

Pharmacist Training

Post Exposure Prophylaxis (PEP)

November 2025

What is PEP?

- [Post-exposure prophylaxis \(PEP\)](#) refers to a short course (28 days) of HIV medicines that are taken after a possible exposure to prevent HIV infection.
- PEP must be started within 72 hours after a possible exposure to HIV. The sooner PEP is started after a possible HIV exposure, the better. Every hour counts.
- Although PEP effectively reduces the risk of HIV when taken correctly, it should only be used in emergencies and cannot replace regular prevention methods like [pre-exposure prophylaxis \(PrEP\)](#).

Standing Order

- DPH's Standing order for prescription of Post-Exposure Prophylaxis drugs (PEP) for the prevention of Human Immunodeficiency Virus (HIV) may be used by Eligible Persons of 14 years of age or older as a prescription to obtain PEP drugs for the prevention of HIV from a licensed Pharmacy.
- This Standing Order is authorization for a Pharmacy to dispense PEP medications for the prevention of HIV.
- Pharmacists utilizing this standing order shall complete this training.
- The [Standing Order](#) can be found on DPH's website.

Standing Order Sections

The Standing Order is broken into several sections; this training will principally focus on the dispensing protocol.

The dispensing protocol includes considerations for:

- A. Eligibility and Exposure
- B. Safety Evaluation
- C. Pre-Dispensing Instructions
- D. Medication Dispensing
- E. Patient Education
- F. Notification and Referrals

Eligibility and Exposure Risk - Timing

Exposure Timing:

- Identify when the exposure took place and assess the length to determine if initiation of PEP is recommended or if the patient should be referred to a medical care provider. Discuss with the patient the effectiveness of PEP based on the time of exposure.

Time Since Exposure	Next Steps
0-72 Hours	Effective; continue screening process
More than 72 Hours	No Evidence Supporting Efficacy; Dispensing Not Recommended. Refer patient to a medical provider.

Eligibility and Exposure Risk - Age

Age:

- Individuals 14 years of age or older who voluntarily request Post-Exposure Prophylaxis and meet criteria for PEP initiation.
- This standing order may be used for individuals under 18 years of age; however, consent from a parent or legal guardian is required.

Time Since Exposure	Next Steps
0-72 Hours	Effective; continue screening process
More than 72 Hours	No Evidence Supporting Efficacy; Dispensing Not Recommended. Refer patient to a medical provider.

Eligibility and Exposure Risk – HIV Positive

HIV Status

- ***HIV positive***: Patients who self-report on the Patient Questionnaire that they have ever tested positive and confirmed infected with HIV should not be dispensed PEP **should not** be dispensed PEP. Patients who have a positive point-of-care test should be given the option to start PEP until their test is confirmed.

Eligibility and Exposure Risk – Unknown HIV

HIV Status

- ***Unknown HIV status***: Patients with unknown HIV status should be offered a point-of-care test (POCT) before dispensing PEP. If POCT is offered and the patient refuses, the refusal should be documented, but HIV PEP therapy should not be withheld if the patient is otherwise eligible.
- Under Georgia Law, pharmacists are exempt from laboratory testing requirements for CLIA-waived tests that the FDA has approved for at-home use. Please consult with your attorney for guidance on conducting a POCT.

Eligibility and Exposure Risk – Risk Factors

Exposure Risk:

- The patient should be provided a Patient Questionnaire to screen whether PEP initiation is recommended. Download the [PEP Patient Intake Form](#).
- For exposures determined to be lower risk, these additional risk factors should be assessed, and the presence would weigh in favor of dispensing PEP therapy:
 - Non-intact oral mucosa (i.e., cuts, sores)
 - The presence of blood
 - If either party had a genital ulcer
 - If either party had a sexually transmitted infection
 - If the other person had a detectable HIV viral load (>200 copies/mL)

Eligibility and Exposure Risk - Table

High risk: PEP is recommended	Lower risk: recommendation of PEP should be evaluated on a case-by-case basis
Unprotected intercourse (receptive or insertive) with a person of unknown HIV status	Oral sex with a person known to be HIV positive
Needle/Syringe sharing with a person of unknown HIV status	
Injuries with exposure to potentially infectious fluids (through eye, mucous membrane, percutaneous, or non-intact skin) of a person known to be HIV positive	Injuries with exposure to potentially infectious fluids (through eye, mucous membrane, percutaneous, or non-intact skin) of a person with unknown HIV status

Eligibility and Exposure Risk – Sexual Assault

Sexual Assault:

- If it is learned that the individual was a victim of sexual assault, refer the person to an emergency department or Sexual Assault Center specially trained for victims of sexual assault. In these instances, PEP may be initiated without delay to a qualified patient prior to them going to the ER or Sexual Assault Center.
- A comprehensive list of [Sexual Assault Centers in Georgia](#).

Safety Evaluation

- Follow the guidance in Steps 1-3 below for patients who are pregnant (known or suspected) or are breastfeeding.
- Obtain a list of all current medications the individual seeking PEP therapy is taking, and perform a drug-drug interaction review
 1. If no clinically-significant drug interactions between current medications and PEP:
Proceed to dispense PEP therapy
 2. If clinically-significant drug interactions between current medications and PEP:
 - **Step 1:** Contact patient-authorized medical provider for guidance. If the authorized medical provider is not available:
 - **Step 2:** Contact the National Clinician Consultation Center (NCCC) Post-Exposure Prophylaxis Hotline at (888) 448-4911. If the above resources are not available:
 - **Step 3:** Refer the individual seeking PEP therapy to the Emergency Department or other medical provider.

