

COMPREHENSIVE ANTIRETROVIRAL TABLE:

ADULT DOSING, DOSAGE FORM MODIFICATIONS, ADVERSE REACTIONS and INTERACTION POTENTIAL FOR CURRENTLY-AVAILABLE MEDICATIONS

Generic Name Abbrev. (brand name)	Dosage Forms (<i>generics, liquids, alternate forms</i>)	Adult Dosing	Renal/Hepatic Dose Adjustments	Adverse Reactions	Interaction Potential (partial list; check other resources for complete information)												
NUCLEOSIDE/TIDE REVERSE TRANSCRIPTASE INHIBITORS (N(t)RTIs)			hepatotoxicity, mitochondrial toxicity, lactic acidosis														
Abacavir ABC (Ziagen)	Tablet: 300mg Generic tablet: 300mg Oral solution: 20mg/mL (brand and generic)	<ul style="list-style-type: none"> 300mg BID 600mg QD No food restrictions	<i>No renal adjustment required</i> 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	Minimal												
Emtricitabine FTC (Emtriva)	Capsules: 200mg Generic capsule: 200mg Oral solution: 10mg/mL	<ul style="list-style-type: none"> 200mg QD (capsule) 240mg (24 mL) QD oral solution No food restrictions	<table border="1"> <thead> <tr> <th>CrCl</th> <th>Capsule</th> <th>Solution</th> </tr> </thead> <tbody> <tr> <td>30-49</td> <td>200mg Q48h</td> <td>120mg Q24h</td> </tr> <tr> <td>15-29</td> <td>200mg Q72h</td> <td>80mg Q24h</td> </tr> <tr> <td>< 15 or HD</td> <td>200mg Q96h</td> <td>60mg Q24h</td> </tr> </tbody> </table> <i>No hepatic adjustment recommendation</i>	CrCl	Capsule	Solution	30-49	200mg Q48h	120mg Q24h	15-29	200mg Q72h	80mg Q24h	< 15 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 Oral solution: 5mg/mL, 10mg/mL Generic oral solution: 10mg/mL	<ul style="list-style-type: none"> 150mg BID or 300mg QD No food restrictions	<table border="1"> <thead> <tr> <th>CrCl</th> <th>Dose</th> </tr> </thead> <tbody> <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> </tbody> </table> <i>No hepatic adjustment necessary</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 Oral powder: 40mg/g	<ul style="list-style-type: none"> 300mg QD No food restrictions	<table border="1"> <thead> <tr> <th>CrCl</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>30-49</td> <td>300mg Q48h</td> </tr> <tr> <td>10-29</td> <td>300mg Twice weekly</td> </tr> <tr> <td>HD</td> <td>300mg Q7 days</td> </tr> </tbody> </table> <i>No hepatic adjustment necessary</i>	CrCl	Dose	30-49	300mg Q48h	10-29	300mg Twice weekly	HD	300mg Q7 days	N, V, flatulence, renal toxicity, ↓ bone mineral density	Increases ddl AUC: reduce ddl dose to 250mg 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 Oral syrup: 10mg/mL Generic capsule, tablet, oral syrup Injection solution: 10mg/mL	<ul style="list-style-type: none"> 300mg BID 200mg TID No food restrictions	<table border="1"> <thead> <tr> <th>CrCl</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>< 15 or HD</td> <td>100mg TID or 300mg QD</td> </tr> </tbody> </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 (BM) 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												
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 mild-moderate hepatic impairment (CPT B or C)	See ABC & 3TC	See ABC & 3TC												

ND= no data available, TN= treatment-naïve, TE= treatment-experienced, N= nausea, D= diarrhea, V= vomiting, HA= headache, R= rash

