

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

Generic Name Abbrev. (Brand Name)	Dosage Forms (generics , liquids, alternate forms)	Adult Dosing	Renal/Hepatic Dose Adjustments	Adverse Reactions	Interaction Potential												
NUCLOESIDE/TIDE REVERSE TRANSCRIPTASE INHIBITORS (N(t)RTIs)			hepatotoxicity, mitochondrial toxicity, lactic acidosis														
Abacavir ABC (Ziagen)	Tablet: 300mg Generic tablet: 300mg Oral solution: 20mg/mL	<ul style="list-style-type: none"> 300mg BID 600mg QD No food restrictions	<i>No renal adjustment required</i> <table border="1"> <tr> <th>Child-Pugh</th> <th>Dose</th> </tr> <tr> <td>5-6</td> <td>200mg BID</td> </tr> <tr> <td>> 6</td> <td>Contraindicated</td> </tr> </table>	Child-Pugh	Dose	5-6	200mg BID	> 6	Contraindicated	N, V, HSR: fever, malaise, GI s/sx, R; do not re-challenge Check HLA-B*5701 to avoid hypersensitivity reaction (HSR)	Minimal						
Child-Pugh	Dose																
5-6	200mg BID																
> 6	Contraindicated																
Emtricitabine FTC (Emtriva)	Capsules: 200mg Oral solution: 10mg/mL	<ul style="list-style-type: none"> 200mg QD (capsule) 240mg (24mL) QD oral solution No food restrictions	<table border="1"> <tr> <th>CrCl</th> <th>Capsule</th> <th>Solution</th> </tr> <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 or HD</td> <td>200mg Q96h</td> <td>60mg Q24h</td> </tr> </table> <i>No hepatic adjustment recommendation</i>	CrCl	Capsule	Solution	30-49	200mg Q48h	120mg Q24h	15-29	200mg Q72h	80mg Q24h	< 15 or HD	200mg Q96h	60mg Q24h	HA, N, V	Minimal
CrCl	Capsule	Solution															
30-49	200mg Q48h	120mg Q24h															
15-29	200mg Q72h	80mg Q24h															
< 15 or HD	200mg Q96h	60mg Q24h															
Lamivudine 3TC (Epivir)	Tablets: 100mg, 150mg, 300mg Generic tablets: 100mg, 150mg, 300mg Generic oral solution: 10mg/mL Oral solution: 5mg/mL, 10mg/mL	<ul style="list-style-type: none"> 150mg BID or 300mg QD No food restrictions	<table border="1"> <tr> <th>CrCl</th> <th>Dose</th> </tr> <tr> <td>30-49</td> <td>150mg QD</td> </tr> <tr> <td>15-29</td> <td>150mg x1, 100mg QD</td> </tr> <tr> <td>5-14</td> <td>150mg x1, 50mg QD</td> </tr> <tr> <td>< 5 or HD</td> <td>50mg x1, 25mg QD</td> </tr> </table> <i>No hepatic adjustment recommendation</i>	CrCl	Dose	30-49	150mg QD	15-29	150mg x1, 100mg QD	5-14	150mg x1, 50mg QD	< 5 or HD	50mg x1, 25mg QD	HA, N, V	Minimal		
CrCl	Dose																
30-49	150mg QD																
15-29	150mg x1, 100mg QD																
5-14	150mg x1, 50mg QD																
< 5 or HD	50mg x1, 25mg QD																
Tenofovir disoproxil fumarate TDF (Viread)	Tablets: 150mg, 200mg, 250mg, 300mg Generic tablet: 300mg (Dec 2017) Oral powder: 40mg/g	<ul style="list-style-type: none"> 300mg QD No food restrictions	<table border="1"> <tr> <th>CrCl</th> <th>Dose</th> </tr> <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> </table> <i>No hepatic adjustment</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 QD if given with TDF.				
