

# COMPREHENSIVE ANTIRETROVIRAL TABLE FOR HIV TREATMENT:

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

Generic Name Abbreviation (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)															
<b>NUCLEOSIDE/TIDE REVERSE TRANSCRIPTASE INHIBITORS (N(t)RTIs)</b>			<b>Hepatotoxicity, Mitochondrial Toxicity, Lactic Acidosis</b>																	
Abacavir ABC (Ziagen)	Generic tablet: 300mg Oral solution: 20mg/mL (brand and generic)	<ul style="list-style-type: none"> <li>300mg twice a day or</li> <li>600mg once daily</li> </ul> <b>No food restrictions</b>	<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 twice a day</td> </tr> <tr> <td>&gt; 6</td> <td><b>Contraindicated</b></td> </tr> </table>	Child-Pugh	Dose	5-6	200mg twice a day	> 6	<b>Contraindicated</b>	N, V, HSR: fever, malaise, GI s/sx, R; do not re-challenge  <b>Check HLA-B*5701 to avoid hypersensitivity reaction</b>	Minimal									
Child-Pugh	Dose																			
5-6	200mg twice a day																			
> 6	<b>Contraindicated</b>																			
Emtricitabine FTC (Emtriva)	Capsules: 200mg (brand and generic) Oral solution: 10mg/mL	<ul style="list-style-type: none"> <li>200mg once daily (capsule) or</li> <li>240mg (24mL) once daily (solution)</li> </ul> <b>No food restrictions</b>	<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>&lt; 15</td> <td>200mg Q96h</td> <td>60mg Q24h</td> </tr> <tr> <td>HD (FDC product guidance)</td> <td>200mg Q24h</td> <td>240mg 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	200mg Q96h	60mg Q24h	HD (FDC product guidance)	200mg Q24h	240mg Q24h	HA, N, V	Minimal
CrCl	Capsule	Solution																		
30-49	200mg Q48h	120mg Q24h																		
15-29	200mg Q72h	80mg Q24h																		
< 15	200mg Q96h	60mg Q24h																		
HD (FDC product guidance)	200mg Q24h	240mg Q24h																		
Lamivudine 3TC (EpiVir)	Tablets: 150mg, 300mg Generic tablets: 100mg, 150mg, 300mg Oral solution: 10mg/mL (brand and generic)	<ul style="list-style-type: none"> <li>150mg twice a day or</li> <li>300mg once daily</li> </ul> <b>No food restrictions</b>	<table border="1"> <tr> <th>CrCl</th> <th>Dose</th> </tr> <tr> <td>15-29</td> <td>150mg x1, 100mg once daily</td> </tr> <tr> <td>5-14</td> <td>150mg x1, 50mg once daily</td> </tr> <tr> <td>&lt; 5 or HD</td> <td>50mg x1, 25mg once daily</td> </tr> </table> <i>No hepatic adjustment necessary</i>	CrCl	Dose	15-29	150mg x1, 100mg once daily	5-14	150mg x1, 50mg once daily	< 5 or HD	50mg x1, 25mg once daily	HA, N, V	Minimal							
CrCl	Dose																			
15-29	150mg x1, 100mg once daily																			
5-14	150mg x1, 50mg once daily																			
< 5 or HD	50mg x1, 25mg once daily																			
Tenofovir disoproxil fumarate TDF (Viread)	Tablets: 300mg (brand and generic) Oral powder: 40mg/g	<ul style="list-style-type: none"> <li>300mg once daily</li> </ul> <b>No food restrictions</b>	<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 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 ddi AUC: reduce ddi dose to 250mg once daily 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 (brand and generic) Generic tablet: 300mg Oral syrup: 10mg/mL (brand and generic)	<ul style="list-style-type: none"> <li>300mg twice a day</li> </ul> <b>No food restrictions</b>	<table border="1"> <tr> <th>CrCl</th> <th>Dose</th> </tr> <tr> <td>&lt; 15 or HD</td> <td>100mg three times a day or 300mg once daily</td> </tr> </table> <i>No hepatic adjustment recommendation</i>	CrCl	Dose	< 15 or HD	100mg three times a day or 300mg once daily	Anemia, HA, N, V	Minimal; avoid use with other bone marrow toxic medications.											
CrCl	Dose																			
< 15 or HD	100mg three times a day or 300mg once daily																			
<b>N(t)RTI Co-formulations</b>			<b>Hepatotoxicity, Mitochondrial Toxicity, Lactic Acidosis</b>																	
Zidovudine/Lamivudine AZT/3TC	Generic tablets: 300mg AZT/150mg 3TC	<ul style="list-style-type: none"> <li>One tablet (300/150mg) twice a day</li> </ul> <b>No food restrictions</b>	CrCl < 50mL/min: <b>Not recommended</b> <i>No hepatic adjustment recommendation</i>	See AZT & 3TC	See AZT & 3TC															
Abacavir/Lamivudine ABC/3TC	Generic tablets: 600mg ABC/300mg 3TC	<ul style="list-style-type: none"> <li>One tablet (600/300mg) once daily</li> </ul> <b>No food restrictions</b>	CrCl < 30mL/min: <b>Not recommended</b> <b>Contraindicated</b> in mild-moderate hepatic impairment (Child-Pugh B or C)	See ABC & 3TC	See ABC & 3TC															