Updated by: **Cristina Gruta, PharmD (3/2021)**

**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.

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Zidovudine/ Lamivudine/ Abacavir AZT/3TC/ABC (Trizivir)	Tablet: 300mg AZT/150mg 3TC/300mg ABC <i>Generic tablets</i> available	<ul style="list-style-type: none"> One tablet (300/150/300) BID No food restrictions	CrCl < 50mL/min: not recommended Contraindicated in mild-moderate hepatic impairment (CPT B or C)	See AZT, 3TC, & ABC	See AZT, 3TC, & ABC						
Tenofovir DF/ Emtricitabine TDF/FTC (Truvada)	Tablet: 300mg TDF/200mg FTC, 150mg TDF/100mg FTC, 200mg TDF/133mg FTC, 250mg TDF/167mg FTC <i>Generic tablets</i> available	<ul style="list-style-type: none"> One tablet (300/200) QD No food restrictions	<table border="1"> <tr> <th>CrCl</th> <th>Dose</th> </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 Co-formulation may be given to pts with CrCl < 15mL/min if on chronic hemodialysis No dose adjustment in Child-Pugh A or B, No dosing data for Child-Pugh C	N, ↑LDL/total cholesterol	Avoid strong inducers						
Tenofovir DF/Lamivudine TDF/FTC (Cimduo or Temixys)	Tablet: 300mg 3TC/300mg TDF	<ul style="list-style-type: none"> One tablet (300/300) QD No food restrictions	CrCl < 50mL/min: not recommended ESRD on HD: not recommended <i>No hepatic adjustment recommendation</i>	See TDF & 3TC	See TDF & 3TC						
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)			rash, hepatotoxicity								
Efavirenz EFV (Sustiva)	Capsules: 50mg, 200mg (brand and <i>generic</i>) Tablet: 600mg (brand and <i>generic</i>)	<ul style="list-style-type: none"> 600mg QD Initially at bedtime and preferably on empty stomach	<i>No renal dose adjustment required</i> <i>No hepatic adjustment; use with caution</i>	CNS effects: dizziness, insomnia, vivid dreams	Inducer, inhibitor, and substrate of liver enzymes						
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> <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>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 certain INSTIs
Child-Pugh	Dose										
A or B	No adjustment necessary										
C	No data										
Nevirapine NVP (Viramune)	Tablet: 200mg (brand and <i>generic</i>) Extended release tablet: 100mg, 400mg (brand and <i>generic</i>) Oral suspension: 10mg/mL (brand and <i>generic</i>)	<ul style="list-style-type: none"> 200mg QDx2wks; then 200mg BID No food restrictions	<table border="1"> <tr> <th>CrCl</th> <th>Dose</th> </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										

ND= no data available, TN= treatment-naïve, TE= treatment-experienced, N= nausea, D= diarrhea, V= vomiting, HA= headache, R= rash

Updated by: Cristina Gruta, PharmD (3/2021)

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Rilpivirine RPV (Edurant, in Cabenuva*) *Cabenuva = RPV IM plus cabotegravir (CAB) IM	Tablet: 25mg Suspension for IM injection: 900mg/3 mL, 600mg/2 mL	<ul style="list-style-type: none"> 25mg QD Take with a normal to high calorie meal If administering long-acting injectable: with CAB, take RPV 25mg PO daily x 1 month, followed by 900mg IM x1, then after one month 600mg IM once monthly **NOTE— all RPV IM doses are given with CAB IM, see CAB dosing below)	<i>No renal dose adjustment required</i> <i>No hepatic dose adjustment required</i>	CNS: depressive disorders, HA, insomnia; rash, increased cholesterol, hepatotoxicity Avoid as initial treatment if viral load > 100k copies/mL	Substrate of CYP3A4; contraindicated with strong CYP3A inducers. Oral RPV contraindicated with proton pump inhibitors.						
Doravirine DOR (Pifeltro)	Tablet: 100mg	<ul style="list-style-type: none"> 100mg QD No food restrictions	No renal dose adjustment required in renal impairment; no data for ESRD or in HD <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, D, HA, dizziness	Substrate of CYP3A4; contraindicated with strong CYP 3A4 inducers (e.g. rifampin, certain anticonvulsants)
Child-Pugh	Dose										
A or B	No adjustment necessary										
C	No data										
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, at bedtime	Not recommended if CrCl < 50mL/min Use with caution in patients with hepatic impairment	N, D, HA, CNS effects	See EFV, FTC, TDF						
Efavirenz/Tenofovir DF/ Lamivudine EFV/TDF/3TC (Symfi, Symfi Lo)	Tablet: 600mg EFV/300mg TDF/300mg 3TC (Symfi), 400mg EFV/300mg TDF/300mg 3TC (Symfi Lo)	<ul style="list-style-type: none"> One tablet QD Preferably empty stomach, at bedtime	EFV/TDF/3TC NOT recommended if CrCl < 50 mL/min because 3TC renal dosing is not possible with co-formulation. Not recommended for patients with moderate or severe hepatic impairment	See EFV, TDF, 3TC	See EFV, TDF, 3TC						
Rilpivirine/ Emtricitabine/ Tenofovir DF RPV/FTC/TDF (Complera)	Tablet: 25mg RPV/200mg FTC/300mg TDF	<ul style="list-style-type: none"> One tablet QD Take with a full meal	Not recommended if CrCl < 50mL/min No adjustment recommended in mild-moderate hepatic impairment; no data in severe impairment	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	Do not give co-formulation if CrCl < 30mL/min No dose adjustment in Child-Pugh A or B, No dosing data for Child-Pugh C	See RPV, FTC/TAF	See RPV, TAF/FTC						

