



## Practice Sting 2026-05

### Practice Sting Delayed HIV Post-Exposure Prophylaxis.

This Practice sting is particularly relevant for pharmacists and pharmacy technicians.

**Be extra vigilant when dispensing medication that must be started immediately.**

#### Incident

On a Friday, a female patient presented to the pharmacy with a prescription for emtricitabine/tenofovir and dolutegravir. These medicines were prescribed as post-exposure prophylaxis (PEP) to reduce the risk of HIV infection after potential exposure.

The pharmacy technician dispensed emtricitabine/tenofovir but assumed that dolutegravir was not in stock. Dolutegravir was therefore ordered and delivered on the following Tuesday, after which it was placed in a pick-up locker. The patient received a text message with a pick-up code on Tuesday. The patient collected the medication the following Friday and started the course at that time.

However, PEP must be initiated within 72 hours after exposure. This meant that the patient should have started both medicines no later than Monday. Fortunately, follow-up testing showed that the patient had not acquired HIV.

Subsequent review revealed that dolutegravir had in fact been available in the pharmacy, because the pharmacy was designated as an emergency dispensing location for PEP.

#### Recommendations for pharmacy teams

- Establish clear local or regional agreements regarding emergency medication.
- Verify which medicines are classified as emergency medication in the pharmacy.
- Clearly flag emergency medication in the pharmacy information system and/or storage locations.
- Develop procedures for the dispensing and follow-up of emergency medication.
- Review these procedures regularly within the pharmacy team.
- Explicitly discuss these procedures with temporary staff before starting work.

#### Analysis

After potential HIV exposure, PEP must be started as soon as possible—preferably within 2 hours and no later than 72 hours. A standard PEP regimen consists of dolutegravir in combination with emtricitabine/tenofovir for four weeks.

Because of this urgency, designated pharmacies maintain a permanent emergency stock of PEP medication. Pharmacy staff must recognise both the medication and its time-critical nature. In this case, the pharmacy technician did not normally work at this location and did not recognise the prescription as emergency medication. The pharmacy system did not indicate its urgent status, and

the technician was unaware of the emergency stock. A colleague who was aware of this did not intervene.

In addition, the patient was insufficiently informed about the need to start treatment immediately. As a result, the medication was collected too late. No follow-up contact was made when the patient did not collect the medication promptly.

After the incident, adjustments were made to the pharmacy software to improve identification of emergency medication. A pop-up alert now ensures pharmacist involvement before dispensing. The onboarding protocol for this location was updated, emergency stock is discussed structurally in team meetings, and a follow-up procedure was introduced for patients who do not collect emergency medication in time.