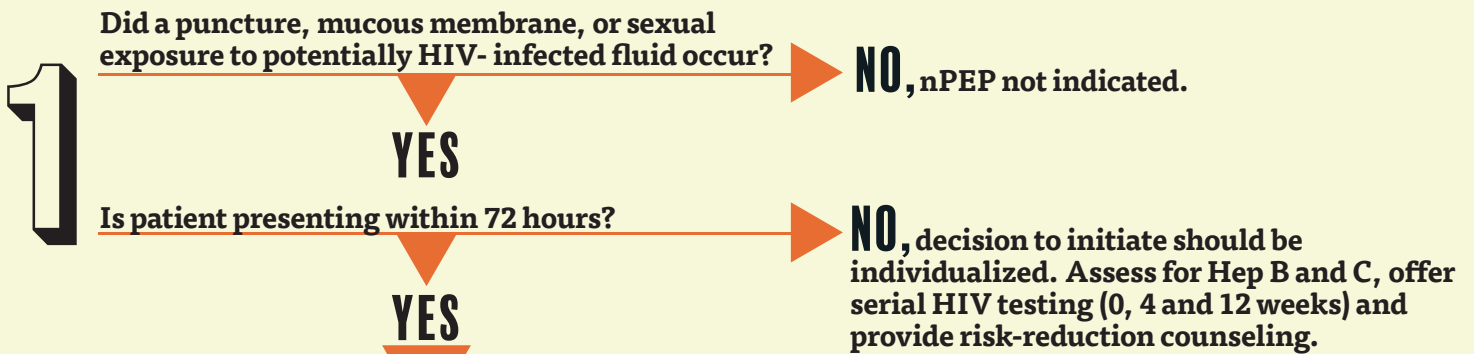




PEP TRIAGE

PEP WHEN YOU NEED IT

EVALUATE EXPOSURE: IS nPEP INDICATED?



2 INITIATE FIRST DOSE OF nPEP REGIMEN

See *Recommended Regimen* on back.

PERFORM BASELINE TESTING

3 EXPOSED PERSON:	SOURCE PERSON:
HIV Test	Obtain HIV test with turnaround time <1 hour.
Pregnancy Test for Women	If results are not immediately available, continue nPEP while awaiting results.
GC/CT NAAT (based on site of exposure)	If result is negative but there may have been exposure to HIV in the previous 6 weeks, obtain plasma HIV RNA assay.
RPR for syphilis	Continue nPEP until results of the plasma HIV RNA assay are available.
Assess for Hep B and Hep C	

4 PROVIDE COUNSELING AND REFERRAL

Provide risk-reduction counseling; consider need for intensive risk-reduction counseling services.

Refer for mental health and/or substance use program when indicated.

Discuss future use of PrEP with person with ongoing risk behavior.



RECOMMENDED REGIMEN FOR EXPOSED PATIENTS 13 YEARS + OLDER

WITH NORMAL RENAL FUNCTION (CREATININE CLEARANCE GREATER/EQUAL TO 60 ML/MIN)

RECOMMENDED nPEP REGIMEN

TENOFOVIR DF 300 mg/*EMTRICITABINE 200 mg fixed dose combination (FDC) (TRUVADA®) PO daily
with
RALTEGRAVIR (ISENTRESS®) 400 mg twice daily
or
DOLUTEGRAVIR (TIVICAY®) 50 mg once daily

Duration of therapy: 28-day course of nPEP is recommended.

*Lamivudine 300 mg PO daily may be substituted for emtricitabine. An FDC is available when tenofovir is used with emtricitabine.

ALTERNATIVE nPEP REGIMEN

TENOFOVIR DF 300 mg/*EMTRICITABINE 200 mg fixed dose combination (FDC) (TRUVADA®) once daily
with
DARUNAVIR 800 mg (as two, 400 mg tablets) (PREZISTA®) once daily
and
RITONAVIR 100 mg once daily

Duration of therapy: 28-day course of nPEP is recommended.

*Lamivudine 300 mg PO daily may be substituted for emtricitabine. An FDC is available when tenofovir is used with emtricitabine.