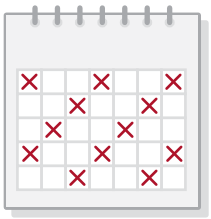
nPEP NONOCCUPATIONAL POST EXPOSURE PROPHYLAXIS

START WITHIN **72 HOURS** OF HIV EXPOSURE

What is nPEP? **The use of antiretroviral drugs to prevent HIV acquisition after a single high-risk event.***

Over the last ten years, Utah has identified approximately 120 new HIV diagnoses a year—that's roughly **one new case of HIV every three days.**[1] Access to nPEP could prevent some of these new cases.



* *Exposure outside health care settings to blood, genital secretions, or other body fluids that might contain HIV.*

We can do better. **nPEP is not always accessible or offered.**

In a study of rural emergency rooms in a US state it was found:[2]

53.7% offered STI prophylaxis after sexual assault

13.4% offered HIV testing after sexual assault

9.2% routinely offered nPEP after sexual assault

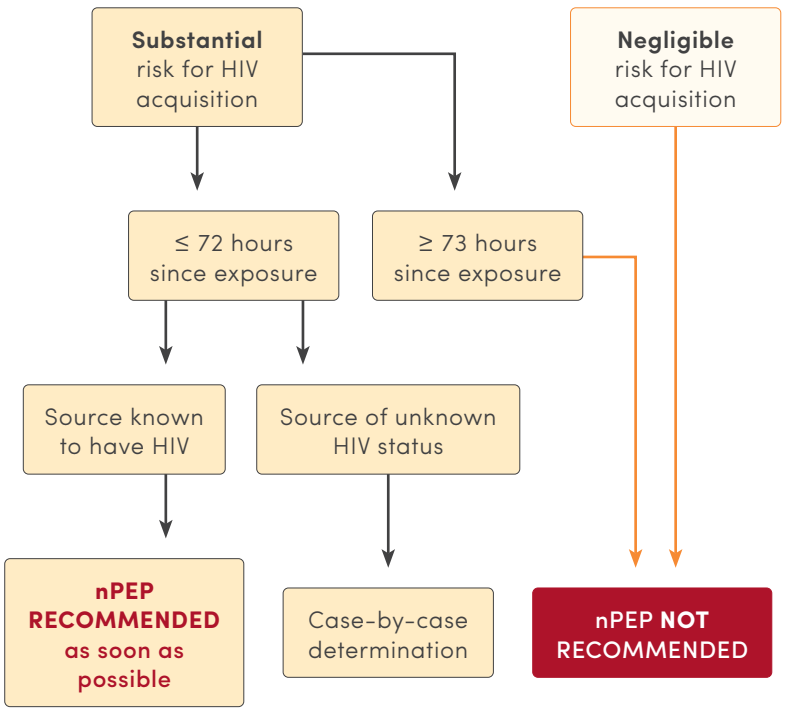
Consider nPEP if the exposure to HIV occurred in the prior 72 hours

- Screen
- Select medication regimen
- Complete medication assistance forms

- ☑ Non-consensual sexual contact/sexual assault
- ☑ Consensual sexual contact with partner with HIV or unknown HIV status
- ☑ Sharing of injection drug use equipment with partner with HIV or unknown HIV status

AETC AIDS Education & Training Center
Utah AETC

DETERMINE IF nPEP IS INDICATED



SUBSTANTIAL RISK FOR HIV ACQUISITION

Exposure of vagina, rectum, eye, mouth, or other mucous membrane, non-intact skin, or percutaneous contact

With blood, semen, vaginal secretions, rectal secretions, breast milk, or any bodily fluid that is visibly contaminated with blood

When the source is known to have HIV

NEGLIGIBLE RISK FOR HIV ACQUISITION

Exposure of vagina, rectum, eye, mouth, or other mucous membrane, intact or non-intact skin, or percutaneous contact

With urine, nasal secretions, saliva, sweat, or tears if not visibly contaminated with blood

Regardless of the known or suspected HIV status of the source

RECOMMENDED LAB MONITORING IF nPEP CONSIDERED OR PRESCRIBED

	BASELINE	4–6 WEEKS AFTER EXPOSURE	3 MONTHS AFTER EXPOSURE	6 MONTHS AFTER EXPOSURE
HIV testing: prefer rapid Ag/Ab*	✓	✓	✓	✓
Hepatitis B serology: surface antigen, surface antibody, core antibody†	✓	-	-	✓
Hepatitis C antibody	✓	-	-	✓
Syphilis for sexual exposures	✓	✓	-	✓
Chlamydia & Gonorrhea: consider 3-site testing for sexual exposure	✓	✓	-	-
Pregnancy test (discuss emergency contraception at initial visit) for sexual exposures	✓	✓	-	-
Serum creatinine and transaminases (ALT/AST)	✓	✓	-	-

**If rapid HIV not available, order 4th generation HIV serology testing and continue to initiate nPEP same day. Do not delay treatment.*

† Vaccinate patients who are not immune to Hepatitis B. Consider Hepatitis B & C testing at 6 months if known exposure at baseline.

