

ANTIRETROVIRAL THERAPY (Part 1 of 5)

Generic	Brand	Strength	Form	Usual Dose
CCRS CO-RECEPTOR ANTAGONISTS				
maraviroc (MVC)	Selzentry	25mg, 75mg, 150mg, 300mg	tabs	Adults: ≥16yrs: Concomitant potent CYP3A inhibitors (eg, Pls [except tipranavir/ritonavir], delavirdine, elvitegravir/ritonavir, ketoconazole, itraconazole, clarithromycin, nefazodone, telithromycin, boceprevir) (with or without a potent CYP3A inducer): 150mg twice daily. Other concomitant drugs, including tipranavir/ritonavir, nevirapine, raltegravir, NRTIs, enfuvirtide: 300mg twice daily. Concomitant potent CYP3A inducers (eg, efavirenz, rifampin, etravirine, carbamazepine, phenobarbital, phenytoin) (without a potent CYP3A inhibitor): 600mg twice daily. Severe renal impairment (CrCl <30mL/min) or ESRD (without potent CYP3A inhibitors or inducers): reduce dose from 300mg twice daily to 150mg twice daily if postural hypotension occurs. Children: <2yrs: not established. If unable to swallow, use oral soln. ≥2yrs: Concomitant potent CYP3A inhibitors (eg, Pls [except tipranavir/ritonavir], delavirdine, elvitegravir/ritonavir, ketoconazole, itraconazole, clarithromycin, nefazodone, telithromycin, boceprevir) (with or without a potent CYP3A inducer): (10–<20kg): 50mg or 2.5mL twice daily; (20–<30kg): 75mg or 4mL twice daily; (30–<40kg): 100mg or 5mL twice daily; (≥40kg): 150mg or 7.5mL twice daily. Other concomitant drugs, including tipranavir/ritonavir, nevirapine, raltegravir, NRTIs, enfuvirtide: (10–<30kg): not recommended; (≥30kg): 300mg or 15mL twice daily. Concomitant potent CYP3A inducers (eg, efavirenz, rifampin, etravirine, carbamazepine, phenobarbital, phenytoin) (without a potent CYP3A inhibitor): not recommended.
		20mg/mL	oral soln	
FUSION INHIBITORS				
enfuvirtide (ENF; T-20)	Fuzeon	90mg/mL	pwd for SC inj after reconstitution	Adults: ≥16yrs: 90mg twice daily via SC inj into upper arm, anterior thigh, or abdomen Children: <6yrs: not established. ≥6–16yrs: Limited data available; recommended 2mg/kg (max 90mg) twice daily.
HIV-1 GP120-DIRECTED ATTACHMENT INHIBITOR				
fostemsavir	Rukobia	600mg	ext-rel tabs	Adults: 600mg twice daily. Children: not established.
HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS				
cabotegravir	Vocabria	30mg	tabs	Adults: Take with a meal at the same time each day. 30mg once daily in combination with Edurant (25mg/day) for approx. 1 month (≥28 days). As oral lead-in: the last oral dose should be taken on the same day Cabenuva inj is started. As oral replacement (if planned to miss a scheduled Cabenuva inj by >7days): can replace up to 2 consecutive monthly inj visits. The first oral dose should be taken approx. 1 month after the last Cabenuva inj and continue until the day inj dosing is restarted. Children: not established.
dolutegravir	Tivicay	10mg, 25mg, 50mg	tabs	Adults: <i>Treatment-naïve or treatment-experienced INSTI-naïve or virologically suppressed switching to dolutegravir + rilpivirine:</i> 50mg once daily. <i>Treatment-naïve or treatment-experienced INSTI-naïve with concomitant certain UDP-UGT1A or CYP3A inducers:</i> 50mg twice daily. <i>INSTI-experienced with certain INSTI-associated resistance substitutions or clinically suspected INSTI resistance:</i> 50mg twice daily. Children: <4wks, <3kg, or INSTI-experienced with documented or clinically suspected resistance to other INSTIs (eg, raltegravir, elvitegravir): not established. ≥4wks: (14–<20kg): 40mg once daily; (≥20kg): 50mg once daily. <i>Concomitant with certain UGT1A or CYP3A inducers:</i> increase weight-based dose to twice daily.
	Tivicay PD	5mg	tabs for oral susp	Adults: Use other form. Children: <4wks, <3kg, or INSTI-experienced with documented or clinically suspected resistance to other INSTIs (eg, raltegravir, elvitegravir): not established. Swallow the tabs for oral susp whole or fully disperse in (5mL or 10mL based on dose) drinking water. After dispersion, administer susp within 30mins of mixing. ≥4wks: (3–<6kg): 5mg once daily; (6–<10kg): 15mg once daily; (10–<14kg): 20mg once daily. (14–<20kg): 25mg once daily; (≥20kg): 30mg once daily. If concomitant with certain UGT1A or CYP3A inducers, increase weight-based dose to twice daily.
raltegravir potassium (RAL)	Isentress	25mg, 100mg+ 400mg	chew tabs	Adults: <i>Treatment-naïve or virologically suppressed on Isentress 400mg twice daily:</i> 1200mg (2 x 600mg) once daily or 400mg twice daily. <i>Treatment-experienced:</i> 400mg twice daily. Concomitant rifampin: 800mg (2 x 400mg) twice daily. Children: <4wks: use oral susp. ≥4wks (<25kg): use other forms; (≥25kg): 400mg twice daily; (≥40kg): <i>treatment-naïve or virologically suppressed on Isentress 400mg twice daily:</i> 1200mg (2 x 600mg) once daily or 400mg twice daily. If unable to swallow, can use chew tabs: (3–<6kg): 25mg twice daily; (6–<10kg): 50mg twice daily; (10–<14kg): 75mg twice daily; (14–<20kg): 100mg twice daily; (20–<25kg): 150mg twice daily; (25–<28kg): 150mg twice daily; (28–<40kg): 200mg twice daily; ≥40kg: 300mg twice daily. Chew tabs max dose: 300mg twice daily.
	Isentress HD	600mg	tabs	
	Isentress Oral Suspension	100mg/pkt	pwd for oral susp	
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIS)				
doravirine	Pifeltro	100mg	tabs	Adults: ≥18yrs: 100mg once daily. Concomitant rifabutin: 100mg twice daily (approx. 12hrs apart). Children: <18yrs: not established.

