

ANTIRETROVIRAL TREATMENT (Part 1 of 3)

Generic & Class	Brand & Company	Strength	Formulations	Usual Dose
CCR5 CO-RECEPTOR ANTAGONISTS				
maraviroc (MVC)	Selzentry (Pfizer)	150mg, 300mg	tabs	Adults: Swallow whole. >16yrs: Concomitant CYP3A inhibitors (eg, PIs except tipranavir/ritonavir, delavirdine, ketoconazole, itraconazole, clarithromycin, nefazodone, telithromycin) (with or without a CYP3A inducer): 150mg twice daily. Concomitant tipranavir/ritonavir, nevirapine, NRTIs, enfuvirtide: 300mg twice daily. Concomitant CYP3A inducers (efavirenz, rifampin, carbamazepine, phenobarbital, phenytoin) (without a strong CYP3A inhibitor): 600mg twice daily. Children: <16yrs: not recommended.
FUSION INHIBITORS				
enfuvirtide (ENF, T-20)	Fuzeon (Roche)	90mg/mL	pwd for SC inj after reconstitution	Adults: Give by SC inj into upper arm, anterior thigh, or abdomen (not into moles, scar tissue, bruises, or navel). ≥16yrs: 90mg twice daily. Children: 6–16yrs: limited data available; doses of 2mg/kg (max 90mg) twice daily have been used.
HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS				
raltegravir potassium (RAL)	Isetress (Merck)	400mg	tabs	Adults: >16yrs: 400 mg twice daily (avoid dosing prior to dialysis). Concomitant rifampin: 800mg twice daily. Children: <16yrs: not recommended.
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)				
delavirdine mesylate (DLV)	Rescriptor (Pfizer)	100mg, 200mg	tabs	Adults: Swallow whole or may disperse 100mg tabs in ≥3oz water and drink. ≥16yrs: 400mg 3 times daily. Children: <16yrs: not recommended.
efavirenz (EVF)	Sustiva (Bristol Myers-Squibb)	50mg, 100mg, 200mg, 600mg	caps ----- tabs	Adults and Children: Give once daily on an empty stomach, preferably at bedtime. Consider pretreating with antihistamine (for children) or steroid to minimize rash. <3yrs: not recommended. ≥3yrs (10kg to <15kg): 200mg; (15kg to <20kg): 250mg; (20kg to <25kg): 300mg; (25kg to <32.5kg): 350mg; (32.5kg to <40kg): 400mg; (≥40kg) and adults: 600mg.
etravirine (ETR)	Intence (Tibotec)	100mg	tabs	Adults: Take after meals. May disperse tabs in water and drink. 200mg twice daily. Children: Not recommended.
nevirapine (NVP)	Viramune (Boehringer Ingelheim)	200mg+ ----- 50mg/5mL	tabs ----- oral susp	Adults: ≥16yrs: Initially 200mg once daily for 14 days. If no rash occurs, increase to 200mg twice daily. If mild-to-moderate rash occurs during the 14-day lead in period, do not give twice-daily regimen until rash has resolved; lead-in dosing regimen should not be continued beyond 28 days, consider alternative regimen. If severe rash or hepatic event occurs, discontinue permanently. Max 400mg/day. Retitrate if stopped for >7 days. Hemodialysis: give additional nevirapine 200mg dose after dialysis. Children: <15days: not recommended. For oral susp: use dosing syringe or cup: ≥15days: initially 150mg/m ² once daily for 14 days; if no rash occurs increase to 150mg/m ² twice daily. If mild-to-moderate rash occurs during the 14-day lead in period, do not give twice-daily regimen until rash has resolved; lead-in dosing regimen should not be continued beyond 28 days, consider alternative regimen. If severe rash or hepatic event occurs, discontinue permanently. Max 400mg/day. Retitrate if stopped for >7 days.
NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs)				
abacavir sulfate (ABC)	Ziagen (GlaxoSmithKline)	300mg ----- 20mg/mL	tabs ----- oral soln ¹	Adults: >16yrs: 300mg twice daily or 600mg once daily. Mild hepatic impairment: 200mg twice daily. Children: <3 months: not recommended. ≥3 months–16yrs: 8mg/kg twice daily; max 300mg twice daily.
abacavir sulfate (ABC)/lamivudine (3TC)	Epzicom (GlaxoSmithKline)	ABC/3TC: 600mg/300mg	tabs	Adults: >18yrs: 1 tab daily. Hepatic or renal impairment (CrCl <50mL/min): not recommended. Children: <18yrs: not recommended.
abacavir sulfate (ABC)/lamivudine (3TC)/zidovudine (ZDV)	Trizivir (GlaxoSmithKline)	ABC/3TC/ZDV: 300mg/150mg/ 300mg	tabs	Adults: <40kg: not recommended. ≥40kg: 1 tab twice daily. Children: Not recommended.
didanosine (ddI)	Videx EC (Bristol Myers-Squibb)	125mg, 200mg, 250mg, 400mg	e-c del-rel caps	Adults and Children: Take once daily on an empty stomach; swallow whole. <20kg: use oral soln. 20kg to <25kg: 200mg. 25kg to <60kg: 250mg. ≥60kg: 400mg. Renal impairment (CrCl 30–59mL/min): <60kg: 125mg. ≥60kg: 200mg. CrCl 10–29mL/min: 125mg. CrCl <10mL/min or dialysis: <60kg: use oral soln; ≥60kg: 125mg.
	Videx Pediatric Pwd for Oral Soln (Bristol Myers-Squibb)	4g	pediatric pwd for oral soln after reconstitution	Adults: Take on an empty stomach. <60kg: 125mg twice daily. ≥60kg: 200mg twice daily. If once daily dosing required: <60kg: 250mg. ≥60kg: 400mg. Renal impairment (CrCl 30–59mL/min): <60kg: 150mg once daily or 75mg twice daily; ≥60kg: 200mg once daily or 100mg twice daily; CrCl 10–29mL/min: <60kg: 100mg once daily; ≥60kg: 150mg once daily; CrCl <10mL/min or dialysis: <60kg: 75mg once daily; ≥60kg: 100mg once daily. Children: See literature. Take on empty stomach. <2 weeks: not recommended. 2 weeks–8 months: 100mg/m ² twice daily. ≥8 months: 120mg/m ² twice daily. Renal impairment: consider reducing dose and/or increasing dosing interval.

