

# ANTIRETROVIRAL TREATMENTS (Part 1 of 5)

Generic	Brand	Strength	Form	Usual Dose
<b>CCR5 CO-RECEPTOR ANTAGONISTS</b>				
maraviroc (MVC)	<b>Selzentry</b>	25mg, 75mg, 150mg, 300mg	tabs	<b>Adults:</b> ≥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. <b>Children:</b> <2yrs: <b>not established.</b> If unable to swallow, use oral soln. ≥2yrs: Concomitant potent CYP3A inhibitors (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 (without a potent CYP3A inhibitor): not recommended.
		20mg/mL	oral soln	
<b>FUSION INHIBITORS</b>				
enfuvirtide (ENF, T-20)	<b>Fuzeon</b>	90mg/mL	pwd for SC inj after reconstitution	<b>Adults:</b> ≥16yrs: 90mg twice daily via SC inj into upper arm, anterior thigh, or abdomen <b>Children:</b> <6yrs: <b>not established.</b> ≥6–16yrs: Limited data available; recommended 2mg/kg (max 90mg) twice daily.
<b>HIV-1 GP120-DIRECTED ATTACHMENT INHIBITOR</b>				
fostemsavir	<b>Rukobia</b>	600mg	ext-rel tabs	<b>Adults:</b> 600mg twice daily. <b>Children:</b> <b>not established.</b>
<b>HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS</b>				
cabotegravir	<b>Apretude</b>	600mg/3mL	ext-rel susp for IM inj	<b>Adults and Children:</b> <12yrs or <35kg: <b>not established.</b> ≥12yrs (≥35kg): Initiate injections at 600mg once on Months 1 and 2; continue at 600mg every 2mos starting on Month 4 onwards (may be given up to 7 days before or after the scheduled date to receive injections). With oral lead-in (cabotegravir for ≥28 days): initiate injections (on the last day of oral lead-in or within 3 days thereafter) at 600mg once on Months 2 and 3; continue at 600mg every 2mos starting on Month 5 onwards (may be given up to 7 days before or after the scheduled date to receive injections). Concomitant rifabutin (started before or with the 1st inj): initiate injections at 600mg once, repeat dose 2wks later, and then monthly thereafter while on rifabutin; (started with 2nd inj or later): 600mg monthly while on rifabutin.
	<b>Vocabria</b>	30mg	tabs	
dolutegravir	<b>Tivicay</b>	10mg, 25mg, 50mg	tabs	<b>Adults:</b> <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. <b>Children:</b> <4wks, <3kg, or INSTI-experienced with documented or clinically suspected resistance to other INSTIs (eg, raltegravir, elvitegravir): <b>not established.</b> ≥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.
	<b>Tivicay PD</b>	5mg	tabs for oral susp	
raltegravir potassium (RAL)	<b>Isentress</b>	25mg, 100mg+ 400mg	chew tabs tabs	<b>Adults:</b> <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. <b>Children:</b> <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.
	<b>Isentress HD</b>	600mg	tabs	
	<b>Isentress Oral Suspension</b>	100mg/pkt	pwd for oral susp	

(continued)