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ANTIRETROVIRAL TREATMENTS (Part 2 of 5)

Generic	Brand	Strength	Form	Usual Dose
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIS) (continued)				
efavirenz (EFV)	Sustiva	50mg, 200mg	caps	Adults and Children: Once daily on an empty stomach, preferably at bedtime. Consider pretreating with antihistamine (for children) or steroid to minimize rash. <3mos or <3.5kg: not recommended. ≥3mos: (3.5–<5kg): 100mg; (5–<7.5kg): 150mg; (7.5–<15kg): 200mg; (15–<20kg): 250mg; (20–<25kg): 300mg; (25–<32.5kg): 350mg; (32.5–<40kg): 400mg; (≥40kg) and adults: 600mg. Concomitant voriconazole: increase voriconazole maintenance dose to 400mg every 12hrs and decrease efavirenz dose to 300mg once daily using caps. Concomitant rifampin (≥50kg): increase efavirenz dose to 800mg once daily.
		600mg	tabs	
etravirine (ETR)	Intellec	25mg+, 100mg, 200mg	tabs	Adults: Take after meals. ≥18yrs: 200mg twice daily. Children: <2yrs or <10kg: not recommended. Take after meals. ≥2yrs (≥10kg–<20kg): 100mg twice daily; (≥20kg–<25kg): 125mg twice daily; (≥25kg–<30kg): 150mg twice daily; (≥30kg): 200mg twice daily.
nevirapine (NVP)	—	200mg+	tabs	Adults: ≥16yrs: Initially 200mg once daily for 14 days; then 200mg twice daily. Dialysis: Give additional 200mg after dialysis. Children: <15days: not recommended. ≥15days: Initially 150mg/m ² once daily for 14 days, then increase to 150mg/m ² twice daily. Both: If mild-to-moderate rash occurs during the 14-day lead in period, do not give twice-daily regimen until rash has resolved. Max lead-in period: 28 days; consider alternative regimen. If severe rash or hepatic event occurs, discontinue permanently. Max 400mg/day. Retitrate if stopped for >7 days. Adults: Initially Viramune 200mg once daily for 14 days, then Viramune XR 400mg once daily. If mild-to-moderate rash develops during the 14-day lead in period, do not start Viramune XR until rash has resolved. Lead-in period not necessary if patient already on a regimen of immediate-release Viramune twice daily. Max once-daily lead-in period: 28 days; consider alternative regimen. If severe rash or hepatic event occurs, discontinue permanently. Retitrate if stopped for >7 days. Children: <6yrs: not recommended. ≥6–<18yrs: Initially 150mg/m ² Viramune oral susp or IR tabs once daily for 14 days (max 200mg/day); then Viramune XR dose based on BSA: 0.58–0.83m ² : 200mg once daily; 0.84–1.16m ² : 300mg once daily; ≥1.17m ² : 400mg once daily. All: max 400mg/day.
	Viramune Oral Suspension	50mg/5mL	oral susp	
	Viramune XR	100mg, 400mg	ext-rel tabs	
rilpivirine	Edurant	25mg	tabs	Adults and Children: <12yrs or <35kg: not established. Take with a meal. ≥12yrs (≥35kg): 25mg once daily. <i>Pregnancy (already on prior stable dose and with HIV-1 RNA <50 copies/mL):</i> 25mg once daily; monitor viral load. <i>Concomitant rifabutin:</i> 50mg once daily; decrease to 25mg once daily when rifabutin is stopped. <i>In combination with Vocabria:</i> 25mg once daily in combination with Vocabria (30mg/day) for approx. 1 month (≥28 days). As oral lead-in: the last oral dose should be taken on the same day Cabenuva inj is started. As oral replacement (if planned to miss a scheduled Cabenuva inj by >7days): can replace up to 2 consecutive monthly inj visits. The first oral dose should be taken approx. 1 month after the last Cabenuva inj and continued until the day inj dosing is restarted.
NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS)				
abacavir sulfate (ABC)	Ziagen	300mg	tabs	Adults: >16yrs: 300mg twice daily or 600mg once daily. Mild hepatic impairment: 200mg twice daily. Children: <3mos: not established. ≥3mos (oral soln): 8mg/kg twice daily or 16mg/kg once daily; max 600mg daily. If able to swallow tabs: 14–<20kg: 300mg once daily or 150mg twice daily; ≥20–<25kg: 450mg once daily or 150mg in the AM and 300mg in the PM; ≥25kg: use Adult dose.
		20mg/mL	oral soln ¹	
abacavir sulfate (ABC)/ lamivudine (3TC)	Epzicom	600mg/300mg	tabs	Adults and Children: <25kg: use individual components. ≥25kg: 1 tab twice daily. Mild hepatic or renal impairment (CrCl<50mL/min): not recommended; use individual components.
abacavir sulfate (ABC)/ lamivudine (3TC)/ zidovudine (ZDV)	Trizivir	300mg/150mg/300mg	tabs	Adults and Children: <40kg: not recommended. ≥40kg: 1 tab twice daily. Mild hepatic or renal impairment (CrCl<50mL/min): not recommended; use individual components.
didanosine (ddl)	—	125mg, 200mg, 250mg, 400mg	e-c del-rel caps	Adults and Children: Take once daily on an empty stomach. 20–<25kg: 200mg. 25–<60kg: 250mg. ≥60kg: 400mg. Renal impairment (CrCl 30–59mL/min): <60kg: 125mg. ≥60kg: 200mg. CrCl 10–29mL/min: 125mg. CrCl <10mL/min or dialysis: <60kg: use oral soln; ≥60kg: 125mg. Concomitant tenofovir DF (CrCl ≥60mL/min): <60kg: 200mg; ≥60kg: 250mg.
emtricitabine (FTC)	Emtriva	200mg	caps	Adults: ≥18yrs: 200mg once daily. Renal impairment (CrCl 30–49mL/min): 200mg every 48hrs; (CrCl 15–29mL/min): 200mg every 72hrs; (CrCl <15mL/min or dialysis): 200mg every 96hrs. Children: <3mos: use oral soln. 3mos–17yrs (≤33kg): use oral soln; (>33kg): 200mg once daily. Renal impairment: Reduce dose or prolong dosing interval. Adults: ≥18yrs: 240mg (24mL) once daily. Renal impairment: (CrCl 30–49mL/min): 120mg (12mL) once daily; (CrCl 15–29mL/min): 80mg (8mL) once daily; (CrCl <15mL/min or dialysis): 60mg (6mL) once daily. Children: <3mos: 3mg/kg once daily. 3mos–17yrs: 6mg/kg [max 240mg (24mL)] once daily. >33kg: may use cap form. Renal impairment: reduce dose or prolong dosing interval.
		10mg/mL	oral soln	
emtricitabine (FTC)/ tenofovir alafenamide (TAF)	Descovy	200mg/25mg	tabs	Adults and Children: HIV treatment: <25kg or (concomitant PI plus ritonavir or cobicistat in children <35kg or adults with CrCl <15mL/min ± HD): not established. ≥25kg (and CrCl ≥30mL/min) or adults (with CrCl <15mL/min) receiving chronic HD: 1 tab once daily. <i>PrEP:</i> <35kg: not established. Confirm negative HIV-1 prior to initiation. ≥35kg (and CrCl ≥30mL/min) or adults (with CrCl <15mL/min) receiving chronic HD: 1 tab once daily. Both: severe renal impairment (CrCl 15–<30mL/min) or ESRD (CrCl <15mL/min) not receiving chronic HD: not recommended. Hemodialysis days: give dose after session.
emtricitabine (FTC)/ tenofovir disoproxil fumarate (TDF)	Truvada	100mg/150mg, 133mg/200mg, 167mg/250mg, 200mg/300mg	tabs	Adults: HIV-1 infection: ≥35kg: 200mg/300mg once daily. CrCl 30–49mL/min: 200mg/300mg every 48hrs; CrCl <30mL/min, hemodialysis: not recommended. <i>PrEP:</i> confirm negative HIV-1 prior to initiation. ≥35kg: 200mg/300mg once daily. CrCl <60mL/min: not recommended. Children: HIV-1 infection: <17kg: not established. 17–<22kg: 100mg/150mg once daily. 22–<28kg: 133mg/200mg once daily. 28–<35kg: 167mg/250mg once daily. ≥35kg: 200mg/300mg once daily. <i>PrEP:</i> <35kg: not established.

