ANTIRETROVIRAL TREATMENTS (Part 1 of 3)

Generic	Brand	Strength	Form	Usual Dose
CCR5 Co-Receptor Antagonists				
maraviroc (MVC)	**Selzentry**	150mg, 300mg	tabs	**Adults:** ≥16yrs: Concomitant CYP3A inhibitors with or without CYP3A inducer (PIs except tipranavir/ritonavir, delavirdine, ketoconazole, itraconazole, clarithromycin, nefazodone, telithromycin): 150mg twice daily. Others (concomitant tipranavir/ritonavir, nevirapine, raltegravir, NRTIs, enfuvirtide): 300mg twice daily. Concomitant CYP3A inducers without strong CYP3A inhibitor (efavirenz, rifampin, etravirine, carbamazepine, phenobarbital, phenytoin) 600mg twice daily. **Children: <16yrs: not established.**
Fusion Inhibitors				
enfuvirtide (ENF, T-20)	**Fuzeon**	90mg/mL	pwd for SC inj after reconstitution	**Adults:** ≥16yrs: 90mg twice daily via SC inj into upper arm, anterior thigh, or abdomen **Children: <6yrs: not established.** ≥6–16yrs: Limited data available; recommended 2mg/kg (max 90mg) twice daily.
HIV-1 Integrase Strand Transfer Inhibitors				
dolutegravir	**Tivicay**	50mg	tabs	**Adults:** ≥12yrs and ≥40kg: treatment-naïve or treatment-experienced INSTI-naïve: 50mg once daily. Treatment-naïve or treatment-experienced INSTI-naïve with concomitant potent UGT1A/CYP3A inducers (eg, efavirenz, fosamprenavir/ritonavir, tipranavir/ritonavir, or rifampin): 50mg twice daily. INSTI-experienced with certain INSTI-associated resistance substitutions or clinically suspected INSTI resistance: 50mg twice daily. **Children: Not established.**
raltegravir potassium (RAL)	**Isentress**	25mg, 100mg+ 400mg	chew tabs tabs	**Adults:** 400mg tab twice daily (avoid dosing prior to dialysis). Concomitant rifampin: 800mg twice daily. **Children: <2yrs: not established.** 2–<12yrs (≥10kg): Use chew tabs. Take twice daily. 10–<14kg: 75mg; 14–<20kg: 100mg; 20–<28kg: 150mg; 28–<40kg: 200mg; ≥40kg: 300mg. Max: 300mg twice daily. ≥6–<12yrs (≥25kg): one 400mg tab twice daily or use chew tabs and base dose on weight. ≥12yrs: one 400mg tab twice daily.
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)				
delavirdine mesylate (DLV)	**Rescriptor**	100mg, 200mg	tabs	**Adults:** ≥16yrs: 400mg 3 times daily. **Children: <16yrs: not established.**
efavirenz (EVF)	**Sustiva**	50mg, 200mg 600mg	caps tabs	**Adults and Children:** Once daily on an empty stomach, preferably at bedtime. Consider pretreating with antihistamine (for children) or steroid to minimize rash. **<3mos: not recommended.** ≥3mos: (3.5–<5kg): 100mg; (5–<7.5kg): 150mg; (7.5–<15kg): 200mg; (15–<20kg): 250mg; (20–<25kg): 300mg; (25–<32.5kg): 350mg; (32.5–<40kg): 400mg; (≥40kg) and adults: 600mg. Concomitant voriconazole: increase voriconazole maintenance dose to 400mg every 12hrs and decrease efavirenz dose to 300mg once daily using caps. Concomitant rifampin (≥50kg): increase efavirenz dose to 800mg once daily.
etravirine (ETR)	**Intelence**	25mg+, 100mg, 200mg	tabs	**Adults and Children: <6yrs or <16kg: not established.** Take twice daily after meals. ≥6–<18yrs: (≥16–<20kg): 100mg; (≥20–<25kg): 125mg; (≥25–<30kg): 150mg; (≥30kg) or adults: 200mg.
nevirapine (NVP)	**Viramune**	200mg+ 50mg/5mL	tabs oral susp	**Adults:** ≥16yrs: Initially 200mg once daily for 14 days; then 200mg twice daily. Dialysis: Give additional 200mg after dialysis. **Children: <15days: not recommended.** ≥15days: Initially 150mg/m^2 once daily for 14 days, then increase to 150mg/m^2 twice daily. **Both:** If mild-to-moderate rash occurs during the 14-day lead in period, do not give twice-daily regimen until rash has resolved. Max lead-in period: 28 days; consider alternative regimen. If severe rash or hepatic event occurs, discontinue permanently. Max 400mg/day. Retitrate if stopped for >7 days.
	Viramune XR	400mg	ext-rel tabs	**Adults:** Initially Viramune 200mg once daily for 14 days, then Viramune XR 400mg once daily. If mild-to-moderate rash develops during the 14-day lead in period, do not start Viramune XR until rash has resolved. Lead-in period not necessary if patient already on a regimen of immediate-release Viramune twice daily. Max once-daily lead-in period: 28 days; consider alternative regimen. If severe rash or hepatic event occurs, discontinue permanently. Retitrate if stopped for >7 days. **Children:** 6–<18yrs: see monograph.
rilpivirine	**Edurant**	25mg	tabs	**Adults:** 25mg once daily with a meal **Children: <18yrs: not recommended.**
Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs)				
abacavir sulfate (ABC)	**Ziagen**	300mg 20mg/mL	tabs oral soln[1]	**Adults:** >16yrs: 300mg twice daily or 600mg once daily. Mild hepatic impairment: 200mg twice daily. **Children: <3mos: not recommended.** ≥3mos–16yrs: 8mg/kg twice daily; max 300mg twice daily.
abacavir sulfate (ABC)/ lamivudine (3TC)	**Epzicom**	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**	ABC/3TC/ZDV: 300mg/150mg/ 300mg	tabs	**Adults: <40kg: not recommended.** ≥40kg: 1 tab twice daily. **Children: Not recommended.**
didanosine (ddI)	**Videx EC**	125mg, 200mg, 250mg, 400mg	e-c del-rel caps	**Adults and Children:** Take once daily on an empty stomach. <20kg: use oral soln. 20–<25kg: 200mg. 25–<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	4g	pediatric pwd for oral soln after reconstitution	**Adults:** Take on an empty stomach. <60kg: 125mg twice daily or 250mg once daily. ≥60kg: 200mg twice daily or 400mg once daily. 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: <2wks: not recommended.** 2wks–8mos: 100mg/m^2 twice daily. ≥8mos: 120mg/m^2 twice daily. Renal impairment: Consider reducing dose and/or increasing dosing interval. See literature.

