

Table 2: Preferred PEP Regimens for Patients Who Weigh ≥40 kg

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Table 2: Preferred PEP Regimens for Patients Who Weigh ≥40 kg [a,b]	
Preferred Regimens	Notes
<ul style="list-style-type: none"> Bictegravir 50 mg/tenofovir alafenamide 25 mg/emtricitabine 200 mg (BIC/TAF/FTC; Biktarvy) as a fixed-dose single tablet once per day 	—
<ul style="list-style-type: none"> Tenofovir disoproxil fumarate 300 mg/emtricitabine 200 mg (TDF/FTC; Truvada) once per day or TDF 300 mg/lamivudine 300 mg (TDF/3TC; Cimduo) once per day <p>plus</p> <ul style="list-style-type: none"> Raltegravir 400 mg (RAL; Isentress) twice per day or RAL HD 1200 mg (Isentress HD) once per day [c] or Dolutegravir 50 mg (DTG; Tivicay) once per day 	<ul style="list-style-type: none"> DTG: <ul style="list-style-type: none"> Metformin dosing should be limited to 1 g by mouth per day when an individual is taking DTG concurrently. Magnesium- or aluminum-containing antacids may be taken 2 hours before or 6 hours after DTG; calcium-containing antacids or iron supplements may be taken simultaneously if taken with food. RAL: Magnesium- or aluminum-containing antacids are contraindicated; coadministration of calcium-containing antacids is not recommended with RAL HD. TDF/FTC: Do not initiate TDF/FTC as PEP for any individual with a confirmed CrCl <60 mL/min, and discontinue it in patients with a confirmed CrCl <50 mL/min; in such cases, initiate or switch to a TAF-containing regimen.
<p>Abbreviations: CrCl, creatinine clearance; HD, high-dose; PEP, post-exposure prophylaxis.</p> <p>Notes:</p> <p>a. All medications are taken by mouth for 28 days.</p> <p>a. Available alternative formulations and methods of administration:</p> <ul style="list-style-type: none"> 3TC: Acceptable to crush or split. Available as an oral solution (10 mg/mL). DTG: Acceptable to crush. FTC: Acceptable to open and dissolve in water. Available as an oral solution (10 mg/mL). RAL: Available as a chewable tablet (25 mg, 100 mg) and oral powder for suspension (100 mg/packet); neither is bioequivalent to the 400 mg adult dose. TDF: Acceptable to dissolve in water. Available as an oral powder only (40 mg/1 g) that can be mixed with soft food. TDF/FTC: Acceptable to crush and dissolve. <p>b. RAL HD should <i>not</i> be prescribed for pregnant individuals.</p>	

Table 3: Alternative PEP Regimens for Patients Who Weigh ≥40 kg [a,b]

Alternative Regimens	Notes
<ul style="list-style-type: none"> • Elvitegravir 150 mg/cobicistat 150 mg/emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg (EVG/COBI/FTC/TDF; Stribild) as a fixed-dose single tablet once per day [c] 	<p>For individuals with CrCl <70 mL/min: Fixed-dose single tablet EVG/COBI/TDF/FTC is <i>contraindicated</i>.</p>
<ul style="list-style-type: none"> • TDF 300 mg/FTC 200 mg (Truvada) plus ritonavir (RTV; Norvir) 100 mg plus darunavir (DRV; Prezista) 800 mg once per day [d] • Substitutions: <ul style="list-style-type: none"> – For FTC: Lamivudine (3TC; Epivir) 300 mg once per day – For DRV: Atazanavir (ATV; Reyataz) 300 mg once per day or fosamprenavir (FPV; Lexiva) 1400 mg once per day plus RTV 100 mg once per day 	<p>For individuals with baseline CrCl <50 mL/min: Adjust dosing of 3TC/FTC plus TDF.</p>
<p>Abbreviations: CrCl, creatinine clearance; PEP, post-exposure prophylaxis.</p> <p>Notes:</p> <p>c. All medications are taken by mouth for 28 days.</p> <p>d. Available alternative formulations and methods of administration:</p> <ul style="list-style-type: none"> – 3TC: Acceptable to crush or split. Available as an oral solution (10 mg/mL). – ATV: Acceptable to open capsule and sprinkle contents. Oral dispersible powder (50 mg/packet). – DRV: Probably acceptable to crush. Available as an oral suspension (100 mg/mL). – DTG: Acceptable to crush. – FTC: Acceptable to open and dissolve in water. Available as an oral solution (10 mg/mL). – RAL: Available as a chewable tablet (25 mg, 100 mg) and oral powder for suspension (100 mg/packet); neither is bioequivalent to the 400 mg adult dose. – RTV: Available as an oral solution (80 mg/mL). – TDF: Acceptable to dissolve in water. Available as an oral powder only (40 mg/1 g) that can be mixed with soft food. – TDF/FTC: Acceptable to crush and dissolve. <p>e. COBI-containing regimens should not be used during pregnancy.</p> <p>f. If DRV or ATV are prescribed during pregnancy, dose adjustments are required. See guideline section PEP During Pregnancy or Breast/Chestfeeding or Clinicalinfo.HIV.gov > Table 14. Antiretroviral Drug Use in Pregnant People With HIV: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy.</p>	