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ANTIRETROVIRAL TREATMENTS (Part 3 of 5)

Generic	Brand	Strength	Form	Usual Dose
NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS) (continued)				
lamivudine (3TC)	Epivir	150mg+, 300mg	tabs	Adults: CrCl \geq 50mL/min: 300mg once daily or 150mg twice daily; CrCl 30–49mL/min: 150mg once daily; CrCl 15–29mL/min: 150mg for 1st dose then 100mg once daily; CrCl 5–14mL/min: 150mg for 1st dose then 50mg once daily; CrCl $<$ 5mL/min: 50mg for 1st dose then 25mg once daily. Children: $<$3mos: not established. \geq 3mos (oral soln): 5mg/kg twice daily or 10mg/kg once daily; max 300mg/day. Tabs: 14– $<$ 20kg: 150mg once daily or 75mg twice daily; \geq 20– $<$ 25kg: 225mg once daily or 75mg in the AM and 150mg in the PM; \geq 25kg: 300mg once daily or 150mg twice daily. Renal impairment: reduce dose or prolong dosing interval.
		10mg/mL	oral soln	
lamivudine/tenofovir disoproxil fumarate (TDF)	Cimduo	300mg/300mg	tabs	Adults and Children: $<$35kg: not established. \geq 35kg: 1 tab once daily.
	Temixys			
lamivudine (3TC)/ zidovudine (ZDV)	Combivir	150mg/300mg	tabs	Adults and Children: $<$30kg: not recommended. \geq 30kg: 1 tab twice daily. Hepatic or renal impairment (CrCl $<$ 50mL/min): not recommended; use individual components.
stavudine (d4T)	—	15mg, 20mg, 30mg, 40mg	caps	Adults: \geq 60kg: 40mg every 12hrs; $<$ 60kg: 30mg every 12hrs. Renal impairment: \geq 60kg (CrCl 26–50mL/min): 20mg every 12hrs; (CrCl 10–25mL/min), dialysis: 20mg every 24hrs. $<$ 60kg (CrCl 26–50mL/min): 15mg every 12hrs; (CrCl 10–25mL/min), dialysis: 15mg every 24hrs. Children: \leq 13 days: 0.5mg/kg every 12hrs. \geq 14 days: ($<$ 30kg): 1mg/kg every 12hrs. \geq 30kg: as adult. Renal impairment: Reduce dose or increase dosing interval.
tenofovir disoproxil fumarate (TDF)	Viread	150mg, 200mg, 250mg, 300mg	tabs	Adults: \geq 35kg: 300mg once daily. Renal impairment: CrCl 30–49mL/min: 300mg every 48hrs; CrCl 10–29mL/min: 300mg every 72–96hrs; hemodialysis: 300mg every 7 days or after a total of 12hrs of dialysis; CrCl $<$ 10mL/min: not recommended. Children: $<$2yrs ($<$10kg): not established. Mix oral pwd with 2–4oz of soft food not requiring chewing (eg, applesauce, baby food, yogurt). Oral pwd (\geq 2yrs [\geq 10kg] or Tabs \geq 2yrs [\geq 17kg]): 8mg/kg once daily; max 300mg/day. Tabs (if able to swallow): \geq 2yrs (17– $<$ 22kg): 150mg once daily; (22– $<$ 28kg): 200mg once daily; (28– $<$ 35kg): 250mg once daily; (\geq 35kg): 300mg once daily.
		40mg/g	oral pwd	
zidovudine (ZDV)	—	300mg	tabs	Adults: \geq 18yrs: 300mg twice daily. Renal impairment (CrCl $<$ 15mL/min) or on dialysis: 100mg every 6–8hrs. Prevention of maternal-fetal HIV or vertical transmission, severe anemia and/or neutropenia: see full labeling. Children: $<$ 6wks and/or for vertical transmission: See full labeling. 4wks to $<$ 18yrs: (4– $<$ 9kg): 24mg/kg/day (12mg/kg twice daily or 8mg/kg 3 times daily); (\geq 9– $<$ 30kg): 18mg/kg/day (9mg/kg twice daily or 6mg/kg 3 times daily); (\geq 30kg): 600mg/day (300mg twice daily or 200mg 3 times daily). Alternative dosing based on BSA: 480mg/m ² /day (240mg/m ² twice daily or 160mg/m ² 3 times daily).
	Retrovir	100mg	caps	
		10mg/mL	syrup	
		10mg/mL	soln for IV inj after dilution	
PHARMACOKINETIC ENHANCER				
cobicistat	Tybost	150mg	tabs	Adults and Children: $<$12yrs ($<$35kg): not established (with atazanavir) or ($<$40kg): not established (with darunavir). Take with food. Must be co-administered at same time as atazanavir or darunavir. \geq 12yrs (\geq 35kg): 150mg once daily with atazanavir 300mg once daily (if treatment-naïve or experienced); or (\geq 40kg): 150mg once daily with darunavir 800mg once daily (if treatment-naïve or experienced with no darunavir resistance associated substitutions).
PROTEASE INHIBITORS (PIS)				
atazanavir sulfate (ATV)	Reyataz	150mg, 200mg, 300mg	caps	Adults: Take with food. <i>Treatment-naïve:</i> atazanavir 300mg + ritonavir 100mg, both once daily; or atazanavir 400mg once daily if unable to tolerate ritonavir. Concomitant efavirenz: atazanavir 400mg + ritonavir 100mg (both once daily) + efavirenz 600mg (on an empty stomach at bedtime). ESRD with hemodialysis: atazanavir 300mg + ritonavir 100mg. Hepatic impairment (mild): 400mg once daily; (moderate): 300mg once daily; (severe): not recommended. <i>Treatment-experienced:</i> atazanavir 300mg + ritonavir 100mg; both once daily. Pregnancy (2nd or 3rd trimester) plus concomitant H2-blocker or tenofovir: atazanavir 400mg + ritonavir 100mg, both once daily. <i>Concomitant tenofovir:</i> consider giving atazanavir 300mg + tenofovir 300mg + ritonavir 100mg, all once daily; see full labeling. <i>Concomitant H2-blockers or PPIs:</i> see full labeling. <i>All other pregnant patients:</i> no dose adjustments needed. Children: $<$6yrs: not recommended. Take with food. Take once daily. 6–18yrs (15– $<$ 35kg): atazanavir 200mg + ritonavir 100mg; \geq 35kg: atazanavir 300mg + ritonavir 100mg. <i>Treatment-naïve:</i> \geq 13yrs and \geq 40kg who are unable to tolerate ritonavir: atazanavir 400mg once daily. <i>Patients \geq13yrs and \geq40kg receiving concomitant tenofovir, H2-blockers, or PPIs:</i> give atazanavir with ritonavir. See full labeling.
		50mg	oral pwd ³	

