For more information, go to https://www.nyc.gov/health and search for HIV PEP and PEP Center at the NYC Health Department at PEPVDNY@health.nyc.gov.

12. What additional support is required for patients on emergency PEP?

Providers should maintain contact with their patients on PEP, either by telephone or in a clinic visit, for the entire duration of PEP. This is to ensure adherence and to facilitate follow-up HIV testing at 30 and 90 days. Patients should be counseled to take measures that reduce the risk of transmission during the 12-week follow-up period, such as using condoms and other barrier methods consistently, avoiding pregnancy/birth control, avoiding needle-sharing and refraining from having sex with plume, plasm, or open or. Importantly, patients completing courses of PEP who are potential PEP candidates should be offered another course of PEP to prevent HIV transmission to their sexual partners within the first 24 hours. This prevents the risk of transmission to the partner during the 24-hour window period.

13. Will emergency PEP be covered by patients' health insurance?

In NYS, emergency PEP is generally covered by insurance, including Medicaid. Additionally, several programs help cover the cost of the medicine. Patients should provide all necessary information to their insurance providers to ensure coverage. These insurance providers are responsible for any covered costs, such as copays, deductibles, and coinsurance. The paperwork must be signed and submitted by a licensed clinical provider.

- GlaxoSmithKline (GSK) AIDS Drug Assistance Program
- Gilead Science, Inc. AIDS Drug Assistance Program
- Merck Patient Assistance Program and Savings Card

For more information, visit viivhealthcareforyou.com or merckhelps.com.

14. How can patients access emergency PEP in NYC?

In any situation in which access to medication is challenged, patients can call the NYC PEP hotline at 844-3-PEPNYC (844-373-7692) available 24 hours a day, seven days a week. Calls during certain hours will be referred to the City’s PEP Centers of Excellence, which can provide medication and other medical and lab services. Patients can be evaluated for emergency PEP at emergency departments, including Health + Hospital locations, NYC Health Department Sexual Health Clinics or other health care facilities. For a list of providers who have experience providing PEP, providers can call the NYC PEP Hotline at 844-3-PEPNYC (844-373-7692). The hotline is available 24 hours a day, seven days a week.

For more information, visit nychealth.nyc.gov and search for “PEP” or visit fndwgov.nyc.gov/services/pep.

Provider FAQs Summary

Emergency PEP

Post-exposure prophylaxis, or PEP, is antiretroviral medication given to protect against HIV infection after a high-risk exposure to HIV. People who receive PEP may experience mild side effects such as fatigue, headache, rash, diarrhea, and other gastrointestinal complaints. However, many of these can be treated.

Prescribing Emergency PEP

The recommended emergency PEP regimen for patients 13 and over is:

- **Dolutegravir** 50 mg by mouth daily

Three days of prescribing emergency PEP, the following tests should be obtained:

1. Third or fourth generation HIV test; perform nucleic acid amplification test (NAT)/viral load test for HIV

2. Pregnancy test (if applicable)

3. Aspartate aminotransferase (AST) and alanine aminotransferase (ALT)

4. Blood urea nitrogen (BUN) and creatinine

5. Sexually transmitted infection (STI) screening; perform three-site (genital, rectal, pharyngeal) nucleic acid amplification test (NAAT)/viral load test

For assistance getting patients started on emergency PEP right away, clinicians in New York City can call the NYC PEP Hotline at 844-3-PEPNYC (844-373-7692). The hotline is available 24 hours a day, seven days per week.

For more information about emergency PEP, call the Clinton Education Initiative (CEI) Line. CEI can also assist with prescribing pre-exposure prophylaxis (PrEP).

New York State CEI Line: 866-637-2342

Available Monday through Friday, 9 a.m. – 9 p.m., ET

Weekends and holidays; 11 a.m. to 8 p.m. ET

*Note: use of Dolutegravir in non-pregnant persons of childbearing potential who are not using an effective birth control method, or who are pregnant or inadvertently pregnant,

If you have questions about emergency PEP, call the Clinton Education Initiative (CEI) Line. CEI can also assist with prescribing pre-exposure prophylaxis (PrEP).
3. Which types of exposure warrant emergency PEP?