## ANTIRETROVIRAL TREATMENTS (Part 2 of 5)

Generic	Brand	Strength	Form	Usual Dose
<b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIS)</b>				
doravirine	<b>Pifeltro</b>	100mg	tabs	<b>Adults:</b> ≥18yrs: 100mg once daily. Concomitant rifabutin: 100mg twice daily (approx. 12hrs apart). <b>Children: &lt;18yrs: not established.</b>
efavirenz (EFV)	<b>Sustiva</b>	50mg, 200mg	caps	<b>Adults and Children:</b> Once daily on an empty stomach, preferably at bedtime. Consider pretreating with antihistamine (for children) or steroid to minimize rash. <b>&lt;3mos or &lt;3.5kg: not recommended.</b> ≥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)	<b>Intellec</b>	25mg+, 100mg, 200mg	tabs	<b>Adults:</b> Take after meals. ≥18yrs: 200mg twice daily. <b>Children:</b> <b>&lt;2yrs or &lt;10kg: not recommended.</b> 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	<b>Adults:</b> ≥16yrs: Initially 200mg once daily for 14 days; then 200mg twice daily. Dialysis: Give additional 200mg after dialysis.
	<b>Viramune Oral Suspension</b>	50mg/5mL	oral susp	<b>Children: &lt;15days: not recommended.</b> ≥15days: Initially 150mg/m <sup>2</sup> once daily for 14 days, then increase to 150mg/m <sup>2</sup> twice daily. <b>Both:</b> 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.
	<b>Viramune XR</b>	100mg, 400mg	ext-rel tabs	<b>Adults:</b> 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. <b>Children: &lt;6yrs: not recommended.</b> ≥6–<18yrs: Initially 150mg/m <sup>2</sup> 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 <sup>2</sup> : 200mg once daily; 0.84–1.16m <sup>2</sup> : 300mg once daily; ≥1.17m <sup>2</sup> : 400mg once daily. All: max 400mg/day.
rilpivirine	<b>Edurant</b>	25mg	tabs	<b>Adults and Children: &lt;12yrs or &lt;35kg: not established.</b> Take with a meal. ≥12yrs (≥35kg): 25mg once daily. <i>Pregnancy (already on prior stable dose and with HIV-1 RNA &lt;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 monthly or every-2-month Cabenuva inj by >7days): can take daily up to 2mos to replace missed inj visits or 1 missed every-2-month inj. The first oral dose should be initiated approx. the same time as the planned missed inj and continued until the day inj dosing is restarted. For oral therapy with Edurant/Vocabria of durations >2mos, use alternative oral regimen.
<b>NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS)</b>				
abacavir sulfate (ABC)	<b>Ziagen</b>	300mg	tabs	<b>Adults:</b> >16yrs: 300mg twice daily or 600mg once daily. Mild hepatic impairment: 200mg twice daily. <b>Children: &lt;3mos: not established.</b> ≥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 <sup>1</sup>	
abacavir sulfate (ABC)/ lamivudine (3TC)	<b>Epzicom</b>	600mg/300mg	tabs	<b>Adults and Children:</b> <25kg: use individual components. ≥25kg: 1 tab twice daily. Mild hepatic or renal impairment (CrCl<30mL/min): not recommended; use individual components.
abacavir sulfate (ABC)/ lamivudine (3TC)/ zidovudine (ZDV)	<b>Trizivir</b>	300mg/150mg/300mg	tabs	<b>Adults and Children: &lt;40kg: not recommended.</b> ≥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	<b>Adults and Children:</b> 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)	<b>Emtriva</b>	200mg	caps	<b>Adults:</b> ≥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. <b>Children:</b> <3mos: use oral soln. 3mos–17yrs (≤33kg): use oral soln; (>33kg): 200mg once daily. Renal impairment: Reduce dose or prolong dosing interval. <b>Adults:</b> ≥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. <b>Children:</b> <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)	<b>Descovy</b>	120mg/15mg, 200mg/25mg	tabs	<b>Adults and Children: HIV treatment: &lt;14kg or (concomitant PI plus ritonavir or cobicistat in children &lt;35kg or adults with CrCl &lt;15mL/min ± HD): not established.</b> 14–<25kg (and CrCl ≥30mL/min): 1 tab (120mg/15mg) once daily; 25–<35kg: 1 tab (200mg/25mg) once daily; ≥35kg (and CrCl ≥30mL/min) or adults (with CrCl <15mL/min) receiving chronic HD: 1 tab (200mg/25mg) once daily. <i>PREP: &lt;35kg: not established.</i> Confirm negative HIV-1 prior to initiation. ≥35kg (and CrCl ≥30mL/min) or adults (with CrCl <15mL/min) receiving chronic HD: 1 tab (200mg/25mg) 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.

(continued)