(continued)

ANTIRETROVIRAL TREATMENTS (Part 2 of 3)

Generic & Class	Brand & Company	Strength	Formulations	Usual Dose
NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs) (continued)				
emtricitabine (FTC)	Emtriva (Gilead Sciences)	200mg	caps	Adults: ≥18yrs: 200mg once daily. Renal impairment (CrCl 30–49mL/min): 200mg every 48hrs; (CrCl 15–29mL/min): 200mg every 72hrs; (CrCl <15mL/min or dialysis): 200mg every 96hrs. Children: <3months: not recommended. 3months–17yrs: ≤33kg: use soln form. >33kg: 200mg once daily. Renal impairment: reduce dose or prolong dosing interval (see literature).
		10mg/mL	oral soln	Adults: ≥18yrs: 240mg (24mL) once daily. Renal impairment: (CrCl 30–49mL/min): 120mg (12mL) once daily; (CrCl 15–29mL/min): 80mg (8mL) once daily; (CrCl <15mL/min): 60mg (6mL) once daily. Children: <3months: 3mg/kg once daily, 3months–17yrs: 6mg/kg (max 240mg (24mL) once daily. >33kg: may use cap form. Renal impairment: reduce dose or prolong dosing interval (see literature).
emtricitabine (FTC)/tenofovir disoproxil fumarate (TDF)	Truvada (Gilead Sciences)	FTC/TDF: 200mg/300mg	tabs	Adults: ≥18yrs (CrCl ≥50mL/min): 1 tab once daily. Renal impairment: CrCl 30–49mL/min: 1 tab every 48hrs; CrCl <30mL/min, hemodialysis: not recommended. Children: ≤18yrs: not recommended.
lamivudine (3TC)	Epivir (GlaxoSmithKline)	150mg+, 300mg	tabs	Adults and Children: ≤3months: not recommended. 3months–16yrs: 4mg/kg (max 150mg) twice daily; renal impairment: reduce dose or prolong dosing interval. ≥16yrs, CrCl ≥50mL/min: 300mg once daily or 150mg twice daily; CrCl 30–49mL/min: 150mg once daily; CrCl 15–29mL/min: 150mg for 1st dose then 100mg once daily; CrCl 5–14mL/min: 150mg for 1st dose then 50mg once daily; CrCl <5mL/min: 50mg for 1st dose then 25mg once daily.
		10mg/mL	oral soln	
lamivudine (3TC)/zidovudine (ZDV)	Combivir (GlaxoSmithKline)	3TC/ZDV: 150mg/300mg	tabs	Adults: 1 tab twice daily. Hepatic or renal impairment (CrCl <50mL/min): not recommended. Children: Not recommended.
stavudine (d4T)	Zerit (Bristol Myers-Squibb)	15mg, 20mg, 30mg, 40mg	caps	Adults: ≥60kg: 40mg every 12hrs; <60kg: 30mg every 12hrs. Withdraw drug if peripheral neuropathy occurs; after complete resolution, may restart at 20mg every 12hrs for patients ≥60kg, or 15mg every 12hrs for patients <60kg; if neuropathy recurs consider discontinuing permanently. Renal impairment: ≥60kg (CrCl 26–50mL/min): 20mg every 12hrs; (CrCl 10–25mL/min): 20mg every 24hrs. <60kg (CrCl 26–50mL/min): 15mg every 12hrs; (CrCl 10–25mL/min): 15mg every 24hrs. Hemodialysis: ≥60kg: 20mg every 24hrs; <60kg: 15mg every 24hrs. Coincide dose for end of dialysis and give at same time of day on non-dialysis days. Children: ≤13 days: 0.5mg/kg every 12hrs. ≥14 days: (<30kg): 1mg/kg every 12hrs. ≥30kg: as adult. Withdraw drug if peripheral neuropathy occurs; after complete resolution, may restart at ½ recommended dose; if neuropathy recurs consider discontinuing permanently. Renal impairment: reduce dose or increase dosing interval.