New York State (NYS) guidelines for prescribing emergency PEP are available from the HIV Clinical Resource, a body convened by the NYS AIDS Institute. There are separate guidelines for adults. (Children outside the perinatal period) and survivors of sexual assault.

In June 2016, the NYS Assembly and Senate passed new legislation that allows physicians and nurse practitioners to issue non-patient-specific standing orders to pharmacies to dispense up to 30 days of emergency PEP regimens.

National guidelines are available from the Centers for Disease Control and Prevention (CDC).

Find this NYS and national guidelines on nyc.gov by searching for HIV PrEP and PEP.

4. What can prescribe emergency PEP?

Any licensed prescriber in NYS can prescribe emergency PEP. Emergency medicine physicians are among the most frequent prescribers of emergency PEP. However, other non-specialist providers, such as primary care physicians, who are familiar with the risks and benefits of emergency PEP, may also prescribe it. Clinical judgment dictates who should receive emergency PEP on an individual basis. Clinicians working in ambulatory care practices can also ensure that the non-patient-specific prescribers of emergency PEP are aware of emergency PEP and know how to access it in other settings.

5. What is the recommended emergency PEP regimen?

The preferred emergency PEP regimen is:

- Lamivudine 300 mg by mouth daily +
- Emtricitabine 200 mg by mouth daily*+

Plus:
- Tenofovir 300 mg by mouth daily
- Elvitegravir 100 mg by mouth daily
- Cobicistat 200 mg by mouth daily

Note: Truvada® 245 mg by mouth daily is not recommended. A combination of emtricitabine and tenofovir is not recommended. For patients who are taking, or who have been on, Truvada for oral or injectable HIV prophylaxis, the regimen above is not recommended. The regimen above includes tenofovir, which can be substituted with a fixed-dose combination of tenofovir disoproxil fumarate 300 mg by mouth daily + emtricitabine 200 mg by mouth daily.

6. Is the evidence base for emergency PEP strong?

Emergency PEP was first attempted in the mid-1990s among health care workers who experienced occupational exposures. At that time, only AZT (zidovudine) was available. Antiretroviral success of subsequent studies has allowed further exploration of the role of additional regimens. Emergency PEP is not used if the person exposed to HIV is already HIV-positive, even if they are in the acute stage of infection. NYS and CDC guidelines recommend the following baseline screening to be conducted within three days of initiating emergency PEP:

- HIV test
- Additional laboratory testing (including hepatitis B and C testing)
- Pregnancy test (if applicable)
- Laboratory-based HIV antibody (Ab) and antigen (Ag) combination test (preferred) or antibody test (alternative if Ab/Ag combination test is not available). All lab-based testing has a higher sensitivity than point-of-care/rapid tests.

1. What is emergency PEP?

Emergency PEP is a highly effective and relatively safe method for preventing HIV infection among non-HIV-exposed adults and adolescents. The regimen includes tenofovir and emtricitabine, and may be modified based on the availability of antiretroviral regimens. Emergency PEP is an emergency medication. Start PEP immediately and perform tests later. Do not delay initiating PEP while waiting for further consultation obtained, such as through the CEI Line (866-3-PEPNYC (844)-373-7692). The hotline is available 24 hours a day, seven days a week.

2. When is emergency PEP safe?

The preferred regimen is safe and well-tolerated.1-10 Patients usually experience only mild side effects on the preferred PEP regimen, such as headache, nausea, diarrhea and other gastrointestinal complaints. Most importantly, emergency PEP is only taken for 28 days. In most cases, the benefits of HIV prevention outweigh any other risks posed by the medication.

3. What is emergency PEP?

Emergency PEP is a highly effective and relatively safe method for preventing HIV infection among non-HIV-exposed adults and adolescents. The regimen includes tenofovir and emtricitabine, and may be modified based on the availability of antiretroviral regimens. Emergency PEP is an emergency medication. Start PEP immediately and perform tests later. Do not delay initiating PEP while waiting for further consultation obtained, such as through the CEI Line (866-3-PEPNYC (844)-373-7692). The hotline is available 24 hours a day, seven days a week.

