CLINICIAN CONSULTATION CENTER
Translating science into care

This table 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.

PEP options in pregnancy

Options include:

Tenofovir DF/emtricitabine (Truvada™, TDF/FTC) 1 tab daily + raltegravir (Isentress®, RAL) 400 mg twice daily

Pros	Cons
• Well-tolerated **• TDF/FTC and RAL are both preferred agents in treating HIV+ pregnant women per current DHHS Perinatal Guidelines** **• • Very low potential for drug-drug interactions**	• Need for twice daily dosing with RAL

or

Zidovudine/lamivudine (Combivir®, also available as generic, AZT/3TC) 1 tab twice daily +

Darunavir (Prezista®, DRV) 800mg once daily + ritonavir (Norvir®, RTV) 100mg daily#

OR

A*tazanavir (Reyataz®*, ATV*) 300 mg# daily + ritonavir (Norvir®*, RTV) *100 mg daily*

#PK data in pregnant women suggest increasing to DRV 600mg twice daily + RTV 100 mg twice daily in the 2nd and 3rd trimesters. Similarly, atazanavir should be increased to 400mg daily in the 2nd and 3rd trimesters (and continue to boost with ritonavir 100mg daily).

Pros	Cons
• Extensive experience with use of AZT/3TC in pregnancy • Darunavir/ritonavir as well as atazanavir/ritonavir are preferred agents in treating HIV+ pregnant women per current DHHS Perinatal Guidelines	• More side effects: nausea, vomiting, diarrhea, headache, fatigue • AZT associated with hematologic toxicity • Higher drug-drug interaction potential with darunavir/ritonavir, atazanavir/ritonavir (and other PIs)

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