(continued)

ANTIRETROVIRAL TREATMENTS (Part 2 of 3)

Generic	Brand	Strength	Form	Usual Dose
Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs) *(continued)*				
emtricitabine (FTC)	**Emtriva**	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: <3mos: not recommended.** 3mos–17yrs: ≤33kg: Use soln form. >33kg: 200mg once daily. Renal impairment: Reduce dose or prolong dosing interval.
		10mg/mL	oral soln	**Adults:** ≥18yrs: 240mg once daily. Renal impairment: (CrCl 30–49mL/min): 120mg once daily; (CrCl 15–29mL/min): 80mg once daily; (CrCl <15mL/min): 60mg once daily. **Children:** <3mos: 3mg/kg once daily. 3mos–17yrs: 6mg/kg once daily; max 240mg/day. >33kg: May use cap form. Renal impairment: Reduce dose or prolong dosing interval.
emtricitabine (FTC)/ tenofovir disoproxil fumarate (TDF)	**Truvada**	FTC/TDF: 200mg/300mg	tabs	**Adults:** ≥12yrs (≥35kg): 1 tab once daily. Renal impairment: CrCl 30–49mL/min: 1 tab every 48hrs; CrCl <30mL/min, hemodialysis: not recommended. **Children: <12yrs or <35kg: not established.**
lamivudine (3TC)	**Epivir**	150mg+, 300mg	tabs	**Adults and Children: ≤3mos: not recommended.** 3mos–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**	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**	15mg, 20mg, 30mg, 40mg	caps	**Adults:** ≥60kg: 40mg every 12hrs; <60kg: 30mg every 12hrs. Renal impairment: ≥60kg (CrCl 26–50mL/min): 20mg every 12hrs; (CrCl 10–25mL/min), dialysis: 20mg every 24hrs. <60kg (CrCl 26–50mL/min): 15mg every 12hrs; (CrCl 10–25mL/min), dialysis: 15mg every 24hrs. **Children:** ≤13 days: 0.5mg/kg every 12hrs. ≥14 days: (<30kg): 1mg/kg every 12hrs. ≥30kg: as adult. Renal impairment: Reduce dose or increase dosing interval.
		1mg/mL	pwd for oral soln after reconstitution	
tenofovir disoproxil fumarate (TDF)	**Viread**	150mg, 200mg, 250mg, 300mg	tabs	**Adults:** HIV, Chronic Hep B: ≥12yrs (≥35kg): 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:** HIV: **<2yrs: not established.** Chronic Hep B: **<12yrs or <35kg: not established.** HIV: ≥2yrs: 8mg/kg (max 300mg) once daily. ≥17kg: May use tabs once daily if able to swallow. 17–<22kg: 150mg. 22–<28kg: 200mg. 28–<35kg: 250mg. ≥35kg: 300mg.
		40mg/g	oral pwd	
zidovudine (ZDV)	**Retrovir**	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:** <6wks and/or for vertical transmission: See literature. 6wks–<18yrs: (4–<9kg): 24mg/kg/day (12mg/kg twice daily or 8mg/kg 3 times daily); (≥9–<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: 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 1hr; 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**	100mg, 150mg, 200mg, 300mg	caps	**Adults:** Take with food. Therapy naïve: atazanavir 300mg + ritonavir 100mg once daily; atazanavir 400mg once daily if unable to tolerate ritonavir; concomitant tenofovir: atazanavir 300mg + ritonavir 100mg + tenofovir 300mg once daily; concomitant efavirenz: atazanavir 400mg + ritonavir 100mg once daily + efavirenz 600mg (on an empty stomach at bedtime). Therapy experienced: atazanavir 300mg + ritonavir 100mg once daily; concomitant tenofovir and H2-blocker: atazanvir 400mg + ritonavir 100mg once daily. ESRD with hemodialysis: therapy-naïve: atazanavir 300mg + ritonavir 100mg. Moderate hepatic impairment: 300mg once daily. Pregnancy: See literature. **Children: <6yrs: not recommended.** Take with food. Take once daily. 6–18yrs: 15–<20kg: atazanavir 150mg + ritonavir 100mg; 20–<40kg: atazanavir 200mg + ritonavir 100mg; ≥40kg: atazanavir 300mg + ritonavir 100mg. Treatment-naïve: ≥13yrs and ≥40kg unable to tolerate ritonavir: atazanavir 400mg once daily. Patients ≥3yrs and ≥40kg receiving concomitant tenofovir, H_2-blockers, or PPIs: take atazanavir with ritonavir. See literature.