CrCl	Dose																
30-49	300mg Q48h																
10-29	300mg twice weekly																
HD	300mg Q7 days																
Zidovudine AZT, ZDV (Retrovir)	Capsule: 100mg Tablet: 300mg Generic capsule, tablet, oral syrup Oral syrup: 10mg/mL Injection solution: 10mg/mL	<ul style="list-style-type: none"> 300mg BID 200mg TID No food restrictions	<table border="1"> <tr> <th>CrCl</th> <th>Dose</th> </tr> <tr> <td>< 15 or HD</td> <td>100mg TID or 300mg QD</td> </tr> </table> <i>No hepatic adjustment recommendation</i>	CrCl	Dose	< 15 or HD	100mg TID or 300mg QD	Anemia, HA, N, V	Minimal; avoid use with other bone marrow toxic medications.								
CrCl	Dose																
< 15 or HD	100mg TID or 300mg QD																
N(t)RTI Co-formulations			hepatotoxicity, mitochondrial toxicity, lactic acidosis														
Zidovudine / Lamivudine AZT/3TC (Combivir)	Tablet: 300mg AZT/150mg 3TC Generic tablets available	<ul style="list-style-type: none"> One tablet (300/150) BID No food restrictions	CrCl < 50mL/min: not recommended <i>No hepatic adjustment recommendation</i>	See AZT & 3TC	See AZT & 3TC												

Updated by: **Cristina Gruta, PharmD (11/2017)** TN= treatment-naïve, TE= treatment-experienced, N= nausea, D= diarrhea, V= vomiting, HA= headache, R= rash
 **Renal, hepatic dosing primarily based on product package insert (except QD dosing of ZDV). DHHS HIV treatment guidelines may indicate other dosing strategies.

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Abacavir / Lamivudine ABC/3TC (Epzicom)	Tablet: 600mg ABC/300mg 3TC Generic tablets available	<ul style="list-style-type: none"> One tablet (600/300) QD No food restrictions	CrCl < 50mL/min: not recommended Contraindicated in hepatic impairment	See ABC & 3TC	See ABC & 3TC						
Tenofovir DF / Emtricitabine TDF/FTC (Truvada)	Tablet: 300mg TDF/200mg FTC, 150mg TDF/100mg FTC, 200mg TDF/133mg FTC, 250mg TDF/167mg FTC	<ul style="list-style-type: none"> One tablet (300/200) QD No food restrictions	<table border="1"> <tr> <td>CrCl</td> <td>Dose</td> </tr> <tr> <td>30-49</td> <td>1 tab Q48h</td> </tr> <tr> <td>< 30</td> <td>Not recommended</td> </tr> </table> <i>No hepatic adjustment recommendation</i>	CrCl	Dose	30-49	1 tab Q48h	< 30	Not recommended	See TDF & FTC	See TDF & FTC
CrCl	Dose										
30-49	1 tab Q48h										
< 30	Not recommended										
Tenofovir AF / Emtricitabine TAF/FTC (Descovy) (TAF= tenofovir alafenamide)	Tablet: 25mg TAF/200mg FTC	<ul style="list-style-type: none"> 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 Child-Pugh A or B; No dosing data for Child-Pugh C	N, ↑LDL/total cholesterol	Avoid strong inducers						
NON-NUCLOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)			rash, hepatotoxicity								
Efavirenz EFV (Sustiva)	Capsules: 50mg, 200mg Tablet: 600mg	<ul style="list-style-type: none"> 600mg QD Initially at HS 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						
Etravirine ETR (Intencele)	Tablets: 25mg, 100mg, 200mg	<ul style="list-style-type: none"> 200mg BID With food	<i>No renal dose adjustment</i> <table border="1"> <tr> <td>Child-Pugh</td> <td>Dose</td> </tr> <tr> <td>A or B</td> <td>No adjustment necessary</td> </tr> <tr> <td>C</td> <td>No data</td> </tr> </table>	Child-Pugh	Dose	A or B	No adjustment necessary	C	No data	N	ETR is a substrate and inducer of liver enzymes (3A4, 2C9, 2C19). Do not co-administer with TPV/r, FPV/r, ATV/r, non-RTV-boosted PIs, & other NNRTIs.