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ANTIRETROVIRAL TREATMENTS (Part 4 of 5)

Generic	Brand	Strength	Form	Usual Dose
PROTEASE INHIBITORS (PIs) (continued)				
darunavir ethanolate (DRV)	Prezista	75mg, 150mg, 600mg, 800mg	tabs	<p>Adults: ≥18yrs: <i>Treatment-naïve or treatment-experienced with no darunavir resistance associated substitutions:</i> darunavir 800mg + ritonavir 100mg once daily. <i>Treatment-experienced with at least one darunavir resistance associated substitution or with no baseline resistance information:</i> darunavir 600mg + ritonavir 100mg twice daily. <i>Pregnancy:</i> darunavir 600mg + ritonavir 100mg twice daily; may consider darunavir 800mg + ritonavir 100mg once daily only if stable on dose prior to pregnancy and virologically suppressed (HIV-1 RNA <50copies/mL).</p> <p>Children: <3yrs: not recommended. <i>Treatment-naïve or treatment-experienced with no darunavir resistance associated substitutions:</i> ≥3yrs to <18yrs: ≥10kg–<11kg: darunavir 350mg + ritonavir 64mg once daily; ≥11kg–<12kg: darunavir 385mg + ritonavir 64mg once daily; ≥12kg–<13kg: darunavir 420mg + ritonavir 80mg once daily; ≥13kg–<14kg: darunavir 455mg + ritonavir 80mg once daily; ≥14kg–<15kg: darunavir 490mg + ritonavir 96mg once daily; ≥15–<30kg: darunavir 600mg + ritonavir 100mg once daily; ≥30kg–<40kg: darunavir 675mg + ritonavir 100mg once daily; ≥40kg: darunavir 800mg + ritonavir 100mg once daily. <i>Treatment-experienced with at least one darunavir resistance associated substitution:</i> ≥3yrs to <18yrs: ≥10kg–<11kg: darunavir 200mg + ritonavir 32mg twice daily; ≥11kg–<12kg: darunavir 220mg + ritonavir 32mg twice daily; ≥12kg–<13kg: darunavir 240mg + ritonavir 40mg twice daily; ≥13kg–<14kg: darunavir 260mg + ritonavir 40mg twice daily; ≥14kg–<15kg: darunavir 280mg + ritonavir 48mg twice daily; ≥15–<30kg: darunavir 375mg + ritonavir 48 mg twice daily; ≥30kg–<40kg: darunavir 450mg + ritonavir 60mg twice daily; ≥40kg: darunavir 600mg + ritonavir 100mg twice daily.</p> <p>Both: Take with food. <i>Severe hepatic impairment:</i> not recommended.</p>
		100mg/mL	oral susp	
fosamprenavir calcium (FOS-APV)	Lexiva	700mg	tabs	<p>Adults: Oral susp: take without food. Therapy-naïve: 1.4g twice daily; or fosamprenavir 1.4g + ritonavir 200mg once daily; or fosamprenavir 1.4g + ritonavir 100mg once daily; or fosamprenavir 700mg + ritonavir 100mg twice daily. PI-experienced: fosamprenavir 700mg + ritonavir 100mg twice daily. Hepatic dysfunction: See full labeling.</p> <p>Children: PI-naïve (<4wks) or PI-experienced (<6mos): not recommended. Oral susp: Take twice daily with food. PI-naïve (≥4wks–18yrs) or PI-experienced (≥6mos): <11kg: fosamprenavir 45mg/kg + ritonavir 7mg/kg; 11–<15kg: fosamprenavir 30mg/kg + ritonavir 3mg/kg; 15–<20kg: fosamprenavir 23mg/kg + ritonavir 3mg/kg; ≥20kg: fosamprenavir 18mg/kg + ritonavir 3mg/kg. PI-naïve (≥2yrs): fosamprenavir 30mg/kg.</p> <p>Both: If emesis occurs within 30min after dosing, re-dose. Do not exceed adult dose. See full labeling.</p>
		50mg/mL	oral susp	
