COMPREHENSIVE ANTIRETROVIRAL TABLE:

ADULT DOSING, DOSAGE FORM MODIFICATIONS, ADVERSE REACTIONS and INTERACTION POTENTIAL FOR CURRENTLY AVAILABLE MEDICATIONS

Generic Name Abbreviation (Brand Name)	Dosage Forms* (Generics, Liquids, Alternate Forms)	Adult Dosing	Renal/Hepatic Dose Adjustments**	Adverse Reactions	Interaction Potential (Partial List; Check Other Resources for Complete Information)
NUCLEOSIDE/TIDE REVERSE TRANSCRIPTASE INHIBITORS (N(t)RTIs)			***Hepatotoxicity, Mitochondrial Toxicity, Lactic Acidosis***		
Abacavir **ABC** (Ziagen)	Generic tablet: 300mg Oral solution: 20mg/mL (**brand** and generic)	• 300mg twice a day or • 600mg once daily **No food restrictions**	*No renal adjustment required* Child-Pugh: Dose 5-6: 200mg twice a day > 6: **Contraindicated**	N, V, HSR: fever, malaise, GI s/sx, R; do not re-challenge Check HLA-B*5701 to avoid hypersensitivity reaction	Minimal
Emtricitabine **FTC** (Emtriva)	**Capsules**: 200mg Generic capsule: 200mg Oral solution: 10mg/mL	• 200mg once daily (capsule) or • 240mg (24mL) once daily (solution) **No food restrictions**	CrCl: Capsule: Solution 30-49: 200mg Q48h: 120mg Q24h 15-29: 200mg Q72h: 80mg Q24h < 15: 200mg Q96h: 60mg Q24h HD (FDC product guidance): 200mg Q24h: 240mg Q24h *No hepatic adjustment recommendation*	HA, N, V	Minimal
Lamivudine **3TC** (Epivir)	**Tablets**: 100mg, 150mg, 300mg Generic tablets: 100mg, 150mg, 300mg Oral solution: 5mg/mL, 10mg/mL Generic oral solution: 10mg/mL	• 150mg twice a day or • 300mg once daily **No food restrictions**	CrCl: Dose 15-29: 150mg x1, 100mg once daily 5-14: 150mg x1, 50mg once daily < 5 or HD: 50mg x1, 25mg once daily *No hepatic adjustment necessary*	HA, N, V	Minimal
Tenofovir disoproxil fumarate **TDF** (Viread)	**Tablets**: 300mg Generic tablet: 300mg Oral powder: 40mg/g	• 300mg once daily **No food restrictions**	CrCl: Dose 30-49: 300mg Q48h 10-29: 300mg twice weekly HD: 300mg Q7 days *No hepatic adjustment necessary*	N, V, flatulence, renal toxicity, ↓ bone mineral density	Increases ddI AUC: reduce ddI dose to 250mg once daily if given with TDF.
Zidovudine **AZT, ZDV** (Retrovir)	**Capsule**: 100mg (brand and generic) Generic tablet: 300mg Oral syrup: 10mg/mL (brand and generic)	• 300mg twice a day or • 200mg three times a day **No food restrictions**	CrCl: Dose < 15 or HD: 100mg three times a day or 300mg once daily *No hepatic adjustment recommendation*	Anemia, HA, N, V	Minimal; avoid use with other bone marrow toxic medications.
N(t)RTI Co-formulations			***Hepatotoxicity, Mitochondrial Toxicity, Lactic Acidosis***		
Zidovudine/ Lamivudine **AZT/3TC**	Generic tablets: 300mg AZT/150mg 3TC	• One tablet (300/150mg) twice a day **No food restrictions**	CrCl < 50mL/min: **Not recommended** *No hepatic adjustment recommendation*	See AZT & 3TC	See AZT & 3TC

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HD= hemodialysis, TN= treatment-naïve, TE= treatment-experienced, N= nausea, V= vomiting, HSR=hypersensitivity reaction, D= diarrhea, HA= headache, R= rash