Child-Pugh	Dose										
A or B	No adjustment necessary										
C	No data										
Nevirapine NVP (Viramune)	Tablet: 200mg Extended release tablet: 100mg, 400mg Generic 100mg ER, 200mg tablets, 400mg ER tablet, 10mg/mL oral suspension Oral suspension: 10mg/mL	<ul style="list-style-type: none"> 200mg QD x 2wks; then 200mg BID No food restrictions	<table border="1"> <tr> <td>CrCl</td> <td>Dose</td> </tr> <tr> <td>≥ 20</td> <td>No adjustment necessary</td> </tr> <tr> <td>< 20</td> <td>No data</td> </tr> </table> Contraindicated in Child-Pugh Class B or C	CrCl	Dose	≥ 20	No adjustment necessary	< 20	No data	R, hepatotoxicity	Both substrate and inducer of liver enzymes
CrCl	Dose										
≥ 20	No adjustment necessary										
< 20	No data										
Rilpivirine RPV (Edurant)	Tablet: 25mg	<ul style="list-style-type: none"> 25mg QD Take with a normal to high calorie meal	<i>No renal dose adjustment required</i> <i>No hepatic dose adjustment required</i>	CNS: depressive disorders, HA, insomnia; rash; increased cholesterol; hepatotoxicity	Substrate of CYP3A4; contraindicated with strong CYP3A inducers. Contraindicated with proton pump inhibitors. Give histamine receptor antagonists 12h before or 4h after RPV.						
NRTI Pair plus NNRTI Co-formulations											
Efavirenz/ Emtricitabine/ Tenofovir DF EFV/FTC/ TDF (Atripla)	Tablet: 600mg EFV/200mg FTC/300mg TDF	<ul style="list-style-type: none"> One tablet QD Preferably empty stomach	Not recommended CrCl < 50mL/min Not recommended Child-Pugh B or C	N, HA, D, CNS effects	See TDF, FTC, and EFV						

Updated by: Cristina Gruta, PharmD (11/2017) TN= treatment-naïve, TE= treatment-experienced, N= nausea, D= diarrhea, V= vomiting, HA= headache, R= rash
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Rilpivirine/ Emtricitabine/ Tenofovir DF RPV/FTC/TDF (Complera)	Tablet: 25mg RPV/200mg FTC/300mg TDF	<ul style="list-style-type: none"> One tablet QD Take with a full meal	<p>Not recommended 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 QD Take with a full meal	<p>Do not give co-formulation if CrCl < 30mL/min</p> <p>No dose adjustment Child-Pugh A or B; No dosing data for Child-Pugh C</p>	See RPV, FTC/TAF	See RPV, FTC/TAF																		
INTEGRASE STRAND TRANSFER INHIBITORS (INSTI)																							
Raltegravir RAL (Isentress, Isentress HD)	<p>Tablet: 400mg, 600mg (HD)</p> <p>*Chewable tablets: 25mg, 100mg</p> <p>*Powder for oral suspension: 100mg packets</p> <p>(*These formulations are NOT bioequivalent to 400mg tablet)</p>	<ul style="list-style-type: none"> 400mg BID 1200mg (2 X 600mg HD tabs) QD No food restrictions	<p>No renal dose adjustment required</p> <p>No hepatic dose recommendation; no data in severe impairment</p>	N, HA, increased creatine kinase	Strong inducers of UGT 1A1 (e.g. rifampin) can decrease RAL concentrations.																		
Dolutegravir DTG (Tivicay)	Tablet: 10mg, 25mg, 50mg	<ul style="list-style-type: none"> 50mg QD (TN or TE but INSTI-naïve) 50mg BID (INSTI-experienced or with certain UGT1A/CYP3A inducers) No food restrictions	<p>No renal dose adjustment required; caution for INSTI-experienced pts with severe renal impairment</p> <p>No dose adjustment for mild or moderate hepatic impairment; PK unknown for severe hepatic impairment</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.																		