## ANTIRETROVIRAL TREATMENTS (Part 3 of 5)

Generic	Brand	Strength	Form	Usual Dose
<b>NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS) (continued)</b>				
emtricitabine (FTC)/tenofovir disoproxil fumarate (TDF)	<b>Truvada</b>	100mg/150mg, 133mg/200mg, 167mg/250mg, 200mg/300mg	tabs	<b>Adults:</b> <i>HIV-1 infection:</i> ≥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. <b>Children:</b> <i>HIV-1 infection:</i> <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.
lamivudine (3TC)	<b>Epivir</b>	150mg+, 300mg 10mg/mL	tabs oral soln	<b>Adults:</b> CrCl ≥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. <b>Children:</b> <3mos: <b>not established.</b> ≥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; ≥20–<25kg: 225mg once daily or 75mg in the AM and 150mg in the PM; ≥25kg: 300mg once daily or 150mg twice daily. Renal impairment: reduce dose or prolong dosing interval.
lamivudine/tenofovir disoproxil fumarate (TDF)	<b>Cimduo</b>	300mg/300mg	tabs	<b>Adults and Children:</b> <35kg: <b>not established.</b> ≥35kg: 1 tab once daily.
lamivudine (3TC)/zidovudine (ZDV)	<b>Combivir</b>	150mg/300mg	tabs	<b>Adults and Children:</b> <30kg: <b>not recommended.</b> ≥30kg: 1 tab twice daily. Hepatic or renal impairment (CrCl <50mL/min): not recommended; use individual components.
stavudine (d4T)	—	15mg, 20mg, 30mg, 40mg	caps	<b>Adults:</b> ≥60kg: 40mg every 12hrs; <60kg: 30mg every 12hrs. Renal impairment: ≥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. <b>Children:</b> ≤13 days: 0.5mg/kg every 12hrs. ≥14 days: (<30kg): 1mg/kg every 12hrs. ≥30kg: as adult. Renal impairment: Reduce dose or increase dosing interval.
tenofovir disoproxil fumarate (TDF)	<b>Viread</b>	150mg, 200mg, 250mg, 300mg 40mg/g	tabs oral pwd	<b>Adults:</b> ≥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. <b>Children:</b> <2yrs (<10kg): <b>not established.</b> Mix oral pwd with 2–4oz of soft food not requiring chewing (eg, applesauce, baby food, yogurt). Oral pwd (≥2yrs [≥10kg] or Tabs ≥2yrs [≥17kg]): 8mg/kg once daily; max 300mg/day. Tabs (if able to swallow): ≥2yrs (17–<22kg): 150mg once daily; (22–<28kg): 200mg once daily; (28–<35kg): 250mg once daily; (≥35kg): 300mg once daily.
zidovudine (ZDV)	— <b>Retrovir</b>	300mg 100mg 10mg/mL 10mg/mL	tabs caps syrup soln for IV inj after dilution	<b>Adults:</b> ≥18yrs: 300mg twice daily. Renal impairment (CrCl <15mL/min) or on dialysis: 100mg every 6–8hrs. See full labeling. <b>Children:</b> <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); (≥9–<30kg): 18mg/kg/day (9mg/kg twice daily or 6mg/kg 3 times daily); (≥30kg): 600mg/day (300mg twice daily or 200mg 3 times daily). Alternative dosing based on BSA: 480mg/m <sup>2</sup> /day (240mg/m <sup>2</sup> twice daily or 160mg/m <sup>2</sup> 3 times daily). <b>Adults:</b> Give by IV infusion over 1hr; use only until oral therapy can be given. 1mg/kg every 4hrs. Renal impairment (CrCl <15mL/min) or on dialysis: 1mg/kg every 6–8hrs. daily. See full labeling. <b>Children:</b> Vertical transmission: See full labeling.
<b>PHARMACOKINETIC ENHANCER</b>				
cobicistat	<b>Tybst</b>	150mg	tabs	<b>Adults and Children:</b> <12yrs (<35kg): <b>not established (with atazanavir) or (&lt;40kg): not established (with darunavir).</b> Take with food. Must be co-administered at same time as atazanavir or darunavir. ≥12yrs (≥35kg): 150mg once daily with atazanavir 300mg once daily (if treatment-naïve or experienced); or (≥40kg): 150mg once daily with darunavir 800mg once daily (if treatment-naïve or experienced with no darunavir resistance associated substitutions).
<b>PROTEASE INHIBITORS (PIS)</b>				
atazanavir sulfate (ATV)	<b>Reyataz</b>	150mg, 200mg, 300mg 50mg	caps oral pwd <sup>3</sup>	<b>Adults:</b> 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. <b>Children:</b> <6yrs: <b>not recommended.</b> Take with food. Take once daily. 6–18yrs (15–<35kg): atazanavir 200mg + ritonavir 100mg; ≥35kg: atazanavir 300mg + ritonavir 100mg. <i>Treatment-naïve:</i> ≥13yrs and ≥40kg who are unable to tolerate ritonavir: atazanavir 400mg once daily. <i>Patients ≥13yrs and ≥40kg receiving concomitant tenofovir, H2-blockers, or PPIs:</i> give atazanavir with ritonavir. See full labeling. <b>Adults:</b> Use caps form. <b>Children:</b> <3mos (<5kg): <b>not recommended.</b> ≥3mos (5–<15kg): atazanavir 200mg (4 pkts) + ritonavir oral soln 80mg; (15–<25kg): atazanavir 250mg (5 pkts) + ritonavir oral soln 80mg; (≥25kg who are unable to swallow caps): atazanavir 300mg (6 pkts) + ritonavir oral soln 100mg; all: single daily dose.