		1mg/mL	pwd for oral soln after reconstitution	
tenofovir disoproxil fumarate (TDF)	Viread (Gilead Sciences)	300mg	tabs	Adults: ≥18yrs: 300mg once daily. Renal impairment: CrCl 30–49mL/min: 300mg every 48hrs; CrCl 10–29mL/min: 300mg every 72–96hrs; hemodialysis: 300mg once per week or after a total of 12hrs of dialysis; CrCl <10mL/min: not recommended. Children: ≤18yrs: not recommended.
zidovudine (ZDV)	Retrovir (GlaxoSmithKline)	100mg	caps	Adults: ≥18yrs: 600mg daily in divided doses. End-stage renal disease on dialysis: 100mg every 6–8hrs. Vertical transmission, severe anemia and/or neutropenia: see literature. Children: <6 weeks and/or for vertical transmission: see literature. 6 weeks to <18yrs: (4 to <9kg): 24mg/kg/day (12mg/kg twice daily or 8mg/kg 3 times daily); (≥9 to <30kg): 18mg/kg/day (9mg/kg twice daily or 6mg/kg 3 times daily); (≥30kg): 600mg/day (300mg twice daily or 200mg 3 times daily). Alternative dosing based on BSA: 480mg/m ² /day (240mg/m ² twice daily or 160mg/m ² 3 times daily).
		300mg	tabs	
		50mg/5mL	syrup	
		10mg/mL	soln for IV inj after dilution	Adults: Give by IV infusion over 1 hour; use only until oral therapy can be given. 1mg/kg 5–6 times daily. End-stage renal disease on dialysis: 1mg/kg every 6–8hrs. Vertical transmission, severe anemia and/or neutropenia: see literature. Children: Vertical transmission: see literature.
PROTEASE INHIBITORS (PIs)				
atazanavir sulfate (ATV)	Reyataz (Bristol-Myers Squibb)	100mg, 150mg, 200mg, 300mg	caps	Adults: Take with food. Therapy naive: atazanavir 300mg + ritonavir 100mg both once daily; atazanavir 400mg once daily if unable to tolerate ritonavir. Therapy experienced: atazanavir 300mg + ritonavir 100mg both once daily. Concomitant efavirenz (must also give ritonavir, not for therapy-experienced): atazanavir 400mg + ritonavir 100mg both once daily + efavirenz 600mg (on an empty stomach at bedtime); Concomitant tenofovir (must also give ritonavir): may give atazanavir 300mg + ritonavir 100mg + tenofovir 300mg all once daily. ESRD with hemodialysis: therapy-naive: atazanavir 300mg + ritonavir 100mg. Moderate hepatic impairment: 300mg once daily. Children: <6yrs: not recommended. 6–18yrs: Therapy-naive: 15–25kg: atazanavir 150mg + ritonavir 80mg; 25–32kg: atazanavir 200mg + ritonavir 100mg; 32–39kg: atazanavir 250mg + ritonavir 100mg; ≥39kg: atazanavir 300mg + ritonavir 100mg. If ≥13yrs and ≥39kg and unable to tolerate ritonavir: atazanavir 400mg once daily. Therapy experienced: <25kg: not recommended. 25–32kg: atazanavir 200mg + ritonavir 100mg; 32–39kg: atazanavir 250mg + ritonavir 100mg; ≥39kg: atazanavir 300mg + ritonavir 100mg. All: single daily dose.