4. What is the evidence base for emergency PEP?

Emergency PEP was first attempted in the mid-1990s among health care workers who experienced occupational exposures. At that time, only AZT (zidovudine) was available. Antiretroviral success of subsequent studies has allowed further exploration of the role of additional regimens. Emergency PEP is not used if the person exposed to HIV is already HIV-positive, even if they are in the acute stage of infection. NYS and CDC guidelines recommend the following baseline screening to be conducted within three days of initiating emergency PEP:

- HIV test
- Additional laboratory testing (including hepatitis B and C testing)
- Pregnancy test (if applicable)
- Laboratory-based HIV antibody (Ab) and antigen (Ag) combination test (preferred) or antibody test (alternative if Ab/Ag combination test is not available)

7. Can emergency PEP be used during pregnancy?

If the person exposed to HIV is pregnant, expert consultation should be sought. In general, however, emergency PEP is indicated at any time during pregnancy when a significant exposure has occurred, regardless of the risk to the pregnant person and fetus. The recommended emergency PEP regimen should not contain dolutegravir during the first 28 days after conception due to the possible risk of neural tube defects.

6. Is the evidence base for emergency PEP strong?

Emergency PEP was first attempted in the mid-1990s among health care workers who experienced occupational exposures. At that time, only AZT (zidovudine) was available. Antiretroviral success of subsequent studies has allowed further exploration of the role of additional regimens. Emergency PEP is not used if the person exposed to HIV is already HIV-positive, even if they are in the acute stage of infection. NYS and CDC guidelines recommend the following baseline screening to be conducted within three days of initiating emergency PEP:

- HIV test
- Additional laboratory testing (including hepatitis B and C testing)
- Pregnancy test (if applicable)
- Laboratory-based HIV antibody (Ab) and antigen (Ag) combination test (preferred) or antibody test (alternative if Ab/Ag combination test is not available)

7. Is emergency PEP safe?

The preferred regimen is safe and well-tolerated.1-10 Patients usually experience only mild side effects on the preferred PEP regimen, such as headache, nausea, diarrhea and other gastrointestinal complaints. Most importantly, emergency PEP is only taken for 28 days. In most cases, the benefits of HIV prevention outweigh any other risks posed by the medication.

8. Who is not eligible for emergency PEP?

There are few absolute contraindications to the recommended emergency PEP regimens. All medications in this regimen have been approved for HIV treatment. In almost all cases, the first dose of an emergency PEP regimen should be given and then further consultation obtained, such as through the CEI Line (866-3-PEPNYC (844)-373-7692).

9. Can emergency PEP be used during pregnancy?

If the person exposed to HIV is pregnant, expert consultation should be sought. In general, however, emergency PEP is indicated at any time during pregnancy when a significant exposure has occurred, regardless of the risk to the pregnant person and fetus. The recommended emergency PEP regimen should not contain dolutegravir during the first 28 days after conception due to the possible risk of neural tube defects.

10. Can adolescents take emergency PEP?

Emergency PEP has been used in adolescents. As with every patient, but particularly with younger adolescents:

- Carefully weigh the potential benefits and risks, including acquiring HIV infection.
- Make clear that the efficacy of emergency PEP is highly dependent on strict adherence to medications.
- Advise the patient about the importance of using effective birth control to prevent pregnancy, including intrauterine devices, condoms, and other barrier methods of contraception. Condoms can break or fail.

Please refer to the separate NYS guidelines for emergency PEP in children beyond the perinatal period.