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ANTIRETROVIRAL TREATMENTS (Part 3 of 3)

Generic	Brand	Strength	Form	Usual Dose
Protease Inhibitors (PIs) *(continued)*				
darunavir ethanolate (DRV)	**Prezista**	75mg, 150mg, 400mg, 600mg, 800mg	tabs	**Adults:** ≥18yrs: Treatment-naïve or treatment-experienced with no darunavir resistance associated substitutions: darunavir 800mg + ritonavir 100mg once daily. Treatment-experienced with at least one darunavir resistance associated substitution: darunavir 600mg + ritonavir 100mg twice daily. **Children: <3yrs: not recommended.** ≥3–<18yrs: Treatment-naïve or treatment-experienced with no darunavir resistance associated substitutions: 10–<15kg: darunavir 35mg/kg + ritonavir 7mg/kg once daily; ≥15–<30kg: darunavir 600mg + ritonavir 100mg once daily; ≥30–<40kg: darunavir 675mg + ritonavir 100mg once daily; ≥40kg: darunavir 800mg + ritonavir 100mg once daily. Treatment-experienced with at least one darunavir resistance associated substitution: 10–<15kg: darunavir 20mg/kg + ritonavir 3mg/kg twice daily; ≥15–<30kg: darunavir 375mg + ritonavir 48mg twice daily; ≥30–<40kg: darunavir 450mg + ritonavir 60mg twice daily; ≥40kg: darunavir 600mg + ritonavir 100mg twice daily. See literature for complete weight based dosing. **Both:** Take with food. Severe hepatic impairment: not recommended.
		100mg/mL	oral susp	
fosamprenavir calcium (FOS-APV)	**Lexiva**	700mg	tabs	**Adults:** Oral susp: take without food. Therapy-naïve: 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. PI-experienced: fosamprenavir 700mg + ritonavir 100mg twice daily. Hepatic dysfunction: See literature. **Children: PI-naïve (<4wks) or PI-experienced (<6mos): not recommended.** Oral susp: Take twice daily with food. PI-naïve (≥4wks–18yrs) or PI-experienced (≥6mos): <11kg: fosamprenavir 45mg/kg + ritonavir 7mg/kg; 11–<15kg: fosamprenavir 30mg/kg + ritonavir 3mg/kg; 15–<20kg fosamprenavir 23mg/kg + ritonavir 3mg/kg; ≥20kg: fosamprenavir 18mg/kg + ritonavir 3mg/kg. PI-naïve (≥2yrs): fosamprenavir 30mg/kg. **Both:** If emesis occurs within 30min after dosing, re-dose. Do not exceed adult dose. See literature.
		50mg/mL	oral susp	
indinavir sulfate (IDV)	**Crixivan**	100mg, 200mg, 400mg	caps	**Adults:** Take with water on an empty stomach or with a light meal. 800mg every 8hrs. Concomitant rifabutin: 1g every 8hrs and reduce rifabutin dose by ½. Concomitant ketoconazole, itraconazole, delavirdine, or hepatic insufficiency: 600mg every 8hrs. **Children: Not recommended.** 3–18yrs: 500mg/m^2 every 8hrs has been used; see literature.
