Table A1: Dosing of nPEP Medications for Pediatric Patients Who Weigh <40 kg and/or Cannot Swallow Tablets [a,b]			
Medication	**Strength, Formulation**	**Age, Weight, Dosing**	**Maximum Dose**
Tenofovir disoproxil fumarate (TDF; Viread)	40 mg/g oral powder [c]	**Children aged ≥2 years who weigh ≥10 kg and adolescents:** • 8 mg/kg/dose once daily • 10 to <12 kg: 80 mg (2 scoops) • 12 to <14 kg: 100 mg (2.5 scoops) • 14 to <17 kg: 120 mg (3 scoops) • 17 to <19 kg: 140 mg (3.5 scoops) • 19 to <22 kg: 160 mg (4 scoops) • 22 to <24 kg: 180 mg (4.5 scoops) • 24 to <27 kg: 200 mg (5 scoops) • 27 to <29 kg: 220 mg (5.5 scoops) • 29 to <32 kg: 240 mg (6 scoops) • 32 to <34 kg: 260 mg (6.5 scoops) • 34 to <35 kg: 280 mg (7 scoops) • ≥35 kg: 300 mg (7.5 scoops)	300 mg/**dose**
	150 mg, 200 mg, 250 mg, and 300 mg oral tablets [d]	**Children aged >2 years who weigh ≥17 kg and adolescents:** • 17 to <22 kg: 150 mg once daily • 22 to <28 kg: 200 mg once daily • 28 to <35 kg: 250 mg once daily • ≥35 kg: 300 mg once daily	
Emtricitabine (FTC; Emtriva)	10 mg/mL oral solution	**Neonates and infants aged <3 months:** 3 mg/kg/dose once daily **Infants and children aged ≥3 months to 17 years:** 6 mg/kg/dose once daily	240 mg/**day**
	200 mg capsules [e]	**Children who weigh ≥33 kg:** 200 mg once daily **Adolescents:** Combination product TDF/FTC (Truvada) recommended	240 mg/**day**
Raltegravir (RAL; Isentress)	10 mg/mL oral suspension [f,h]	**Infants and children aged <2 years:** 6 mg/kg/dose twice daily	100 mg/**dose**
	25 mg and 100 mg chewable tablets [g,h]	**Children aged ≥2 years:** • 11 to <14 kg: 75 mg twice daily • 14 to <20 kg: 100 mg twice daily • 20 to <28 kg: 150 mg twice daily • 28 to <40 kg: 200 mg twice daily • ≥40 kg: 300 mg twice daily	300 mg/**dose**
	400 mg film-coated tablet	**Preferred in children aged 6 to 12 years who weigh ≥25 kg and are able to swallow a tablet whole:** 400 mg twice daily	400 mg/**dose**

Table A1: Dosing of nPEP Medications for Pediatric Patients Who Weigh <40 kg and/or Cannot Swallow Tablets [a,b]			
Medication	**Strength, Formulation**	**Age, Weight, Dosing**	**Maximum Dose**
Zidovudine (ZDV; Retrovir)	10 mg/mL IV infusion [i]	Infuse over 30 minutes; dosed every 12 hours: • **Full term (≥35 weeks GA):** 3 mg/kg/dose • **Premature (≥30 to <35 weeks GA):** – PNA ≤14 days: 1.5 mg/kg/dose – PNA ≥15 days: 3 mg/kg/dose • **Premature (<30 weeks GA):** – PNA ≤28 days: 1.5 mg/kg/dose – PNA ≥29 days: 3 mg/kg/dose	300 mg/**dose**
	10 mg/mL oral syrup [j]	All dosed every 12 hours: • **Full term (≥35 weeks GA) infants, children:** – PNA <4 weeks: 4 mg/kg/dose – PNA ≥4 weeks, 4 to <9 kg: 12 mg/kg/dose – PNA ≥4 weeks, 9 to <30 kg: 9 mg/kg/dose – ≥30 kg: 300 mg/dose • **Premature (≥30 to <35 weeks GA) infants:** – PNA ≤14 days: 2 mg/kg/dose – PNA ≥15 days: 4 mg/kg/dose • **Premature (<30 weeks GA) infants:** – PNA ≤28 days: 2 mg/kg/dose – PNA ≥29 days: 4 mg/kg/dose	
	100 mg capsules, 300 mg tablets	**Children who weigh ≥30 kg and adolescents:** 300 mg twice daily	
Lamivudine (3TC; Epivir) [k]	10 mg/mL oral solution	**Neonates, infants aged ≤27 days:** 2 mg/kg/dose twice daily **Infants aged ≥28 days, children, adolescents:** 4 mg/kg/dose twice daily	150 mg/**dose**
	150 mg scored tablet	**Children and adolescents aged <16 years who weigh ≥14 kg and are able to swallow tablets:** – 14 to <20 kg: 75 mg (1/2 tablet) twice daily – 20 to <25 kg: 75 mg (1/2 tablet) in the morning and 150 mg (1 tablet) in the evening – ≥25 kg: 150 mg (1 tablet) twice daily	
	100 and 300 mg tablets	**Adolescents aged ≥16 years who weigh <50 kg:** 4 mg/kg/dose twice daily	

