

ABBREVIATED 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)	<ul style="list-style-type: none"> 300mg twice a day or 600mg once daily No food restrictions	<i>No renal adjustment required</i> <table border="1"> <thead> <tr> <th>Child-Pugh</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>5-6</td> <td>200mg twice a day</td> </tr> <tr> <td>> 6</td> <td>Contraindicated</td> </tr> </tbody> </table>	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									
Child-Pugh	Dose																			
5-6	200mg twice a day																			
> 6	Contraindicated																			
Emtricitabine FTC (Emtriva)	Capsules: 200mg Generic capsule: 200mg Oral solution: 10mg/mL	<ul style="list-style-type: none"> 200mg once daily (capsule) or 240mg (24mL) once daily (solution) No food restrictions	<table border="1"> <thead> <tr> <th>CrCl</th> <th>Capsule</th> <th>Solution</th> </tr> </thead> <tbody> <tr> <td>30-49</td> <td>200mg Q48h</td> <td>120mg Q24h</td> </tr> <tr> <td>15-29</td> <td>200mg Q72h</td> <td>80mg Q24h</td> </tr> <tr> <td>< 15</td> <td>200mg Q96h</td> <td>60mg Q24h</td> </tr> <tr> <td>HD (FDC product guidance)</td> <td>200mg Q24h</td> <td>240mg Q24h</td> </tr> </tbody> </table> <i>No hepatic adjustment recommendation</i>	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	HA, N, V	Minimal
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																		
Lamivudine 3TC (Epivir)	Tablets: 100mg, 150mg, 300mg Generic tablets: 100mg, 150mg, 300mg Oral solution: 5mg/mL, 10mg/mL Generic oral solution: 10mg/mL	<ul style="list-style-type: none"> 150mg twice a day or 300mg once daily No food restrictions	<table border="1"> <thead> <tr> <th>CrCl</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>15-29</td> <td>150mg x1, 100mg once daily</td> </tr> <tr> <td>5-14</td> <td>150mg x1, 50mg once daily</td> </tr> <tr> <td>< 5 or HD</td> <td>50mg x1, 25mg once daily</td> </tr> </tbody> </table> <i>No hepatic adjustment necessary</i>	CrCl	Dose	15-29	150mg x1, 100mg once daily	5-14	150mg x1, 50mg once daily	< 5 or HD	50mg x1, 25mg once daily	HA, N, V	Minimal							
CrCl	Dose																			
15-29	150mg x1, 100mg once daily																			
5-14	150mg x1, 50mg once daily																			
< 5 or HD	50mg x1, 25mg once daily																			
Tenofovir disoproxil fumarate TDF (Viread)	Tablets: 300mg Generic tablet: 300mg Oral powder: 40mg/g	<ul style="list-style-type: none"> 300mg once daily No food restrictions	<table border="1"> <thead> <tr> <th>CrCl</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>30-49</td> <td>300mg Q48h</td> </tr> <tr> <td>10-29</td> <td>300mg twice weekly</td> </tr> <tr> <td>HD</td> <td>300mg Q7 days</td> </tr> </tbody> </table> <i>No hepatic adjustment necessary</i>	CrCl	Dose	30-49	300mg Q48h	10-29	300mg twice weekly	HD	300mg Q7 days	N, V, flatulence, renal toxicity, ↓ bone mineral density	Increases ddl AUC: reduce ddl dose to 250mg once daily if given with TDF.							
CrCl	Dose																			
30-49	300mg Q48h																			
10-29	300mg twice weekly																			
HD	300mg Q7 days																			
N(t)RTI Co-formulations			Hepatotoxicity, Mitochondrial Toxicity, Lactic Acidosis																	
Abacavir/Lamivudine ABC/3TC	Generic tablets: 600mg ABC/300mg 3TC	<ul style="list-style-type: none"> 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															
Tenofovir DF/ Emtricitabine TDF/FTC (Truvada)	Tablet: 300mg TDF/200mg FTC Generic tablets available	<ul style="list-style-type: none"> One tablet (300/200mg) once daily No food restrictions	<table border="1"> <thead> <tr> <th>CrCl</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>30-49</td> <td>1 tablet Q48h</td> </tr> <tr> <td>< 30</td> <td>Not recommended</td> </tr> </tbody> </table> <i>No hepatic adjustment recommendation</i>	CrCl	Dose	30-49	1 tablet Q48h	< 30	Not recommended	See TDF & FTC	See TDF & FTC									
CrCl	Dose																			
30-49	1 tablet Q48h																			
< 30	Not recommended																			