Pre-Dispensing Instructions

- All patients 14 years of age or older who are eligible for HIV PEP therapy will receive a 28-day supply consistent with the recommended guidelines, with no additional refills.
- All patients who are eligible to receive HIV PEP therapy must receive patient education as described in the Patient Education Section of this training.
- If the patient needs assistance with affording the medication, please refer to the Pharmaceutical Company Patient Assistance Programs and Cost-sharing Assistance Programs: HIV Prevention at [NASTAD-Fact-Sheet-Text-Based-Template-032016](#)

Medication Dispensing

Georgia Pharmacists are approved to dispense medications to patients 14 years of age or older.

- If the patient reports **kidney disease**, consider using Regimen 2 and consult the patient's primary care provider, if authorized by the patient.
- If the patient reports pregnancy or is **trying to conceive**, Regimen 1 with dolutegravir is the preferred treatment.
- If contraindications to Regimen 1 exist, the alternative regimens per CDC guidelines should be used.

Medication Dispensing - Table

Medication Dispensing	REGIMEN 1 (2 tablets)	REGIMEN 2 (1 tablet)
	Emtricitabine 200mg/tenofovir disoproxil fumarate 300mg (TDF)(Truvada® or generic) (once daily) PLUS Raltegravir 400mg (twice daily) OR Dolutegravir 50mg (once daily)	Bictegravir/Emtricitabine/tenofovir alafenamide 50mg/200mg/25mg (TAF)(Biktarvy®) (once daily)

How Supplied - Medications should be dispensed in accordance with manufacturer requirements. Although labeling is for 28-day supply, 30 days is recommended for prescribing due to the products being available only in 30-day packaging. If able, 28-day regimens are appropriate if the pharmacist/pharmacy is willing to dispense as such.

Refills - None. No limit on how many courses per patient per year (see Patient Education section for addressing risk mitigation).

Patient Education - Medication

Medication Education

- When a 30-day supply is dispensed, emphasize that the minimum treatment duration is 28 days unless directed otherwise by a medical provider.
- Provide drug information sheets with side effects at dispensing and counsel patients on how to respond to adverse events.
- The importance of medication adherence in relation to the efficacy of PEP
- Signs/symptoms of acute HIV infection and recommended actions
- For women of reproductive potential with genital exposure to semen, emergency contraception should be discussed.

Patient Education – Risk Mitigation

Risk Mitigation

- Educational material on PEP should be provided
- Educational material on behaviors to avoid HIV exposure should be offered
- Pre-exposure Prophylaxis (PrEP) Education - PrEP should be considered when:
 - An individual who reports behaviors or situations associated with frequent high-risk HIV exposure (e.g., injection drug use, unprotected sex, or other high-risk sexual activities); or
 - More than one course of PEP therapy has been dispensed within a year
- If appropriate, education on PrEP and the benefits of using it should be provided, along with a referral to the local health department for that service.
- Intravenous drug use- substance use disorder treatment and information on services should be made available for those who desire treatment. Information on safer syringe use should be shared for those who continue to inject or who are at risk for relapse.

Patient Education – HIV Testing

HIV Testing

- Each patient who receives PEP therapy shall be educated on the importance of having a test to determine their HIV infection status.
- Pharmacists shall provide patient information about self-test HIV kits and local HIV testing site options.
- Pharmacists shall educate the patient that if their HIV test is a confirmed positive, they should discontinue taking PEP and seek care from a medical provider for evaluation and treatment.

Patient Education – Follow-up Care

Follow-up Care:

Emphasize the importance of receiving follow-up care from a medical provider for:

- Testing for HIV, renal function, hepatic function, hepatitis B and C, and sexually transmitted diseases
- Signs and symptoms of acute HIV infection
- Full evaluation of the exposure
- Information on resources available for HIV exposure

Notifications & Referrals

- Comply with mandatory reporting requirements for sexual assault of minors by calling 1-855-GACHILD.
- Patient's primary care provider should be notified of the prescription and POCT, if such disclosure is approved by the patient. Patients who received medication must be referred to their primary care provider for any recommended laboratory tests and follow-up within 7 days. All patients without a primary care provider should be provided with information about FQHCs in their area.

Notifications & Referrals continued

- All patients who do not qualify for PEP under this order must be referred to their primary care provider or other local resources for evaluation.
- If the pharmacist is unable to provide PEP to a qualified patient, he or she must immediately communicate with the patient's primary care provider to ensure initiation of HIV PEP therapy within 72 hours of having potentially been exposed to HIV.
- If performing POCT, complete the required Provider Notification of any positive results to [Georgia DPH](#) or by calling 1-800-827-9769.

Additional Resources

[PEP Provider Notification](#) - This document provides the patient's primary care provider with information about the care they have received and recommendations for next steps.

[PEP Patient Intake Form](#) - This document can be used to gather and organize information necessary to ensure appropriate medication dispensing.

[PEP Pharmacist Assessment Form](#) - This form is to be completed by the pharmacist and will assist in determining the appropriate course of action for the patient.

[PEP Patient Information Sheet](#) - This document provides patients with information about PEP and the follow-up steps to take.