11. What is emergency PEP?

Emergency PEP is a highly effective and relatively safe method for preventing HIV infection among non-HIV-exposed adults and adolescents. The regimen includes tenofovir and emtricitabine, and may be modified based on the availability of antiretroviral regimens. Emergency PEP is an emergency medication. Start PEP immediately and perform tests later. Do not delay initiating PEP while waiting for an HIV or other lab test result. Importantly, PEP is a complete HIV treatment regimen, so it is unlikely that HIV resistance will develop. PEP is started in someone who is already HIV-positive, even if they are in the acute stage of infection. NYS and CDC guidelines recommend the following baseline screening to be conducted within three days of initiating emergency PEP:

- HIV test
- Additional laboratory testing (including hepatitis B and C testing)
- Pregnancy test (if applicable)
- Laboratory-based HIV antibody (Ab) and antigen (Ag) combination test (preferred) or antibody test (alternative if Ab/Ag combination test is not available)
3. Which types of exposure warrant emergency PEP?

Emergency PEP is warranted in within 24 to 36 hours after exposure. This time frame is based on the fact that HIV establishes infection very quickly, often within 24 to 36 hours after exposure. In order to make an informed decision about whether to prescribe emergency PEP for a given exposure, it is essential to understand the factors that increase risk of acquiring HIV. The factors that increase risk of the above oral exposures include:

- The patient (or the source person) had genital ulcer disease or other sexually transmitted infections (STIs) at the time of exposure.
- The exposure was bloody or involved visibly bloody fluids.
- The oral mucosa was not intact (e.g., oral lesion, gingivitis, wounds).
- The oral-anal contact (receptive and insertive).
- Sharing of injection equipment.
- Injuries with exposure to blood or other potentially infected fluid, including needlesticks with a hollow-bore needle, human bites and accidents.

Certain exposures may warrant emergency PEP on a case-by-case basis. These include:
- Oral exposure to saliva or oral fluid that was exposed to saliva from a source person with HIV.
- Oral exposure to secretions or excretions from a source person with HIV.
- Oral exposure to fluids from a source person with HIV that was not visibly bloody.

4. Who can prescribe emergency PEP?

Any licensed provider in NYS can prescribe emergency PEP. Emergency medicine physicians are among the most frequent prescribers of emergency PEP. They often have access to emergency care services 24/7 and are able to provide emergency care quickly. Therefore, many clinics prioritize patients requiring emergency PEP to minimize wait times prior to their first dose of emergency medication.

5. What is the preferred emergency PEP regimen?

For HIV-related exposures, a regimen that includes cobicistat or dolutegravir is recommended. The preferred emergency PEP regimen is:

- Tenofovir disoproxil fumarate 300 mg by mouth daily +
- Emtricitabine 200 mg by mouth daily +
- Plus Ritonavir 400 mg by mouth twice daily OR
- Dolutegravir 50 mg by mouth daily

6. What is the evidence base for emergency PEP?

Emergency PEP has been used in the United States since the mid-1980s. It has been used to prevent HIV infection after occupational exposure to HIV. The use of emergency PEP for nonoccupational exposures is more recent. Emergency PEP has been used safely among adolescents. As with every patient, but especially with younger adolescents:

- Make clear that the efficacy of emergency PEP is highly dependent on strict adherence to medication.
- Ensure that the patient understands the importance of adherence.
- Verify that the patient and, if necessary, the parent or guardian are willing to take emergency PEP.
- Make clear that the efficacy of emergency PEP is highly dependent on strict adherence to medication.
- Ensure that the patient understands the importance of adherence.
- Verify that the patient and, if necessary, the parent or guardian are willing to take emergency PEP.

7. Is emergency PEP safe?

The preferred regimen is safe and well-tolerated.10 11 Patients usually experience only mild side effects on the preferred PEP regimen, such as nausea, rash, diarrhea, and dermatological complaints. Mortality, emergency PEP is only taken for 28 days. In almost all cases, the benefits of HIV prevention outweigh any risks associated with the medication.

8. Who is not eligible for emergency PEP?

There are few absolute contraindications to the recommended emergency PEP regimen. All medications are available in New York State (NYS) and national guidelines are available from the Centers for Disease Control and Prevention (CDC). Find these NYS and national guidelines on nys.gov by searching for HIV PEP and PEP.

