

This information is a portion of the CCC PEP Quick Guide. It is intended to be used in conjunction with the Quick Guide and not as a standalone document.

How to choose a PEP regimen?

Three-drug PEP regimens are now the recommended regimens for all exposures. The most recent guidelines no longer require assessing the degree of risk for the purpose of choosing a “basic” two-drug regimen vs. an “expanded” three-drug regimen, which was confusing for many treating clinicians. There are some special circumstances, however, in which a two-drug regimen can be considered/used, especially when recommended antiretroviral medications are unavailable or there is concern about potential toxicity or adherence difficulties. In addition, the Guidelines state, “PEP is not justified for exposures that pose a negligible risk for transmission.” Consultation with an expert can help determine if the exposure poses a “negligible risk” to explore whether alternative approaches, including a modified regimen, are appropriate.

PREFERRED HIV 3-DRUG PEP REGIMEN:

Truvada™ 1 tablet by mouth once daily
[co-formulated Tenofovir DF (Viread®; TDF) 300mg + emtricitabine (Emtriva™; FTC) 200mg]

PLUS

Raltegravir (Isentress®; RAL) 400mg by mouth twice daily

ALTERNATIVE REGIMENS*

May combine one drug or drug pair from the left column with one pair of nucleoside/nucleotide reverse transcriptase inhibitors from the right column.

Raltegravir (Isentress® ; RAL)	Tenofovir DF (Viread® ; TDF) + emtricitabine (Emtriva™ ; FTC); available co-formulated as Truvada™
Darunavir (Prezista® ; DRV) + ritonavir (Norvir® ; RTV)	Tenofovir DF (Viread® ; TDF) + lamivudine (Epivir® ; 3TC)
Etravirine (Intelence® ; ETR)	Zidovudine (Retrovir™ ; ZDV; AZT) + lamivudine (Epivir® ; 3TC); available co-formulated as Combivir®
Rilpivirine (Edurant™ ; RPV)	Zidovudine (Retrovir™ ; ZDV ; AZT) + emtricitabine (Emtriva™ ; FTC)
Atazanavir (Reyataz® ; ATV) + ritonavir (Norvir® ; RTV)	
Lopinavir/ritonavir (Kaletra® ; LPV/RTV)	



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*The alternative regimens are listed in order of CDC preference; however, other alternatives may be reasonable based upon patient and clinician preference.

ANTIRETROVIRAL AGENTS FOR USE AS PEP ONLY WITH EXPERT CONSULTATION: Abacavir (Ziagen® ; ABC), Efavirenz (Sustiva® ; EFV), Enfuvirtide (Fuzeon® ; T20), Fosamprenavir (Lexiva® ; FOSAPV), Maraviroc (Selzentry® ; MVC), Saquinavir (Invirase® ; SQV), Stavudine (Zerit® ; d4T)

ANTIRETROVIRAL AGENTS GENERALLY NOT RECOMMENDED FOR USE AS PEP: Didanosine (Videx EC® ; ddl), Nelfinavir (Viracept® ; NFV), Tipranavir (Aptivus® ; TPV)

ANTIRETROVIRAL AGENTS CONTRAINDICATED AS PEP: Nevirapine (Viramune® ; NVP)

ARV Drug Dosing and Toxicity Monitoring

HIV meds	Adult Dosing	Combination Form	Toxicity monitoring
Tenofovir DF	300 mg by mouth once daily	Truvada™	BUN, Creatinine, LFTs
Emtricitabine	200 mg by mouth once daily		Rash
Raltegravir	400 mg by mouth twice daily		Nausea, headache
Zidovudine	300 mg by mouth twice daily	Combivir®	CBC, LFTs
Lamivudine	150 mg by mouth twice daily		Rash
Lopinavir/ritonavir (200/50 mg)	2 tabs by mouth twice daily	Kaletra ®	GI toxicity, especially diarrhea. LFTs *Note: Lopinavir/ritonavir has many drug-drug interactions with common medications; use with caution (see below).