



## COMPLETE 28-DAY REGIMEN:

### Recommended PEP Regimen<sup>b,c</sup>

Tenofovir 300 mg PO qd  
+  
Emtricitabine<sup>d</sup> 200 mg PO qd

#### PLUS

Raltegravir<sup>e</sup> 400 mg PO bid  
or  
Dolutegravir<sup>e</sup> 50 mg PO qd

- Perform baseline confidential HIV testing of the exposed worker and refer to experienced clinician within 3 days of initiating PEP.
- See Tables 4 and 5 for alternative regimens.

<sup>a</sup> Depending on the test used, the window period may be shorter than 6 weeks. Clinicians should contact appropriate laboratory authorities to determine the window period for the test that is being used.

<sup>b</sup> If the source is known to be HIV-infected, information about his/her viral load, ART medication history, and history of antiretroviral drug resistance should be obtained when possible to assist in selection of a PEP regimen.<sup>13</sup> **Initiation of the first dose of PEP should not be delayed while awaiting this information and/or results of resistance testing.** When this information becomes available, the PEP regimen may be changed if needed in consultation with an experienced provider.

<sup>c</sup> See Appendix A for dosing recommendations in patients with renal impairment.

<sup>d</sup> Lamivudine 300 mg PO qd may be substituted for emtricitabine. A fixed-dose combination is available when tenofovir is used with emtricitabine (Truvada 1 PO qd).

<sup>e</sup> See Appendix A for drug-drug interactions, dosing adjustments, and contraindications associated with raltegravir and dolutegravir.