# ABRIDGED ANTIRETROVIRAL TABLE:
## ADULT DOSING, DOSAGE FORM MODIFICATIONS, ADVERSE REACTIONS and INTERACTION POTENTIAL

<table>
<thead>
<tr>
<th>Generic Name Abbrev. (Brand Name)</th>
<th>Dosage Forms (generics, liquids, alternate forms)</th>
<th>Adult Dosing</th>
<th>Renal/Hepatic Dose Adjustments</th>
<th>Adverse Reactions</th>
<th>Interaction Potential</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUCLOSIDES/TIDE REVERSE TRANSCRIPTASE INHIBITORS (N(t)RTIs)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Abacavir (Ziagen) | Tablet: 300mg  
Generic tablet: 300mg  
Oral solution: 20mg/mL (brand and generic) | • 300mg BID  
600mg QD  
No food restrictions | No renal adjustment required  
Child-Pugh Dose  
5-6  
> 6 | Contraindicated | N, V, HSR, fever, malaise, GI s/ssx, R; do not re-challenge  
Check HLA-B*5701 to avoid hypersensitivity reaction | Minimal |
| Emtricitabine (Emtriva) | Capsules: 200mg  
Oral solution: 10mg/mL | • 200mg QD (capsule)  
240mg (24 mL) QD oral solution  
No food restrictions | CrCl  
30-49  
15-29  
< 15 or HD | Capsule  
200mg Q48h  
200mg Q72h  
200mg Q96h | HA, N, V | Minimal |
| Lamivudine (Epivir) | Tablets: 100mg, 150mg, 300mg  
Generic tablets: 100mg, 150mg, 300mg  
Oral solution: 5mg/mL, 10mg/mL  
Generic oral solution: 10 mg/mL | • 150mg BID or 300mg QD  
No food restrictions | CrCl  
30-49  
15-29  
5-14  
< 5 or HD | Dose  
150mg QD  
150mg x1, 100mg QD  
150mg x1, 50mg QD  
50mg x1, 25mg QD | HA, N, V | Minimal |
| Tenofovir disoproxil fumarate (Viread) | Tablets: 150mg, 200mg, 250mg, 300mg  
Generic tablet: 300 mg  
Oral powder: 40mg/g | • 300mg QD  
No food restrictions | CrCl  
30-49  
10-29  
HD | Dose  
300mg Q48h  
300mg Twice weekly  
300mg Q7 days | N, V, flatulence, renal toxicity, ↓ bone mineral density | Increases ddl AUC: reduce ddl dose to 250mg QD if given with TDF. |
| Zidovudine (Retrovir) | Capsule: 100mg  
Tablet: 300mg  
Oral syrup: 10mg/mL  
Injection solution: 10mg/mL | • 300mg BID  
200mg TID  
No food restrictions | CrCl  
< 15 or HD | Dose  
100mg TID or 300mg QD | Anemia, HA, N, V | Minimal; avoid use with other bone marrow (BM) toxic medications. |
| Zidovudine/Lamivudine (Combivir) | Tablet: 300mg AZT/150mg 3TC  
Generic tablets available | • One tablet (300/150) BID  
No food restrictions | CrCl < 50mL/min: not recommended  
No hepatic adjustment recommendation | See AZT & 3TC | See AZT & 3TC |
| Abacavir/Lamivudine (Epzicom) | Tablet: 600mg ABC/300mg 3TC  
Generic tablets available | • One tablet (600/300) QD  
No food restrictions | CrCl < 50mL/min: not recommended  
Contraindicated in mild-moderate hepatic impairment (CPT B or C) | See ABC & 3TC | See ABC & 3TC |

ND= no data available  
TN= treatment-naive  
TE= treatment-experienced  
N= nausea  
D= diarrhea  
V= vomiting  
HA= headache  
R= rash  
**Renal and hepatic dosing of antiretrovirals is mostly based on product package insert (except QD dosing of ZDV). The DHHS guidelines on antiretroviral agents in HIV-infected adults may indicate other dosing strategies.**

Cobicistat is a pure pharmaco-enhancer with no HIV activity

Updated by: Cristina Gruta, PharmD (Nov-Dec/2018)