* This is intended to be a resource for the care of adults. Information on formulations primarily developed for pediatric use is included since there are occasional scenarios when these might be utilized in adults, for example people who are NPO or experiencing pill-swallowing challenges. **Cobicistat** is a pure pharmaco-enhancer with no HIV activity. **Renal and hepatic dosing 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



SCAN ME

PrEPline	855.448.7737
Hepatitis C Warmline	844.437.4636
Substance Use Warmline	855.300.3595

ABBREVIATED 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)						
Tenofovir AF/ Emtricitabine TAF/FTC (Descovy) (TAF= tenofovir alafenamide)	Tablet: 25mg TAF/200mg FTC	<ul style="list-style-type: none"> One tablet (25/200mg) once daily No food restrictions	Co-formulation can be given if CrCl \geq 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, \uparrow LDL/total cholesterol	Avoid strong inducers						
Tenofovir DF/Lamivudine TDF/3TC (Cimduo)	Tablet: 300mg 3TC/300mg TDF	<ul style="list-style-type: none"> One tablet (300/300mg) once daily No food restrictions	CrCl < 50mL/min: Not recommended ESRD on HD: Not recommended <i>No hepatic adjustment recommendation</i>	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	<ul style="list-style-type: none"> 600mg once daily Initially at bedtime and preferably on empty stomach	<i>No renal dose adjustment required</i> <i>No hepatic adjustment; use with caution</i>	CNS effects: dizziness, insomnia, vivid dreams	Inducer, inhibitor, and substrate of liver enzymes						
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	<ul style="list-style-type: none"> 25mg tablet once daily Take with normal to high calorie meal LONG-ACTING INJECTABLE <ul style="list-style-type: none"> 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) <i>OPTIONAL oral lead-in may precede injections with:</i> <ul style="list-style-type: none"> RPV 25mg daily (with CAB 30mg daily) x 1 month 	<i>No renal dose adjustment required</i> <i>No hepatic dose adjustment required</i>	CNS: depressive disorders, HA, insomnia; rash, increased cholesterol, hepatotoxicity Avoid oral RPV as initial treatment if viral load > 100k copies/mL	Substrate of CYP3A4; contraindicated with strong CYP3A inducers. Oral RPV contraindicated with proton pump inhibitors.						
Doravirine DOR (Pifeltro)	Tablet: 100mg	<ul style="list-style-type: none"> 100mg once daily No food restrictions	No renal dose adjustment required in renal impairment; no data for ESRD or in HD <table border="1" style="font-size: small;"> <thead> <tr> <th>Child-Pugh</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>A or B</td> <td>No adjustment necessary</td> </tr> <tr> <td>C</td> <td>No data</td> </tr> </tbody> </table>	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).
Child-Pugh	Dose										
A or B	No adjustment necessary										
C	No data										

* This is intended to be a resource for the care of adults. Information on formulations primarily developed for pediatric use is included since there are occasional scenarios when these might be utilized in adults, for example people who are NPO or experiencing pill-swallowing challenges. **Cobicistat** is a pure pharmaco-enhancer with no HIV activity. **Renal and hepatic dosing 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



SCAN ME

PrEPline	855.448.7737
Hepatitis C Warmline	844.437.4636
Substance Use Warmline	855.300.3595