indinavir sulfate (IDV)	Crixivan	400mg	caps	<p>Adults: Take with water on an empty stomach or with a light meal. 800mg every 8hrs. <i>Concomitant rifabutin:</i> 1g every 8hrs and reduce rifabutin dose by ½. <i>Concomitant ketoconazole, itraconazole, delavirdine, or hepatic insufficiency:</i> 600mg every 8hrs.</p> <p>Children: not established. 3–18yrs: 500mg/m² every 8hrs has been used; see full labeling.</p>
lopinavir (LPV)/ritonavir (RTV)	Kaletra	100mg/25mg, 200mg/50mg	tabs	<p>Adults: Oral soln: take with food. ≥18yrs: <3 lopinavir resistance-associated substitutions: 400/100mg twice daily or 800/200mg once daily. ≥3 lopinavir resistance-associated substitutions or concomitant carbamazepine, phenobarbital, phenytoin, efavirenz, nevirapine, nelfinavir, or if pregnant (avoid oral soln): once-daily dosing not recommended. Concomitant efavirenz, nevirapine, or nelfinavir: 500/125mg (two 200/50mg tabs + one 100/25mg tab) or 520/130mg (6.5mL) twice daily.</p> <p>Children: <42wks postmenstrual age or <14 days postnatal: not recommended.</p> <p>14days–6mos: 16/4mg/kg or 300/75mg/m² twice daily. Do not administer with efavirenz, nevirapine, or nelfinavir. >6mos–<18yrs: 230/57.5mg/m² twice daily, or if <15kg: 12/3mg/kg twice daily; ≥15–40kg: 10/2.5mg/kg twice daily; >40kg: max 400/100mg twice daily. Concomitant efavirenz, nevirapine, or nelfinavir: >6mos–<18yrs: 300/75mg/m² twice daily, or if <15kg: 13/3.25mg/kg twice daily; ≥15–45kg: 11/2.75mg/kg twice daily; >45kg: max oral soln: 520/130mg (6.5mL) twice daily; or max tabs: 500/125mg twice daily. See full labeling.</p>
		80mg/20mg per mL	oral soln ^{2,5}	
nelfinavir mesylate (NFV)	Viracept	250mg, 625mg	tabs	<p>Adults and Children: Take with food.</p> <p><2yrs: not recommended. 2–13yrs: 45–55mg/kg twice daily or 25–35mg/kg 3 times daily; max 2.5g/day. >13yrs: 1.25g twice daily or 750mg 3 times daily. Reduce concomitant rifabutin dose by ½ and give nelfinavir 1.25g twice daily.</p>
ritonavir (RTV)	Norvir	100mg	tabs	<p>Adults: Take with meals. Initially at least 300mg twice daily, increase every 2–3 days by 100mg twice daily to 600mg twice daily. Concomitant other PIs (eg, atazanavir, darunavir, fosamprenavir, saquinavir, tipranavir): Reduce ritonavir dose. See full labeling.</p> <p>Children: <1mo or before postmenstrual age <44wks: not recommended. >1mo: Initially 250mg/m² twice daily; increase every 2–3 days by 50mg/m² twice daily to 350–400mg/m² twice daily; max 600mg twice daily.</p>
		80mg/mL	oral soln ²	
		100mg	oral pwd	<p>Adults: not applicable.</p> <p>Children: <1mo: not recommended. Use only for dosing increments of 100mg; if less than or between 100mg intervals, use oral soln. >1mo: initially 250mg/m² twice daily, increase every 2–3 days by 50mg/m² twice daily to 350–400mg/m² twice daily; max 600mg twice daily. Concomitant other PIs (eg, atazanavir, darunavir, fosamprenavir, saquinavir, tipranavir); reduce ritonavir dose.</p>
saquinavir mesylate (SQV)	Invirase	500mg	tabs	<p>Adults: Take within 2hrs after a meal. >16yrs: saquinavir 1g twice daily + ritonavir 100mg twice daily (taken at same time). Treatment-naïve or switching from a delavirdine- or rilpivirine-containing regimen: initially saquinavir 500mg twice daily + ritonavir 100mg twice daily for 7 days, then increase to saquinavir 1g twice daily + ritonavir 100mg twice daily.</p> <p>Children: ≤16yrs: not recommended.</p>