\* This is intended to be a resource for the care of adults. Information on formulations primarily developed for use in pediatric populations (e.g., solutions) is included since there are occasional scenarios when these might be utilized in adults, for example people who are NPO or experiencing challenges with pill-swallowing. **Cobicistat** is a pure pharmaco-enhancer with no HIV activity. \*\*Renal and hepatic dosing of antiretrovirals is mostly based on product package insert (except once daily dosing of ZDV). DHHS [guidelines](#) may indicate other dosing strategies. HD= hemodialysis, TN= treatment-naïve, TE= treatment-experienced, N= nausea, V= vomiting, HSR=hypersensitivity reaction, D= diarrhea, HA= headache, R= rash  
**Updated by: Cristina Gruta, PharmD (11/2025)**

# COMPREHENSIVE ANTIRETROVIRAL TABLE FOR HIV TREATMENT:

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

Generic Name Abbreviation (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)						
Zidovudine/Lamivudine/ Abacavir AZT/3TC/ABC	<b>Generic tablets:</b> 300mg AZT/ 150mg 3TC/300mg ABC	<ul style="list-style-type: none"> <li>One tablet (300/150/300mg) twice a day</li> </ul> <b>No food restrictions</b>	CrCl < 50mL/min: <b>Not recommended</b>  <b>Contraindicated</b> in mild-moderate hepatic impairment (Child-Pugh B or C)	See AZT, 3TC, ABC	See AZT, 3TC, ABC						
Tenofovir DF/ Emtricitabine TDF/FTC (Truvada)	<b>Tablet:</b> 300mg TDF/200mg FTC <b>Generic tablets</b> available	<ul style="list-style-type: none"> <li>One tablet (300/200mg) once daily</li> </ul> <b>No food restrictions</b>	<table border="1"> <tr> <th>CrCl</th> <th>Dose</th> </tr> <tr> <td>30-49</td> <td>1 tablet Q48h</td> </tr> <tr> <td>&lt; 30</td> <td><b>Not recommended</b></td> </tr> </table> <i>No hepatic adjustment recommendation</i>	CrCl	Dose	30-49	1 tablet Q48h	< 30	<b>Not recommended</b>	See TDF & FTC	See TDF & FTC
CrCl	Dose										
30-49	1 tablet Q48h										
< 30	<b>Not recommended</b>										
Tenofovir AF/ Emtricitabine TAF/FTC (Descovy)  (TAF= tenofovir alafenamide)	<b>Tablet:</b> 25mg TAF/200mg FTC	<ul style="list-style-type: none"> <li>One tablet (25/200mg) once daily</li> </ul> <b>No food restrictions</b>	Co-formulation can be given if CrCl ≥ 30 mL/min. Co-formulation may be given to people with CrCl < 30mL/min if on chronic HD.  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/3TC (Cimduo)	<b>Tablet:</b> 300mg TDF/300mg 3TC	<ul style="list-style-type: none"> <li>One tablet (300/300mg) once daily</li> </ul> <b>No food restrictions</b>	CrCl < 50mL/min: <b>Not recommended</b> ESRD on HD: <b>Not recommended</b>  <i>No hepatic adjustment recommendation</i>	See TDF & 3TC	See TDF & 3TC						
<b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)</b>			<b>Rash, Hepatotoxicity</b>								
Efavirenz EFV	<b>Capsules:</b> 200mg (brand and <b>generic</b> ) <b>Generic tablets:</b> 600mg	<ul style="list-style-type: none"> <li>600mg once daily <b>Initially at bedtime and preferably on empty stomach</b></li> </ul>	<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 (Intenceo)	<b>Tablets:</b> 100mg, 200mg <b>Generic tablets</b> 100mg, 200mg	<ul style="list-style-type: none"> <li>200mg twice a day</li> </ul> Once daily dosing (i.e., 400mg once daily) can be considered; consult with HIV-experienced clinician or NCCC <b>Take with food</b>	<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	<b>Generic tablets:</b> 200mg, 400 mg (extended release) <b>Oral suspension:</b> 10mg/mL ( <b>generic</b> )	<ul style="list-style-type: none"> <li>200mg once daily x2wks; then 200mg twice a day (or 400mg ER once daily)</li> </ul> <b>No food restrictions</b>	<table border="1"> <tr> <th>CrCl</th> <th>Dose</th> </tr> <tr> <td>≥ 20</td> <td>No adjustment necessary</td> </tr> <tr> <td>&lt; 20</td> <td>No data</td> </tr> </table> <b>Contraindicated</b> 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										