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[http://www.nccc.ucsf.edu]
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<th>Potential for Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenofovir DF/Emtricitabine TDF/FTC (Truvada)</td>
<td>Tablet: 300mg TDF/200mg FTC, 150mg TDF/100mg FTC, 200mg TDF/133mg FTC, 250mg TDF/167mg FTC</td>
<td>• One tablet (300/200) QD No food restrictions</td>
<td>CrCl</td>
<td>Dose</td>
<td>See TDF &amp; FTC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>30-49</td>
<td>1 tab Q48h</td>
<td>See TDF &amp; FTC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&lt; 30</td>
<td>Not recommended</td>
<td>No hepatic adjustment recommendation</td>
</tr>
</tbody>
</table>

| Tenofovir AF/Emtricitabine TAF/FTC (Descovy) | Tablet: 25mg TAF/200mg FTC | • One tablet (25/200) QD No food restrictions | Co-formulation can be given if CrCl ≥ 30 mL/min. **Not recommended** if CrCl < 30 mL/min or on hemodialysis. | No dose adjustment in Child-Pugh A or B, No dosing data for Child-Pugh C | No renal dose adjustment required N, ↑LDL/total cholesterol Avoid strong inducers |
|                                          |                                                 |              | **CrCl < 50mL/min:** **not recommended** ESRD on HD: **not recommended** | See TDF & 3TC | See TDF & 3TC |

| Tenofovir DF/Lamivudine TDF/FTC (Cimduo or Temixys) | Tablet: 300 mg 3TC/300 mg TDF | • One tablet (300/300) QD No food restrictions | **CrCl < 50mL/min:** **not recommended** | **ESRD on HD: not recommended** | See TDF & FTC |
|                                                      |                                                 |              | **No hepatic adjustment recommendation** | **No hepatic adjustment recommendation** |

<table>
<thead>
<tr>
<th>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)</th>
<th>rash, hepatotoxicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efavirenz EFV (Sustiva)</td>
<td>Capsules: 50mg, 200mg (brand and generic) Tablet: 600mg (brand and generic)</td>
</tr>
<tr>
<td>Etravirine ETR (Intelence)</td>
<td>Tablets: 25mg, 100mg, 200mg</td>
</tr>
<tr>
<td>Nevirapine NVP (Viramune)</td>
<td>Tablet: 200mg (brand and generic) Extended release tablet: 100mg, 400mg (brand and generic) Oral suspension: 10mg/mL (brand and generic)</td>
</tr>
<tr>
<td></td>
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| Rilpivirine RPV (Edurant) | Tablet: 25mg | • 25mg QD Take with a normal to high calorie meal | **No renal dose adjustment required** | **No hepatic dose adjustment required** |

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</tr>
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<tr>
<td><strong>Doravirine</strong> DOR (Pifeltro)</td>
<td>Tablet: 100 mg</td>
<td>100 mg QD</td>
<td>No renal dose adjustment required in renal impairment; no data for ESRD or in HD</td>
<td>N, D, HA, dizziness</td>
<td>Substrate of CYP3A4; contraindicated with strong CYP 3A4 inducers (e.g. rifampin, certain anticonvulsants)</td>
</tr>
</tbody>
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### NRTI Pair plus NNRTI Co-formulations

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<tbody>
<tr>
<td><strong>Efavirenz/Emtricitabine/Tenofovir DF</strong> EFV/FTC/TDF (Atripla)</td>
<td>Tablet: 600mg EFV/200mg FTC/300mg TDF</td>
<td>One tablet QD Preferably empty stomach</td>
<td>Not recommended if CrCl &lt; 50mL/min</td>
<td>N, HA, D, CNS effects</td>
<td>See EFV, FTC, TDF</td>
</tr>
<tr>
<td><strong>Efavirenz/Lamivudine/Tenofovir DF</strong> EFV/3TC/TDF (Symfi)</td>
<td>Tablet: 600mg EFV/300mg 3TC/300mg TDF Also: 400mg EFV/300mg 3TC/300mg TDF (Symfi Lo)</td>
<td>One tablet QD Preferably empty stomach</td>
<td>Not recommended if CrCl &lt; 50mL/min</td>
<td>Possibly fewer CNS effects with lower (i.e. 400mg) EFV dose in Symfi Lo</td>
<td>See EFV, 3TC, TDF</td>
</tr>
<tr>
<td><strong>Rilpivirine/Emtricitabine/Tenofovir DF</strong> RPV/FTC/TDF (Complera)</td>
<td>Tablet: 25mg RPV/200mg FTC/300mg TDF</td>
<td>One tablet QD Take with a full meal</td>
<td>No adjustment recommended in mild-moderate hepatic impairment; no data in severe impairment</td>
<td>See RPV, FTC, TDF</td>
<td>See RPV, FTC, TDF</td>
</tr>
<tr>
<td><strong>Rilpivirine/Emtricitabine/Tenofovir AF</strong> RPV/FTC/TAF (Odefsey) (TAF= tenofovir alafenamide)</td>
<td>Tablet: 25mg RPV/200mg FTC/25mg TAF</td>
<td>One tablet QD Take with a full meal</td>
<td>Do not give co-formulation if CrCl &lt; 30mL/min</td>
<td>See RPV, FTC/TAF</td>
<td>See RPV, TAF/FTC</td>
</tr>
<tr>
<td><strong>Doravirine/Lamivudine/Tenofovir DF</strong> DOR/3TC/TDF (Delstrigo)</td>
<td>Tablet: 100 mg DOR/300 mg 3TC/300 mg TDF</td>
<td>One tablet QD No food restrictions</td>
<td>CrCl &lt; 50 mL/min not recommended</td>
<td>See DOR, 3TC, TDF</td>
<td>See DOR, 3TC, TDF</td>
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### INTEGRASE STRAND TRANSFER INHIBITORS (INSTI)