NRTI pair + 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 QD Take with food	<table border="1"> <thead> <tr> <th>CrCl</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>≥ 70</td> <td>No adjustment necessary</td> </tr> <tr> <td>< 70</td> <td>Initial use not recommended</td> </tr> <tr> <td>< 50</td> <td>Continued use not recommended</td> </tr> <tr> <td>HD</td> <td>Not recommended</td> </tr> <tr> <td colspan="2">-----</td> </tr> <tr> <th>Child-Pugh</th> <th>Dose</th> </tr> <tr> <td>A or B</td> <td>No adjustment necessary</td> </tr> <tr> <td>C</td> <td>Not recommended</td> </tr> </tbody> </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	<p>Strong 3A4 inducers can decrease EVG.</p> <p>Cobi is a CYP3A inhibitor, which ↑ EVG exposure; may ↑ exposure to other CYP3A substrates.</p> <p>Contraindicated with rifampin, lovastatin, simvastatin, sildenafil dosed as Revatio for PAH.</p>
CrCl	Dose																						
≥ 70	No adjustment necessary																						
< 70	Initial use not recommended																						
< 50	Continued use not recommended																						
HD	Not recommended																						

Child-Pugh	Dose																						
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Elvitegravir (EVG)/cobicistat/TAF/FTC (Genvoya) (TAF= tenofovir alafenamide)	Tablet: 150mg EVG/150mg cobicistat/200mg FTC/10mg TAF	<ul style="list-style-type: none"> One tablet QD Take with food	Do not give co-formulation if CrCl < 30mL/min No dose adjustment for Child-Pugh A or B; Not recommended for 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	<ul style="list-style-type: none"> One tablet QD No food restrictions	DTG/ABC/3TC is NOT recommended if CrCl < 50mL/min because 3TC renal dosing is not possible with co-formulation DTG/ABC/3TC is NOT recommended if for Child-Pugh A or higher. ABC is dose reduced if Child-Pugh A.	See DTG, ABC, 3TC Must establish HLA-B*5701 status of patient (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.														
NNRTI + INSTI co-formulation																			
Dolutegravir (DTG)/Rilpivirine (RPV) (Juluca)	Tablet: 50mg DTG/25mg RPV	<ul style="list-style-type: none"> One tablet QD With a meal	<i>No renal dose adjustment for mild-moderate renal dysfunction. Monitor for increased adverse effects if severe impairment (CrCl < 30mL/min) or ESRD.</i> <i>No dose adjustment for mild or moderate hepatic impairment; PK unknown for severe hepatic impairment</i>	See DTG, RPV	See DTG and RPV														
PROTEASE INHIBITORS (PIs)			hepatotoxicity, lipodystrophy, dyslipidemias, insulin resistance/ hyperglycemia																
<p>Cobicistat is a pure pharmaco-enhancer with no HIV activity. It is available separately as 150mg tablet (Tybost) approved in combination with either: atazanavir (ATV, Reyataz) 300mg QD in both TN and TE pts <u>OR</u> darunavir (DRV, Prezista) 800mg QD in TN pts or TE pts with no DRV-related mutations. Cobicistat is also co-formulated with atazanavir (as Evotaz) or with darunavir (as Prezcoibix)—see below.</p> <p>NOTE: Cobicistat is a potent CYP3A4 inhibitor potentially leading to significant drug-drug interactions. See package insert for contraindicated combinations.</p> <p>If baseline CrCl < 70mL/min, do not co-administer cobicistat with TDF (tenofovir DF). No dosing adjustment needed for mild to moderate hepatic impairment (Child-Pugh A or B).</p>																			
Atazanavir ATV (Reyataz) ATV/c (Evotaz) (c=cobicistat)	Capsules: 150mg, 200mg, 300mg *Pediatric Powder: 50mg packets <i>(*Capsules and pediatric powder are NOT interchangeable)</i> Tablet: 300mg co-formulated with cobicistat 150mg	<ul style="list-style-type: none"> TN: 400mg QD TN or TE: 300mg QD + [RTV 100mg QD <u>or</u> cobi 150mg QD] <u>or</u> ATV/cobi one tab QD TN with EFV: 400mg + RTV 100mg With food	<table border="1"> <thead> <tr> <th>CrCl</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>No HD</td> <td>No adjustment necessary</td> </tr> <tr> <td>HD (TN)</td> <td>ATV 300mg + RTV 100mg</td> </tr> <tr> <td>HD (TE)</td> <td>Not recommended</td> </tr> </tbody> </table> <p>ATV/cobi + TDF should not be co-administered if CrCl < 70mL/min.</p> <table border="1"> <thead> <tr> <th>Child-Pugh</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>300mg QD (no RTV)</td> </tr> <tr> <td>C</td> <td>Not recommended</td> </tr> </tbody> </table>	CrCl	Dose	No HD	No adjustment necessary	HD (TN)	ATV 300mg + RTV 100mg	HD (TE)	Not recommended	Child-Pugh	Dose	B	300mg QD (no RTV)	C	Not recommended	↑ bilirubin, EKG changes (rare), kidney stones	Substrate and inhibitor of liver enzymes. Boost with RTV when given with TDF. Refer to package insert when given with H-2 blockers or PPIs.
