**28-DAY REGIMEN:**

**Recommended PEP Regimen**

- **Tenofovir** 300 mg PO qd
- **Emtricitabine** 200 mg PO qd
- **Plus**
  - **Raltegravir** 400 mg PO bid
  - **Dolutegravir** 50 mg PO qd

- Perform baseline confidential HIV testing of the exposed worker and refer to experienced clinician within 3 days of initiating PEP.
- See Tables 4 and 5 for alternative regimens.

---

- **HIV RNA NEGATIVE**
  - STOP PEP
- **HIV RNA POSITIVE**
  - **Has the source patient been at risk for HIV exposure in previous 6 weeks?**
    - **YES**: Obtain HIV RNA assay from source patient; continue PEP until results are available.
    - **NO**: STOP PEP. PEP not indicated.
  - **Source patient does not have capacity to consent**
  - **Source patient refuses HIV testing**
  - **Source tests NEGATIVE**
  - **Source tests POSITIVE**
  - **Source patient known to be HIV-infected by medical record**
  - **Source patient HIV status unknown**
  - **Obtain consent for rapid HIV testing of source patient**
  - **See Appendix C**

---

- **Depending on the test used, the window period may be shorter than 6 weeks. Clinicians should contact appropriate laboratory authorities to determine the window period for the test that is being used.**
- **If the source is known to be HIV-infected, information about his/her viral load, ART medication history, and history of antiretroviral drug resistance should be obtained when possible to assist in selection of a PEP regimen.**
  - *Initiation of the first dose of PEP should not be delayed while awaiting this information and/or results of resistance testing.*
  - When this information becomes available, the PEP regimen may be changed if needed in consultation with an experienced provider.
- **See Appendix A for dosing recommendations in patients with renal impairment.**
- **Lamivudine 300 mg PO qd may be substituted for emtricitabine. A fixed-dose combination is available when tenofovir is used with emtricitabine (Truvada 1 PO qd).**
- **See Appendix A for drug-drug interactions, dosing adjustments, and contraindications associated with raltegravir and dolutegravir.**

---

- **Offer exposed worker first dose of PEP while evaluation of exposure is underway.**
- **Source tests NEGATIVE**
- **Source tests POSITIVE**
- **STOP PEP. PEP not indicated.**

---

* Depending on the test used, the window period may be shorter than 6 weeks. Clinicians should contact appropriate laboratory authorities to determine the window period for the test that is being used.

* If the source is known to be HIV-infected, information about his/her viral load, ART medication history, and history of antiretroviral drug resistance should be obtained when possible to assist in selection of a PEP regimen. *Initiation of the first dose of PEP should not be delayed while awaiting this information and/or results of resistance testing.* When this information becomes available, the PEP regimen may be changed if needed in consultation with an experienced provider.

* See Appendix A for dosing recommendations in patients with renal impairment.

* Lamivudine 300 mg PO qd may be substituted for emtricitabine. A fixed-dose combination is available when tenofovir is used with emtricitabine (Truvada 1 PO qd).

* See Appendix A for drug-drug interactions, dosing adjustments, and contraindications associated with raltegravir and dolutegravir.