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<tr>
<td><strong>Raltegravir</strong> RAL (Isentress, Isentress HD)</td>
<td>Tablet: 400mg, 600 mg (HD) *Chewable tablets: 25mg, 100mg *Powder for oral suspension: 100mg packets (*These formulations are NOT bioequivalent to 400mg tablet)</td>
<td>400mg BID 1200 mg (2 X 600 mg HD tabs) QD</td>
<td>No renal dose adjustment required No hepatic dose recommendation; no data in severe impairment</td>
<td>N, HA, increased creatine kinase</td>
<td>Strong inducers of UGT 1A1 (e.g. rifampin) can decrease RAL concentrations.</td>
</tr>
</tbody>
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| **Dolutegravir** DTG (Tivicay)    | **Tablet**: 10mg, 25mg, 50mg                      | • 50mg QD (TN or TE but INSTI-naïve)  
• 50mg QD (INSTI-experienced or with certain UGT1A/CYP3A inducers)  
No food restrictions | No renal dose adjustment required; caution for INSTI-experienced pts with severe renal 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. |
| **Elvitegravir (EVG)/cobicistat/TDF/FTC** (Stribild) | **Tablet**: 150mg EVG/150mg cobicistat/200mg FTC/300mg TDF | • One tablet QD Take with food | CrCl  
≥ 70 | No adjustment necessary | N, HA, increased creatine kinase, renal toxicity |
| | | | < 70 | Initial use not recommended | Strong 3A4 inducers can decrease EVG |
| | | | < 50 | Continued use not recommended | Cobi is a CYP3A inhibitor, which ↑ EVG exposure; may ↑ exposure to other CYP3A substrates |
| | | | HD | Not recommended | Contraindicated with rifampin, lovastatin, simvastatin, sildenafil dosed as Revatio® for PAH |
| | | | Child-Pugh | Dose  
A or B | No adjustment necessary | Contraindicated with rifampin, lovastatin, simvastatin, sildenafil dosed as Revatio® for PAH |
| | | | C | Not recommended | |
| **Elvitegravir (EVG)/cobicistat/TAF/FTC** (Genvoya) | **Tablet**: 150mg EVG/150mg cobicistat/200mg FTC/10mg TAF | • One tablet QD Take with food | Can be given in patients with CrCl < 15mL/min who are on hemodialysis (administer after dialysis completed on HD days). Do not give co-formulation if CrCl 15-30mL/min. Do not give co-formulation if CrCl < 15mL/min and NOT on dialysis. | No dose adjustment in Child-Pugh A or B  
Not recommended in Child-Pugh C | N, D, HA  
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 |
| **Dolutegravir (DTG)/ABC/3TC** (Triumeq) | **Tablet**: 50mg DTG/600mg ABC/300mg 3TC | • One tablet QD No food restrictions | DTG/ABC/3TC NOT recommended if CrCl < 50 mL/min because 3TC renal dosing is not possible with co-formulation.  
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 of pt (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. |
| **Bictegravir (BIC)/TAF/FTC** (Biktarvy) | **Tablet**: 50mg BIC/200mg FTC/25mg TAF | • One tablet QD No food restrictions | Do not give co-formulation if CrCl < 30mL/min  
Not recommended in Child-Pugh C | D, N, HA | Strong inducers of UGT1A or CYP3A can decrease BIC levels; metformin; divalent/polyvalent cations; see package insert for dose adjustments or contraindicated combinations. |

**N**= no data available  
**T**= treatment-naïve, **TE**= treatment-experienced, **N**= nausea, **D**= diarrhea, **V**= vomiting, **HA**= headache, **R**= rash  
**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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**Updated by: Cristina Gruta, PharmD (Nov-Dec/2018)**

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<tr>
<td><strong>NNRTI + INSTI Co-formulation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dolutegravir (DTG)/Rilpivirine (RPV) (Juluca)</td>
<td>Tablet: 50mg DTG/25 mg RPV</td>
<td>• One tablet QD With a meal</td>
<td>No renal dose adjustment for mild-moderate renal dysfunction. Monitor for increased adverse effects if severe impairment (CrCl &lt; 30) or ESRD.</td>
<td>See DTG, RPV</td>
<td>See DTG and RPV</td>
</tr>
<tr>
<td>Cobicistat</td>
<td>{<a href="http://www.nccc.ucsf.edu%7D">http://www.nccc.ucsf.edu}</a></td>
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**PROTEASE INHIBITORS (PIs) hepatotoxicity, lipodystrophy, dyslipidemias, insulin resistance/ hyperglycemia**