(continued)

## ANTIRETROVIRAL TREATMENTS (Part 4 of 5)

Generic	Brand	Strength	Form	Usual Dose
<b>PROTEASE INHIBITORS (PIs) (continued)</b>				
darunavir ethanolate (DRV)	<b>Prezista</b>	75mg, 150mg, 600mg, 800mg	tabs	<p><b>Adults:</b> ≥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 &lt;50copies/mL).</p> <p><b>Children: &lt;3yrs: not recommended.</b> <i>Treatment-naïve or treatment-experienced with no darunavir resistance associated substitutions:</i> ≥3yrs to &lt;18yrs: ≥10kg–&lt;11kg: darunavir 350mg + ritonavir 64mg once daily; ≥11kg–&lt;12kg: darunavir 385mg + ritonavir 64mg once daily; ≥12kg–&lt;13kg: darunavir 420mg + ritonavir 80mg once daily; ≥13kg–&lt;14kg: darunavir 455mg + ritonavir 80mg once daily; ≥14kg–&lt;15kg: darunavir 490mg + ritonavir 96mg once daily; ≥15–&lt;30kg: darunavir 600mg + ritonavir 100mg once daily; ≥30kg–&lt;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 &lt;18yrs: ≥10kg–&lt;11kg: darunavir 200mg + ritonavir 32mg twice daily; ≥11kg–&lt;12kg: darunavir 220mg + ritonavir 32mg twice daily; ≥12kg–&lt;13kg: darunavir 240mg + ritonavir 40mg twice daily; ≥13kg–&lt;14kg: darunavir 260mg + ritonavir 40mg twice daily; ≥14kg–&lt;15kg: darunavir 280mg + ritonavir 48mg twice daily; ≥15–&lt;30kg: darunavir 375mg + ritonavir 48 mg twice daily; ≥30kg–&lt;40kg: darunavir 450mg + ritonavir 60mg twice daily; ≥40kg: darunavir 600mg + ritonavir 100mg twice daily.</p> <p><b>Both:</b> Take with food. <i>Severe hepatic impairment:</i> not recommended.</p>
		100mg/mL	oral susp	
fosamprenavir calcium (FOS-APV)	<b>Lexiva</b>	700mg	tabs	<p><b>Adults:</b> Oral susp: take without food. <i>Therapy-naïve:</i> 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. <i>PI-experienced:</i> fosamprenavir 700mg + ritonavir 100mg twice daily. <i>Hepatic dysfunction:</i> See full labeling.</p> <p><b>Children: PI-naïve (&lt;4wks) or PI-experienced (&lt;6mos): not recommended.</b> Oral susp: Take twice daily with food. <i>PI-naïve (≥4wks–18yrs) or PI-experienced (≥6mos):</i> &lt;11kg: fosamprenavir 45mg/kg + ritonavir 7mg/kg; 11–&lt;15kg: fosamprenavir 30mg/kg + ritonavir 3mg/kg; 15–&lt;20kg: fosamprenavir 23mg/kg + ritonavir 3mg/kg; ≥20kg: fosamprenavir 18mg/kg + ritonavir 3mg/kg. <i>PI-naïve (≥2yrs):</i> fosamprenavir 30mg/kg.</p>
		50mg/mL	oral susp	
lopinavir (LPV)/ritonavir (RTV)	<b>Kaletra</b>	100mg/25mg, 200mg/50mg	tabs	<p><b>Adults:</b> Oral soln: take with food. ≥18yrs: &lt;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><b>Children: &lt;42wks postmenstrual age or &lt;14 days postnatal: not recommended.</b> 14days–6mos: 16/4mg/kg or 300/75mg/m<sup>2</sup> twice daily. Do not administer with efavirenz, nevirapine, or nelfinavir. &gt;6mos–&lt;18yrs: 230/57.5mg/m<sup>2</sup> twice daily, or if &lt;15kg: 12/3mg/kg twice daily; ≥15–40kg: 10/2.5mg/kg twice daily; &gt;40kg: max 400/100mg twice daily. Concomitant efavirenz, nevirapine, or nelfinavir: &gt;6mos–&lt;18yrs: 300/75mg/m<sup>2</sup> twice daily, or if &lt;15kg: 13/3.25mg/kg twice daily; ≥15–45kg: 11/2.75mg/kg twice daily; &gt;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 <sup>2,5</sup>	