Updated by: Cristina Gruta, PharmD (4/2024)

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Abacavir/Lamivudine ABC/3TC	Generic tablets: 600mg ABC/300mg 3TC	• One tablet (600/300mg) once daily **No food restrictions**	CrCl < 30mL/min: **Not recommended** **Contraindicated** in mild-moderate hepatic impairment (Child-Pugh B or C)	See ABC & 3TC	See ABC & 3TC
Zidovudine/ Lamivudine/ Abacavir AZT/3TC/ABC	Generic tablets: 300mg AZT/ 150mg 3TC/300mg ABC	• One tablet (300/150/300mg) twice a day **No food restrictions**	CrCl < 50mL/min: **Not recommended** **Contraindicated** in mild-moderate hepatic impairment (Child-Pugh B or C)	See AZT, 3TC, ABC	See AZT, 3TC, ABC
Tenofovir DF/ Emtricitabine TDF/FTC (Truvada)	**Tablet**: 300mg TDF/200mg FTC Generic tablets available	• One tablet (300/200mg) once daily **No food restrictions**	CrCl / Dose 30-49 / 1 tablet Q48h < 30 / **Not recommended** *No hepatic adjustment recommendation*	See TDF & FTC	See TDF & FTC
Tenofovir AF/ Emtricitabine TAF/FTC (Descovy) (TAF= tenofovir alafenamide)	**Tablet:** 25mg TAF/200mg FTC	• One tablet (25/200mg) once daily **No food restrictions**	Co-formulation can be given if CrCl ≥ 30 mL/min. Co-formulation may be given to people with CrCl < 30mL/min if on chronic HD. No dose adjustment in Child-Pugh A or B, No dosing data for Child-Pugh C	N, ↑LDL/total cholesterol	Avoid strong inducers
Tenofovir DF/Lamivudine TDF/3TC (Cimduo)	**Tablet:** 300mg 3TC/300mg TDF	• One tablet (300/300mg) once daily **No food restrictions**	CrCl < 50mL/min: **Not recommended** ESRD on HD: **Not recommended** *No hepatic adjustment recommendation*	See TDF & 3TC	See TDF & 3TC
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)			***Rash, Hepatotoxicity***		
Efavirenz EFV	Generic capsules: 200mg (brand and generic) Generic tablets: 600mg	• 600mg once daily **Initially at bedtime and preferably on empty stomach**	*No renal dose adjustment required* *No hepatic adjustment; **use with caution***	CNS effects: dizziness, insomnia, vivid dreams	Inducer, inhibitor, and substrate of liver enzymes
Etravirine ETR (Intelence)	**Tablets**: 100mg, 200mg Generic tablets 100mg, 200mg	• 200mg twice a day **With food**	*No renal dose adjustment* Child-Pugh / Dose A or B / No adjustment necessary C / No data	N	ETR is a substrate and inducer of liver enzymes (3A4, 2C9, 2C19). Do not co-administer with certain INSTIs.
Nevirapine NVP (Viramune)	Generic tablets: 200mg **Extended-release tablet**: 100mg, 400mg (brand and generic) **Oral suspension**: 10mg/mL (brand and generic)	• 200mg once daily x2wks; then 200mg twice a day (or 400mg XR once daily) **No food restrictions**	CrCl / Dose ≥ 20 / No adjustment necessary < 20 / No data **Contraindicated** in Child-Pugh Class B or C	R, hepatotoxicity	Both substrate and inducer of liver enzymes