CrCl	Dose																		
No HD	No adjustment necessary																		
HD (TN)	ATV 300mg + RTV 100mg																		
HD (TE)	Not recommended																		
Child-Pugh	Dose																		
B	300mg QD (no RTV)																		
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Darunavir DRV (Prezista) DRV/c (Prezcobix) (c=cobicistat)	Tablets: 75mg, 150mg, 400mg, 600mg, 800mg Oral suspension: 100mg/mL Tablet: 800mg co-formulated with cobicistat 150mg	<ul style="list-style-type: none"> TN or TE with no DRV mutations: 800mg + [RTV 100mg QD <u>or</u> <u>or</u> <u>or</u> DRV/cobi 150mg QD] TE w/ ≥ 1 DRV mutations: 600mg + RTV 100mg BID With food	<p><i>No renal dose adjustment required; DRV/cobi + TDF should not be co-administered if CrCl < 70mL/min.</i></p> <p><i>No hepatic dose recommendation; not recommended if severe hepatic impairment.</i></p>	R, N, D, HA	Inhibitor of CYP3A
Lopinavir/ritonavir LPV/r (Kaletra)	Tablets: 100/25mg, 200/50mg LPV/r Oral solution: 80mg LPV-20mg RTV/mL	<ul style="list-style-type: none"> Two tablets (200/50 per tablet) BID Four tablets QD (not recommended if ≥ 3 LPV mutations) No food restrictions	<p><i>No renal dose adjustment required</i></p> <p><i>No hepatic dose recommendation; use with caution</i></p>	D, N, ↑ GGT	Substrate & inhibitor of liver enzymes; contains RTV (potent enzyme inhibitor). Refer to package insert for concomitant dosing with EFV, NVP, FPV, NFV.
Ritonavir RTV (Norvir)	Capsule: 100mg (soft gelatin) Tablet: 100mg Oral solution: 80mg/mL	<ul style="list-style-type: none"> Given 100-200mg QD-BID to boost PIs With food	<p><i>No renal dose adjustment required</i></p> <p><i>Follow recommendations for primary PI for hepatic dose adjustment</i></p>	D, N, V	Significant drug interactions. Inhibitor of CYP3A and 2D6. Inducer p-glycoprotein.
ENTRY INHIBITORS (CCR5 Co-receptor Antagonists)					
Maraviroc MVC (Selzentry)	Tablets: 150mg, 300mg	<ul style="list-style-type: none"> MVC + strong CYP3A inhibitor (except TPV): 150mg BID MVC + CYP3A inducer only: 600mg BID MVC + NRTIs, TPV, NVP: 300mg BID No food restrictions	<p><i>When co-administered with potent inducers or inhibitors, MVC <u>NOT</u> recommended when CrCl < 30mL/min or in pts on HD. See package insert for specifics.</i></p> <p><i>No hepatic dose recommendation</i></p>	R, cough, fever, musculoskeletal symptoms, hepatotoxicity	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.

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