\* This is intended to be a resource for the care of adults. Information on formulations primarily developed for use in pediatric populations (e.g., solutions) is included since there are occasional scenarios when these might be utilized in adults, for example people who are NPO or experiencing challenges with pill-swallowing. **Cobicistat** is a pure pharmaco-enhancer with no HIV activity. \*\*Renal and hepatic dosing of antiretrovirals is mostly based on product package insert (except once daily dosing of ZDV). DHHS [guidelines](#) may indicate other dosing strategies. HD= hemodialysis, TN= treatment-naïve, TE= treatment-experienced, N= nausea, V= vomiting, HSR=hypersensitivity reaction, D= diarrhea, HA= headache, R= rash

Updated by: Cristina Gruta, PharmD (11/2025)

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<b>Rilpivirine RPV</b> (Edurant (oral); long-acting injectable RPV is a component of Cabenuva <sup>†</sup> )  <sup>†</sup> Cabenuva = RPV IM co-packaged with cabotegravir (CAB) IM	<b>Tablet:</b> 25mg <b>Suspension for IM injection:</b> 900mg/3mL, 600mg/2mL	<ul style="list-style-type: none"> <li>25mg tablet once daily <b>Take with normal to high calorie meal</b></li> </ul> <p><b>LONG-ACTING INJECTABLE</b></p> <ul style="list-style-type: none"> <li>900mg IM x 1, then after one month 600mg IM once monthly</li> <li>or</li> <li>900mg IM x 2 (separated by one month), followed by 900mg IM every 2 months</li> </ul> <p><b>NOTE—all RPV IM doses are given with co-packaged CAB IM (see CAB dosing below)</b></p> <p><i>OPTIONAL oral lead-in may precede injections with:</i></p> <ul style="list-style-type: none"> <li>RPV 25mg daily (with CAB 30mg daily) x 1 month</li> </ul>	<p>No renal dose adjustment required</p> <p>No hepatic dose adjustment required</p>	<p>CNS: depressive disorders, HA, insomnia; rash, increased cholesterol, hepatotoxicity</p> <p>Avoid oral RPV as initial treatment if viral load &gt; 100k copies/mL.</p>	Substrate of CYP3A4; contraindicated with strong CYP3A inducers. Oral RPV contraindicated with proton pump inhibitors.						
<b>Doravirine DOR</b> (Pifeltro)	<b>Tablet:</b> 100mg	<ul style="list-style-type: none"> <li>100mg once daily</li> </ul> <p><b>No food restrictions</b></p>	<p>No renal dose adjustment required in renal impairment; no data for ESRD or in HD</p> <table border="1"> <thead> <tr> <th>Child-Pugh</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>A or B</td> <td>No adjustment necessary</td> </tr> <tr> <td>C</td> <td>No data</td> </tr> </tbody> </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										
<b>NRTI Pair plus NNRTI Co-formulations</b>											
<b>Efavirenz/Emtricitabine/ Tenofovir DF EFV/FTC/TDF</b>	<b>Tablet:</b> 600mg EFV/200mg FTC/300mg TDF ( <b>generic</b> )	<ul style="list-style-type: none"> <li>One tablet once daily</li> </ul> <p><b>Preferably empty stomach, at bedtime</b></p>	<p><b>Not</b> recommended if CrCl &lt; 50mL/min</p> <p>Use with caution in people with hepatic impairment</p>	N, D, HA, CNS effects	See EFV, FTC, TDF						
<b>Efavirenz/Tenofovir DF/ Lamivudine EFV/TDF/3TC</b> (Symfi, Symfi Lo)	<b>Tablet:</b> 600mg EFV/300mg TDF/300mg 3TC (Symfi and <b>generic</b> ), 400mg EFV/300mg TDF/300mg 3TC (Symfi Lo and <b>generic</b> )	<ul style="list-style-type: none"> <li>One tablet once daily</li> </ul> <p><b>Preferably empty stomach, at bedtime</b></p>	<p>EFV/TDF/3TC <b>NOT</b> recommended if CrCl &lt; 50mL/min or HD</p> <p><b>Not recommended</b> for people with moderate or severe hepatic impairment</p>	See EFV, TDF, 3TC	See EFV, TDF, 3TC						
<b>Rilpivirine/ Emtricitabine/ Tenofovir DF RPV/FTC/TDF</b> (Complera)	<b>Tablet:</b> 25mg RPV/200mg FTC/300mg TDF (brand and <b>generic</b> )	<ul style="list-style-type: none"> <li>One tablet once daily</li> </ul> <p><b>Take with a full meal</b></p>	<p><b>Not</b> recommended if CrCl &lt; 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						