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Rilpivirine **RPV** (oral- Edurant; long-acting injectable RPV is also a component of Cabenuva‡) ‡Cabenuva = RPV IM co-packaged with cabotegravir (CAB) IM	**Tablet**: 25mg **Suspension for IM injection**: 900mg/3mL, 600mg/2mL	• 25mg tablet once daily **Take with normal to high calorie meal** **LONG-ACTING INJECTABLE** • 900mg IM x 1, then after one month 600mg IM once monthly or • 900mg IM x 2 (separated by one month), followed by 900mg IM every 2 months **NOTE—all RPV IM doses are given with co-packaged CAB IM (see CAB dosing below)** *OPTIONAL oral lead-in may precede injections with:* • *RPV 25mg daily (with CAB 30mg daily) x 1 month*	*No renal dose adjustment required* *No hepatic dose adjustment required*	CNS: depressive disorders, HA, insomnia; rash, increased cholesterol, hepatotoxicity Avoid oral RPV as initial treatment if viral load > 100k copies/mL	Substrate of CYP3A4; contra-indicated with strong CYP3A inducers. Oral RPV contraindicated with proton pump inhibitors.
Doravirine **DOR** (Pifeltro)	**Tablet:** 100mg	• 100mg once daily **No food restrictions**	No renal dose adjustment required in renal impairment; no data for ESRD or in HD Child-Pugh: Dose A or B: No adjustment necessary C: No data	N, D, HA, dizziness	Substrate of CYP3A4; contraindicated with strong CYP 3A4 inducers (e.g. rifampin, certain anticonvulsants).
NRTI Pair plus NNRTI Co-formulations					
Efavirenz/ Emtricitabine/ Tenofovir DF **EFV/FTC/TDF** (Atripla)	**Tablet**: 600mg EFV/200mg FTC/300mg TDF (brand and generic)	• One tablet once daily **Preferably empty stomach, at bedtime**	**Not** recommended if CrCl < 50mL/min Use with caution in people with hepatic impairment	N, D, HA, CNS effects	See EFV, FTC, TDF
Efavirenz/Tenofovir DF/ Lamivudine **EFV/TDF/3TC** (Symfi, Symfi Lo)	**Tablet**: 600mg EFV/300mg TDF/300mg 3TC (Symfi), 400mg EFV/300mg TDF/300mg 3TC (Symfi Lo)	• One tablet once daily **Preferably empty stomach, at bedtime**	EFV/TDF/3TC **NOT** recommended if CrCl < 50mL/min or HD. **Not recommended** for people with moderate or severe hepatic impairment	See EFV, TDF, 3TC	See EFV, TDF, 3TC

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Rilpivirine/ Emtricitabine/ Tenofovir DF RPV/FTC/TDF (Complera)	**Tablet**: 25mg RPV/200mg FTC/ 300mg TDF	• One tablet once daily **Take with a full meal**	**Not** recommended if CrCl < 50mL/min No adjustment recommended in mild-moderate hepatic impairment; no data in severe impairment	See RPV, FTC, TDF	See RPV, FTC, TDF
Rilpivirine/ Emtricitabine/ Tenofovir AF RPV/FTC/TAF (Odefsey) (TAF= tenofovir alafenamide)	**Tablet:** 25mg RPV/200mg FTC/ 25mg TAF	• One tablet once daily **Take with a full meal**	Do **not** give co-formulation if CrCl < 30mL/min and not on HD. If on HD, one tablet once daily (administer after dialysis on HD days). No dose adjustment in Child-Pugh A or B, No dosing data for Child-Pugh C	See RPV, TAF/FTC	See RPV, TAF/FTC
Doravirine/ Lamivudine/ Tenofovir DF (DOR/3TC/TDF) (Delstrigo)	**Tablet:** 100mg DOR/300mg 3TC/ 300mg TDF	• One tablet once daily **No food restrictions**	CrCl < 50mL/min not recommended Child-Pugh A or B: No adjustment necessary Child-Pugh C: No data	See DOR, 3TC, TDF	See DOR, 3TC, TDF
INTEGRASE STRAND TRANSFER INHIBITORS (INSTI)					
Raltegravir RAL (Isentress, Isentress HD)	**Tablet**: 400mg, 600mg (HD)	• 400mg twice a day or • 1200mg (2 X 600mg HD tabs) once daily **No food restrictions**	*No renal dose adjustment required* *No hepatic dose recommendation; no data in severe impairment*	N, HA, increased creatine kinase	Strong inducers of UGT 1A1 (e.g. rifampin) can decrease RAL concentrations.
Dolutegravir DTG (Tivicay)	**Tablet:** 50mg	• 50mg once daily (TN or TE but INSTI-naïve) or • 50mg twice a day (INSTI-experienced or with certain UGT1A/CYP3A inducers) **No food restrictions**	*No renal dose adjustment required; caution for INSTI-experienced people with severe renal impairment* *No dose adjustment for mild or moderate hepatic impairment; PK unknown for severe hepatic impairment*	HA, insomnia, increased LFTs	Strong inducers of UGT1A or CYP3A can decrease DTG levels; metformin; divalent/polyvalent cations; see package insert for dose adjustments or contraindicated combinations.

