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
Jessica Alvarez 661-868-0159
Jonathan Montano 661-868-0297
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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)**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Preferred / Alternative</th>
<th>Medication Combination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults and adolescents aged ≥13 years, including pregnant women, with normal renal function. (Creatinine Clearance ≥60ml/min)</td>
<td>Preferred</td>
<td>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)</td>
</tr>
<tr>
<td>Alternative</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Adults and adolescence aged ≥13 years with renal dysfunction (creatinine clearance ≤59mL/min)</td>
<td>Preferred</td>
<td>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)</td>
</tr>
<tr>
<td>Alternative</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Children aged 2-12 years</td>
<td>Preferred</td>
<td>A 3-drug regimen consisting of Tenofovir DF, Emtricitabine, and</td>
</tr>
<tr>
<td>Children aged 2-12 years</td>
<td>Alternative #1</td>
<td>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</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Alternative #2</td>
<td>A 3-drug regimen consisting of Tenofovir DF and Emtricitabine and Lopinavir/Ritonavir With each dosed to age and weight</td>
<td></td>
</tr>
</tbody>
</table>

| Children aged birth-27 days | Consult a pediatric HIV Specialist |

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

<table>
<thead>
<tr>
<th>Test</th>
<th>Source</th>
<th>Exposed persons</th>
<th>4–6 weeks after exposure</th>
<th>3 months after exposure</th>
<th>6 months after exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>Baseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Ag/Ab testing* (or antibody testing if Ag/Ab test unavailable)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hepatitis B serology, including: hepatitis B surface antigen hepatitis B surface antibody hepatitis B core antibody</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hepatitis C antibody test</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Syphilis serology*</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Gonorrhea†</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chlamydia†</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pregnancy‡</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Serum creatinine (for calculating estimated creatinine clearance)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Alanine transaminase, aspartate aminotransferase</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV viral load</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV genotypic resistance</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations: Ag/Ab, antigen/antibody combination test; HIV, human immunodeficiency virus; nPEP, nonoccupational postexposure prophylaxis; tenofovir DF, tenofovir disoproxil fumarate.

* Any positive or indeterminate HIV antibody test should undergo confirmatory testing of HIV infection status.

† 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.

‡ If exposed person susceptible to hepatitis B at baseline.

§ If exposed person susceptible to hepatitis C at baseline.

¶ If determined to be infected with syphilis and treated, should undergo serologic syphilis testing 6 months after treatment.

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.

- 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.


If not provided presumptive treatment at baseline, or if symptomatic at follow-up visit.

If of woman of reproductive age, not using effective contraception, and with vaginal exposure to semen.

eCrCl = estimated creatinine clearance calculated by the Cockcroft-Gault formula; eCrCl = [(140 - age) x ideal body weight ÷ (serum creatinine x 72) x 0.85 for females).

At first visit where determined to have HIV infection.
### 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.

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**Resource:**