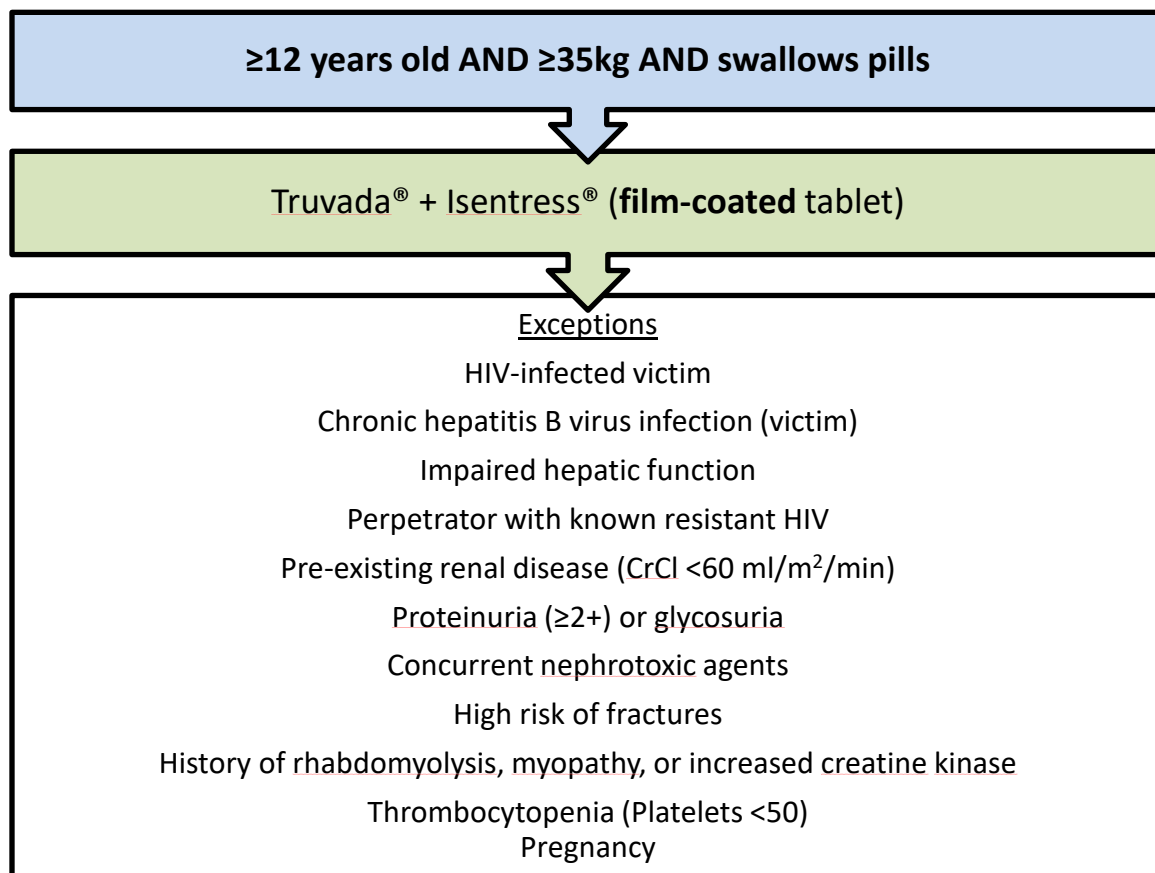
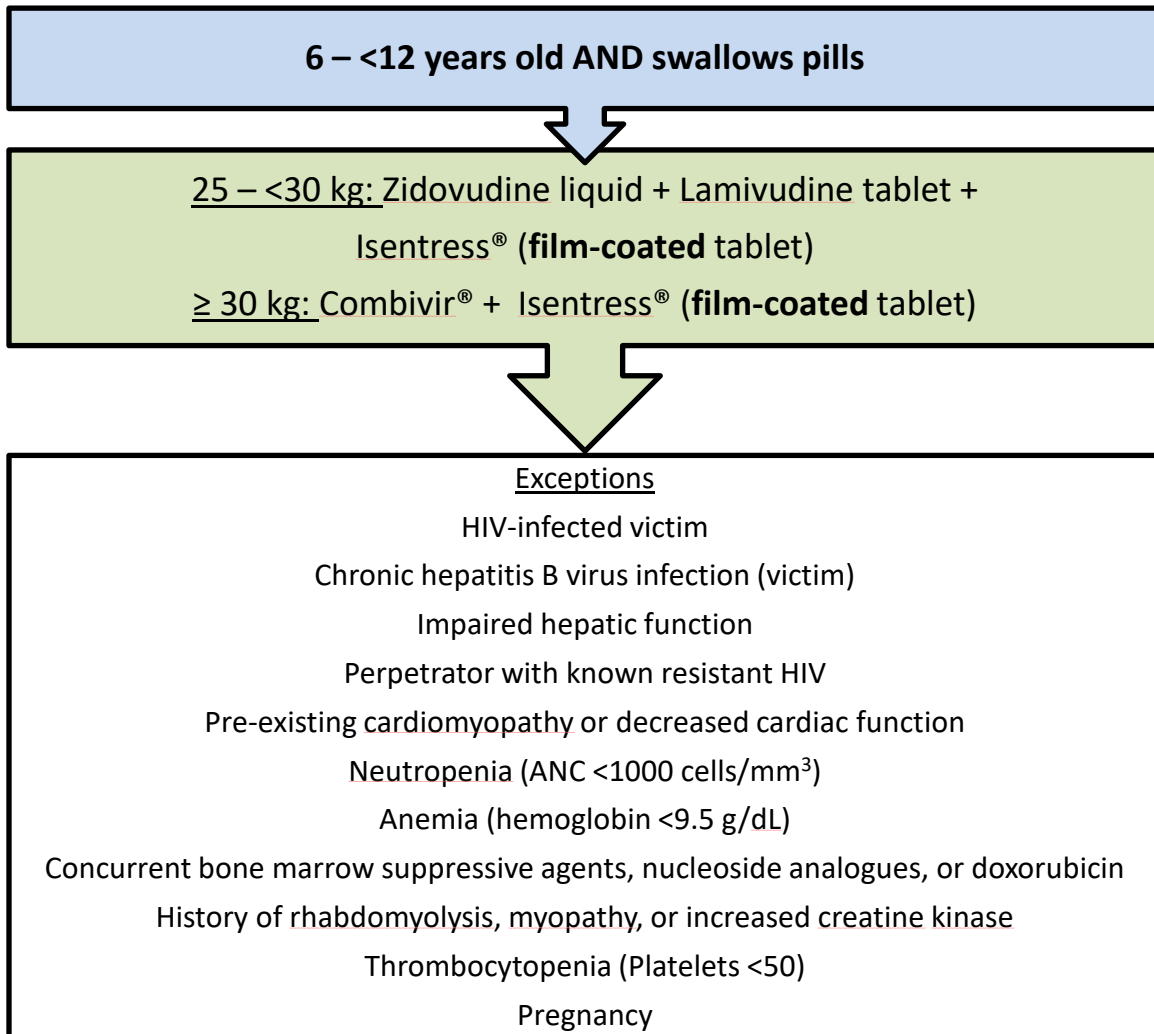