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Cabotegravir **CAB** (Vocabria, in Cabenuva‡) ‡Cabenuva = CAB IM co-packaged with RPV IM	**Tablet (Vocabria): 30mg** **Suspension for IM injection:** 600 mg/3mL, 400mg/2mL	**FOR HIV TREATMENT** • 600mg IM x1 initiation dose, then after one month 400mg IM once monthly or • 600mg IM x 2 (separated by one month), followed by 600mg IM every 2 months **NOTE—all CAB IM doses are given with co-packaged RPV IM (see RPV dosing above)** *OPTIONAL oral lead-in may precede injections with:* • *CAB 30mg daily (with RPV 25mg daily) x 1 month* **FOR HIV PREVENTION (i.e., PrEP)** • 600mg IM x 2 (separated by one month), followed by 600mg IM every 2 months *OPTIONAL oral lead-in to CAB IM as PrEP:* • *CAB 30mg daily x 1 month*	*No renal dose adjustment required; monitor for adverse effects if severe renal disease or ESRD* *No dose adjustment for mild or moderate hepatic impairment; PK unknown for severe hepatic impairment*	Injection site reactions, pyrexia, fatigue, HA, increased creatine kinase	CAB is UGT1A1 substrate Contraindicated with many anticonvulsants, rifamycins Give antacids with polyvalent cations at least 2 hours before or 4 hours after taking oral CAB.
NRTI + INTEGRASE STRAND TRANSFER INHIBITORS (INSTI) Co-formulations					
Elvitegravir (EVG)/ cobicistat/TDF/FTC (Stribild)	**Tablet**: 150mg EVG/150mg cobicistat/ 200mg FTC/300mg TDF	• One tablet once daily **Take with food**	CrCl / Dose ≥ 70 / No adjustment necessary < 70 / **Initial use not recommended** < 50 / **Continued use not recommended** HD / **Not recommended** --- Child-Pugh / Dose A or B / No adjustment necessary C / Not recommended	N, HA, increased creatine kinase, renal toxicity	Strong 3A4 inducers can decrease EVG Cobi is a CYP3A inhibitor, which ⇑ EVG exposure; may ⇑ exposure to other CYP3A substrates. Contraindicated with rifampin, lovastatin, simvastatin, sildenafil dosed as Revatio® for PAH