(continued)

ANTIRETROVIRAL TREATMENTS (Part 5 of 5)

Generic	Brand	Strength	Form	Usual Dose
PROTEASE INHIBITORS (PIs) <i>(continued)</i>				
tipranavir (TPV)	Aptivus	250mg	soft gel caps ²	Adults: Tipranavir 500mg + ritonavir 200mg twice daily. Children: <2yrs: not recommended. Use oral soln if unable to swallow caps. 2–18yrs: tipranavir 14mg/kg + ritonavir 6mg/kg or (375mg/m ² + ritonavir 150mg/m ²) twice daily; max tipranavir 500mg + ritonavir 200mg twice daily. Intolerance or toxicity (if virus not resistant to multiple PIs): may reduce dose to tipranavir 12mg/kg + ritonavir 5mg/kg or (290mg/m ² + ritonavir 115mg/m ²) twice daily.
		100mg/mL	oral soln ⁴	
MULTICLASS FIXED-DOSE COMBINATION				
abacavir/dolutegravir/lamivudine	Triumeq	600mg/50mg/300mg	tabs	Adults and Children: <40kg: not recommended. ≥40kg: 1 tab daily. Concomitant efavirenz, fosamprenavir/ritonavir, tipranavir/ritonavir, carbamazepine, rifampin: give additional dolutegravir 50mg separated by 12hrs from Triumeq.
atazanavir/cobicistat	Evotaz	300mg/150mg	tabs	Adults: 1 tab daily. Children: <18yrs: not established.
bictegravir/emtricitabine (FTC)/tenofovir alafenamide (TAF)	Biktarvy	50mg/200mg/25mg	tabs	Adults and Children: <25kg: not established. ≥25kg: 1 tab once daily.
cabotegravir + rilpivirine	Cabenuva	400mg+600mg, 600mg+900mg; per kit	ext-rel susp for IM inj	Adults: Give each IM inj at separate gluteal inj sites (on opposite sides or 2cm apart) during same visit; preferably ventrogluteal site. Prior to initiation, assess tolerability using oral lead-in (with Vocabria and Edurant) for approx. 1 month (≥28 days). At Month 2 (on last day of oral lead-in): initiate injections at 600mg/900mg once; Month 3 onwards: continue at 400mg/600mg injections once monthly (may be given up to 7 days before or after the scheduled date to receive monthly injections). Children: not established.
darunavir/cobicistat	Prezcobix	800mg/150mg	tabs	Adults and Children: <40kg: not established. ≥40kg: 1 tab daily with food.
darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Symtuza	800mg/150mg/200mg/10mg	tabs	Adults and Children: <3yrs: darunavir, not recommended; or <40kg: not established. ≥40kg: 1 tab once daily with food. May split tab into 2 pieces if unable to swallow; consume entire dose immediately. Severe renal (CrCl <30mL/min) or severe hepatic impairment: not recommended.
dolutegravir/lamivudine	Dovato	50mg/300mg	tabs	Adults: 1 tab once daily. Concomitant carbamazepine, rifampin: give additional dolutegravir 50mg separated by 12hrs from Dovato. Renal impairment (CrCl <50mL/min) or severe hepatic impairment: not recommended. Children: not established.
dolutegravir/rilpivirine	Juluca	50mg/25mg	tabs	Adults: 1 tab once daily with a meal. Concomitant rifabutin: take additional rilpivirine 25mg tab once daily during coadministration. Children: not established.
doravirine/lamivudine/tenofovir disoproxil fumarate	Delstrigo	100mg/300mg/300mg	tabs	Adults: ≥18yrs: 1 tab once daily. Concomitant rifabutin: give additional doravirine 100mg approx. 12hrs after Delstrigo dose. Children: <18yrs: not established.
