



**Outpatient Prescription for
 Human Immunodeficiency
 Virus (HIV)
 Post Exposure Prophylaxis (PEP)
 - Pediatric
 (12 years of age and younger)**

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: <i>(include a fax cover page)</i>	
Pharmacy: _____	Fax #: _____
MEDICATION	QUANTITY
All usual PEP treatments require a total duration of 28 days of therapy	
<input type="checkbox"/> Standard Treatment <i>(for clients 6-12 years of age AND weighing 35 kg or more with normal renal function)</i> 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
<input type="checkbox"/> For Children with Renal Impairment <i>(for clients with creatinine clearance less than 60 mL/minute by bedside Schwartz equation (Clcr = 36.2 x height (cm)/serum creatinine (µmol/L)) 6-12 years of age and weighing 35 kg or more)</i> 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
<input type="checkbox"/> Pediatric Treatment <i>(for children 6 to 12 years of age weighing 15 to 34.9 kg, with or without renal impairment)</i> Prescribed treatment quantity is in addition to _____ days of treatment provided in starter kit(s).	
For children 6-12 years of age weighing 25-34.9 kg:	
<input type="checkbox"/> Raltegravir 400 mg tablet by mouth twice daily	M: _____ days
OR	
For children 6-12 years of age weighing 15-24.9 kg or 2-5 years of age weighing 25-34.9 kg:	
<input type="checkbox"/> Lopinavir-ritonavir (Kaletra®) 100-25 mg tablet (DO NOT CRUSH) _____ tablets by mouth twice daily	M: _____ days
AND	
<input type="checkbox"/> Zidovudine 100 mg capsule _____ capsule(s) by mouth twice daily	M: _____ days
<input type="checkbox"/> Lamivudine 150 mg tablet by mouth _____ mg AM and _____ mg HS	M: _____ days
Prescriber Signature: _____	Printed Name: _____
Prescriber License #: _____	Date (yyyy/mmm/dd): _____
<input type="checkbox"/> 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	



**Outpatient Prescription for
Human Immunodeficiency
Virus (HIV)
Post Exposure Prophylaxis (PEP)
- Pediatric
(12 years of age and younger)**

HIV-PEP Dosing Recommendations

Age Group	Weight (kg)	Kit	Contents of Kit (3 Days)	Dosage
Patients with normal renal function				
Adolescents 6 to 12 years of age	35 kg and over	A	Tenofovir-emtricitabine (Truvada®) 300-200 mg x 3 tablets	One tablet daily
			Raltegravir 400 mg x 6 tablets	400 mg twice daily
Children 6 to 12 years of age	25-34.9 kg	C	Zidovudine 100 mg x 18 capsules	9 mg/kg (maximum 300 mg) twice daily
			LamiVUDine 150 mg x 6 tablets	150 mg twice daily
			Raltegravir 400 mg x 6 tablets	400 mg twice daily
Children 2 to 5 years of age	25-34.9 kg	D	Zidovudine 100 mg x 18 capsules	9 mg/kg twice daily
			LamiVUDine 150 mg x 6 tablets	150 mg twice daily
			Lopinavir-ritonavir (Kaletra®) 100-25 x 24 tablets DO NOT CRUSH	Two tablets twice daily
Children 2 to 12 years of age	20-24.9 kg	D	Zidovudine 100 mg x 18 capsules	9 mg/kg twice daily
			LamiVUDine 150 mg x 6 tablets	75 mg AM and 150 mg HS
			Lopinavir-ritonavir (Kaletra®) 100-25 x 24 tablets DO NOT CRUSH	Two tablets twice daily
	15-19.9 kg	D	Zidovudine 100 mg x 18 capsules	9 mg/kg twice daily
			LamiVUDine 150 mg x 6 tablets	75 mg twice daily
			Lopinavir-ritonavir (Kaletra®) 100-25 x 24 tablets DO NOT CRUSH	Two tablets twice daily
Patients with renal dysfunction (creatinine clearance less than 60 mL/minute)				
Children 6 to 12 years of age	35 kg and over	B	Zidovudine-LamiVUDine (Combivir®) 300-150 mg x 6 tablets	One tablet twice daily
			Raltegravir 400 mg x 6 tablets	400 mg twice daily
		25-34.9 kg	C	Zidovudine 100 mg x 18 capsules
		LamiVUDine 150 mg x 6 tablets		150 mg twice daily
		Raltegravir 400 mg x 6 tablets		400 mg twice daily
Children 2 to 5 years of age	25-34.9 kg	D	Zidovudine 100 mg x 18 capsules	9 mg/kg twice daily
			LamiVUDine 150 mg x 6 tablets	150 mg twice daily
			Lopinavir-ritonavir (Kaletra®) 100-25 x 24 tablets DO NOT CRUSH	Two tablets twice daily
Children 2 to 12 years of age	20-24.9 kg	D	Zidovudine 100 mg x 18 capsules	9 mg/kg twice daily
			LamiVUDine 150 mg x 6 tablets	75 mg AM and 150 mg HS
			Lopinavir-ritonavir (Kaletra®) 100-25 x 24 tablets DO NOT CRUSH	Two tablets twice daily
	15-19.9 kg	D	Zidovudine 100 mg x 18 capsules	9 mg/kg twice daily
			LamiVUDine 150 mg x 6 tablets	75 mg twice daily
			Lopinavir-ritonavir (Kaletra®) 100-25 x 24 tablets DO NOT CRUSH	Two tablets twice daily