Department *of* Health & Human Services
Population Health

Department *of* Commerce
Division *of* Professional Licensing

Guidance for HIV post-exposure prophylaxis (PEP)

approved July31, 2026

This guidance authorizes qualified Utah-licensed pharmacists ("pharmacists") to perform the necessary assessments and prescribe a drug or device within the scope of the pharmacist's training and experience under the conditions of this guidance, pursuant to Utah Code § 58-17b-627, and according to current CDC guidelines.

This pharmacy practice guidance is pursuant to Utah Admin. Code § R156-17b-627, and includes a post-exposure self-screening patient intake form, and the post-exposure prophylaxis (PEP) assessment and treatment care pathway.

How to use this document:
Required elements of pharmacy-based provision of HIV PEP are located in this document as assessment and treatment care pathways for the respective prophylactic measures. Intake forms and sample documents for recommended labs, prescriptions, provider communications, and patient counseling materials associated with each care pathway are included. Use of these sample documents is optional, as pharmacists and pharmacies may wish to adapt to their own unique setting while still meeting the required elements of the care pathway and the CDC HIV PrEP and PEP guidelines.

For pharmacists: HIV post-exposure prophylaxis (PEP) assessment and treatment care pathway

- For assistance with PEP determination and other guidance, you may want to call the HIV National Clinical Consultation Center PEPline at (888) 448-4911.
- When you place referrals for PEP, make sure the patient can be seen within the 72-hour post-exposure window so the PEP eligibility period isn't missed.
- Adopt a low threshold for initiating PEP to individuals who express interest if there is any suspicion that the individual is uncomfortable disclosing the nature of the exposure.

Proceed through each step below.

1. Review Patient intake form and PEP Assessment and Treatment Pathway
   - For assessment of individual HIV risk by exposure type, see Figures 2-4 (pgs. 7-9) and Appendix A (pgs. 44-45) of the CDC 2025 nPEP Guidelines for flow diagrams and risk stratification to inform PEP recommendations and case-by-case discussions.
   - Stop here and consider engagement in HIV PrEP when PEP is not indicated.
2. Provide any indicated referrals
   - Note points for referral in the PEP determination flow diagram according to this RPh provision of PrEP/PEP protocol, and document referrals provided.
3. Evaluate need for HBV immunization
   - Review immunization status on intake form and offer vaccination when indicated.
4. Select PEP regimen and prescribe

Preferred regimens* for adults/adolescents (including during pregnancy) without contraindications^:

Single-pill daily regimen	Two-pill daily regimen	
Bictarvy (bictegravir 50mg/emtricitabine 200mg/tenofovir alafenamide 25mg)	Dolutegravir 50mg PLUS, ONE of the following: Truvada	Descovy

	(emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg)	(emtricitabine 200mg/tenofovir alafenamide 25mg)

*Generic options can be used when possible without increasing the daily pill burden.
^Selection of regimen should be individualized based on comorbidities, pregnancy, potential drug-drug interactions, pill burden, cost, etc.

- For persons with HBV, kidney disease, or hepatic dysfunction, refer to PCP, ED, UC, or ID specialist for PEP.
- Prescribe PEP
- See CDC HIV nPEP guidelines Table 6 (pgs. 34-43) for formulations, cautions, and dosing considerations.

5. Provide counseling and education and patient care plan
   - Provide counseling and education on HIV PEP and administration of PEP medications, including information that patients should avoid multivalent cation containing vitamins/supplements 2 hours before or 6 hours after they take integrase strand inhibitors. Educational handouts for patients on HIV and STIs can be found here.
   - Provide an individualized plan of care to each patient.
   - For any child who is currently in danger of serious injury, or is suspected to be currently in danger of serious injury, contact Utah Child Protective Services @ 1-855-323-3237.
6. Complete provider notification
   - Contact the patient's primary care provider or other appropriate provider to provide written notification of PEP prescription and to facilitate establishing care for baseline testing such as SCr, 4th generation HIV antigen/antibody, AST/ALT, and hepatitis B serology.
   - Contact the patient 1 month after the initial prescription to advocate for appropriate provider follow-up after they complete the regimen.

Patient intake form post-exposure prophylaxis (PEP) self-screening
(CONFIDENTIAL—protected health information)

Date ____/____/____
Date of birth____/____/____ Age____
Legal name _____ Preferred name
_____
Sex assigned at birth (circle) M / F Gender _____
Preferred pronouns (circle) She/her/hers, He/him/his, They/them/their, Ze/hir/hirs, Other_____
Street address_____
Phone ( )_____Email address:_____
Healthcare provider name: _____Phone ( )_____ Fax ( ) _____

Do you have health insurance? ☐Yes ☐No Insurance provider name _____
Any allergies to medications? ☐Yes ☐No If yes, please list
Background information: Your pharmacist will use this information to determine if HIV PEP is recommended.

