Prior to prescribing antiretrovirals (ARV), please review information on side effects, drug interactions, renal dosing, pediatric dosing, etc.

NOTE: Dosing of ARVs for prophylaxis is the same as treatment of HIV positive individuals.

Adults/Children *more than* 35 kg:

Truvada® (tenofovir disoproxil fumarate 300mg/emtricitabine 200mg) **ONE Tablet po ONCE Daily**

- **I**f creatinine clearance (CrCl) less than 50mL/min, increase dose interval to every 48 hours.
- If CrCl less than 30mL/min, use is not recommended. Contact Infectious Diseases for alternative prophylaxis regimen

PLUS

Tivicay® (Dolutegravir 50mg) ONE Tablet po ONCE Daily

Children and Individuals 35kg and less (discussion with a Pediatric ID Specialist is required)**:**

Three-drug Regimen *(additional information on drug dosages and side effects is available at*	
Children >14 days to <2 years of age OR For those who cannot chew or swallow pills	*Zidovudine (ZDV) syrup – Lamivudine (3TC) [a] oral solution PLUS Lopinavir [b]-rotinavir [c] (LPV/r) oral suspension*
Children 2 years to <12 years of age	*Zidovudine (ZDV) – Lamivudine (3TC) [a] PLUS Raltegravir (RAL)[d]*

Source: Alberta Health, 2019

[a] Do not use fixed dose combination products (e.g., zidovudine-lamivudine) in patients with a creatinine clearance of less than 50 ml per minute, on dialysis, or who have impaired hepatic function (Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV, 2018).

[b] Caution should be used when administering lopinavir to patients with hepatic impairment (Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV, 2018).

[c] The boosting agent ritonavir is not considered to be an active drug in tabulating the number of agents in the three-drug regimen

[d] Raltegravir is FDA-approved for infants and children weighing ≥ 2kg and can be started at birth (Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV, 2018). It is available in film-coated tablets and single packets of granules for oral suspension (limited availability). No dosage adjustment is necessary for patients with mild to moderate hepatic insufficiency or in patients with renal impairment (Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV, 2018).

References

Alberta Health (2019). *Alberta Guidelines for post-exposure management and prophylaxis: HIV, hepatitis B, hepatitis C and sexually transmitted infections*. Retrieved December 2023 from https://open.alberta.ca/publications/9781460143360.

British Columbia Centre for Excellence in HIV/AIDS. (2017). *HIV post-exposure prophylaxis guidelines.* Retrieved December 2023 from https://bccfe.ca/publications/centre-documents/hiv-post-exposure-prophylaxis-pep-guidelines.

U.S. Centers for Disease Control and Prevention. (2016). *Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection-drug use, or other nonoccupational exposure to HIV in the United States*. Retrieved December 2023 from https://stacks.cdc.gov/view/cdc/38856.

Revisions

Date	Change
May 2024	Updated the medications in the PEP Kits by removing raltegravir and adding dolutegravir