9. Can emergency PEP be used during pregnancy?

Emergency PEP has been used in pregnant women. As with every patient, but especially with younger adolescents:

- Can recommend emergency PEP to women who are not planning to become pregnant within the next 12 months.
- Make clear that the efficacy of emergency PEP is highly dependent on strict adherence to medication.
- Ensure that the patient understands the importance of adherence.
- Verify that the patient and, if necessary, the parent or guardian are willing to take emergency PEP.
- Make clear that the efficacy of emergency PEP is highly dependent on strict adherence to medication.
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10. Can adolescents take emergency PEP?

Emergency PEP has been used in pregnant women. As with every patient, but especially with younger adolescents:

- Can recommend emergency PEP to women who are not planning to become pregnant within the next 12 months.
- Make clear that the efficacy of emergency PEP is highly dependent on strict adherence to medication.
- Ensure that the patient understands the importance of adherence.
- Verify that the patient and, if necessary, the parent or guardian are willing to take emergency PEP.
- Make clear that the efficacy of emergency PEP is highly dependent on strict adherence to medication.
- Ensure that the patient understands the importance of adherence.
- Verify that the patient and, if necessary, the parent or guardian are willing to take emergency PEP.

11. What baseline assessment is required for individuals beginning emergency PEP?

Emergency PEP is an extraordinary intervention. Start Emergency PEP immediately and perform tests after delay because initiating initial PEP while waiting for an HIV test result is acceptable. A complete HIV treatment history should be obtained from patients who have been previously treated for HIV or other sexually transmitted infections. Encourage those who are on ART to begin ART while on emergency PEP. Request an HIV test result before beginning ART in order to confirm HIV status. If the result is negative, ART should be started immediately. If the result is positive, ART should be delayed until the infection is controlled.

- Blood tests: CD4 count and HIV RNA level.
- Laboratory tests: Blood chemistry panel, urinalysis, fasting lipids, urine pregnancy test (if applicable).
- Do not delay ART if ART has already been initiated.
- A complete HIV treatment history should be obtained from patients who have been previously treated for HIV or other sexually transmitted infections. Encourage those who are on ART to begin ART while on emergency PEP. Request an HIV test result before beginning ART in order to confirm HIV status. If the result is negative, ART should be started immediately. If the result is positive, ART should be delayed until the infection is controlled.
- Blood tests: CD4 count and HIV RNA level.
- Laboratory tests: Blood chemistry panel, urinalysis, fasting lipids, urine pregnancy test (if applicable).
- Do not delay ART if ART has already been initiated.
1. What is emergency PEP?

Post-exposure prophylaxis, or PEP, is antiretroviral medication to prevent acquisition of HIV infection among HIV-negative people after a specific high-risk exposure to HIV. Such an exposure typically involves direct contact to potentially infectious bodily fluids or secretions, either through oral or-anal intercourse with someone who has or might have HIV.

Emergency PEP for HIV is a medical intervention that could help prevent HIV infection, often given within 24 to 36 hours after exposure. Many providers attempt to expedite the provision of the first dose of emergency PEP while they conduct baseline evaluation including laboratory testing. Therefore, many clinics practice patients requiring emergency PEP to minimize wait time prior to their first dose of emergency medication.

2. What are the guidelines for prescribing emergency PEP?

- New York State (NYS) guidelines for prescribing emergency PEP are available from the HIV Clinical Resource, a body convened by the NYS AIDS Institute. There are separate guidelines for adults, children under the perinatal period and survivors of sexual assault.

- In June 2016, the NYS Assembly and Senate passed new legislation that allows physicians and nurse practitioners to issue non-patient-specific standing orders for patients to dispense up to 30 days worth of emergency PEP.

- National guidelines are available from the Centers for Disease Control and Prevention (CDC).

Find the NYS and national guidelines on nyc.gov by searching for HIV PEP and PEP.