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Generic Name Abbreviation (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)						
Rilpivirine/ Emtricitabine/ Tenofovir AF RPV/FTC/TAF (Odefsey) (TAF= tenofovir alafenamide)	Tablet: 25mg RPV/200mg FTC/ 25mg TAF	<ul style="list-style-type: none"> <li>One tablet once daily</li> </ul> <b>Take with a full meal</b>	Do not give co-formulation if CrCl < 30mL/min and not on HD. If on HD, one tablet once daily (administer after dialysis on HD days).  No dose adjustment in Child-Pugh A or B No dosing data for Child-Pugh C	See RPV, TAF/FTC	See RPV, TAF/FTC						
Doravirine/ Lamivudine/ Tenofovir DF (DOR/3TC/TDF) (Delstrigo)	Tablet: 100mg DOR/300mg 3TC/ 300mg TDF	<ul style="list-style-type: none"> <li>One tablet once daily</li> </ul> <b>No food restrictions</b>	CrCl < 50mL/min not recommended  <table border="1"> <thead> <tr> <th>Child-Pugh</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>A or B</td> <td>No adjustment necessary</td> </tr> <tr> <td>C</td> <td>No data</td> </tr> </tbody> </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										
<b>INTEGRASE STRAND TRANSFER INHIBITORS (INSTI)</b>											
Raltegravir RAL (Isentress, Isentress HD)	Tablet: 400mg, 600mg (HD)	<ul style="list-style-type: none"> <li>400mg twice a day</li> <li>or</li> <li>1200mg (2 X 600mg HD tabs) once daily</li> </ul> <b>No food restrictions</b>	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: 50mg	<ul style="list-style-type: none"> <li>50mg once daily (TN or TE but INSTI-naïve)</li> <li>or</li> <li>50mg twice a day (INSTI-experienced or with certain UGT1A/CYP3A inducers)</li> </ul> <b>No food restrictions</b>	No renal dose adjustment required; caution for INSTI-experienced people 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.						
Cabotegravir CAB (Vocabria (oral); long-acting injectable CAB is a component of Cabenuva <sup>‡</sup> )  ‡Cabenuva = CAB IM co-packaged with RPV IM	Tablet (Vocabria): 30mg Suspension for IM injection: 600 mg/3mL, 400mg/2mL	<ul style="list-style-type: none"> <li>600mg IM x1 initiation dose, then after one month 400mg IM once monthly</li> <li>or</li> <li>600mg IM x 2 (separated by one month), followed by 600mg IM every 2 months</li> </ul> <b>NOTE—all CAB IM doses are given with co-packaged RPV IM (see RPV dosing above)</b>  OPTIONAL oral lead-in may precede injections with: <ul style="list-style-type: none"> <li>CAB 30mg daily (with RPV 25mg daily) x 1 month</li> </ul>	No renal dose adjustment required; monitor for adverse effects if severe renal disease or ESRD  No dose adjustment for mild or moderate hepatic impairment; PK unknown for severe hepatic impairment	Injection site reactions, fever, fatigue, HA, increased creatine kinase	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.						