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Elvitegravir (EVG)/ cobicistat/TAF/FTC (Genvoya) (TAF= tenofovir alafenamide)	**Tablet:** 150mg EVG/150mg cobicistat/ 200mg FTC/10mg TAF	• One tablet once daily **Take with food**	Do **not** give co-formulation if CrCl < 30mL/min and not on HD. If on HD, one tablet once daily (administer after dialysis on HD days). No dose adjustment in Child-Pugh A or B **Not recommended** in Child-Pugh C	N, D, HA	(See Stribild above)
Dolutegravir (DTG)/ABC/3TC (Triumeq)	**Tablet**: 50mg DTG/600mg ABC/ 300mg 3TC	• One tablet once daily **No food restrictions**	DTG/ABC/3TC **NOT** recommended if CrCl < 30mL/min DTG/ABC/3TC **NOT** recommended in Child-Pugh A or higher. ABC dose-reduced if Child-Pugh A.	See DTG, ABC, 3TC Must establish HLA - B*5701 status (to screen for ABC hypersensitivity)	Strong inducers of UGT1A or CYP3A can decrease DTG levels; metformin; divalent/polyvalent cations; see package insert for dose adjustments or contraindicated combinations.
Dolutegravir (DTG)/Lamivudine (3TC) (Dovato)	**Tablet:** 50mg DTG/300mg 3TC	• One tablet once daily **No food restrictions**	DTG/3TC **NOT** recommended if CrCl < 30 mL/min DTG/3TC **NOT** recommended in Child-Pugh C	See DTG, 3TC Not a complete HBV treatment regimen for HIV-HBV co-infection; not recommended as initial treatment if viral load > 500k copies/mL.	Strong inducers of UGT1A or CYP3A can decrease DTG levels; metformin; divalent/polyvalent cations; see package insert for dose adjustments or contraindicated combinations.
Bictegravir (BIC)/TAF/FTC (Biktarvy)	**Tablet:** 50mg BIC/200mg FTC/25mg TAF	• One tablet once daily **No food restrictions**	Do **not** give co-formulation if CrCl < 30mL/min and not on HD. If on HD, one tablet once daily (administer after dialysis on HD days). **Not recommended** in Child-Pugh C	N, D, HA	Strong inducers of UGT1A or CYP3A can decrease BIC levels; metformin; divalent/polyvalent cations; see package insert for dose adjustments or contraindicated combinations.
NNRTI + INSTI Co-formulation					
Dolutegravir (DTG)/Rilpivirine (RPV) (Juluca)	**Tablet**: 50mg DTG/25mg RPV	• One tablet once daily **With a meal**	*No adjustment for mild-moderate renal dysfunction. Monitor for increased adverse effects if severe impairment (CrCl < 30mL/min) or ESRD.* *No adjustment in mild or moderate hepatic impairment; PK unknown in severe hepatic impairment.*	See DTG, RPV	See DTG, RPV

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PROTEASE INHIBITORS (PIs)			***Hepatotoxicity, Lipodystrophy, Dyslipidemia, Insulin Resistance/Hyperglycemia***		
Atazanavir **ATV** (Reyataz) **ATV/c** (Evotaz) (c=cobicistat)	**Capsules**: 200mg, 300mg (brand and generic) **Evotaz tablet**: 300mg co-formulated with cobicistat 150mg	• TN: 400mg once daily or • TN or TE: 300mg once daily + [RTV 100mg once daily or cobi 150mg once daily] or ATV/cobi one tablet once daily or • TN with EFV: 400mg + RTV 100mg **With food**	CrCl / Dose No HD: No adjustment necessary HD (TN): ATV 300mg + RTV 100mg HD (TE): **Not recommended** --- Child-Pugh / Dose B: 300mg once daily (no RTV) C: **Not recommended**	⇑ Bilirubin, EKG changes (rare), kidney stones	Substrate and inhibitor of liver enzymes. Boost with RTV when given with TDF. Refer to package insert when given with H2 blockers or PPIs.
Darunavir **DRV** (Prezista) **DRV/c** (Prezcobix) (c=cobicistat) **DRV/c/TAF/FTC** (Symtuza)	**Tablets**: 600mg, 800mg (brand and generic) **Oral suspension**: 100mg/mL **Prezcobix tablet**: 800mg DRV co-formulated with cobicistat 150mg **Symtuza tablet**: 800mg DRV/150mg cobicistat/200mg FTC/10mg TAF	• TN or TE with no DRV mutations: 800mg + [RTV 100mg once daily or cobi 150mg once daily] or DRV/cobi one tablet once daily or • TE with ≥ 1 DRV mutations: 600mg + RTV 100mg twice a day **With food**	*No renal dose adjustment required; DRV/cobi + TDF should **not** be administered if* CrCl < 70mL/min *No hepatic dose recommendation;* **not recommended** in severe hepatic impairment	N, D, R, HA	Inhibitor of CYP3A
Fosamprenavir **FPV**	**Generic tablets**: 700mg	• TN: 1400mg twice a day or 1400mg once daily + RTV 100-200mg once daily or • TN or TE: 700mg twice a day + RTV 100mg twice a day **With food if RTV-boosted** **No food restrictions if unboosted**	*No renal dose adjustment required* Child-Pugh / Dose 5-6: TN: 700mg twice a day; TN/TE: 700mg twice a day + RTV 100mg once daily 7-9: TN: 700mg twice a day; TN/TE: 450mg twice a day + RTV 100mg once daily 10-15: TN: 350mg twice a day; TN/TE: 300mg twice a day + RTV 100mg once daily	N, V, D, R	Substrate and inhibitor of CYP3A
Lopinavir/ritonavir **LPV/r** (Kaletra)	**Tablets**: 200mg/50mg LPV/r (brand and generic) **Oral solution**: 80mg LPV-20mg RTV/mL (brand and generic)	• Two tablets (200/50mg per tablet) twice a day or • Four tablets (200/50mg per tablet) once daily (not recommended if ≥3 LPV mutations) **No food restrictions**	*No renal dose adjustment required* *No hepatic dose recommendation;* ***use with caution***	N, D, ⇑ GGT	Substrate & inhibitor of liver enzymes; contains RTV (potent enzyme inhibitor) Refer to package insert for concomitant dosing with EFV, NVP, FPV, NFV.