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Medication	**Strength, Formulation**	**Age, Weight, Dosing**	**Maximum Dose**
Lopinavir/ritonavir (LPV/RTV; Kaletra)	80/20 mg/mL oral suspension	**Children aged ≥14 days to 12 months:** 16/4 LPV/RTV mg/kg/dose or 300/75 mg/m^2/dose twice daily **Children and adolescents aged >12 months to 18 years:** • <15 kg: 12/3 mg/kg/dose twice daily • 15 to 40 kg: 10/2.5 mg/kg/dose twice daily	400/100 mg/**dose**
	100/25 mg tablets 200/50 mg tablets	**Children aged>12 months to 18 years who weigh ≥15 kg and are able to swallow tablets:** • ≥15 to 25 kg: Two 100/25 mg tablets daily (200/50 mg total) • >25 to 35 kg: Three 100/25 mg tablets daily (300/75 mg total) • >35 kg: Four 100/25 or two 200/50 mg tablets daily (400/100 mg total)	
Darunavir (DRV; Prezista) *plus* Ritonavir (RTV; Norvir) [I]	DRV: 100 mg/mL oral suspension RTV: 80 mg/mL oral solution	**Children aged ≥3 to <18 years who weigh ≥10 kg, administered twice daily with food:** • 10 to 15 kg: dose is 20 mg/kg DRV and 3 mg/kg RTV per kg • 10 to <11 kg: DRV 200 mg (2 mL) *plus* RTV 32 mg (0.4 mL) • 11 to <12 kg: DRV 220 mg (2.2 mL) *plus* RTV 32 mg (0.4 mL) • 12 to <13 kg: DRV 240 mg (2.4 mL) *plus* RTV 40 mg (0.5 mL) • 13 to <14 kg: DRV 260 mg (2.6 mL) *plus* RTV 40 mg (0.5 mL) • 14 to <15 kg: DRV 280 mg (2.8 mL) *plus* RTV 48 mg (0.6 mL) • 15 to <30 kg: DRV 375 mg (3.8 mL) *plus* RTV 48 mg (0.6 mL) • 30 to <40 kg: DRV 450 mg (4.6 mL) *plus* RTV 100 mg (1.25 mL)	RTV: 600 mg/**dose**
	DRV: 75 mg, 150 mg, 600 mg, and 800 mg tablets RTV: 100 mg tablets, 100 mg soft gelatin capsules	**Children who weigh >15 kg and can swallow tablets whole, twice daily with food:** • 15 to <30 kg: DRV 375 mg *plus* RTV 48 mg • 30 to <40 kg: DRV 450 mg *plus* RTV 100 mg	

Abbreviations: GA, gestational age; IV, intravenous; nPEP, non-occupational post-exposure prophylaxis; PNA, postnatal age.

Notes:

a. Adapted from Lexidrug.
b. See also DHHS: Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States > Table 14 or CDC: Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV — CDC Recommendations, United States, 2025.

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Medication	**Strength, Formulation**	**Age, Weight, Dosing**	**Maximum Dose**

c. TDF oral powder: Must administer with food. Measure dose only using the supplied dosing scoop. One level scoop equals 40 mg TDF; can be mixed with 2 to 4 oz of soft food that does not require chewing (applesauce, baby food, yogurt) and swallowed immediately to avoid bitter taste. Do *not* mix in liquid (powder may float on top of liquid even after stirring).
d. TDF oral tablets: May be administered without regard to meals and can be dissolved in water.
e. FTC oral capsules: Can be opened and dissolved in water.
f. RAL oral suspension: Add entire contents of 1 packet (100 mg) and 10 mL of water to the provided mixing cup, close lid, and swirl in a circular motion for 45 seconds (do not shake or turn the mixing cup upside down); resultant concentration is 10 mg/mL. Once mixed, immediately measure recommended suspension dose using the provided oral syringe. Must be administered within 30 minutes of reconstitution. Discard any remaining suspension in the trash.
g. RAL chewable tablets: The 25 mg chewable tablet can be chewed, crushed, or swallowed whole. For patients unable to chew the chewable 25 mg tablet, it may be crushed by placing tablet and ~5 mL of liquid (e.g., water, juice, breast milk) in a small cup; the tablet should break apart within 2 minutes; crush any remaining pieces of undispersed tablet with a spoon and administer the entire mixture immediately. If any dose remains in cup, add ~5 mL of liquid, swirl, and administer immediately. The 100 mg chewable scored tablet can be split in half.
h. Coadministration of RAL with antacids, laxatives, or other products containing polyvalent cations (Mg, Al, Fe, Ca, Zn), including iron, calcium, or magnesium supplements; sucralfate; buffered medications; and certain oral multivitamins can reduce absorption of RAL. Administer RAL at least 2 hours before or at least 6 hours after cation-containing medications or products; however, RAL can be coadministered with calcium carbonate-containing antacids.
i. ZDV IV infusion: Administer over 1 hour; in neonates, dose may be infused over 30 minutes. Do not administer intramuscularly; do not administer IV push or by rapid infusion.
j. ZDV oral suspension: May be administered without regard to meals; use calibrated measuring device to accurately measure oral liquid dose; for neonatal patients, graduations of 0.1 mL are necessary due to small dose volumes.
k. 3TC oral solution: May be administered without regard to meals.
l. DRV/RTV: Administer with food (bioavailability is increased). In patients taking DRV twice daily, if a dose of DRV or RTV is missed by >6 hours, the next dose is taken at the regularly scheduled time. If a dose of DRV or RTV is missed by <6 hours, the dose is taken immediately and then the next dose is taken at the regularly scheduled time. RTV tablets should be swallowed whole, not chewed, broken, or crushed. Because of its bad taste, consider reserving liquid formulation for use in patients receiving tube feeding. Liquid formulation may be mixed with milk, pudding, ice cream, or a liquid nutritional supplement. Other techniques to increase tolerance include first dulling the taste buds with ice, popsicles, or spoonfuls of partially frozen juice; coating the mouth with peanut butter before administration; and offering foods such as maple syrup, cheese, or chewing gum immediately after a dose. Oral solution is highly concentrated; shake well and use a calibrated oral dosing syringe to measure and administer.