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Doravirine/ Lamivudine/ Tenofovir DF (DOR/3TC/TDF) (Delstrigo)	Tablet: 100mg DOR/300mg 3TC/300mg TDF	<ul style="list-style-type: none"> One tablet QD No food restrictions	CrCl < 50mL/min not recommended <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	See DOR, 3TC, TDF	See DOR, 3TC, TDF												
Child-Pugh	Dose																						
A or B	No adjustment necessary																						
C	No data																						
INTEGRASE STRAND TRANSFER INHIBITORS (INSTI)																							
Raltegravir RAL (Isentress, Isentress HD)	Tablet: 400mg, 600mg (HD) *Chewable tablets: 25mg, 100mg *Powder for oral suspension: 100mg packets (*These formulations are NOT bioequivalent to 400mg tablet)	<ul style="list-style-type: none"> 400mg BID 1200mg (2 X 600mg HD tabs) QD No food restrictions	No renal dose adjustment required No hepatic dose recommendation; no data in severe impairment	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	No renal dose adjustment required; caution for INSTI-experienced pts with severe renal impairment No dose adjustment for mild or moderate hepatic impairment; PK unknown for severe hepatic 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.																		
NRTI + INTEGRASE STRAND TRANSFER INHIBITORS (INSTI) Co-formulations																							
Elvitegravir (EVG)/ cobicistat/TDF/FTC (Stribild)	Tablet: 150mg EVG/150mg co-bicistat/ 200mg FTC/300mg TDF	<ul style="list-style-type: none"> One tablet QD Take with food	<table border="1"> <tr> <td>CrCl</td> <td>Dose</td> </tr> <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> <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>Not recommended</td> </tr> </table>	CrCl	Dose	≥ 70	No adjustment necessary	< 70	Initial use not recommended	< 50	Continued use not recommended	HD	Not recommended	-----		Child-Pugh	Dose	A or B	No adjustment necessary	C	Not recommended	N, HA, increased creatine kinase, renal toxicity	Strong 3A4 inducers can decrease EVG Cobi is a CYP3A inhibitor, which ↑ EVG exposure; may ↑ exposure to other CYP3A substrates Contraindicated with rifampin, lovastatin, simvastatin, sildenafil dosed as Revatio® for PAH
CrCl	Dose																						
≥ 70	No adjustment necessary																						
< 70	Initial use not recommended																						
< 50	Continued use not recommended																						
HD	Not recommended																						

Child-Pugh	Dose																						
A or B	No adjustment necessary																						
C	Not recommended																						
Elvitegravir (EVG)/ cobicistat/TAF/FTC (Genvoya) (TAF= tenofovir alafenamide)	Tablet: 150mg EVG/150mg co-bicistat/ 200mg FTC/10mg TAF	<ul style="list-style-type: none"> One tablet QD Take with food	Do not give co-formulation if CrCl < 30mL/min Co-formulation may be given to pts with CrCl < 15mL/min if on chronic hemodialysis No dose adjustment in Child-Pugh A or B Not recommended in Child-Pugh C	N, D, HA	(See Stribild above)																		

ND= no data available, TN= treatment-naïve, TE= treatment-experienced, N= nausea, D= diarrhea, V= vomiting, HA= headache, R= rash