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<tr>
<td>Atazanavir ATV (Reyataz) ATV/c (Evotaz) (c=cobicistat)</td>
<td>Capsules: 150mg, 200mg, 300mg (brand and generic) *Pediatric Powder: 50mg packets (*Capsules and pediatric powder are NOT interchangeable) Evotaz tablet: 300mg co-formulated with cobicistat 150mg</td>
<td>• TN: 400mg QD • TN or TE: 300mg QD + [RTV 100mg QD or cobi 150mg QD] or ATV/cobi one tab QD • TN with EFV: 400mg + RTV 100mg With food</td>
<td>No renal dose adjustment required; DRV/cobi + TDF should not be administered if CrCl &lt; 70 mL/min</td>
<td>R, N, D, HA</td>
<td>Substrate &amp; inhibitor of liver enzymes; contains RTV (potent enzyme inhibitor) Refer to package insert for concomitant dosing with EFV, NVP, FKV, NFV.</td>
</tr>
<tr>
<td>Darunavir DRV (Prezista)</td>
<td>Tablets: 75mg, 150mg, 400mg, 600mg, 800mg Oral suspension: 100mg/mL Prezioza tablet: 800mg co-formulated with cobicistat 150mg</td>
<td>• TN or TE with no DRV mutations: 800mg + [RTV 100mg QD or cobi 150mg QD] or DRV/cobi one tab QD • TE w/ ≥ 1 DRV mutations: 600mg + RTV 100mg BID With food</td>
<td>No renal dose adjustment required</td>
<td>Not recommended in severe hepatic impairment</td>
<td></td>
</tr>
<tr>
<td>Lopinavir/ ritonavir LPV/r (Kaletra)</td>
<td>Tablets: 100mg/25mg, 200mg/50mg LPV/r Oral solution (brand and generic): 80mg LPV-20mg RTV/mL</td>
<td>• Two tablets (200/50 per tablet) BID • Four tablets QD (not recommended if ≥3 LPV mutations) No food restrictions</td>
<td>No renal dose adjustment required</td>
<td>D, N, GGT</td>
<td>Significant drug interactions</td>
</tr>
<tr>
<td>Ritonavir RTV (Norvir)</td>
<td>Capsule: 100mg (soft gelatin) Tablet: 100mg Oral solution: 80mg/mL</td>
<td>• Given 100-200mg QD-BID to boost PIs With food</td>
<td>No renal dose adjustment required</td>
<td>Follow recommendations for primary PI for hepatic dose adjustment</td>
<td>D, N, V</td>
</tr>
</tbody>
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<tr>
<td><strong>OTHERS (Fusion Inhibitors, CCR5 Co-receptor Antagonists, Post-attachment Inhibitors)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maraviroc MVC (Selzentry)</td>
<td>Tablets: 150mg, 300mg Oral solution: 20mg/mL</td>
<td>MVC+strong CYP3A inhibitor (except TPV): 150mg BID MVC+CYP3A inducer only: 600mg BID MVC+NRTIs, TPV, NVP: 300mg BID No food restrictions</td>
<td>When co-administered with potent inducers or inhibitors, MVC <strong>NOT</strong> recommended when CrCl &lt; 30mL/min or in pts on HD. See package insert for specifics.</td>
<td>No hepatic dose recommendation</td>
<td>MVC is a substrate of liver enzymes. CYP3A inhibitors (w/ or w/o inducers), PIs (except TPV/r) and DLV can increase MVC CYP3A inducers (w/o inhibitors) can decrease MVC</td>
</tr>
<tr>
<td>Ibaluzimab-uiyk (Trogarzo)</td>
<td>Injection: 200mg/1.33mL single-use vials; must be diluted in 0.9% sodium chloride</td>
<td>• 2000 mg IV infusion loading dose followed by 800 mg IV infusion q2 weeks</td>
<td>No formal studies in pts with renal or hepatic insufficiency; renal impairment is not expected to affect drug PK</td>
<td>D, N, R, dizziness</td>
<td>No drug-drug interactions conducted; none expected based on drug mechanism of action</td>
</tr>
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ND= no data available TN= treatment-naive, TE= treatment-experienced, N= nausea, D= diarrhea, V= vomiting, HA= headache, R= rash

**Renal and hepatic dosing of antiretrovirals is mostly based on product package insert (except QD dosing of ZDV). The DHHS guidelines on antiretroviral agents in HIV-infected adults may indicate other dosing strategies.**

**Cobicistat** is a pure pharmaco-enhancer with no HIV activity

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Updated by: Cristina Gruta, PharmD (Nov-Dec/2018)

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