lopinavir (LPV)/ ritonavir (RTV)	**Kaletra**	LPV/RTV: 100mg/25mg, 200mg/50mg	tabs	**Adults:** Oral soln: take with food. 400mg/100mg twice daily or 800mg/200mg once daily. ≥3 lopinavir resistance-associated substitutions or in combination with carbamazepine, phenobarbital, phenytoin: once daily admin not recommended. Concomitant efavirenz, nevirapine, or nelfinavir: 500mg/125mg (tabs) twice daily or 533mg/133mg (6.5mL) twice daily. **Children: <42wks postmenstrual age or 14days: not recommended.** Take oral soln twice daily. 14days–6mos: 16/4mg/kg or 300/75mg/m^2. ≥6mos–18yrs: 230/57.5mg/m^2 or <15kg: 12/3mg/kg; ≥15–40kg: 10/2.5mg/kg; >40kg: max 400/100mg. Concomitant efavirenz, nevirapine, amprenavir, or nelfinavir: ≥6mos: 300/75mg/m^2 or <15kg: 13/3.25mg/kg; ≥15–45kg: 11/2.75mg/kg; >45kg: max oral soln: 533/133mg twice daily; or max tabs: 500/125mg twice daily.
		LPV/RTV: 80mg/20mg per mL	oral soln[2,5]	
nelfinavir mesylate (NFV)	**Viracept**	250mg, 625mg	tabs	**Adults and Children:** Take with food. **<2yrs: not recommended.** 2–13yrs: 45–55mg/kg twice daily or 25–35mg/kg 3 times daily; max 2.5g/day. >13yrs: 1.25g twice daily or 750mg 3 times daily. Reduce concomitant rifabutin dose by ½ and give nelfinavir 1.25g twice daily.
		50mg/g	oral pwd[3]	
ritonavir (RTV)	**Norvir**	100mg	tabs, soft gel caps[2,5]	**Adults:** Take with meals. Initially at least 300mg twice daily, increase every 2–3 days by 100mg twice daily to 600mg twice daily. Concomitant other PIs (eg, amprenavir, atazanavir, darunavir, fosamprenavir, saquinavir, tipranavir): Reduce ritonavir dose. See literature. **Children: <1mo: not recommended.** >1mo: Initially 250mg/m^2 twice daily; increase every 2–3 days by 50mg/m^2 twice daily to 350–400mg/m^2 twice daily; max 600mg twice daily.
		80mg/mL	oral soln[2]	
saquinavir mesylate (SQV)	**Invirase**	500mg	tabs	**Adults:** Take within 2hrs after a meal. ≥16yrs: saquinavir 1g twice daily + ritonavir 100mg twice daily (taken at same time). **Children: <16yrs: not recommended.**
		200mg	hard gel caps	
tipranavir (TPV)	**Aptivus**	250mg	soft gel caps[2]	**Adults:** 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.
		100mg/mL	oral soln[4]	
Multiclass Fixed-Dose Combination				
efavirenz (EVF)/ emtricitabine (FTC)/ tenofovir disoproxil fumarate (TDF)	**Atripla**	600mg/200mg/ 300mg	tabs	**Adults:** ≥12yrs and ≥40kg: 1 tab once daily preferably at bedtime. Concomitant rifampin (≥50kg): Give additional 200mg/day of efavirenz. **Children: <12yrs: not recommended.**
emtricitabine (FTC)/ rilpivirine/ tenofovir disoproxil fumarate (TDF)	**Complera**	200mg/25mg/ 300mg	tabs	**Adults:** 1 tab once daily with a meal. Renal impairment (CrCl<50mL/min): not recommended. **Children: <18yrs: not recommended.**
elvitegravir/ cobicistat/ emtricitabine (FTC)/ tenofovir disoproxil fumarate (TDF)	**Stribild**	150mg/150mg/ 200mg/300mg	tabs	**Adults:** 1 tab once daily with food. Renal impairment (CrCl <70mL/min): Do not initiate; discontinue if CrCl declines to <50mL/min during therapy. **Children: <18yrs: not recommended.**

NOTES

Key: + = scored; PI = protease inhibitor

[1]Contains parabens, propylene glycol; [2]Contains alcohol; [3]Contains phenylalanine 11.2mg/g; [4]Contains Vit. E 116 IU/mL; [5]Keep in refrigerator