after exposure	6 months after exposure
	For all persons considered for or prescribed nPEP for any exposure				
HIV Ag/Ab testing ^a (or antibody testing if Ag/Ab test unavailable)	✓	✓	✓	✓	✓ ^b
Hepatitis B serology, including: hepatitis B surface antigen hepatitis B surface antibody hepatitis B core antibody	✓	✓	—	—	✓ ^c
Hepatitis C antibody test	✓	✓	—	—	✓ ^d
	For all persons considered for or prescribed nPEP for sexual exposure				
Syphilis serology ^e	✓	✓	✓	—	✓
Gonorrhea ^f	✓	✓	✓ ^g	—	—
Chlamydia ^f	✓	✓	✓ ^g	—	—
Pregnancy ^h	—	✓	✓	—	—
	For persons prescribed tenofovir DF+ emtricitabine + raltegravir or tenofovir DF+ emtricitabine + dolutegravir				
Serum creatinine (for calculating estimated creatinine clearance ⁱ)		✓	✓	—	—
Alanine transaminase, aspartate aminotransferase		✓	✓	—	—
	For all persons with HIV infection confirmed at any visit				
HIV viral load	✓			✓ ^j	
HIV genotypic resistance	✓			✓ ^j	
<p>Abbreviations: Ag/Ab, antigen/antibody combination test; HIV, human immunodeficiency virus; nPEP, nonoccupational postexposure prophylaxis; tenofovir DF, tenofovir disoproxil fumarate.</p> <p>^a Any positive or indeterminate HIV antibody test should undergo confirmatory testing of HIV infection status.</p> <p>^b Only if hepatitis C infection was acquired during the original exposure; delayed HIV seroconversion has been seen in persons who simultaneously acquire HIV and hepatitis C infection.</p> <p>^c If exposed person susceptible to hepatitis B at baseline.</p> <p>^d If exposed person susceptible to hepatitis C at baseline.</p> <p>^e If determined to be infected with syphilis and treated, should undergo serologic syphilis testing 6 months after treatment.</p> <p>^f Testing for chlamydia and gonorrhea should be performed using nucleic acid amplification tests. For patients diagnosed with a chlamydia or gonorrhea infection, retesting 3 months after treatment is recommended.</p> <ul style="list-style-type: none"> • For men reporting insertive vaginal, anal, or oral sex, a urine specimen should be tested for chlamydia and gonorrhea. • For women reporting receptive vaginal sex, a vaginal (preferred) or endocervical swab or urine specimen should be tested for chlamydia and gonorrhea. • For men and women reporting receptive anal sex, a rectal swab specimen should be tested for chlamydia and gonorrhea. • For men and women reporting receptive oral sex, an oropharyngeal swab should be tested for gonorrhea. <p>(http://www.cdc.gov/std/tg2015/tg-2015-print.pdf)</p> <p>^g If not provided presumptive treatment at baseline, or if symptomatic at follow-up visit.</p> <p>^h If woman of reproductive age, not using effective contraception, and with vaginal exposure to semen.</p> <p>ⁱ eCrCl = estimated creatinine clearance calculated by the Cockcroft-Gault formula; eCrClCG = [(140 – age) x ideal body weight] ÷ (serum creatinine x 72) (x 0.85 for females).</p> <p>^j At first visit where determined to have HIV infection.</p>					

Figure 2. nPEP considerations summary

Initial nPEP Evaluation

- Obtain history of potential exposure event
 - HIV and HBV status of exposed person and source person, if available
 - Timing of most recent potential exposure
 - Type of exposure event and risk for HIV acquisition
 - Make determination if nPEP is indicated
- If nPEP is indicated
 - Conduct laboratory testing
 - HIV blood test (rapid combined Ag/Ab test, if available)
 - STIs, HBV, HCV, pregnancy, and chemistries, as indicated
 - Prescribe 28-day nPEP course
 - Educate patient about potential regimen-specific side effects and adverse events
 - Counsel patient about medication adherence
 - Provide patient with nPEP prescription or full 28-day nPEP course or nPEP starter pack and prescription
 - When necessary, assist patients with obtaining nPEP medication through a medication assistance program for the prescribed regimen
- For all persons evaluated
 - Prescribe prophylaxis for STIs and HBV infection, if indicated
 - Provide counseling related to HIV prevention strategies, as appropriate
 - Document sexual assault findings and fulfill local reporting requirements
 - Conduct confidential reporting of newly diagnosed STIs and HIV infection to health department
 - Link HIV-infected persons to relevant medical and psychosocial support services

Follow-up evaluations for persons prescribed nPEP

- Conduct HIV and any other indicated laboratory testing
- Consider changing nPEP regimen if indicated by side effects or results of initial testing
- Provide additional counseling and support for medication adherence and HIV prevention, if indicated

Abbreviations: Ag/Ab, antigen/antibody combination test; HBV, hepatitis B virus; HCV, hepatitis C virus; HIV, human immunodeficiency virus; nPEP, nonoccupational postexposure prophylaxis; STI, sexually transmitted infection.

Resource:

“Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV – United States, 2016.” Centers for Disease Control and Prevention. CDC Stacks: Public Health Publications. Published April 18, 2016. <https://stacks.cdc.gov/view/cdc/38856>.