3. Which types of exposure warrant emergency PEP?

Based on the NYS guidelines, emergency PEP is warranted within 24 hours no greater than 72 hours after certain exposures:

- Certain exposures may warrant emergency PEP on a case-by-case basis. These include:
  - The patient (or the source person) had genital ulcer disease or other sexually transmitted infections (STIs) at the time of exposure.
  - The exposure was bloody or involved visibly bloody fluids
  - The source person is known to be HIV-positive, especially if the person has a detectable or an unknown viral load, receptive and insertive penile-oral contact with or without ejaculation
  - Oral-anal contact (receptive and insertive)
  - Oral-vaginal or oral-front hole contact (receptive and insertive)
  - Receptive and insertive anal intercourse
  - Oral-anal contact (receptive and insertive)
  - Oral-anal contact (insertive only)
  - Injuries with exposure to blood or other potentially infected fluid, including needlesticks with a hollow-bore needle, human bites and accidents

Certain exposures may warrant emergency PEP on a case-by-case basis. These include:

- Oral-genital or oral-fron-hole contact (receptive and insertive)
- Oral-anal contact (receptive and insertive)
- Sharing of injection equipment
- Injuries with exposure to blood or other potentially infected fluid, including needlesticks with a hollow-bore needle, human bites and accidents

The factors that increase the risk of the above oral exposures include:

- The source person is known to be HIV-positive, especially if the person has a detectable or an unknown viral load, or an unknown viral load or unknown HIV status.
- The source person had genital ulcer disease or other sexually transmitted infections (STIs) at the time of exposure.

4. What can prescribe emergency PEP?

Any licensed prescriber in NYS can prescribe emergency PEP. Emergency medicine physicians are among the most frequent prescribers of emergency PEP given the high acuity of other emergency department patients. Clinicians working in obstetric care pracises can also ensure that the emergency prescribers have emergency PEP and know how to access it.

If questions arise, clinicians should consult the NYS Clinics Education Initiative (CIE) Line 888-637-2342 (Monday to Friday, 9 a.m. to 8 p.m.; weekends and holidays, 11 a.m. to 8 p.m.).

For assistance obtaining PEP, call an emergency PEP hotline, clinics in New York City can call the NYS PEP hotline at 1-844-3-PMPNYC (1-844-376-5903). The hotline is available 24 hours a day, seven days a week.

5. What is the recommended emergency PEP regimen?

- The preferred emergency PEP regimen is
  - Truvada 300 mg by mouth daily +
    - Emtricitabine 200 mg by mouth daily*
    - Plus Raltegravir 400 mg by mouth twice daily OR
    - Dolutegravir 50 mg by mouth daily**

- The preferred emergency PEP regimen is preferred because of its excellent side effect profile and limited drug-drug interactions.

- Unless resistance to abacavir is documented, the use of abacavir may be considered.

- The additional evidence supporting emergency PEP includes:
  - An 81% reduction in HIV infection in those who received AZT alone compared with those who did not receive any treatment.
  - Emergency PEP was first attempted for HIV prevention in the 1980s among health care workers who experienced occupational exposure. At that time, only AZT (zidovudine) was available. Ancillary evidence of success began to accumulate, leading to the first step of emergency prophylaxis for occupational exposure.

6. What is the evidence base for emergency PEP?

Emergency PEP was first attempted for HIV prevention in the 1980s among health care workers who experienced occupational exposure. At that time, only AZT (zidovudine) was available. Ancillary evidence of success began to accumulate, leading to the first step of emergency prophylaxis for occupational exposure. This study, subsequently, a case-control study of occupational exposures. This study demonstrates that emergency PEP reduced the risk of HIV infection in those who received AZT but were not infected by any other means. Emergency PEP was only very effective for occupational exposure more recently.

The additional evidence supporting emergency PEP includes:

- The efficacy of antiretroviral post-exposure prophylaxis (PREP) in reduction of mother-to-child transmission.

- The effectiveness of antiretroviral post-exposure prophylaxis in reduction of mother-to-child transmission.

- Observational studies such as data from Sweden’s PEP program to non-exposure PEP programs.

- Maintaining high levels of adherence is likely important, poor adherence was a risk for subsequent seroconversion in a retrospective analysis of emergency PEP failures.

7. Is emergency PEP safe?

The current preferred regimen is safer and better-tolerated.1,2 Patients usually experience only mild side effects on the preferred PEP regimen, such as headache, nausea, diarrhea and other gastrointestinal complaints. Most importantly, emergency PEP is only taken for 28 days. In almost all cases, the benefits of HIV prevention outweigh any risk associated with the medication.

