

ANTIRETROVIRAL TREATMENTS (Part 1 of 7)

Generic	Brand	Strength	Form	Usual Dose
CCR5 CO-RECEPTOR ANTAGONISTS				
maraviroc (MVC)	Selzentry	150mg, 300mg	tabs	<p>Adults: ≥16yrs: Concomitant potent CYP3A inhibitors (eg, Pls [except tipranavir/ritonavir], delavirdine, elvitegravir/ritonavir, ketoconazole, itraconazole, clarithromycin, nefazodone, telithromycin, boceprevir) (with or without a potent CYP3A inducer): 150mg twice daily. Other concomitant drugs, including tipranavir/ritonavir, nevirapine, raltegravir, NRTIs, enfuvirtide: 300mg twice daily. Concomitant potent CYP3A inducers (eg, efavirenz, rifampin, etravirine, carbamazepine, phenobarbital, phenytoin) (without a potent CYP3A inhibitor): 600mg twice daily. Severe renal dysfunction or ESRD (CrCl <30mL/min) (without potent CYP3A inhibitors or inducers): reduce dose from 300mg twice daily to 150mg twice daily if postural hypotension occurs.</p> <p>Children: <2yrs: not established. ≥2yrs: Concomitant potent CYP3A inhibitors (eg, Pls [except tipranavir/ritonavir], delavirdine, elvitegravir/ritonavir, ketoconazole, itraconazole, clarithromycin, nefazodone, telithromycin, boceprevir) (with or without a potent CYP3A inducer): (10–<20kg): 50mg twice daily; (20–<30kg): 75mg twice daily; (30–<40kg): 100mg twice daily; (≥40kg): 150mg twice daily. Other concomitant drugs, including tipranavir/ritonavir, nevirapine, raltegravir, NRTIs, enfuvirtide: (10–<30kg): not recommended; (30–<40kg or ≥40kg): 300mg twice daily. Concomitant potent CYP3A inducers (eg, efavirenz, rifampin, etravirine, carbamazepine, phenobarbital, phenytoin) (without a potent CYP3A inhibitor): not recommended.</p>
FUSION INHIBITORS				
enfuvirtide (ENF, T-20)	Fuzeon	90mg/mL	pwd for SC inj after reconstitution	<p>Adults: ≥16yrs: 90mg twice daily via SC inj into upper arm, anterior thigh, or abdomen</p> <p>Children: <6yrs: not established. ≥6–16yrs: Limited data available; recommended 2mg/kg (max 90mg) twice daily.</p>
HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS				
dolutegravir	Tivicay	10mg, 25mg, 50mg	tabs	<p>Adults: <i>Treatment-naïve or treatment-experienced INSTI-naïve:</i> 50mg once daily; when concomitant with certain UGT1A or CYP3A inducers: 50mg twice daily. <i>INSTI-experienced with certain INSTI-associated resistance substitutions or clinically suspected INSTI resistance:</i> 50mg twice daily.</p> <p>Children: <30kg or INSTI-experienced with documented or clinically suspected resistance to other INSTIs (raltegravir, elvitegravir): not established. <i>Treatment-naïve or treatment-experienced INSTI-naïve:</i> (30–<40kg): 35mg once daily; (≥40kg): 50mg once daily; when concomitant with certain UGT1A or CYP3A inducers: increase weight-based dose to twice daily.</p>
elvitegravir	Vitekta	85mg, 150mg	tabs	<p>Adults: 85mg once daily regimen: in combination with atazanavir 300mg once daily + ritonavir 100mg once daily; or with lopinavir 400mg twice daily + ritonavir 100mg twice daily. 150mg once daily regimen: in combination with darunavir 600mg twice daily + ritonavir 100mg twice daily; or with fosamprenavir 700mg twice daily + ritonavir 100mg twice daily; or with tipranavir 500mg twice daily + ritonavir 200mg twice daily. All regimens must be co-administered with another antiretroviral agent.</p> <p>Children: Not established.</p>

(continued)

ANTIRETROVIRAL TREATMENTS (Part 2 of 7)

Generic	Brand	Strength	Form	Usual Dose
HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS (continued)				
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: <4wks: not established. ≥4wks (≥25kg): one 400mg film-coated tab twice daily. If unable to swallow, can use chew tabs: (25–<28kg): 150mg twice daily; (28–<40kg): 200mg twice daily; ≥40kg: 300mg twice daily. Chew tabs max dose: 300mg 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 (EFV)	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 or <3.5kg: 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)	Intellec	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: <6yrs: not recommended. ≥6–<18yrs: Initially 150mg/m ² Viramune oral susp or IR tabs once daily for 14 days (max 200mg/day); then Viramune XR dose based on BSA: 0.58–0.83m ² : 200mg once daily; 0.84–1.16m ² : 300mg once daily; ≥1.17m ² : 400mg once daily. All: max 400mg/day.
rilpivirine	Edurant	25mg	tabs	Adults and Children: <12yrs: not recommended. ≥12yrs (≥35kg): 25mg once daily with a meal. Concomitant rifabutin: 50mg once daily; decrease to 25mg once daily when rifabutin is stopped.

