

**HIV PEP kit
Procedure for Pharmacy**

1. The Pharmacy Department will maintain a PEP kit to be used **only when the employee health office is closed**. The kit will include a 72 hour supply of:
 - a. Descovy 200 mg/25 mg; #3 tablets – Take 1 tablet by mouth once daily
 - b. Isentress HD 600 mg; #6 tablets – Take 2 tablets by mouth once daily
2. The PEP kit will be kept in the CSM under “HIV PEP kit.”
3. When PEP is needed for an employee, LIP or non-employee, a prescription will be provided by an authorized provider. The prescription will be brought to the pharmacy by the Administrative Nursing Supervisor.
4. The pharmacist will enter the two medications under the employee, LIP, or non-employee’s FIN and process as a “PASS” medication. The label should be applied appropriately and dispensed with Patient Education material. The medications will be picked up by the Administrative Nursing Supervisor and delivered to the employee, LIP or non-employee.
5. The original prescription (clean ,with no notations made) will need to be obtained for pharmacy record.
6. The Clinical Pharmacy Coordinator/Operations Manager/Director of Pharmacy should be notified if a PEP kit is used.
7. The Pharmacy Department will be in possession of an IMH issued credit card for sole purpose of replenishing the PEP kit. The Clinical Pharmacy Coordinator/Operations Manager/Director of Pharmacy will be responsible for the issued credit card.

EMPLOYEE HEALTH OFFICE HOURS:

Monday – Friday 7:30 am – 4:00 pm