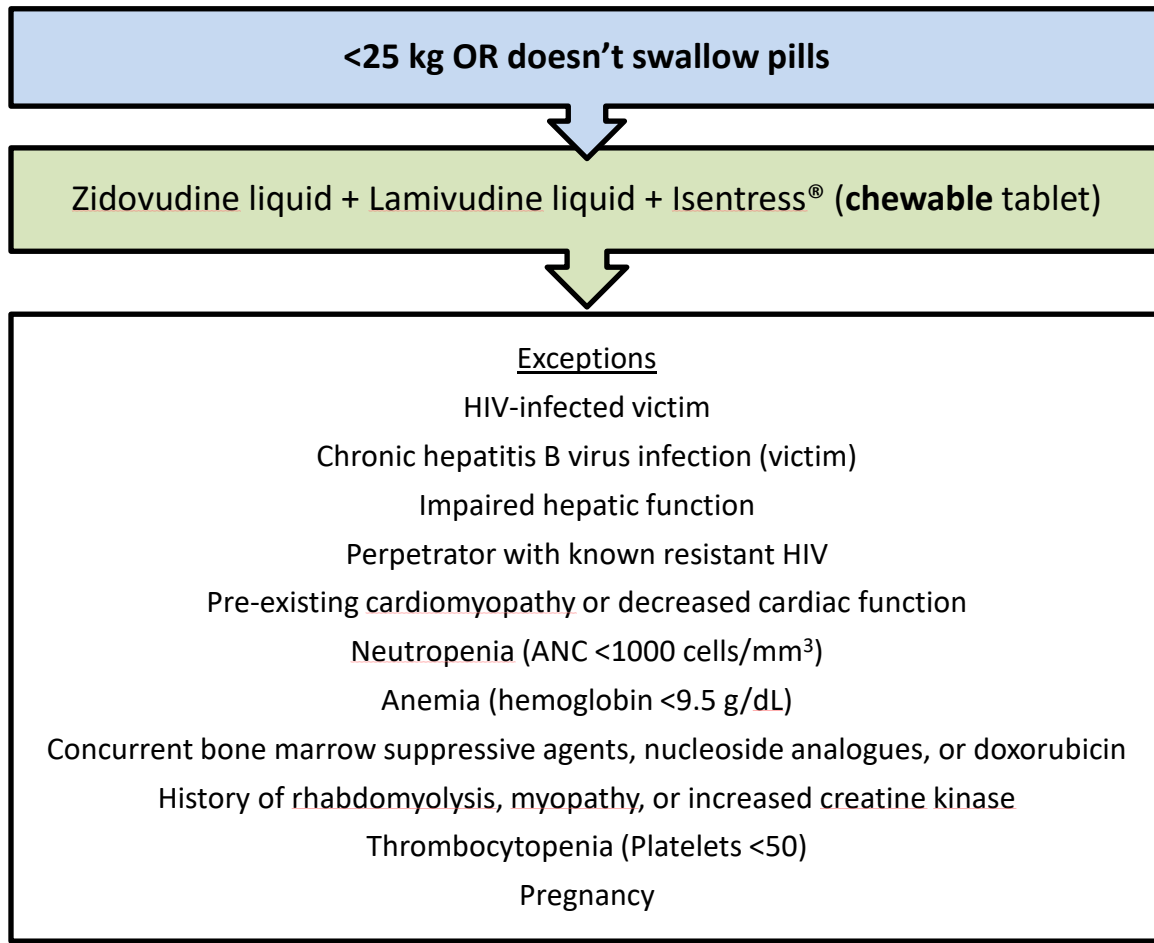
HIV Non-Occupational Post Exposure Prophylaxis (nPEP) Recommendations