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<b>NRTI + INTEGRASE STRAND TRANSFER INHIBITORS (INSTI) Co-formulations</b>																							
Elvitegravir (EVG)/ cobicistat/FTC/TDF (Stribild)	Tablet: 150mg EVG/150mg cobicistat/ 200mg FTC/300mg TDF	<ul style="list-style-type: none"> <li>One tablet once daily <b>Take with food</b></li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">CrCl</td> <td style="text-align: center;">Dose</td> </tr> <tr> <td style="text-align: center;">≥ 70</td> <td style="text-align: center;">No adjustment necessary</td> </tr> <tr> <td style="text-align: center;">&lt; 70</td> <td style="text-align: center;"><b>Initial use not recommended</b></td> </tr> <tr> <td style="text-align: center;">&lt; 50</td> <td style="text-align: center;"><b>Continued use not recommended</b></td> </tr> <tr> <td style="text-align: center;">HD</td> <td style="text-align: center;"><b>Not recommended</b></td> </tr> <tr> <td colspan="2" style="text-align: center;">-----</td> </tr> <tr> <td style="text-align: center;">Child-Pugh</td> <td style="text-align: center;">Dose</td> </tr> <tr> <td style="text-align: center;">A or B</td> <td style="text-align: center;">No adjustment necessary</td> </tr> <tr> <td style="text-align: center;">C</td> <td style="text-align: center;">Not recommended</td> </tr> </table>	CrCl	Dose	≥ 70	No adjustment necessary	< 70	<b>Initial use not recommended</b>	< 50	<b>Continued use not recommended</b>	HD	<b>Not recommended</b>	-----		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	<b>Initial use not recommended</b>																						
< 50	<b>Continued use not recommended</b>																						
HD	<b>Not recommended</b>																						
-----																							
Child-Pugh	Dose																						
A or B	No adjustment necessary																						
C	Not recommended																						
Elvitegravir (EVG)/ cobicistat/FTC/TAF (Genvoya)  (TAF= tenofovir alafenamide)	Tablet: 150mg EVG/150mg cobicistat/ 200mg FTC/10mg TAF	<ul style="list-style-type: none"> <li>One tablet once daily <b>Take with food</b></li> </ul>	<p>Do <b>not</b> give co-formulation if CrCl &lt; 30mL/min and not on HD. If on HD, one tablet once daily (administer after dialysis on HD days).</p> <p>No dose adjustment in Child-Pugh A or B <b>Not recommended</b> in Child-Pugh C</p>	N, D, HA	(See Stribild above)																		
Dolutegravir (DTG)/ABC/3TC (Triumeq)	Tablet: 50mg DTG/600mg ABC/ 300mg 3TC	<ul style="list-style-type: none"> <li>One tablet once daily <b>No food restrictions</b></li> </ul>	<p>DTG/ABC/3TC <b>NOT</b> recommended if CrCl &lt; 30mL/min</p> <p>DTG/ABC/3TC <b>NOT</b> recommended in Child-Pugh A or higher. ABC dose-reduced if Child-Pugh A.</p>	See DTG, ABC, 3TC	<p>Strong inducers of UGT1A or CYP3A can decrease DTG levels; metformin; divalent/polyvalent cations; see package insert for dose adjustments or contraindicated combinations.</p>																		
Dolutegravir (DTG)/Lamivudine (3TC) (Dovato)	Tablet: 50mg DTG/300mg 3TC	<ul style="list-style-type: none"> <li>One tablet once daily <b>No food restrictions</b></li> </ul>	<p>DTG/3TC <b>NOT</b> recommended if CrCl &lt; 30 mL/min</p> <p>DTG/3TC <b>NOT</b> recommended in Child-Pugh C</p>	See DTG, 3TC	<p>Strong inducers of UGT1A or CYP3A can decrease DTG levels; metformin; divalent/polyvalent cations; see package insert for dose adjustments or contraindicated combinations.</p>																		
Bictegravir (BIC)/FTC/TAF (Biktarvy)	Tablet: 50mg BIC/200mg FTC/25mg TAF	<ul style="list-style-type: none"> <li>One tablet once daily <b>No food restrictions</b></li> </ul>	<p>Do <b>not</b> give co-formulation if CrCl &lt; 30mL/min and not on HD. If on HD, one tablet once daily (administer after dialysis on HD days).</p> <p><b>Not recommended</b> in Child-Pugh C</p>	N, D, HA	<p>Strong inducers of UGT1A or CYP3A can decrease BIC levels; metformin; divalent/polyvalent cations; see package insert for dose adjustments or contraindicated combinations.</p>																		

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**Updated by: Cristina Gruta, PharmD (11/2025)**