Table 4: PEP Regimens for Patients Aged 2 to 12 Years Who Weigh <40 kg

Note: An update on pediatric PEP regimens is in progress (October 2024).

See [DHHS for dosing, administration, and additional information about each medication](#).

- **Preferred:** Tenofovir disoproxil fumarate (TDF; Viread) **plus** emtricitabine (FTC; Emtriva) **plus** raltegravir (RAL; Isentress). TDF/FTC is available as a fixed-dose combination (Truvada).
- **Substitutions:**
 - Lamivudine (3TC; Epivir) may be substituted for FTC.
 - Dolutegravir (DTG; Tivicay) may be substituted for RAL.
- **Alternatives:**
 - **Age ≥2 years to 12 years:** Zidovudine (ZDV; Retrovir) **plus** 3TC (Epivir) **plus** RAL (Isentress) **or** lopinavir/ritonavir (LPV/RTV; Kaletra)
 - **Age ≥3 years to <12 years:** TDF (Viread) **plus** FTC (Emtriva) **plus** darunavir (DRV/Prezista) **plus** ritonavir (RTV; Norvir)
 - **Substitution:** 3TC (Epivir) may be substituted for FTC.

Table 5: Antiretroviral Medications to Avoid for PEP

Drug Class	Agent	<40 kg	≥40 kg	Comments
First-generation protease inhibitors	<ul style="list-style-type: none"> • Indinavir (IDV; Crixivan) • Nelfinavir (NFV; Viracept) 	Avoid	Avoid	Poorly tolerated
First-generation non-nucleoside reverse transcriptase inhibitors	<ul style="list-style-type: none"> • Efavirenz (EFV; Sustiva) • Nevirapine (NVP; Viramune) 	Avoid	Avoid	<ul style="list-style-type: none"> • EFV: Potential for neuropsychiatric adverse effects • NVP: Associated with fulminant hepatic failure and risk of Stevens-Johnson syndrome [CDC 2001]
Nucleoside reverse transcriptase inhibitors	<ul style="list-style-type: none"> • Abacavir (ABC; Ziagen) • Didanosine (ddI; Videx) • Stavudine (d4T; Zerit) • Zidovudine (ZDV, AZT; Retrovir) 	Avoid d4T, ddI, ABC, TAF	Avoid all	<ul style="list-style-type: none"> • ABC: Potential for serious, sometimes fatal hypersensitivity reaction • d4T, ddI, ZDV: Significant mitochondrial toxicities
CCR5 antagonist	Maraviroc (MVC; Selzentry)	Avoid	Avoid	Only shows activity against R5-tropic virus

Abbreviation: PEP, post-exposure prophylaxis.

Reference

CDC. Serious adverse events attributed to nevirapine regimens for postexposure prophylaxis after HIV exposures--worldwide, 1997-2000. *MMWR Morb Mortal Wkly Rep* 2001;49(51-52):1153-56. [PMID: 11198946]
<https://pubmed.ncbi.nlm.nih.gov/11198946>