1. Talk with ER Pharmacist regarding home medications to determine possible drug-drug interactions and/or dose adjustments for renal insufficiency
 - a. Will be important in determining what agents may be used for HIV nPEP
2. Discuss with Infectious Diseases about all patients in whom you are considering HIV nPEP
 - a. Please review exceptions for general nPEP regimens; may affect selection of HIV nPEP agents.

General HIV nPEP regimens – based on age, weight, and ability to swallow pills







Dosing for HIV nPEP Agents

If other HIV nPEP agents are used, please discuss dosing with ER Pharmacist and ID provider.

- Truvada® (Tenofovir 300 mg + Emtricitibine 200mg): 1 tablet PO daily
- Combivir® (Zidovudine 300 mg + Lamivudine 150 mg): 1 tablet PO q12h
- Zidovudine liquid:
 - 4 to < 9 kg: 12 mg/kg/dose PO q12h
 - 9 to < 30 kg: 9 mg/kg/dose PO q12h
 - ≥ 30 kg: 300 mg PO q12h
- Lamivudine
 - Liquid: 4 mg/kg/dose PO q12h (max: 150 mg/dose)
 - Tablet:
 - 14 - < 20 kg: 75 mg (1/2 tablet) PO q12h
 - 20 - < 25 kg: 75 mg (1/2 tablet) PO qAM, 150 mg (1 tablet) PO qPM
 - ≥ 25 kg: 150 mg (1 tablet) PO q12h
- Isentress®
 - Swallows pills AND weight ≥25 kg:
 - 400 mg **film-coated** tab PO q12h
 - Does not swallow pills OR weight <25 kg:
 - 14 - <20 kg: 100 mg (1 x 100 mg chewable tablet) PO q12h
 - 20 - <28 kg: 150 mg (1.5 x 100 mg chewable tablet) PO q12h
 - 28 - <40 kg: 200 mg (2 x 100 mg chewable tablet) PO q12h
 - ≥40 kg: 300 mg (3 x 100 mg chewable tablet) PO q12h

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