nelfinavir mesylate (NFV)	<b>Viracept</b>	250mg, 625mg	tabs	<p><b>Adults and Children: &lt;2yrs: not recommended.</b> Take with food. 2–13yrs: 45–55mg/kg twice daily or 25–35mg/kg 3 times daily; max 2.5g/day. &gt;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)	<b>Norvir</b>	100mg	tabs	<p><b>Adults:</b> 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><b>Children: &lt;1mo or before postmenstrual age &lt;44wks: not recommended.</b> &gt;1mo: Initially 250mg/m<sup>2</sup> twice daily; increase every 2–3 days by 50mg/m<sup>2</sup> twice daily to 350–400mg/m<sup>2</sup> twice daily; max 600mg twice daily.</p>
		80mg/mL	oral soln <sup>2</sup>	
		100mg	oral pwd	
tipranavir (TPV)	<b>Aptivus</b>	250mg	soft gel caps <sup>2</sup>	<p><b>Adults:</b> Tipranavir 500mg + ritonavir 200mg twice daily.</p> <p><b>Children: &lt;2yrs: not recommended.</b> Use oral soln if unable to swallow caps. 2–18yrs: tipranavir 14mg/kg + ritonavir 6mg/kg or (375mg/m<sup>2</sup> + ritonavir 150mg/m<sup>2</sup>) 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<sup>2</sup> + ritonavir 115mg/m<sup>2</sup>) twice daily.</p>
		100mg/mL	oral soln <sup>4</sup>	
<b>MULTICLASS FIXED-DOSE COMBINATION</b>				
abacavir/dolutegravir/lamivudine	<b>Triumeq</b>	600mg/50mg/300mg	tabs	<p><b>Adults and Children: &lt;10kg: not established.</b> 10–&lt;25kg: use Triumeq PD only. ≥25kg: 1 tab once daily. Concomitant efavirenz, fosamprenavir/ritonavir, tipranavir/ritonavir, carbamazepine, rifampin: give additional dolutegravir 50mg separated by 12hrs from Triumeq.</p>
		60mg/5mg/30mg	tabs for oral susp	
	<b>Triumeq PD</b>			<p><b>Adults: Not recommended.</b></p> <p><b>Children: &lt;10kg: not established.</b> Fully disperse the tabs for oral susp in 20mL of drinking water. After dispersion, administer susp within 30mins of mixing. 10–&lt;14kg: 4 tabs once daily (240mg/20mg/120mg total dose); 14–&lt;20kg: 5 tabs once daily (300mg/25mg/150mg total dose); 20–&lt;25kg: 6 tabs once daily (360mg/30mg/180mg total dose); ≥25kg: not recommended (use Triumeq tabs only). Concomitant efavirenz, fosamprenavir/ritonavir, tipranavir/ritonavir, carbamazepine, rifampin (10–&lt;14kg): give additional dolutegravir 20mg in 12hrs after Triumeq PD; (14–&lt;20kg): give additional dolutegravir 25mg in 12hrs after Triumeq PD; (20–&lt;25kg): give additional dolutegravir 30mg in 12hrs after Triumeq PD.</p>

