



**Outpatient Prescription for
Human Immunodeficiency
Virus (HIV) Post-Exposure
Prophylaxis (PEP) - ADULT
(13 years of age and older)**

These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.

Automatically activated, if not in agreement, cross out and initial **Activated by checking the Box**

Fax Orders To: *(include a fax cover page)*
Not to be filled until client assessed by a Public Health Nurse or primary care physician.

Pharmacy: _____ Fax #: _____

MEDICATION	QUANTITY
All usual PEP treatments require a total duration of 28 days of therapy	

Standard Treatment *(for clients 16 years of age and older or clients 13 years of age and older weighing 35 kg or more)*
Prescribed treatment quantity is in addition to _____ days of treatment provided in starter kit(s).

Raltegravir 400 mg tablet by mouth twice daily	M: _____ days
Tenofovir-emtricitabine (Truvada®) 300-200 mg tablet by mouth once daily	M: _____ days

OR

For Clients with Renal Impairment *(creatinine clearance less than 60 mL/minute; 16 years of age and older or 13-15 years of age AND weighing 35 kg or more)*
Prescribed treatment quantity is in addition to _____ days of treatment provided in starter kit(s).

Raltegravir 400 mg tablet by mouth twice daily	M: _____ days
Zidovudine-lamivudine (Combivir®) 300-150 mg tablet by mouth twice daily	M: _____ days

OR

For Clients with Renal Impairment *(creatinine clearance less than 60 mL/minute; clients 13-15 years of age and AND weighing 15-34.9 kg)*
Prescribed treatment quantity is in addition to _____ days of treatment provided in starter kit(s).

Raltegravir 400 mg tablet by mouth twice daily	M: _____ days
Zidovudine 100 mg capsule _____ capsule(s) by mouth twice daily	M: _____ days
Lamivudine 150 mg tablet by mouth _____ mg AM and _____ mg HS	M: _____ days

Prescriber Signature: _____ Printed Name: _____

Prescriber License #: _____ Date (yyyy/mmm/dd): _____

Faxed to Community Pharmacy Initial: _____ Date (yyyy/mmm/dd): _____

PRACTITIONER CERTIFICATION
This prescription represents the original of the prescription drug order. The pharmacy addressee noted above is the only intended recipient and there are no others. The original prescription has been invalidated and securely filed, and it will not be transmitted elsewhere at another time. Quantity must be stated in words and numerals.

CONFIDENTIALITY CAUTION
This fax is confidential and is intended to be received by the addressee only. If the reader is not the intended recipient thereof, you are advised that any dissemination, distribution or photocopying of this fax is strictly prohibited.

HIV PEP Dosing Recommendations

Age Group	Weight (kg)	Kit	Contents of Kit (3 Days)	Dosage
Patients with normal renal function				
Adults and adolescents 13 years of age and older	Any weight	A	Tenofovir-emtricitabine (Truvada®) 300-200 mg x 3 tablets	One tablet daily
			Raltegravir 400 mg x 6 tablets	400 mg twice daily
Patients with renal dysfunction (creatinine clearance less than 60 mL/minute)				
Adults and adolescents 16 years of age and older	Any weight	B	Zidovudine-LamiVUDine (Combivir®) 300-150 mg x 6 tablets	One tablet twice daily
Adolescents 13-15 years of age	35 kg and over		Raltegravir 400 mg x 6 tablets	400 mg twice daily
Adolescents 13-15 years of age	27.5-34.9 kg	C	Raltegravir 400 mg x 6 tablets	400 mg twice daily
			Zidovudine 100 mg x 18 capsules	300 mg twice daily
			LamiVUDine 150 mg x 6 tablets	150 mg twice daily
	25-27.4 kg	C	Raltegravir 400 mg x 6 tablets	400 mg twice daily
			Zidovudine 100 mg x 18 capsules	200 mg twice daily
			LamiVUDine 150 mg x 6 tablets	150 mg twice daily
	20-24.9 kg	C	Raltegravir 400 mg x 6 tablets	400 mg twice daily
			Zidovudine 100 mg x 18 capsules	200 mg twice daily
			LamiVUDine 150 mg x 6 tablets	75 mg AM 150 mg PM
	16.5-19.9 kg	C	Raltegravir 400 mg x 6 tablets	400 mg twice daily
			Zidovudine 100 mg x 18 capsules	200 mg twice daily
			LamiVUDine 150 mg x 6 tablets	75 mg twice daily
15-16.4 kg	C	Raltegravir 400 mg x 6 tablets	400 mg twice daily	
		Zidovudine 100 mg x 18 capsules	100 mg twice daily	
		LamiVUDine 150 mg x 6 tablets	75 mg twice daily	