1.	Have you had sex or shared injection drug use equipment with someone with HIV, or someone whose HIV status you don't know? If NO, have you been exposed to HIV another way?	□ Yes □ No □ Yes □ No
2.	What was the date and estimated time of the exposure? Estimate the time if you're unsure.	__/__/__ at __:__ AM PM
3.	Did any blood, body fluids, or other items listed below from the other person(s) come into contact with broken skin, eyes, mouth, anus, rectum, penis, vagina, on your body, or puncture through your skin (check all that apply): ☐Blood ☐ Needles ☐Semen ☐ Other shared injection equipment ☐Vaginal fluids ☐Rectal fluids	□ Yes □ No □ Not sure
4.	Was your exposure due to unwanted physical contact or a sexual assault?	□ Yes □ No □ Not sure

5.	If potentially exposed through sex, did you have anal or vaginal sex without a condom? If YES, do you know the HIV status of the partner(s)? If YES, and if any partner(s) were persons with HIV, did they have an undetectable viral load?	□ Yes □ No □ Not sure □ Yes □ No □ Not sure □ Yes □ No □ Not sure
6.	If potentially exposed through injection drug equipment, did you know the HIV status of those using shared equipment? If YES, and the sharing group were person(s) with HIV, did they have an undetectable viral load?	□ Yes □ No □ Not sure □ Yes □ No □ Not sure

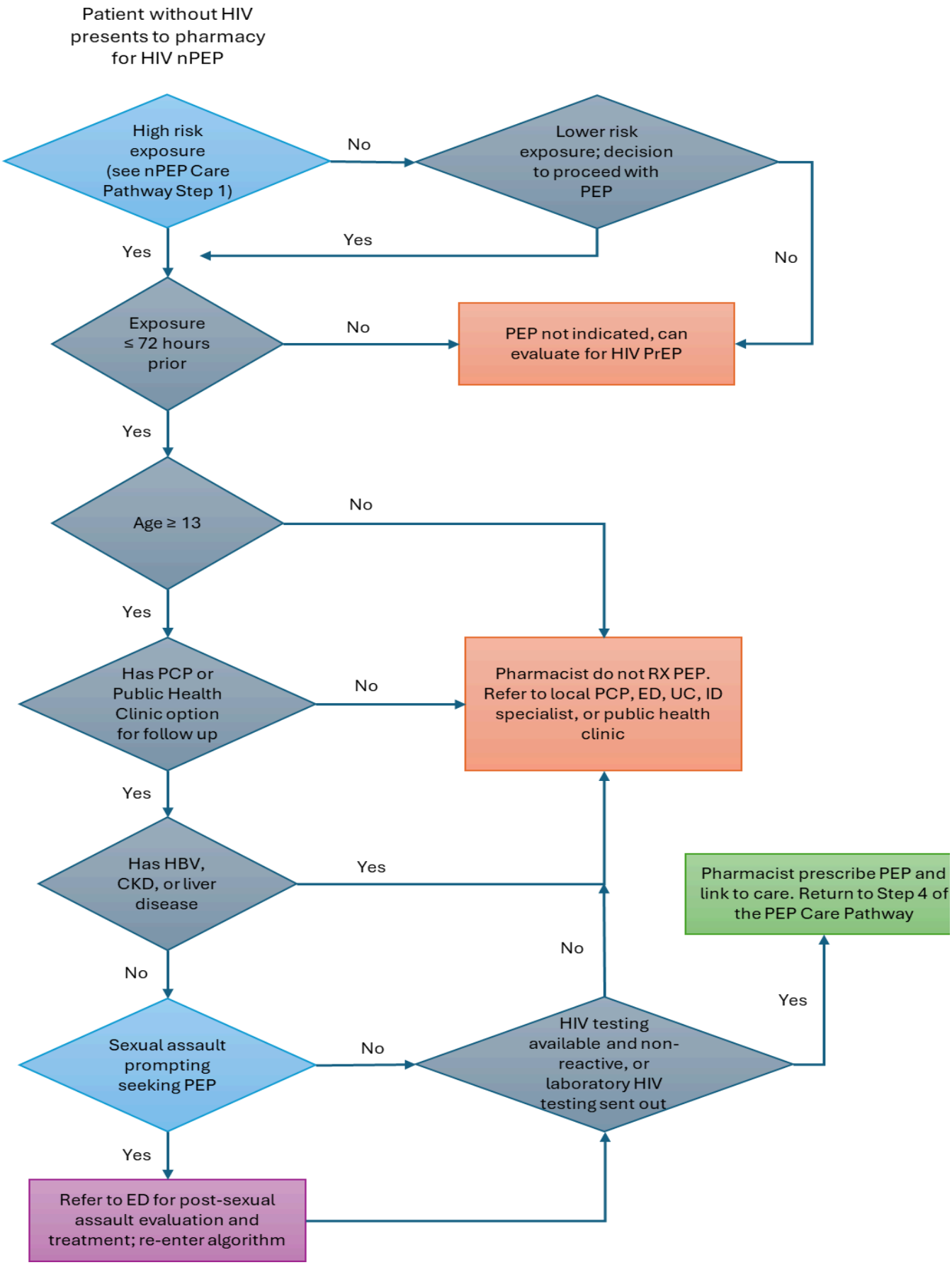
Medical history:

1.	Have you ever been diagnosed with human immunodeficiency virus (HIV)?	□ Yes □ No □ Not sure
2.	Have you ever been diagnosed with hepatitis B infection?	□ Yes □ No □ Not sure
3.	Have you ever received vaccine for hepatitis B? If yes, when (if known): If no, would you like a vaccine today? Yes/No (circle one)	□ Yes □ No □ Not sure
4.	Have you ever been diagnosed with kidney disease?	□ Yes □ No □ Not sure
5.	Are you currently pregnant or breastfeeding?	□ Yes □ No □ Not sure
6.	Do you take any of the following over-the-counter medications or herbal supplements? □ Antacids (Tums® or Rolaids®), □ Vitamins or multivitamins containing iron, calcium, magnesium, zinc, or aluminum	□ Yes □ No
7.	Do you have any other health issues or take any medications, including herbs or supplements? If yes, list them here: _____ _____ _____	□ Yes □ No

Signature____

Date_______________

Human immunodeficiency virus (HIV) post-exposure prophylaxis (PEP) assessment and treatment care pathway



Estimated per-act probability of acquiring HIV from an infected source, by exposure act.

Type of exposure	Risk for HIV acquisition (per 10,000 exposures)*
Sexual	
Receptive anal intercourse	138
Insertive anal intercourse	11
Receptive penile-vaginal intercourse	8
Insertive penile-vaginal intercourse	4
Receptive oral intercourse	Low[§]
Insertive oral intercourse	Low[§]
Parenteral	
Blood transfusion	9,250
Needle sharing during injection drug use	63
Percutaneous (needle stick)	23
Other[†]	
Biting	Negligible
Spitting	Negligible
Sharing sex toys	Negligible

* Factors that might increase the risk for HIV acquisition include sexually transmitted infections, acute and late-stage HIV infection, and high viral load. Factors that might decrease the risk include condom use, male circumcision, antiretroviral treatment, and pre-exposure prophylaxis. Condomless sex is the only factor accounted for in the estimates presented.

[†] HIV transmission through these exposure routes is technically possible but unlikely and has not been definitively demonstrated in a circumstance when contaminated body fluids (e.g., blood or sexual fluids) were absent and the exposed person's exposure was limited to intact skin.

[§] Risk is considered low relative to the other sexual exposures, but it is not zero; sample size in the study was too small to generate a precise point estimate.

Table Source: Tanner MR, O'Shea JG, Byrd KM, et al. Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV — CDC Recommendations, United States, 2025. MMWR Recomm Rep 2025;74(No. RR-1):1–56. DOI: http://dx.doi.org/10.15585/mmwr.rr7401a1

Estimated HIV risk-per-activity assuming an HIV-positive partner.

Activity	Risk-per-exposure
Vaginal sex, female-to-male, no condom	0.04%
Vaginal sex, female-to-male, no condom, undetectable viral load	0%
Vaginal sex, male-to-female, no condom	0.08%
Vaginal sex, male-to-female, no condom, undetectable viral load	0%
Receptive anal sex, no condom	1.38%
Receptive anal sex, no condom, undetectable viral load	0%
Insertive anal sex, no condom	0.11%
Insertive anal sex, no condom, undetectable viral load	0%
Receptive oral sex, no condom, unknown viral load	Estimates range from 0.00% to 0.04%

Adapted from: Estimated HIV risk per exposure. April 2024. aidsmap. https://www.aidsmap.com/about-hiv/estimated-hiv-risk-exposure

HIV PEP SAMPLE prescription

Patient name:	Date of birth:
Address:	
City/State/ZIP code:	Phone number:

☐ Verified DOB with valid photo ID

Rx

Single pill regimen:

☐ Biktarvy (bictegravir 50mg/emtricitabine 200mg/tenofovir alafenamide 25mg)

Take 1 tablet by mouth daily for 30 days, #30, no refills

- OR -

Two pill regimen:

☐ Dolutegravir 50mg

Take 1 tablet by mouth daily for 30 days in combination with Truvada or Descovy, #30, no refills

- AND 1 of the following:

☐ Truvada (emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg)

