Table 2: Preferred PEP Regimens for Patients Who Weigh ≥40 kg [a,b]

Preferred Regimens	Notes
• Bictegravir 50 mg/tenofovir alafenamide 25 mg/emtricitabine 200 mg (BIC/TAF/FTC; Biktarvy) as a fixed-dose single tablet once per day	—
• 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 ***plus*** • 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	• **DTG:** – 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.

Abbreviations: CrCl, creatinine clearance; HD, high-dose; PEP, post-exposure prophylaxis.

Notes:

a. All medications are taken by mouth for 28 days.
a. Available alternative formulations and methods of administration:
   – 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.
b. RAL HD should *not* be prescribed for pregnant individuals.

Table 3: Alternative PEP Regimens for Patients Who Weigh ≥40 kg [a,b]	
Alternative Regimens	**Notes**
• 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]	**For individuals with CrCl <70 mL/min:** Fixed-dose single tablet EVG/COBI/TDF/FTC is *contraindicated*.
• TDF 300 mg/FTC 200 mg (Truvada) ***plus*** ritonavir (RTV; Norvir) 100 mg ***plus*** darunavir (DRV; Prezista) 800 mg once per day [d] • Substitutions: – 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	**For individuals with baseline CrCl <50 mL/min:** Adjust dosing of 3TC/FTC plus TDF.

Abbreviations: CrCl, creatinine clearance; PEP, post-exposure prophylaxis.

Notes:

a. All medications are taken by mouth for 28 days.
b. Available alternative formulations and methods of administration:
   – 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.
c. COBI-containing regimens should not be used during pregnancy.
d. 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.

Table 4: PEP Regimens for Pediatric Patients Who Weigh <40 kg [a,b]	
Regimen	**Administration**
Preferred	
Bictegravir 30 mg/tenofovir alafenamide 15 mg/emtricitabine 120 mg (BIC/TAF/FTC; Biktarvy) **For children who weigh ≥14 kg to <25 kg**	• 1 tablet by mouth once daily • If needed, tablet can be split and each part taken separately within 10 minutes. Alternatively, tablets may be dissolved, but crushing is not recommended.
Bictegravir 50 mg/tenofovir alafenamide 25 mg/emtricitabine 200 mg (BIC/TAF/FTC; Biktarvy) **For children who weigh ≥25 kg**	• 1 tablet by mouth once daily • If needed, tablet can be split and each part taken separately within 10 minutes. Alternatively, tablets may be dissolved, but crushing is not recommended.
Tenofovir disoproxil (TDF; Viread) *plus* emtricitabine (FTC; Emtriva) *plus* raltegravir (RAL; Isentress) **For children aged ≥2 years and/or who cannot swallow tablets**	• See Table A1: Dosing of nPEP Medications for Pediatric Patients Who Weigh <40 kg and/or Cannot Swallow Tablets for specific dosing information. • TDF/FTC is available as a fixed-dose combination (Truvada), approved for nPEP in adolescents only.
Zidovudine (ZDV; Retrovir) oral solution *plus* lamivudine (3TC; Epivir) oral solution *plus* raltegravir (RAL; Isentress) *or* lopinavir/ritonavir (Kaletra) oral solution **For infants and children aged 4 weeks to <2 years**	See Table A1: Dosing of nPEP Medications for Pediatric Patients Who Weigh <40 kg and/or Cannot Swallow Tablets for specific dosing information.
Alternative	
Zidovudine (ZDV; Retrovir) *plus* lamivudine (3TC; Epivir) *plus* raltegravir (RAL; Isentress) *or* lopinavir/ritonavir (LPV/RTV; Kaletra) **For children aged ≥2 years to 12 years**	See Table A1: Dosing of nPEP Medications for Pediatric Patients Who Weigh <40 kg and/or Cannot Swallow Tablets for specific dosing information.
Tenofovir disoproxil fumarate (TDF; Viread) *plus* emtricitabine (FTC; Emtriva) *plus* lopinavir/ritonavir (Kaletra) **For children aged ≥2 years to 12 years**	See Table A1: Dosing of nPEP Medications for Pediatric Patients Who Weigh <40 kg and/or Cannot Swallow Tablets for specific dosing information.
Tenofovir disoproxil fumarate (TDF; Viread) *plus* emtricitabine (FTC; Emtriva) *plus* darunavir (DRV; Prezista) *plus* ritonavir (RTV; Norvir) **For children aged ≥3 years to 12 years**	See Table A1: Dosing of nPEP Medications for Pediatric Patients Who Weigh <40 kg and/or Cannot Swallow Tablets for specific dosing information.
Zidovudine (ZDV; Retrovir) *plus* emtricitabine (FTC; Emtriva) *plus* raltegravir (RAL; Isentress) *or* lopinavir/ritonavir (LPV/RTV; Kaletra) **For infants and children aged 4 weeks to <2 years**	See Table A1: Dosing of nPEP Medications for Pediatric Patients Who Weigh <40 kg and/or Cannot Swallow Tablets for specific dosing information.

Abbreviations: CDC, Centers for Disease Control and Prevention; DHHS, U.S. Department of Health and Human Services; nPEP, non-occupational pre-exposure prophylaxis.

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.

Table 5: Antiretroviral Medications to Avoid for PEP				
Drug Class	**Agent**	**<40 kg**	**≥40 kg**	**Comments**
First-generation protease inhibitors	• Indinavir (IDV; Crixivan) • Nelfinavir (NFV; Viracept)	Avoid	Avoid	Poorly tolerated
First-generation non-nucleoside reverse transcriptase inhibitors	• Efavirenz (EFV; Sustiva) • Nevirapine (NVP; Viramune)	Avoid	Avoid	• **EFV:** Potential for neuropsychiatric adverse effects • **NVP:** Associated with fulminant hepatic failure and risk of Stevens-Johnson syndrome [CDC 2001]
Nucleoside reverse transcriptase inhibitors	• Abacavir (ABC; Ziagen) • Didanosine (ddI; Videx) • Stavudine (d4T; Zerit) • Zidovudine (ZDV, AZT; Retrovir)	Avoid d4T, ddI, ABC, TAF	Avoid all	• **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