# COMPREHENSIVE ANTIRETROVIRAL TABLE FOR HIV TREATMENT:

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

Generic Name Abbreviation (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)																
<b>NNRTI + INSTI Co-formulation</b>																					
<b>Dolutegravir</b> (DTG)/ <b>Rilpivirine</b> (RPV) (Juluca)	<b>Tablet:</b> 50mg DTG/25mg RPV	<ul style="list-style-type: none"> <li>One tablet once daily <b>With a meal</b></li> </ul>	<p><i>No adjustment for mild-moderate renal dysfunction. Monitor for increased adverse effects if severe impairment (CrCl &lt; 30mL/min) or ESRD.</i></p> <p><i>No adjustment in mild or moderate hepatic impairment; PK unknown in severe hepatic impairment.</i></p>	See DTG, RPV	See DTG, RPV																
<b>PROTEASE INHIBITORS (PIs)</b>			<b>Hepatotoxicity, Lipodystrophy, Dyslipidemia, Insulin Resistance/Hyperglycemia</b>																		
<b>Atazanavir</b> <b>ATV</b> (Reyataz) <b>ATV/cobi</b> (Evotaz)  (cobi=cobicistat)	<p><b>Capsules:</b> 200mg, 300mg (brand and generic) <b>Oral powder: 50mg per packet</b></p> <p><b>Evotaz tablet:</b> 300mg co-formulated with cobicistat 150mg</p>	<ul style="list-style-type: none"> <li>TN: 400mg once daily or</li> <li>TN or TE: 300mg once daily + [RTV 100mg once daily <u>or</u> cobi 150mg once daily]</li> <li><u>or</u> ATV/cobi one tablet once daily</li> <li>or</li> <li>TN with EFV: 400mg + RTV 100mg <b>Take with food</b></li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">CrCl</th> <th style="width: 15%;">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><b>Not recommended</b></td> </tr> <tr> <td colspan="2" style="text-align: center;">-----</td> </tr> <tr> <th style="width: 15%;">Child-Pugh</th> <th style="width: 15%;">Dose</th> </tr> <tr> <td>B</td> <td>300mg once daily (no RTV)</td> </tr> <tr> <td>C</td> <td><b>Not recommended</b></td> </tr> </tbody> </table>	CrCl	Dose	No HD	No adjustment necessary	HD (TN)	ATV 300mg + RTV 100mg	HD (TE)	<b>Not recommended</b>	-----		Child-Pugh	Dose	B	300mg once daily (no RTV)	C	<b>Not recommended</b>	↑ 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 H2 blockers or PPIs.
CrCl	Dose																				
No HD	No adjustment necessary																				
HD (TN)	ATV 300mg + RTV 100mg																				
HD (TE)	<b>Not recommended</b>																				
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Child-Pugh	Dose																				
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C	<b>Not recommended</b>																				
<b>Darunavir</b> <b>DRV</b> (Prezista)  <b>DRV/cobi</b> (Prezcobix) (cobi=cobicistat)  <b>DRV/cobi/FTC/TAF</b> (Symtuza)	<p><b>Tablets:</b> 600mg, 800mg (brand and generic) <b>Oral suspension:</b> 100mg/mL</p> <p><b>Prezcobix tablet:</b> 800mg DRV co-formulated with cobicistat 150mg</p> <p><b>Symtuza tablet:</b> 800mg DRV/150mg cobicistat/200mg FTC/10mg TAF</p>	<ul style="list-style-type: none"> <li>TN or TE with no DRV mutations: 800mg + [RTV 100mg once daily <u>or</u> cobi 150mg once daily]</li> <li><u>or</u> DRV/cobi one tablet once daily</li> <li>or</li> <li>TE with ≥ 1 DRV mutations: 600mg + RTV 100mg twice a day <b>Take with food</b></li> </ul>	<p><i>No renal dose adjustment required; DRV/cobi + TDF should <b>not</b> be administered if CrCl &lt; 70mL/min</i></p> <p><i>No hepatic dose recommendation; <b>not recommended</b> in severe hepatic impairment</i></p>	N, D, R, HA	Inhibitor of CYP3A																
<b>Fosamprenavir</b> <b>FPV</b>	<b>Generic tablets:</b> 700mg	<ul style="list-style-type: none"> <li>TN: 1400mg twice a day <u>or</u> 1400mg once daily + RTV 100-200mg once daily</li> <li>or</li> <li>TN or TE: 700mg twice a day + RTV 100mg twice a day <b>Take with food if RTV-boosted</b> <b>No food restrictions if unboosted</b></li> </ul>	<p><i>No renal dose adjustment required</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Child-Pugh</th> <th style="width: 15%;">Dose</th> </tr> </thead> <tbody> <tr> <td>5-6</td> <td>TN: 700mg twice a day TN/TE: 700mg twice a day + RTV 100mg once daily</td> </tr> <tr> <td>7-9</td> <td>TN: 700mg twice a day TN/TE: 450mg twice a day + RTV 100mg once daily</td> </tr> <tr> <td>10-15</td> <td>TN: 350mg twice a day TN/TE: 300mg twice a day + RTV 100mg once daily</td> </tr> </tbody> </table>	Child-Pugh	Dose	5-6	TN: 700mg twice a day TN/TE: 700mg twice a day + RTV 100mg once daily	7-9	TN: 700mg twice a day TN/TE: 450mg twice a day + RTV 100mg once daily	10-15	TN: 350mg twice a day TN/TE: 300mg twice a day + RTV 100mg once daily	N, V, D, R	Substrate and inhibitor of CYP3A								
Child-Pugh	Dose																				
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\* This is intended to be a resource for the care of adults. Information on formulations primarily developed for use in pediatric populations (e.g., solutions) is included since there are occasional scenarios when these might be utilized in adults, for example people who are NPO or experiencing challenges with pill-swallowing. **Cobicistat** is a pure pharmaco-enhancer with no HIV activity. \*\*Renal and hepatic dosing of antiretrovirals is mostly based on product package insert (except once daily dosing of ZDV). DHHS [guidelines](#) may indicate other dosing strategies. HD= hemodialysis, TN= treatment-naïve, TE= treatment-experienced, N= nausea, V= vomiting, HSR=hypersensitivity reaction, D= diarrhea, HA= headache, R= rash