(continued)

ANTIRETROVIRAL TREATMENTS (Part 3 of 3)

Generic & Class	Brand & Company	Strength	Formulations	Usual Dose
PROTEASE INHIBITORS (PIs) (continued)				
darunavir ethanolate (DRV)	Prezista (Tibotec)	75mg, 150mg, 300mg, 400mg, 600mg	tabs	Adults: Take with food. ≥ 18 yrs: Treatment-naive: 800mg once daily with ritonavir 100mg once daily. Treatment-experienced: 600mg twice daily with ritonavir 100mg twice daily. Severe hepatic impairment: not recommended. Children: <6yrs: not recommended. Take with food. Treatment-experienced: ≥ 6 yrs to <18 yrs: ≥ 20 kg - <30 kg: 375mg twice daily with ritonavir 50mg twice daily; ≥ 30 kg - <40 kg: 450mg twice daily with ritonavir 60mg twice daily; ≥ 40 kg: 600mg twice daily with ritonavir 100mg twice daily. Severe hepatic impairment: not recommended.
fosamprenavir calcium (FOS-APV)	Lexiva (GlaxoSmithKline)	700mg 50mg/mL	tabs oral susp	Adults: Oral susp: take without food; if emesis occurs within 30 minutes after dosing, re-dose. Therapy-naive: 1.4g twice daily; or fosamprenavir 1.4g + ritonavir 200mg once daily; or fosamprenavir 1.4g + ritonavir 100mg once daily; or fosamprenavir 700mg + ritonavir 100mg twice daily. Protease-inhibitor-experienced: fosamprenavir 700mg + ritonavir 100mg twice daily. Hepatic dysfunction: see literature for dose adjustments. Children: <2yrs: not recommended. Oral susp: take with food; if emesis occurs within 30 minutes after dosing, re-dose. Therapy-naive: 2-5yrs: 30mg/kg twice daily. ≥ 6 yrs: fosamprenavir 30mg/kg twice daily; or fosamprenavir 18mg/kg + ritonavir 3mg/kg twice daily. Therapy-experienced: ≥ 6 yrs: fosamprenavir 18mg/kg + ritonavir 3mg/kg twice daily. For all: do not exceed the adult dosage (see literature). Alternative oral tabs regimen: see literature.
indinavir sulfate (IDV)	Crixivan (Merck)	100mg, 200mg, 333mg, 400mg	caps	Adults: Take with water on an empty stomach or with a light meal. 800mg every 8hrs. Concomitant efavirenz: 1g every 8hrs. Concomitant rifabutin: 1g every 8hrs and reduce rifabutin dose by $\frac{1}{2}$. Concomitant ketoconazole, itraconazole, delavirdine, or hepatic insufficiency: 600mg every 8hrs. Children: Not recommended. Take with water on an empty stomach or with a light meal. 3-18yrs: 500mg/m ² every 8hrs has been used; see literature.
lopinavir (LPV)/ritonavir (RTV)	Kaletra (Abbott)	LPV/RTV: 100mg/25mg, 200mg/50mg LPV/RTV: 80mg/20mg per mL	tabs oral soln ^{2,5}	Adults: Swallow tabs whole: take oral soln with food. Treatment-naive: Lopinavir/ritonavir 400mg/100mg twice daily or lopinavir/ritonavir 800mg/200mg once daily. Treatment-experienced: Lopinavir/ritonavir 400mg/100mg twice daily. Concomitant efavirenz, nevirapine, fosamprenavir (without ritonavir) or nelfinavir in treatment-experienced patients when reduced susceptibility to lopinavir is suspected: 600mg/150mg twice daily. Concomitant efavirenz, nevirapine, amprenavir or nelfinavir: 533mg/133mg (6.5mL) twice daily. Children: May use tabs if able to swallow whole and ≥ 15 kg. <14days: not recommended. Take twice daily. 