**nPEP PREScribing Myths**

**MYTH:** Initiating HIV non-occupational post-exposure prophylaxis (nPEP) anytime within 72 hours after the exposure is equally efficacious (ie, starting 1 hour after the exposure as effective as starting it 48 or 70 hours after the exposure).

**REALITY:** To be most efficacious, nPEP should be started as soon as possible after the exposure, but not later than 72 hours after the exposure. Ideally, the first dose should be taken within 1-2 hours after the exposure, & taken daily for 28 days.1-3

**MYTH:** Only infectious disease HIV specialists should provide nPEP & nPEP follow-up care.

**REALITY:** Any provider (MD, DO, NP, PA) can initiate nPEP &/or provide follow-up care for nPEP therapy. Learn more here: aidsetc.org/nPEP

**MYTH:** Medication assistance programs only help people without insurance get nPEP.

**REALITY:** Although nPEP medications are very expensive, currently-recommended nPEP meds can be obtained at no cost for MOST patients regardless of insurance status. These programs are easy to access & eligible individuals are often approved immediately. Ideally, the provider dispenses the initial dose on site & gives ENOUGH extra doses to take until the remainder of medications are accessed.

**MYTH:** nPEP is only indicated in urban settings, as HIV is not an issue in rural communities.

**REALITY:** The decision to use nPEP should be based on the acquisition risk & NOT on the HIV prevalence in a specific region. In the South, 23% of new HIV diagnoses are in suburban & rural areas, & in the Midwest 21% are suburban or rural—higher proportions than in the Northeast & West. The South’s larger & more geographically dispersed population of people living with HIV creates unique challenges for prevention & treatment.4

**MYTH:** It is best not to prescribe nPEP because the person receiving the medication will just continue to engage in risk behaviors & be back for the same prescription again.

**REALITY:** If someone uses nPEP multiple times, &/or is at a higher risk for acquiring HIV on an ongoing basis, it is an opportunity to discuss moving from nPEP to pre-exposure prophylaxis (PrEP).

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4 https://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html