

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 new 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. There are some special circumstances, however, in which a two-drug regimen can be used, especially when recommended antiretroviral medications are unavailable or there is concern about potential adherence problems or toxicity. 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 PO Once Daily

[Tenofovir DF (Viread®; TDF) 300mg + emtricitabine (Emtriva™; FTC) 200mg]

PLUS

Raltegravir (Isentress®; RAL) 400mg PO 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 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 as Combivir®
Rilpivirine (Edurant™ ; RPV)	Zidovudine (Retrovir™ ; ZDV ; AZT) + emtricitabine (Emtriva™ ; FTC)
Atazanavir (Reyataz® ; ATV) + ritonavir (Norvir® ; RTV)	
Lopinavir/ritonavir (Kaletra® ; LPV/RTV)	

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



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National rapid response for HIV management and bloodborne pathogen exposures.

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®	300 mg po daily	Truvada™	BUN, Creatinine, LFTs
Emtricitabine®	200 mg po daily		Rash
Raltegravir	400 mg po BID		Nausea, headache
Zidovudine#	300 mg po BID	Combivir®	CBC, LFTs
Lamivudine#	150 mg po BID		Rash
Lopinavir/ritonavir ^x (200/50 mg)	2 tabs po BID	Kaletra®	GI toxicity, especially diarrhea. LFTs *Note: Lopinavir/ritonavir has many drug-drug interactions with common medications; use with caution.

Zidovudine + Lamivudine: generic co-formulation available.