PEP Options in Pregnancy

If PEP is started for a pregnant exposed person, reasonable options include:

Tenofovir/emtricitabine (Truvada, TDF/FTC) 1 tab daily + raltegravir (Isentress, RAL) 400 mg BID	
Pros • Well-tolerated • TDF/FTC is a preferred agent in treating HIV+ pregnant women per DHHS guidelines • RAL is an alternative agent in treating HIV+ pregnant women per DHHS guidelines • Very low potential for drug-drug interactions	Cons • More limited experience using RAL in pregnancy vs protease inhibitors (PIs)

OR

Zidovudine/lamivudine (Combivir, also avail as generic, AZT/3TC) 1 tab BID + *lopinavir/ritonavir (Kaletra, LPVr) 2-3# tablets BID *atazanavir (Reyataz) 300-400 mg# QD + ritonavir 100 mg QD may be used in place of lopinavir/ritonavir #PK data in pregnant women suggest increasing to 3 tabs BID of lopinavir/ritonavir and to 400 mg QD of atazanavir in the 2nd and 3rd trimesters	
Pros • Extensive experience with use of AZT/3TC in pregnancy • Lopinavir/ritonavir as well as atazanavir/ritonavir are preferred agents in treating HIV+ pregnant women per DHHS guidelines	Cons • More side effects: nausea, vomiting, diarrhea, headache, fatigue • AZT associated with hematologic toxicity • High drug-drug interaction potential with lopinavir/ritonavir or other PIs

Other PEP options may be considered in the event of intolerance, source patient with resistant virus, ARV access, or EP preference. In these instances, providers should seek expert consultation.