ABBREVIATED 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)						
NRTI Pair plus NNRTI Co-formulations											
Efavirenz/ Emtricitabine/ Tenofovir DF EFV/FTC/TDF (Atripla)	Tablet: 600mg EFV/200mg FTC/300mg TDF (brand and generic)	<ul style="list-style-type: none"> One tablet once daily Preferably empty stomach, at bedtime 	<p>Not recommended if CrCl < 50mL/min</p> <p>Use with caution in people with hepatic impairment</p>	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)	<ul style="list-style-type: none"> One tablet once daily Preferably empty stomach, at bedtime 	<p>EFV/TDF/3TC NOT recommended if CrCl < 50mL/min or HD.</p> <p>Not recommended for people with moderate or severe hepatic impairment</p>	See EFV, TDF, 3TC	See EFV, TDF, 3TC						
Rilpivirine/ Emtricitabine/ Tenofovir DF RPV/FTC/TDF (Complera)	Tablet: 25mg RPV/200mg FTC/ 300mg TDF	<ul style="list-style-type: none"> One tablet once daily Take with a full meal 	<p>Not recommended if CrCl < 50mL/min</p> <p>No adjustment recommended in mild-moderate hepatic impairment; no data in severe impairment</p>	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	<ul style="list-style-type: none"> One tablet once daily Take with a full meal 	<p>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).</p> <p>No dose adjustment in Child-Pugh A or B, No dosing data for Child-Pugh C</p>	See RPV, TAF/FTC	See RPV, TAF/FTC						
Doravirine/ Lamivudine/ Tenofovir DF (DOR/3TC/TDF) (Delstrigo)	Tablet: 100mg DOR/300mg 3TC/ 300mg TDF	<ul style="list-style-type: none"> One tablet once daily No food restrictions 	<p>CrCl < 50mL/min not recommended</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Child-Pugh</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>A or B</td> <td>No adjustment necessary</td> </tr> <tr> <td>C</td> <td>No data</td> </tr> </tbody> </table>	Child-Pugh	Dose	A or B	No adjustment necessary	C	No data	See DOR, 3TC, TDF	See DOR, 3TC, TDF
Child-Pugh	Dose										
A or B	No adjustment necessary										
C	No data										
INTEGRASE STRAND TRANSFER INHIBITORS (INSTI)											
Dolutegravir DTG (Tivicay)	Tablet: 50mg	<ul style="list-style-type: none"> 50mg once daily (TN or TE but INSTI-naïve) or 50mg twice a day (INSTI-experienced or with certain UGT1A/CYP3A inducers) <p>No food restrictions</p>	<p><i>No renal dose adjustment required; caution for INSTI-experienced people with severe renal impairment</i></p> <p><i>No dose adjustment for mild or moderate hepatic impairment; PK unknown for severe hepatic impairment</i></p>	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.						

* This is intended to be a resource for the care of adults. Information on formulations primarily developed for pediatric use is included since there are occasional scenarios when these might be utilized in adults, for example people who are NPO or experiencing pill-swallowing challenges. **Cobicistat** is a pure pharmaco-enhancer with no HIV activity. **Renal and hepatic dosing 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



SCAN ME

PrEPline	855.448.7737
Hepatitis C Warmline	844.437.4636
Substance Use Warmline	855.300.3595

ABBREVIATED 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)																		
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 <ul style="list-style-type: none"> 600mg IM x1 initiation dose, then after one month 400mg IM once monthly or <ul style="list-style-type: none"> 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) <i>OPTIONAL oral lead-in may precede injections with:</i> <ul style="list-style-type: none"> CAB 30mg daily (with RPV 25mg daily) x 1 month FOR HIV PREVENTION (i.e., PrEP) <ul style="list-style-type: none"> 600mg IM x 2 (separated by one month), followed by 600mg IM every 2 months <i>OPTIONAL oral lead-in to CAB IM as PrEP:</i> <ul style="list-style-type: none"> CAB 30mg daily x 1 month 	<i>No renal dose adjustment required; monitor for adverse effects if severe renal disease or ESRD</i> <i>No dose adjustment for mild or moderate hepatic impairment; PK unknown for severe hepatic impairment</i>	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	<ul style="list-style-type: none"> One tablet once daily Take with food	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">CrCl</td> <td style="text-align: center;">Dose</td> </tr> <tr> <td style="text-align: center;">≥ 70</td> <td style="text-align: center;">No adjustment necessary</td> </tr> <tr> <td style="text-align: center;">< 70</td> <td style="text-align: center;">Initial use not recommended</td> </tr> <tr> <td style="text-align: center;">< 50</td> <td style="text-align: center;">Continued use not recommended</td> </tr> <tr> <td style="text-align: center;">HD</td> <td style="text-align: center;">Not recommended</td> </tr> <tr> <td colspan="2" style="text-align: center;">-----</td> </tr> <tr> <td style="text-align: center;">Child-Pugh</td> <td style="text-align: center;">Dose</td> </tr> <tr> <td style="text-align: center;">A or B</td> <td style="text-align: center;">No adjustment necessary</td> </tr> <tr> <td style="text-align: center;">C</td> <td style="text-align: center;">Not recommended</td> </tr> </table>	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
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																						

* This is intended to be a resource for the care of adults. Information on formulations primarily developed for pediatric use is included since there are occasional scenarios when these might be utilized in adults, for example people who are NPO or experiencing pill-swallowing challenges. **Cobicistat** is a pure pharmaco-enhancer with no HIV activity. **Renal and hepatic dosing 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



SCAN ME

PrEPline	855.448.7737
Hepatitis C Warmline	844.437.4636
Substance Use Warmline	855.300.3595