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PrEPline	855.448.7737
Hepatitis C Warmline	844.437.4636
Substance Use Warmline	855.300.3595

COMPREHENSIVE ANTIRETROVIRAL TABLE:

ADULT DOSING, DOSAGE FORM MODIFICATIONS, ADVERSE REACTIONS and INTERACTION POTENTIAL FOR CURRENTLY AVAILABLE MEDICATIONS

Generic Name Abbreviation (Brand Name)	Dosage Forms* (Generics, Liquids, Alternate Forms)	Adult Dosing	Renal/Hepatic Dose Adjustments**	Adverse Reactions	Interaction Potential (Partial List; Check Other Resources for Complete Information)
Nelfinavir **NFV** (Viracept)	**Tablets**: 250mg, 625mg	• 1250mg twice a day or • 750mg TID **With food**	*No renal dose adjustment required* *No dose adjustment in mild hepatic impairment;* **not recommended** in moderate-severe impairment	N, V, D	Substrate and inhibitor of CYP3A Substrate of CYP2C19
Ritonavir **RTV** (Norvir)	**Tablet**: 100mg (brand and generic) **Oral powder**: 100mg per packet	• Given 100-200mg once or twice a day to boost PIs **With food**	*No renal dose adjustment required* *Follow recommendations for primary PI for hepatic dose adjustment*	N, V, D	Significant drug interactions Inhibitor of CYP3A and 2D6 Inducer p-glycoprotein
Tipranavir **TPV** (Aptivus)	**Capsule**: 250mg (soft gelatin) **Oral solution**: 100mg/mL (with 116IU vitamin E/mL)	• 500mg twice a day + RTV 200mg twice a day **With food**	*No renal dose adjustment required* Child-Pugh: Dose A: **Use with caution** B or C: **Contraindicated**	N, V, D, HA	Net inhibitor of liver enzymes (CYP3A) and inducer of p-glycoprotein
ENTRY INHIBITORS (Fusion Inhibitors, CCR5 Co-receptor Antagonists, Post-attachment Inhibitors, Attachment Inhibitors)					
Enfuvirtide **ENF, T-20** (Fuzeon)	**Injection**: powder reconstituted to 90mg/mL; single-use vial	• 90mg SQ twice a day	*No renal dose adjustment required* *No hepatic dose recommendation*	Injection site reactions; myalgias	Minimal
Maraviroc **MVC** (Selzentry)	**Tablets**: 150mg, 300mg (brand and generic) **Oral solution:** 20mg/mL	• MVC + strong CYP3A inhibitor (except TPV): 150mg twice a day or • MVC+CYP3A inducer only: 600mg twice a day or • MVC+NRTIs, TPV, NVP: 300mg twice a day **No food restrictions**	*When co-administered with potent inducers or inhibitors, MVC NOT recommended when CrCl < 30mL/min or in people on HD. See package insert for specifics.* *No hepatic dose recommendation*	R, cough, fever, musculoskeletal symptoms, hepatotoxicity	MVC is a substrate of CYP3A4, inhibitors (with or without inducers), PIs can increase MVC. CYP3A inducers (without inhibitors) can decrease MVC.
Ibaluzimab-uiyk (Trogarzo)	**Injection:** 200mg/1.33mL single-use vials; must be diluted in 0.9% sodium chloride	• 2000mg IV loading dose then 800mg IV q2 weeks (can be given as IV continuous infusion or IV push for both loading and maintenance)	*No formal studies in people with renal or hepatic insufficiency; renal impairment is not expected to affect drug PK*	N, D, R, dizziness	No drug-drug interactions conducted; none expected based on drug mechanism of action
Fostemsavir **(Rukobia)**	**Tablets:** 600mg	• 600mg twice a day **No food restrictions**	*No dose adjustment needed in people with renal impairment or those on HD.* *No dose adjustment is needed for mild-severe hepatic impairment (Child-Pugh A, B, C).*	N, D, HA, ↑Scr	CYP3A4 and P-gp substrate, inhibits (OAT)1B1/3 Caution with strong inducers of CYP3A4; contraindicated with rifampin and certain anticonvulsants. ↑ethinyl estradiol