efavirenz (EVF)/emtricitabine (FTC)/tenofovir disoproxil fumarate (TDF)	Atripla	600mg/200mg/300mg	tabs	Adults and Children: <40kg: not established. Take on empty stomach. ≥40kg: 1 tab once daily (preferably at bedtime). Concomitant rifampin (≥50kg): give additional 200mg/day of efavirenz.
efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi	600mg/300mg/300mg	tabs	Adults and Children: <40kg: not established. ≥40kg: 1 tab once daily on an empty stomach (preferably at bedtime). Concomitant rifampin (≥50kg): give additional 200mg/day of efavirenz.
	Symfi Lo	400mg/300mg/300mg	tabs	Adults and Children: <35kg: not established. ≥35kg: 1 tab once daily on an empty stomach (preferably at bedtime). Concomitant rifampin (≥50kg): give additional 400mg/day of efavirenz.
emtricitabine (FTC)/rilpivirine/tenofovir alafenamide (TAF)	Odefsey	200mg/25mg/25mg	tabs	Adults and Children: <12yrs (<35kg): not established. ≥12yrs (≥35kg and CrCl ≥30mL/min): 1 tab once daily with food. Pregnancy (already on prior stable dose and with HIV-1 RNA <50 copies/mL): continue with 1 tab once daily; monitor viral load. Severe renal impairment (CrCl 15–<30mL/min) or ESRD (CrCl <15mL/min) not receiving chronic HD: not recommended.
emtricitabine (FTC)/rilpivirine/tenofovir disoproxil fumarate (TDF)	Complera	200mg/25mg/300mg	tabs	Adults and Children: <12yrs (<35kg): not established. ≥12yrs (≥35kg): 1 tab once daily with food. Pregnancy (already on prior stable dose and with HIV-1 RNA <50 copies/mL): continue with 1 tab once daily; monitor viral load. Renal impairment (CrCl <50mL/min): not recommended. Concomitant rifabutin: take additional rilpivirine 25mg once daily.
elvitegravir/cobicistat/emtricitabine (FTC)/tenofovir alafenamide (TAF)	Genvoya	150mg/150mg/200mg/10mg	tabs	Adults and Children: <25kg: not established. ≥25kg and CrCl ≥30mL/min; or adults with CrCl <15mL/min on chronic hemodialysis (give dose after session): 1 tab once daily with food. Severe hepatic or renal impairment (CrCl 15–<30mL/min), or ESRD (CrCl <15mL/min) not on hemodialysis: not recommended.
elvitegravir/cobicistat/emtricitabine (FTC)/tenofovir disoproxil fumarate (TDF)	Stribild	150mg/150mg/200mg/300mg	tabs	Adults and Children: <12yrs or <35kg: not established. ≥12yrs (≥35kg): 1 tab once daily with food. Renal impairment (CrCl <70mL/min): not recommended; discontinue if CrCl declines to <50mL/min during therapy; also in children: no data available. Severe hepatic impairment: not recommended.
CD4-DIRECTED POST-ATTACHMENT HIV-1 INHIBITOR				
ibalizumab-uiyk	Trogarzo ⁶	200mg/1.33mL	soln for IV inj after dilution	Adults: Infuse over ≥30mins for 1st infusion; may reduce to ≥15mins for subsequent infusions if tolerated. 2000mg as single loading dose followed by 800mg maintenance dose every 2wks. Children: not established.

NOTES

Key: + = scored; HD = hemodialysis PI = protease inhibitor

¹ Contains parabens, propylene glycol ² Contains alcohol ³ Contains phenylalanine ⁴ Contains Vit. E 116 IU/mL ⁵ Keep in refrigerator

⁶ For heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen

Not an inclusive list of medications and/or official indications. Please see drug monograph at www.eMPr.com and/or contact company for full drug labeling.

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