(continued)

## ANTIRETROVIRAL TREATMENTS (Part 5 of 5)

Generic	Brand	Strength	Form	Usual Dose
<b>MULTICLASS FIXED-DOSE COMBINATION (continued)</b>				
atazanavir/cobicistat	<b>Evotaz</b>	300mg/150mg	tabs	<b>Adults:</b> 1 tab daily. <b>Children: &lt;18yrs: not established.</b>
bictegravir/emtricitabine (FTC)/ tenofovir alafenamide (TAF)	<b>Biktarvy</b>	30mg/120mg/15mg, 50mg/200mg/25mg	tabs	<b>Adults and Children: &lt;14kg: not established.</b> 14kg—<25kg (CrCl ≥30mL/min): 1 tab (30mg/120mg/15mg) once daily. For children unable to swallow: may split tab and each part taken separately, but all must be ingested within ~10mins. ≥25kg (CrCl ≥30mL/min) or virologically suppressed adults on hemodialysis (CrCl <15mL/min): 1 tab (50mg/200mg/25mg) once daily.
cabotegravir + rilpivirine	<b>Cabenuva</b>	400mg/600mg, 600mg/900mg; per kit	ext-rel susp for IM inj	<b>Adults and Children: &lt;12yrs or &lt;35kg: not established.</b> ≥12yrs (≥35kg): 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). <i>Monthly dosing:</i> initiate single injections of 600mg/900mg (on the last day of current antiretroviral therapy or oral lead-in, if used), then continue single injections of 400mg/600mg once monthly onwards. <i>Every 2-month dosing:</i> initiate single injections of 600mg/900mg (on the last day of current antiretroviral therapy or oral lead-in, if used) consecutively 1 month apart for 2mos (Months 1 and 2), and then continue every 2mos onwards (starting at Month 4). <i>Both regimens:</i> may give injections up to 7 days before or after the scheduled date to receive monthly or every 2-month injections.
darunavir/cobicistat	<b>Prezcobix</b>	800mg/150mg	tabs	<b>Adults and Children: &lt;40kg: not established.</b> ≥40kg: 1 tab daily with food.
darunavir/cobicistat/emtricitabine/tenofovir alafenamide	<b>Symtuza</b>	800mg/150mg/200mg/10mg	tabs	<b>Adults and Children: &lt;3yrs: darunavir, not recommended; or &lt;40kg: not established.</b> ≥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	<b>Dovato</b>	50mg/300mg	tabs	<b>Adults:</b> 1 tab once daily. Concomitant carbamazepine, rifampin: give additional dolutegravir 50mg separated by 12hrs from Dovato. Renal (CrCl <50mL/min) or severe hepatic impairment: not recommended. <b>Children: not established.</b>
dolutegravir/rilpivirine	<b>Juluca</b>	50mg/25mg	tabs	<b>Adults:</b> 1 tab once daily with a meal. Concomitant rifabutin: take additional rilpivirine 25mg tab once daily during coadministration. <b>Children: not established.</b>
doravirine/lamivudine/tenofovir disoproxil fumarate	<b>Delstrigo</b>	100mg/300mg/300mg	tabs	<b>Adults:</b> ≥18yrs: 1 tab once daily. Concomitant rifabutin: give additional doravirine 100mg approx. 12hrs after Delstrigo dose. <b>Children: &lt;18yrs: not established.</b>
efavirenz/emtricitabine/tenofovir disoproxil fumarate	<b>Atripla</b>	600mg/200mg/300mg	tabs	<b>Adults and Children: &lt;40kg: not established.</b> 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	<b>Symfi</b>	600mg/300mg/300mg	tabs	<b>Adults and Children: &lt;40kg: not established.</b> ≥40kg: 1 tab once daily on an empty stomach (preferably at bedtime). Concomitant rifampin (≥50kg): give additional 200mg/day of efavirenz.
	<b>Symfi Lo</b>	400mg/300mg/300mg	tabs	<b>Adults and Children: &lt;35kg: not established.</b> ≥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)	<b>Odefsey</b>	200mg/25mg/25mg	tabs	<b>Adults and Children: &lt;12yrs (&lt;35kg): not established.</b> ≥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)	<b>Complera</b>	200mg/25mg/300mg	tabs	<b>Adults and Children: &lt;12yrs (&lt;35kg): not established.</b> ≥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)	<b>Genvoya</b>	150mg/150mg/200mg/10mg	tabs	<b>Adults and Children: &lt;25kg: not established.</b> ≥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)	<b>Stribild</b>	150mg/150mg/200mg/300mg	tabs	<b>Adults and Children: &lt;12yrs or &lt;35kg: not established.</b> ≥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.
<b>CD4-DIRECTED POST-ATTACHMENT HIV-1 INHIBITOR</b>				
ibalizumab-uiyk	<b>Trogarzo</b> <sup>6</sup>	200mg/1.33mL	soln for IV inj after dilution	<b>Adults:</b> 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. <b>Children: not established.</b>

### NOTES

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

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

<sup>6</sup> 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](http://www.eMPR.com) and/or contact company for full drug labeling.

(Rev. 6/2022)