

Post-Exposure Prophylaxis (PEP): Resources for Healthcare Providers



What is PEP?

Post-Exposure Prophylaxis (PEP) is an oral antiretroviral (ARV) medication that can be taken after HIV exposure to prevent infection. For maximum efficacy, it is recommended to start a PEP regimen within 24 hours of HIV exposure, but it is absolutely necessary to start the regimen within 72 hours to prevent HIV infection. PEP typically consists of a three-drug regimen of ARV medications, including a combination of nucleotide/nucleoside reverse transcriptase inhibitors (tenofovir-emtricitabine) plus an integrase inhibitor (dolutegravir or raltegravir). PEP is not a one-time pill; patients must take medication 1-2x per day for at least 28 days. Medication adherence is essential as the risk of contracting HIV still exists until completion of the treatment regimen. PEP is generally safe, although it is important to consider any potential adverse drug-drug interactions. Patients may also experience nausea or fatigue. If patients develop fever or rash, this may signal the beginning stages of HIV infection. Patients need to be frequently tested for HIV. They should be tested at the start of treatment, 4-6 weeks after initial exposure, immediately after treatment and again 3 months later. PEP does NOT prevent future infection, so patients should be encouraged to follow safer sex practices and other harm reduction strategies such as Pre-Exposure Prophylaxis (PrEP) (reference PrEP: Resources for Healthcare Providers).

More



Who should be treated with PEP?

Providers should prescribe PEP to patients who are HIV negative or unaware of their HIV status and have been exposed to HIV within the past 72 hours via 1) unprotected sex with a potentially infected partner, 2) sexual assault, or 3) shared needles or contaminated research instruments.

PEP is a safe and effective HIV risk reduction tool when taken properly, but it is not 100% effective and should only be used in emergency situations. Patients who report behaviors that place them at risk of frequently recurring HIV exposure or who report receipt of one or more courses of PEP in the past year should be provided risk-reduction counseling. Intervention services include consideration of the daily use of pre-exposure prophylaxis (reference PrEP: Resources for Healthcare Providers).

Providers should avoid use of dolutegravir (DTG) in pregnant patients or non-pregnant patients who cannot use an effective birth control method due to risk of neural tube defects, instead raltegravir is preferred.



How can patients access and afford PEP?

It's important to advocate for the needs of these patients to expand access to those who are uninsured or those who do not have full insurance coverage for this medication. PEP is covered by most private insurance plans as well as Medicaid and Medicare, but if the patient is uninsured and needs access, providers can help by applying for free PEP on behalf of the patient through medication assistance programs. Reference PEP: Resources for Patients for more resources to assist patient access.

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