GEORGIA DEPARTMENT OF PUBLIC HEALTH

Kathleen E. Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor

200 Piedmont Avenue, SE
Atlanta, Georgia 30334

dph.ga.gov

STANDING ORDER FOR PRESCRIPTION OF POST-EXPOSURE PROPHYLAXIS MEDICATION (PEP) FOR THE PREVENTION OF HUMAN IMMUNODEFICIENCY VIRUS (HIV)

I. Authority.

This Standing Order is issued pursuant to authority vested in me as the Commissioner of Public Health and State Health Officer, acting under Georgia Code Section 31-1-10 (b)(2)(B).

II. Purpose.

The purpose of this Standing Order is to facilitate the widest possible availability of PEP for the prevention of HIV among the residents of this State.

III. Authorization.

This Standing Order may be used by Eligible Persons 14 years of age or older as a prescription to obtain PEP medication for the prevention of HIV from a licensed Pharmacy. This Standing Order is authorization for a Pharmacy to dispense PEP medication for the prevention of HIV in any of the forms shown in Section IV, Subsection D. Pharmacists utilizing this standing order shall complete the Georgia Department of Public Health training available on the DPH website.

IV. Dispensing Protocol.

A. Eligibility and Exposure Risk

   a. ***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 the patient to a medical provider.

b. ***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 persons < 18 years of age, but parent or legal guardian consent is required.
c. ***HIV Status***
    i. ***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. They can be linked to the local health department for further evaluation.
    ii. ***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.
    iii. Under Georgia Law, pharmacists are exempt from laboratory testing requirements for CLIA-waived tests that have been approved by the FDA for at-home use. Please consult with your attorney for guidance on conducting POCT.
d. ***Exposure Risk***: The patient should be provided a Patient Questionnaire to screen whether PEP initiation is recommended. https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf

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***

For exposures determined to be lower risk, these additional risk factors should be assessed, and the presence of these factors 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)

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

C. Pre-Dispensing Instructions
    a. All patients 14 years of age or older who are eligible for HIV PEP therapy will receive a 1-month supply consistent with the recommended guidelines, with no additional refills.
    b. All patients who are eligible to receive HIV PEP therapy must receive patient education as described below.
    c. 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

D. Medication Dispensing: Georgia Pharmacists are approved to dispense medications to patients 14 years of age or older.

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 a 28-day supply, 30 days is recommended for prescribing because the products are available only in 30-day packaging. If able, 28-day regimens are appropriate, provided the pharmacist/pharmacy is willing to dispense them.	
Refills	None. No limit on the number of courses per patient per year (see the Patient Education section for addressing risk mitigation).	

- 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.

E. Patient Education

a. Medication Education

i. Proper use of medication dosage & schedule. When a 30-day supply is dispensed, emphasize that the minimum treatment duration is 28 days, unless a medical provider directs otherwise.

ii. Drug information sheets that include side effects and adverse drug events for each medication dispensed should be given at the time medication is dispensed, and patients should be counseled on what to do if they experience an adverse drug event.

iii. The importance of medication adherence with relation to the efficacy of PEP
iv. Signs/symptoms of acute HIV infection and recommended actions
v. For women of reproductive potential with genital exposure to semen, emergency contraception should be discussed

b. Risk Mitigation

i. Educational material on PEP should be provided
ii. Educational material on behaviors to avoid HIV exposure should be offered
iii. Pre-exposure Prophylaxis (PrEP) Education
    1. PrEP should be considered when:
        a. An individual who reports behaviors or situations that place them at risk for frequently occurring HIV exposure (e.g., injection drug use, sex without condoms, or other high-risk sexual behavior); or
        b. More than 1 course of PEP therapy has been dispensed within a year
    2. 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.
iv. 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.

c. HIV Testing

i. Each patient who receives PEP therapy shall be educated on the importance of having a test to determine their HIV infection status.
ii. Pharmacists shall provide patient information about self-test HIV kits and local HIV testing site options.
iii. 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.

d. ***Follow-up Care***: Emphasize the importance of receiving follow-up care from a medical provider for:

i. Testing for HIV, renal function, hepatic function, hepatitis B and C, and sexually transmitted diseases
ii. Signs and symptoms of acute HIV infection

iii. Full evaluation of the exposure
iv. Information on resources available for HIV exposure

F. Notification & Referrals
   a. Comply with mandatory reporting requirements for sexual assault of minors by calling 1-855-GACHILD.
   b. Patient's primary care provider should be notified of the prescription and POCT, if the patient approves such disclosure. 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.
   c. 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.
   d. 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.
   e. If performing POCT, provide required notification of any positive results to GDPH here or by calling 1-800-827-9769.

V. Duration.

A. This Standing Order shall remain in effect until revoked by me or my successor in office.

This 20 day of November, 2025.

Kathleen E. Toomey, MD, M.P.H.
Commissioner and State Health Officer
Georgia Department of Public Health