8. Who is not eligible for emergency PEP?

There are few absolute contraindications to the recommended emergency PEP regimen. All medications in this regimen have been approved for HIV treatment (Descovy and Genvoya) and Genvoya, respectively, both of which include a novel, tenofovir-prodrug (tenofovir alafenamide) in addition to other medications. However, data are not available to support the use of these medications as emergency PEP.

9. Can emergency PEP be used during pregnancy?

If the person exposed to HIV is pregnant, expert consultation should be sought. In general, however, emergency PEP is indicated at any time during pregnancy when a significant exposure has occurred, despite a theoretical risk to the pregnant woman and the fetus. The recommended emergency PEP regimen should not contain dolutegravir during the first 28 days after conception due to the possible risk of neural tube defects.

10. Can adolescents take emergency PEP?

Emergency PEP has been used in adolescents. As with every patient, but especially with younger adolescents:

- Consult with the patient and family regarding the potential benefits and risks, including acquiring HIV infection.
- Make clear that the efficacy of emergency PEP is highly dependent on strict adherence to medications.
- Discuss the need to undergo counseling and testing, considering the high levels of adherence required.

11. What is a baseline assessment required for individuals beginning emergency PEP?

Emergency PEP is an emergency medication. Start immediately and perform tests later. Do not delay initiating PEP while waiting for an HIV or other lab test result. Importantly, PEP is a complex HIV treatment regimen, so it is unlikely that HIV resistance will develop if PEP is started in someone who is already HIV-positive, even if they are in the acute stage of infection. HIV and CDC guidelines recommended the following baseline screening to be conducted within three days of initiating emergency PEP:

- HIV test. All studies, rapid testing is acceptable, but whatever procedure exposed individuals should be taken to laboratory-based HIV antibody test and antigen combination test (for example, Westgard combination test). If rapid HIV testing is not available, rapid HIV testing has a higher sensitivity than point-of-care rapid tests.

- Pregnancy test (if applicable)
- AST and ALT
- BUN and creatinine
- STI screening
- This should include both chlamydia (STI) and gonorrhea testing. Consult the dedicated guidelines about HIV prophylaxis for survivors of sexual assault for additional detail; they can be found at hivguidelines.org.

Hepatitis A and B screening

Depression and substance misuse

12. What is the NYS hotline and other resources available for emergency PEP?

- The NYS hotline is 844-3-PEPNYC (844-3-737-692). The hotline is available 24 hours a day, seven days a week.

- To the providers of emergency PEP in children beyond the perinatal period.

13. What are the resources available for emergency PEP before the end of the pregnancy?

- Recommendations for providing emergency PEP to pregnant women during pregnancy include:

- Azidothymidine (AZT) 600 mg by mouth once daily (versus the preferred emergency PEP regimens shown above, which involve taking more than one tablet, possibly twice daily). Additionally, uninsured low-income patients can obtain this regimen free of charge from the manufacturer through a specific program.

- Alternative regimens may be used in the setting of potential HIV resistance, toxicity risks, clinician preference or constraints on the availability of particular agents. Many clinicians successfully use emtricitabine as an integrase inhibitor in place of dolutegravir. Stavudine is a non-DIDAS nucleoside analog, but is associated with a risk of neutropenia in persons using protease inhibitors. The recommendations include:

- Raltegravir 400 mg by mouth twice daily OR
- Dolutegravir 50 mg by mouth daily**

- Maintaining high levels of adherence is likely important, poor adherence was a risk for subsequent seroconversion in a retrospective analysis of emergency PEP failures.