* This is intended to be a resource for the care of adults. Information on formulations which were primarily developed for use in pediatric populations (i.e., solutions) is included here since there are occasional scenarios when these might be utilized in adults, for example people who are NPO or experiencing challenges with pill-swallowing. **Cobicistat** is a pure pharmaco-enhancer with no HIV activity.

**Renal and hepatic dosing of antiretrovirals is mostly based on product package insert (except once daily dosing of ZDV). DHHS guidelines may indicate other dosing strategies.

HD= hemodialysis, TN= treatment-naïve, TE= treatment-experienced, N= nausea, V= vomiting, HSR=hypersensitivity reaction, D= diarrhea, HA= headache, R= rash

Updated by: Cristina Gruta, PharmD (4/2024)

HIV Warmline	800.933.3413
PEPline	888.448.4911
Perinatal HIV Hotline	888.448.8765

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CAPSID INHIBITOR					
Lenacapavir (Sunlenca)	**Tablets:** 300mg **Injection:** 463.5mg/1.5mL	**INITIATION DOSING (abbreviated, two-day option listed here)** Day 1: • 927mg SQ (2 x 1.5mL injections) PLUS 600mg PO (2 x 300mg tablets) Day 2: • 600mg PO (2 x 300mg tablets) **No food restrictions with tablets** **MAINTENANCE DOSING** • 927mg SQ (2 x 1.5mL injections) every 6 months	*No renal dose adjustment required for mild, moderate, or severe renal impairment; no data on ESRD (CrCl<15mL/min)* *No dose adjustment for mild or moderate hepatic impairment; PK unknown for severe hepatic impairment*	Injection site reactions (65%), swelling, pain, erythema, nodules, induration, pruritis Nausea (4%)	LEN is a P-gp, UGT 1A1, CYP3A substrate • Contraindicated with strong inducers (rifampin and certain anticonvulsants) and inhibitors (ATV/c). LEN is a moderate inhibitor of CYP3A • Contraindicated with certain cardiac medications. See https://www.hiv-druginteractions.org/checker

SCAN ME

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