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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 NOT recommended if CrCl < 30 mL/min DTG/ABC/3TC NOT recommended in Child-Pugh A or higher. ABC dose-reduced if Child-Pugh A.	See DTG, ABC, 3TC Must establish HLA -B*5701 status 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.
Dolutegravir (DTG)/Lamivudine (3TC) (Dovato)	Tablet: 50mg DTG/300mg 3TC	<ul style="list-style-type: none"> One tablet QD No food restrictions	DTG/3TC NOT recommended if CrCl < 30 mL/min DTG/3TC NOT recommended in Child-Pugh C	See DTG, 3TC Not a complete HBV regimen for HIV-HBV co-infection; not recommended as initial treatment if viral load > 500k copies/mL	Strong inducers of UGT1A or CYP3A can decrease DTG levels; metformin; divalent/polyvalent cations; see package insert for dose adjustments or contraindicated combinations.
Bictegravir (BIC)/TAF/FTC (Biktarvy)	Tablet: 50mg BIC/200mg FTC/25mg TAF	<ul style="list-style-type: none"> One tablet QD No food restrictions	Do not give co-formulation if CrCl < 30mL/min Co-formulation may be given to pts with CrCl < 15mL/min if on chronic hemodialysis Not recommended in Child-Pugh C	N, D, HA	Strong inducers of UGT1A or CYP3A can decrease BIC levels; metformin; divalent/polyvalent cations; see package insert for dose adjustments or contraindicated combinations.
Cabotegravir CAB (Vocabria, in Cabenuva) Cabenuva = CAB IM plus RPV IM	Tablet: 30mg Suspension for IM injection: 600 mg/3mL, 400mg/2mL	<ul style="list-style-type: none"> 30mg PO daily x 1 month followed by 600 mg IM x1 loading dose and after 1 month 400 mg IM once monthly **NOTE— all CAB doses are given with rilpivirine (see RPV dosing above)	<i>No renal dose adjustment required; monitor for adverse effects if severe renal disease or ESRD</i> <i>No dose adjustment for mild or moderate hepatic impairment; PK unknown for severe hepatic impairment</i>	Injection site reactions, pyrexia, fatigue, HA, ↑CPK	CAB is UGT1A1 substrate Contraindicated with many anticonvulsants, rifamycins Give antacids with polyvalent cations at least 2 hours before or 4 hours after taking oral CAB
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 in mild or moderate hepatic impairment; PK unknown in severe hepatic impairment</i>	See DTG, RPV	See DTG and RPV

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Generic Name Abbrev. (brand name)	Dosage Forms (generics , liquids , alternate forms)	Adult Dosing	Renal/Hepatic Dose Adjustments	Adverse Reactions	Interaction Potential (partial list; check other resources for complete information)																
PROTEASE INHIBITORS (PIs)			hepatotoxicity, lipodystrophy, dyslipidemias, insulin resistance/ hyperglycemia																		
Atazanavir ATV (Reyataz) ATV/c (Evotaz) (c=cobicistat)	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	<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"> <tr> <td>CrCl</td> <td>Dose</td> </tr> <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> <tr> <td colspan="2">-----</td> </tr> <tr> <td>Child-Pugh</td> <td>Dose</td> </tr> <tr> <td>B</td> <td>300mg QD (no RTV)</td> </tr> <tr> <td>C</td> <td>Not recommended</td> </tr> </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	<ul style="list-style-type: none"> ↑ bilirubin, EKG changes (rare), kidney stones 	<ul style="list-style-type: none"> 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)																				
C	Not recommended																				
Darunavir DRV (Prezista) DRV/c (Prezcobix) (c=cobicistat) DRV/c/TAF/FTC (Symtuza)	Tablets: 75mg, 150mg, 400mg, 600mg, 800mg Oral suspension: 100mg/mL Prezcobix tablet: 800mg co-formulated with cobicistat 150mg Symtuza tablet: 800mg/150mg cobicistat/200mg FTC/10mg TAF	<ul style="list-style-type: none"> TN or TE with no DRV mutations: 800mg + [RTV 100mg QD <u>or</u> cobi 150mg QD] <u>or</u> DRV/cobi one tab 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 administered if CrCl < 70 mL/min</i></p> <p><i>No hepatic dose recommendation; not recommended in severe hepatic impairment</i></p>	N, D, R, HA	Inhibitor of CYP3A																
Lopinavir/ritonavir LPV/r (Kaletra)	Tablets: 100mg/25mg, 200mg/50mg LPV/r Oral solution (brand and generic): 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>	N, D, ↑ GGT	<ul style="list-style-type: none"> 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)	Tablet: 100mg (brand and generic) Oral solution: 80mg/mL Oral powder: 100mg	<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>	N, V, D	<ul style="list-style-type: none"> Significant drug interactions Inhibitor of CYP3A and 2D6 Inducer p-glycoprotein 																

ND= no data available, TN= treatment-naïve, 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 (3/2021)

HIV Warmline	800.933.3413
PEpline	888.448.4911
Perinatal HIV Hotline	888.448.8765



PrEpline	855.448.7737
Hepatitis C Warmline	844.437.4636
Substance Use Warmline	855.300.3595