**Updated by: Cristina Gruta, PharmD (11/2025)**

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

Generic Name Abbreviation (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)						
<b>Lopinavir/ritonavir</b> LPV/RTV (Kaletra)	<b>Tablets:</b> 200mg/50mg LPV/RTV (brand and generic) <b>Oral solution:</b> 80mg LPV-20mg RTV/mL (brand and generic)	<ul style="list-style-type: none"> <li>Two tablets (200/50mg per tablet) twice a day or</li> <li>Four tablets (200/50mg per tablet) once daily (not recommended if ≥3 LPV mutations)</li> </ul> <b>No food restrictions</b>	<i>No renal dose adjustment required</i>  <i>No hepatic dose recommendation; use with caution</i>	N, D, ↑ GGT	Substrate & inhibitor of liver enzymes; contains RTV (potent enzyme inhibitor)  Refer to package insert for concomitant dosing with EFV, NVP, FPV, NFV.						
<b>Nelfinavir</b> NFV (Viracept)	<b>Tablets:</b> 250mg, 625mg	<ul style="list-style-type: none"> <li>1250mg twice a day or</li> <li>750mg three times a day</li> </ul> <b>Take with food</b>	<i>No renal dose adjustment required</i>  <i>No dose adjustment in mild hepatic impairment; not recommended in moderate-severe impairment</i>	N, V, D	Substrate and inhibitor of CYP3A  Substrate of CYP2C19						
<b>Ritonavir</b> RTV (Norvir)	<b>Tablet:</b> 100mg (brand and generic) <b>Oral powder:</b> 100mg per packet	<ul style="list-style-type: none"> <li>Given 100-200mg once or twice a day to boost PIs</li> </ul> <b>Take with food</b>	<i>No renal dose adjustment required</i>  <i>Follow recommendations for primary PI for hepatic dose adjustment</i>	N, V, D	Significant drug interactions  Inhibitor of CYP3A and 2D6 Inducer p-glycoprotein						
<b>Tipranavir</b> TPV (Aptivus)	<b>Capsule:</b> 250mg (soft gelatin) <b>Oral solution:</b> 100mg/mL (with 116IU vitamin E/mL)	<ul style="list-style-type: none"> <li>500mg twice a day + RTV 200mg twice a day</li> </ul> <b>Take with food</b>	<i>No renal dose adjustment required</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Child-Pugh Dose</td> <td></td> </tr> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;"><b>Use with caution</b></td> </tr> <tr> <td style="text-align: center;">B or C</td> <td style="text-align: center;"><b>Contraindicated</b></td> </tr> </table>	Child-Pugh Dose		A	<b>Use with caution</b>	B or C	<b>Contraindicated</b>	N, V, D, HA	Net inhibitor of liver enzymes (CYP3A) and inducer of p-glycoprotein
Child-Pugh Dose											
A	<b>Use with caution</b>										
B or C	<b>Contraindicated</b>										
<b>ENTRY INHIBITORS (Fusion Inhibitors, CCR5 Co-receptor Antagonists, Post-attachment Inhibitors, Attachment Inhibitors)</b>											
<b>Maraviroc</b> MVC (Selzentry)	<b>Tablets:</b> 150mg, 300mg (brand and generic) <b>Oral solution:</b> 20mg/mL	<ul style="list-style-type: none"> <li>MVC + strong CYP3A inhibitor (except TPV): 150mg twice a day or</li> <li>MVC+CYP3A inducer only: 600mg twice a day or</li> <li>MVC+NRTIs, TPV, NVP: 300mg twice a day</li> </ul> Once daily dosing can be considered; consult with HIV-experienced clinician or NCCC <b>No food restrictions</b>	<i>When co-administered with potent inducers or inhibitors, MVC NOT recommended when CrCl &lt; 30mL/min or in people on HD. See package insert for specifics.</i>  <i>No hepatic dose recommendation</i>	R, cough, fever, musculoskeletal symptoms, hepatotoxicity	MVC is a substrate of CYP3A4, inhibitors (with or without inducers), PIs can increase MVC.  CYP3A inducers (without inhibitors) can decrease MVC.						
<b>Ibalizimab-uiyk</b> IBA (Trogarzo)	<b>Injection:</b> 200mg/1.33mL single-use vials; must be diluted in 0.9% sodium chloride	<ul style="list-style-type: none"> <li>2000mg IV loading dose then 800mg IV q2 weeks (can be given as IV continuous infusion or IV push for both loading and maintenance)</li> </ul>	<i>No formal studies in people with renal or hepatic insufficiency; renal impairment is not expected to affect drug PK</i>	N, D, R, dizziness	No drug-drug interactions conducted; none expected based on drug mechanism of action.						