Take one tablet by mouth daily for 30 days in combination with dolutegravir 50mg,

#30, no refills

- OR -

☐ Descovy (emtricitabine 200mg/tenofovir alafenamide 25mg)

Take 1 tablet by mouth daily for 30 days in combination with dolutegravir 50mg,

#30, no refills

Written date: ____/_____/_____

Prescriber name:_____

Prescriber signature:_____

Pharmacy address:_____

Pharmacy phone: _____

-or-

Patient referred: provider name:_____ Date:____/____/____

Hepatitis B vaccination administered:

Lot:_____ Expiration date:_____ Dose: ____ of 2 or 3

Notes:_____
_____
_____
_____
_____
_____
_____

HIV post-exposure prophylaxis (PEP) SAMPLE provider notification

Pharmacy name:_____

Pharmacy address:._____

Pharmacy phone:_____ Pharmacy fax: _____

Dear provider_____ (name), (
)_____-_____ (FAX)

Your patient_____ [name] ____ /____ /_____ [DOB] has been prescribed HIV post-exposure prophylaxis (PEP) at _____ pharmacy.

This regimen consists of:

☐ Biktarvy (bictegravir 50mg/emtricitabine 200mg/tenofovir alafenamide 25mg), 1 tablet daily for 30 days

OR

☐ Dolutegravir 50mg, 1 tablet daily for 30 days,

AND

☐ Truvada (emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg), 1 tablet daily for 30 days,

OR

☐ Descovy (emtricitabine 200mg/tenofovir alafenamide 25mg), 1 tablet daily for 30 days.

This regimen was initiated on _____/_____/_____[date].

The following tests were performed as part of PEP initiation at the pharmacy. Any of the following not completed were recommended to be done in follow-up with their provider, tailored by the clinical situation.

☐Point-of-care HIV Ag/Ab (initiation visit only)

☐HIV Ab/Ag (laboratory-based)

☐HIV NAT (for persons with injectable antiretroviral exposure in the last 6 months)

☐Serum creatinine

☐AST

☐ALT

☐Pregnancy test (urine)

☐HBV serology

☐HCV antibody
☐Syphilis antibody
☐Gonorrhea NAT
☐Chlamydia NAT
☐Trichomonas NAT (for persons with receptive vaginal sex)

We recommended an in-clinic office visit with you or another provider on your team within 1-2 weeks of starting HIV PEP. Key points regarding recommended laboratory follow-up with HIV PEP can be found at:
https://www.cdc.gov/mmwr/volumes/74/rr/rr7401a1.htm

If you have further questions, please contact the prescribing pharmacy or call the HIV Warmline. The HIV Warmline offers consultations for providers from HIV specialists and is available every day at: (888) 448-4911. For more information about PEP, please visit the CDC website at https://www.cdc.gov/hiv/prevention/pep.html.

Post-exposure prophylaxis (PEP) for human immunodeficiency virus (HIV)
SAMPLE patient information/plan of care

Pharmacy name:
_____
Pharmacy
address:_____
Pharmacy phone number: _____

This page contains important information for you; please read it carefully.

You have been prescribed post-exposure prophylaxis (PEP) to help prevent human immunodeficiency virus (HIV) infection. Listed below are the medications and directions you have been prescribed, some key points to remember about these medications, and a list of next steps that need to be completed in order to confirm the PEP worked for you.

Medications: You must start these within 72 hours of your exposure (check which selected)

- ☐ Biktarvy (bictegravir 50mg/emtricitabine 200mg/tenofovir alafenamide 25mg), 1 tablet daily for 30 days

OR

- ☐ Dolutegravir 50mg, 1 tablet daily for 30 days,

AND

- ☐ Truvada (emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg), 1 tablet daily for 30 days,
  - ☐ OR
- ☐ Descovy (emtricitabine 200mg/tenofovir alafenamide 25mg), 1 tablet daily for 30 days.

Key points

- Take every dose. If you miss a dose, take it as soon as you remember. If it is close to the time of your next dose, just take that dose. Do not double up on doses to make up for the missed dose.
- Do not stop taking either medication without first talking with your doctor or pharmacist.
- The most common side effects (if they do happen) are stomach upset. Taking the medications with food can help. Over-the- counter nausea and

diarrhea medications are okay to use with PEP if needed.

Follow-up and next steps

1. Contact your primary care provider to let them know you have been prescribed PEP because they will need to order lab tests and schedule a visit.
2. Our pharmacist will also contact your doctor (or public health office if you do not have a primary doctor) to let them know you will need a PEP visit for follow-up testing. You will need testing now, 4-6 weeks from now, and 3 months from now.
3. If you think that you might still be at risk of HIV infection after you finish the 30-day PEP treatment, talk to your doctor about starting pre-exposure prophylaxis (PrEP) after finishing PEP.