Table adapted from 2016 CDC nPEP Guidelines. Please refer to full table for labs to consider for source patient.[3]

ALL PERSONS OFFERED nPEP SHOULD BE PRESCRIBED A

28-DAY COURSE OF A 3-DRUG ANTIRETROVIRAL REGIMEN

Adults and adolescents aged ≥ 13 years, including pregnant women, with normal renal function (CrCl ≥ 60 ml/min)	**Preferred Regimen**	Tenofovir DF 300 mg / Emtricitabine 200 mg *(Truvada)* once daily ***WITH*** Raltegravir 400 mg twice daily ***or*** Dolutegravir 50 mg once daily
	Alternative Regimen	Tenofovir DF 300 mg / Emtricitabine 200 mg *(Truvada)* once daily ***WITH*** Darunavir 800 mg ***and*** Ritonavir* 100 mg once daily with food
Adults and adolescents aged ≥ 13 years with renal dysfunction (CrCL ≤ 59 mL/min)	**Preferred Regimen**	Zidovudine ***and*** Lamivudine, with both doses adjusted to degree of renal function ***WITH*** Raltegravir 400 mg twice daily ***or*** Dolutegravir 50 mg once daily
	Alternative Regimen	Zidovudine ***and*** Lamivudine, with both doses adjusted to degree of renal function ***WITH*** Darunavir 800 mg once daily ***and*** Ritonavir* 100 mg once daily
Children aged 2–12 years	**Preferred Regimen**	Tenofovir DF, Emtricitabine, ***and*** Raltegravir, with each drug dosed to age and weight
	Alternative Regimen	Zidovudine ***and*** Lamivudine ***WITH*** Raltegravir ***or*** Lopinavir/Ritonavir*, with each drug dosed to age and weight
	Alternative Regimen	Tenofovir DF, Emtricitabine, ***and*** Lopinavir/Ritonavir*, with each drug dosed to age and weight

**Ritonavir is used in clinical practice as a pharmacokinetic enhancer to increase the trough concentration and prolong the half-life of darunavir, lopinavir, and other protease inhibitors. Ritonavir is not counted as a drug directly active against HIV in the above "3-drug"regimen*

PATIENT ASSISTANCE PROGRAM	ENROLLMENT FORM	INSTRUCTIONS
Gilead's Advancing Access® FTC/TDF (Truvada®) 200/300 mg once daily **1-800-226-2056**	https://services.gileadhiv.com/content/pdf/gilead_enrollment_form.pdf	1. Provider/Patient Advocate (e.g., RN, MA, pharmacist, SW/case manager) must first fax enrollment form: 1-800-216-6857 2. Call Advancing Access® program (Option 1) 30 minutes after faxing form: Monday–Friday, 9am–8pm ET 3. Patient will be screened over the phone—immediate medication access (voucher) number is given if patient qualifies 4. Patient picks up medication from any pharmacy with voucher
Merck Helps™ Raltegravir (Isentress®) 400 mg twice daily **1-800-727-5400**	https://www.merckhelps.com/ISENTRESS	1. Patient and provider complete application together 2. Write "Urgent" or "PEP" across top of form, & fax to: 1-915-849-1037 3. If form is submitted by 2:30pm ET, medication will be delivered to patient's home address by 1:30pm ET next day
ViivConnect Dolutegravir (Tivicay®) 50 mg once daily **1-844-588-3288**	https://www.viivconnect.com/portal/	1. Patient advocate calls or enrolls online a. Access coordinator between 8am–11pm ET to complete patient enrollment process & receive voucher number; **OR** b. Use web-based enrollment option (available 24/7) 2. 30-day supply available at no charge for patients who qualify (see who will qualify at: https://www.viivconnect.com/oral/patient-assistance-program/) 3. Viiv activates voucher; patient then takes voucher number to any pharmacy for same-day pick up
Non-Manufacturer Assistance Patient Advocate Foundation: Co-Pay Relief	https://copays.org/providers/	1. Provider must register online via secure online patient portal (available 24/7) *(provider Tax ID, NPI number, & valid email address are required to complete registration process)* 2. Application process takes approximately 7–10 minutes 3. Eligibility decisions are determined by completion of a signed Physician Verification Form 4. Application categories: patient's reported income, diagnosis, & insurance coverage information 5. Some patients randomly selected to submit documentation of reported income within 30 days of approval date

Follow up for nPEP

Call
At 72 hours post visit to check in

Schedule
Visit at 4–6 weeks for next HIV & lab testing

Consider
Transition to PrEP if ongoing risk of HIV acquisition (optional)

For more information

National Clinician Consultation Center (NCCC)
PEP Line: 888-HIV-4911
https://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/

Utah AETC Public Health Detailing
kelsey.genovesse@hsc.utah.edu

References

1. http://health.utah.gov/epi/diseases/hivaids/surveillance/2018_HIV_Surveillance_Report.pdf
2. https://idsa.confex.com/idsa/2013/webprogram/Paper41232.html
3. https://stacks.cdc.gov/view/cdc/38856