ABBREVIATED 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)
Elvitegravir (EVG)/ cobicistat/TAF/FTC (Genvoya) (TAF= tenofovir alafenamide)	Tablet: 150mg EVG/150mg co-bicistat/ 200mg FTC/10mg TAF	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> One tablet once daily With a meal 	<i>No adjustment for mild-moderate renal dysfunction. Monitor for increased adverse effects if severe impairment (CrCl < 30mL/min) or ESRD.</i> <i>No adjustment in mild or moderate hepatic impairment; PK unknown in severe hepatic impairment.</i>	See DTG, RPV	See DTG, RPV

* This is intended to be a resource for the care of adults. Information on formulations primarily developed for pediatric use is included since there are occasional scenarios when these might be utilized in adults, for example people who are NPO or experiencing pill-swallowing challenges. **Cobicistat** is a pure pharmaco-enhancer with no HIV activity. **Renal and hepatic dosing 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



SCAN ME

PrEpline	855.448.7737
Hepatitis C Warmline	844.437.4636
Substance Use Warmline	855.300.3595

ABBREVIATED 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)
PROTEASE INHIBITORS (PIs)			Hepatotoxicity, Lipodystrophy, Dyslipidemia, Insulin Resistance/Hyperglycemia		
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	<ul style="list-style-type: none"> TN or TE with no DRV mutations: 800mg + [RTV 100mg once daily <u>or</u> cobi 150mg once daily] <u>or</u> DRV/cobi one tablet once daily or TE with ≥ 1 DRV mutations: 600mg + RTV 100mg twice a day With food	<i>No renal dose adjustment required; DRV/cobi + TDF should not be administered if CrCl < 70mL/min</i> No hepatic dose recommendation; not recommended in severe hepatic impairment	N, D, R, HA	Inhibitor of CYP3A
Ritonavir RTV (Norvir)	Tablet: 100mg (brand and generic) Oral powder: 100mg per packet	<ul style="list-style-type: none"> Given 100-200mg once or twice a day to boost PIs With food	<i>No renal dose adjustment required</i> <i>Follow recommendations for primary PI for hepatic dose adjustment</i>	N, V, D	Significant drug interactions Inhibitor of CYP3A and 2D6 Inducer p-glycoprotein
ENTRY INHIBITORS (Fusion Inhibitors, CCR5 Co-receptor Antagonists, Post-attachment Inhibitors, Attachment Inhibitors)					
Fostemsavir (Rukobia)	Tablets: 600mg	<ul style="list-style-type: none"> 600mg twice a day No food restrictions	<i>No dose adjustment needed in people with renal impairment or those on HD.</i> <i>No dose adjustment is needed for mild- severe hepatic impairment (Child-Pugh A, B, C).</i>	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
CAPSID INHIBITOR					
Lenacapavir (Sunlenca)	Tablets: 300mg Injection: 463.5mg/1.5mL	<u>INITIATION DOSING (abbreviated, two-day option listed here)</u> Day 1: <ul style="list-style-type: none"> 927mg SQ (2 x 1.5mL injections) <u>PLUS</u> 600mg PO (2 x 300mg tablets) Day 2: <ul style="list-style-type: none"> 600mg PO (2 x 300mg tablets) No food restrictions with tablets <u>MAINTENANCE DOSING</u> <ul style="list-style-type: none"> 927mg SQ (2 x 1.5mL injections) every 6 months 	<i>No renal dose adjustment required for mild, moderate, or severe renal impairment; no data on ESRD (CrCl<15mL/min)</i> <i>No dose adjustment for mild or moderate hepatic impairment; PK unknown for severe hepatic impairment</i>	Injection site reactions (65%), swelling, pain, erythema, nodules, induration, pruritis Nausea (4%)	LEN is a P-gp, UGT 1A1, CYP3A substrate <ul style="list-style-type: none"> Contraindicated with strong inducers (rifampin and certain anticonvulsants) and inhibitors (ATV/c). LEN is a moderate inhibitor of CYP3A <ul style="list-style-type: none"> Contraindicated with certain cardiac medications. See https://www.hiv- druginteractions.org/checker

* This is intended to be a resource for the care of adults. Information on formulations primarily developed for pediatric use is included since there are occasional scenarios when these might be utilized in adults, for example people who are NPO or experiencing pill-swallowing challenges. **Cobicistat** is a pure pharmaco-enhancer with no HIV activity. **Renal and hepatic dosing 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



SCAN ME

PrEPline	855.448.7737
Hepatitis C Warmline	844.437.4636
Substance Use Warmline	855.300.3595