



*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. There are some special circumstances 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. Consultation is recommended if a two-drug regimen is considered. 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 3-DRUG HIV 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  
or  
dolutegravir (Tivicay™) 50 mg PO once daily\***

**Duration: 28 days**

**Side effects and drug-drug interactions: See below**

**\*NOTE: Dolutegravir should not be given to women in their first trimester of pregnancy or women of childbearing potential.**



**ALTERNATIVE REGIMEN FOR PATIENTS WITH RENAL DYSFUNCTION** (creatinine clearance  $\leq$  59 mL/min):  
Zidovudine plus lamivudine (co-formulated as Combivir®) PLUS raltegravir or dolutegravir. See dolutegravir caution, above.

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

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

*Note: For additional information on dosing, drug-drug interactions and toxicities, and toxicity monitoring, see the [antiretroviral drug tables in the Pharmacy section](#) of the CCC website.*



## 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
Dolutegravir	50 mg by mouth once daily		Headache, insomnia
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).

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