14days-6mo: soln: lopinavir/ritonavir 16mg/4mg per kg. ≥ 6 mo-18yrs: (<15kg): 12mg/3mg per kg; (15-40kg): 10mg/2.5mg per kg; tabs: (15-25kg): 200mg/50mg (2 tabs); (25-35kg): 300mg/75mg (3 tabs); (>35kg): 400mg/100mg twice daily (max). Concomitant efavirenz, nevirapine or fosamprenavir: (<15kg): 13mg/3.25mg per kg; (15-45kg): 11mg/2.75mg per kg; (>45kg): max oral soln: 533mg/133mg; max tabs 400mg/100mg or 600mg/150mg twice daily.
nelfinavir mesylate (NFV)	Viracept (Agouron)	250mg, 625mg 50mg/g	tabs oral pwd ³	Adults and Children: Take with food. May dissolve tab and mix in small amount of water; powder may be mixed with a small amount of non-acidic food or beverage. <2yrs: not recommended. 2-13yrs: 20-30mg/kg 3 times daily; max 750mg 3 times daily. >13yrs: 1.25g twice daily or 750mg 3 times daily. Reduce concomitant rifabutin dose by $\frac{1}{2}$ and give nelfinavir 1.25g twice daily.
ritonavir (RTV)	Norvir (Abbott)	100mg 80mg/mL	soft gel caps ^{2,5} oral soln ²	Adults: Take with meals. Initially at least 300mg twice daily, increase every 2-3 days by 100mg twice daily to 600mg twice daily. May initiate alone, then add nucleoside analogues before completing 2 weeks of ritonavir monotherapy. Concomitant saquinavir: reduce ritonavir dose to 400mg twice daily. Children: Give with food. <2yrs: not recommended. ≥ 2 yrs: initially 250mg/m ² twice daily; increase every 2-3 days by 50mg/m ² twice daily to 400mg/m ² twice daily; max 600mg twice daily.
saquinavir mesylate (SQV)	Invirase (Genentech)	500mg 200mg	tabs hard gel caps	Adults: Take within 2hrs after a meal. ≥ 16 yrs: saquinavir 1g twice daily + ritonavir 100mg twice daily (taken at same time). Children: <16yrs: not recommended.
tipranavir (TPV)	Aptivus (Boehringer Ingelheim)	250mg 100mg/mL	soft gel caps ² oral soln ⁴	Adults: Swallow caps whole. Tipranavir 500mg + ritonavir 200mg twice daily. Children: <2yrs: not recommended. Use oral soln if unable to swallow caps. 2-18yrs: Tipranavir 14mg/kg + ritonavir 6mg/kg (or 375mg/m ² + ritonavir 150mg/m ²) twice daily; max tipranavir 500mg + ritonavir 200mg twice daily. Intolerance or toxicity (if virus not resistant to multiple PIs): may reduce dose to tipranavir 12mg/kg + ritonavir 5mg/kg (or 290mg/m ² + ritonavir 115mg/m ²) twice daily.

NOTES

+ = scored

¹Contains parabens, propylene glycol

²Contains alcohol

³Contains phenylalanine 11.2mg/g

⁴Contains Vit. E 116 IU/mL

⁵Keep in refrigerator

(Rev. 10/2010)