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Generic Name Abbreviation (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)
Fostemsavir FTR (Rukobia)	Tablets: 600mg	<ul style="list-style-type: none"> <li>600mg twice a day</li> </ul> <b>No food restrictions</b>	<p><i>No dose adjustment needed in people with renal impairment or those on HD.</i></p> <p><i>No dose adjustment is needed for mild-severe hepatic impairment (Child-Pugh A, B, C).</i></p>	N, D, HA, ↑ serum creatinine	<p>CYP3A4 and P-gp substrate, inhibits (OAT)1B1/3</p> <p>Caution with strong inducers of CYP3A4; contraindicated with rifampin and certain anticonvulsants. ↑ ethinyl estradiol</p>
<b>CAPSID INHIBITOR</b>					
Lenacapavir LEN (Sunlenca)	<p>Tablets: 300mg</p> <p><b>Injection:</b> 463.5mg/1.5mL</p>	<p><b><u>INITIATION DOSING (abbreviated, two-day option listed here)</u></b></p> <p>Day 1:</p> <ul style="list-style-type: none"> <li>927mg SQ (2 x 1.5mL injections) <b>PLUS</b> 600mg PO (2 x 300mg tablets)</li> </ul> <p>Day 2:</p> <ul style="list-style-type: none"> <li>600mg PO (2 x 300mg tablets)</li> </ul> <p><b>No food restrictions with tablets</b></p> <p><b><u>MAINTENANCE DOSING</u></b></p> <ul style="list-style-type: none"> <li>927mg SQ (2 x 1.5mL injections) every 6 months</li> </ul>	<p><i>No renal dose adjustment required for mild, moderate, or severe renal impairment; no data on ESRD (CrCl&lt;15mL/min)</i></p> <p><i>No dose adjustment for mild or moderate hepatic impairment; PK unknown for severe hepatic impairment</i></p>	<p>Injection site reactions (65%), swelling, pain, erythema, nodules, induration, pruritis</p> <p>Nausea (4%)</p>	<p>LEN is a P-gp, UGT 1A1, CYP3A substrate</p> <ul style="list-style-type: none"> <li>Contraindicated with strong inducers (rifampin and certain anticonvulsants) and inhibitors (ATV/cobi).</li> </ul> <p>LEN is a moderate inhibitor of CYP3A</p> <ul style="list-style-type: none"> <li>Contraindicated with certain cardiac medications.</li> </ul> <p>See <a href="https://www.hiv-druginteractions.org/checker">https://www.hiv-druginteractions.org/checker</a></p>

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