

nPEP Provider FAQs

Non-Occupational Post Exposure Prophylaxis (nPEP) is a 28-day course of medications that can reduce the chance of HIV acquisition when initiated within 72 hours of a potential exposure. This intervention is commonly used as an HIV prevention method when an individual has been the victim of a sexual assault, has had condom-less sex with a person of unknown HIV status or untreated HIV and/or has shared injection drug equipment with a person of unknown HIV status or untreated HIV.

Exposure to HIV is a medical emergency!

HIV establishes infection quickly in the body. Health care providers should evaluate for nPEP when care is sought within 72 hours of a potential exposure.

While baseline testing is necessary, administration of the first dose of nPEP should be administered without delay to ensure that medications are started within the window of effectiveness.

Baseline testing recommendations:

Baseline testing is necessary for nPEP patients. However, the first dose of nPEP should always be expedited even if testing has not yet occurred.

- HIV (rapid test preferred)
- Pregnancy Test (if of reproductive age and not using a highly effective contraception)
- Serum Liver Enzyme Testing
- Blood Urea Nitrogen (BUN) / Creatinine Test
- STI Screening (if the exposure was sexual)
- Hepatitis B surface antigen
- Hepatitis B surface antibody
- Hepatitis B core antibody
- Hepatitis C antibody

nPEP payment options:

nPEP medications are typically covered by insurance and are completely covered by Iowa Medicaid.

For patients with high deductibles, prohibitive co-pays, or no prescription drug coverage; assistance programs are available to reduce or eliminate out of pocket costs.

More information on these programs can be found at prepiowa.org/provider or by calling Iowa's PrEP/nPEP patient navigator at 319-930-9093.

Who can prescribe nPEP?

Any licensed prescriber can initiate nPEP care. Emergency medicine providers are among the most common providers of nPEP given the need for immediate intervention after exposure.

When providers are unfamiliar with managing care involving antiretroviral medications or patients present with specialized needs (minors, pregnancy, renal disease, etc.) a specialist consultation may be necessary. However, medications should be prescribed promptly and treatment plans revised based on the outcomes of those consultations.

nPEP treatment options:

All persons receiving nPEP should be prescribed a 28-day course of a 3-drug antiretroviral regimen.

- Preferred nPEP Regimen:
 - tenofovir disoproxil fumarate (DF or TDF) (300mg) + emtricitabine (FTC)(200mg) once daily **PLUS** raltegravir (RAL)(400mg) twice daily OR dolutegravir (DTG)(50mg) once daily.
- Alternative nPEP Regimen:
 - tenofovir DF (300mg) + FTC (200mg) once daily **PLUS** darunavir (DRV)(800mg) and ritonavir (RTV)(100mg) once daily.*

**Ritonavir is used in some drug combinations as a pharmacokinetic enhancer to increase the trough concentration and prolong the half-life of darunavir and other protease inhibitors.*

This fact sheet was created using information provided by the Centers for Disease Control and Prevention (CDC) "PEP Post-Exposure Prophylaxis FAQs for health care professionals which can be accessed at: www.cdc.gov/stophivtogether/library/prescribe-hiv-prevention/brochures/cdc-lsht-php-brochure-prep-faq.pdf