- This regimen is preferred because of its excellent side effect profile and limited drug-drug interactions. Limited resistance has been described to the integrase inhibitor class of antiretrovirals, which includes raltegravir (isosustained) and dolutegravir (Truvada). Alternative regimens may be recommended in the setting of potential HIV resistance, toxicity risks, clinician preference or constraints on the availability of particular agents. Many clinicians successfully use emtricitabine as an integrase inhibitor in place of dolutegravir. Stavudine is a non-DIDAS nucleoside analog, but is associated with a risk of neutropenia in persons using protease inhibitors. The recommendations include:

- Emtricitabine 200 mg by mouth daily*
- Raltegravir 400 mg by mouth twice daily OR
- Dolutegravir 50 mg by mouth daily**

- If questions arise, clinicians should consult the NYS Clinics Education Initiative (CIE) Line 888-637-2342 (Monday to Friday, 9 a.m. to 8 p.m.; weekends and holidays, 11 a.m. to 8 p.m.).

- For assistance obtaining PEP, call an emergency PEP hotline, clinics in New York City can call the NYS PEP hotline at 1-844-3-PMPNYC (1-844-376-5903). The hotline is available 24 hours a day, seven days a week.
Patients can be evaluated for emergency PEP in emergency departments, including Health + Hospital locations, NYC Health Department Sexual Health Clinics or other health care facilities. For a list of providers who have experience providing PEP and the form, visit nyc.gov/health/map and search for HIV PrEP and PEP.

How can patients access emergency PEP in NYC?

For more information, visit gileadadvancingaccess.com and search for ViiV Healthcare Patient Assistance Program and Patient Savings Card.

What additional support is required for patients on emergency PEP?

Emergency PEP is generally covered by insurance, including Medicaid. Additionally, several programs help cover the cost of PEP medicine. The programs below provide assistance to patients who are uninsured or underinsured, or who need financial assistance to pay for the medicine. Providers can assist their patients by:

- Applying for medication assistance if the patient does not have insurance or needs financial assistance. The providers listed include:
  - Centers of Excellence
  - ViiV Healthcare Patient Assistance Program and Patient Savings Card
  - Gilead Advancing Access Program

In any situation in which access to medication is challenged, patients can call the NYC PEP hotline at 844-3-PEPNYC (844-373-7692). The hotline is available 24 hours per day, seven days per week.

If you have questions about emergency PEP, call the Clinician Education Initiative (CEI) Line. CEI can also assist with prescribing pre-exposure prophylaxis (PrEP).

Prescribing Emergency PEP

The recommended emergency PEP regimen for patients 13 and older is:

- Tenofovir disoproxil fumarate 300 mg by mouth daily + Emtricitabine 200 mg by mouth daily
- PLUS Raltegravir 400 mg by mouth twice daily OR
- Doliprivic® 50 mg by mouth daily

Within three days of prescribing emergency PEP, the following tests should be obtained:

1. First or fourth generation HIV test; perform nucleic acid amplification test (NAT) viral load test if pregnant or non-pregnant adult
2. Pregnancy test (if applicable)
3. Aspartate aminotransferase (AST) and alanine aminotransferase (ALT)
4. Blood urea nitrogen (BUN) and creatinine
5. Sexually transmitted infection (STI) screening; perform three-site genital, rectal, pharyngeal NAT screening for gonorrhea and chlamydia + PRN for syphilis, as appropriate given a patient’s sexual history (not performed in cases of sexual assault)
6. Hepatitis B and C

For assistance getting patients started on emergency PEP right away, clinicians in New York City can call the NYC PEP Hotline at 844-3-PEPNYC (844-373-7692). The hotline is available 24 hours per day, seven days per week.
Patients can be evaluated for emergency PEP in emergency departments, including Health + Hospital locations, NYC Health Services and medications, refer to the Sexual Health Clinics or other health care facilities. For a list of providers who have experience providing PEP, visit nyc.gov/health.

In any situation in which access to medication is challenged, patients can call the NYC PEP hotline at 844-3-PEPNYC (844-373-7692). The hotline is available 24 hours per day, seven days per week.

For assistance getting patients started on emergency PEP right away, clinicians in New York City can call the NYC PEP Clinician Education Initiative (CEI) Line. CEI can also assist with prescribing pre-exposure prophylaxis (PrEP).

If you have questions about emergency PEP, call the Center for Education Initiative (CEI) Line. CEI can also assist with prescribing pre-exposure prophylaxis (PrEP).