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ANTIRETROVIRAL TREATMENTS (Part 3 of 7)

Generic	Brand	Strength	Form	Usual Dose
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 established. ≥3mos (oral soln): 8mg/kg twice daily or 16mg/kg once daily; max 600mg daily. If able to swallow tabs: 14–<20kg: 300mg once daily or 150mg twice daily; ≥20–<25kg: 450mg once daily or 150mg in the AM and 300mg in the PM; ≥25kg: use Adult dose.
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 (ddl)	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 full labeling.
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	100mg/150mg, 133mg/200mg, 167mg/250mg, 200mg/300mg	tabs	Adults: ≥35kg: 200mg/300mg once daily. Renal impairment: CrCl 30–49mL/min: 200mg/300mg every 48hrs; CrCl <30mL/min, hemodialysis: not recommended. Children: <17kg: not established. 17–<22kg: 100mg/150mg once daily. 22–<28kg: 133mg/200mg once daily. 28–<35kg: 167mg/250mg once daily. ≥35kg: 200mg/300mg once daily.

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ANTIRETROVIRAL TREATMENTS (Part 4 of 7)

Generic	Brand	Strength	Form	Usual Dose
NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS) (continued)				
lamivudine (3TC)	Epivir	150mg+, 300mg	tabs	<p>Adults: CrCl \geq50mL/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.</p> <p>Children: $<$3mos: not established. \geq3mos (oral soln): 4mg/kg twice daily or 8mg/kg once daily; max 300mg/day. Tabs: 14–$<$20kg: 150mg once daily or 75mg twice daily; \geq20–$<$25kg: 225mg once daily or 75mg in the AM and 150mg in the PM; \geq25kg: 300mg once daily or 150mg twice daily. Renal impairment: reduce dose or prolong dosing interval.</p>
		10mg/mL	oral soln	
lamivudine (3TC)/ zidovudine (ZDV)	Combivir	3TC/ZDV: 150mg/300mg	tabs	<p>Adults: 1 tab twice daily. Hepatic or renal impairment (CrCl $<$50mL/min): not recommended.</p> <p>Children: Not recommended.</p>
stavudine (d4T)	Zerit	15mg, 20mg, 30mg, 40mg	caps	<p>Adults: \geq60kg: 40mg every 12hrs; $<$60kg: 30mg every 12hrs.</p>
		1mg/mL	pwd for oral soln after reconstitution	<p>Renal impairment: \geq60kg (CrCl 26–50mL/min): 20mg every 12hrs; (CrCl 10–25mL/min), dialysis: 20mg every 24hrs. $<$60kg (CrCl 26–50mL/min): 15mg every 12hrs; (CrCl 10–25mL/min), dialysis: 15mg every 24hrs.</p> <p>Children: \leq13 days: 0.5mg/kg every 12hrs. \geq14 days: ($<$30kg): 1mg/kg every 12hrs. \geq30kg: as adult.</p> <p>Renal impairment: Reduce dose or increase dosing interval.</p>
tenofovir disoproxil fumarate (TDF)	Viread	150mg, 200mg, 250mg, 300mg	tabs	<p>Adults: \geq12yrs (\geq35kg): 300mg once daily. Renal impairment: CrCl 30–49mL/min: 300mg every 48hrs; CrCl 10–29mL/min: 300mg every 72–96hrs; hemodialysis: 300mg every 7 days or after a total of 12hrs of dialysis; CrCl $<$10mL/min: not recommended.</p> <p>Children: $<$2yrs: Not established. \geq2yrs: 8mg/kg once daily; max 300mg/day. \geq17kg: may use tabs if able to swallow. 17–$<$22kg: 150mg once daily. 22–$<$28kg: 200mg once daily. 28–$<$35kg: 250mg once daily. \geq35kg: 300mg once daily. See full labeling for additional dosing based on body wt.</p>
		40mg/g	oral pwd	
zidovudine (ZDV)	Retrovir	100mg	caps	<p>Adults: \geq18yrs: 600mg daily in divided doses. End-stage renal disease on dialysis: 100mg every 6–8hrs. Vertical transmission, severe anemia and/or neutropenia: See full labeling.</p> <p>Children: $<$6wks and/or for vertical transmission: See full labeling. 6wks–$<$18yrs: (4–$<$9kg): 24mg/kg/day (12mg/kg twice daily or 8mg/kg 3 times daily); (\geq9–$<$30kg): 18mg/kg/day (9mg/kg twice daily or 6mg/kg 3 times daily); (\geq30kg): 600mg/day (300mg twice daily or 200mg 3 times daily). Alternative dosing based on BSA: 240mg/m² twice daily or 160mg/m² 3 times daily.</p>
		300mg	tabs	
		50mg/5mL	syrup	
		10mg/mL	soln for IV inj after dilution	<p>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 full labeling.</p> <p>Children: Vertical transmission: See full labeling.</p>

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ANTIRETROVIRAL TREATMENT (Part 5 of 7)

Generic	Brand	Strength	Form	Usual Dose
PHARMACOKINETIC ENHANCER				
cobicistat	Tybst	150mg	tabs	<p>Adults: Must be co-administered at same time as atazanavir or darunavir. ≥ 18 yrs: 150mg once daily with atazanavir 300mg once daily (if treatment-naïve or experienced) or with darunavir 800mg once daily (if treatment-naïve or experienced with no darunavir resistance associated substitutions).</p> <p>Children: <18 yrs: not established.</p>
PROTEASE INHIBITORS (PIs)				
atazanavir sulfate (ATV)	Reyataz	150mg, 200mg, 300mg	caps	<p>Adults: Take with food. <i>Treatment-naïve:</i> atazanavir 300mg + ritonavir 100mg once daily; atazanavir 400mg once daily if unable to tolerate ritonavir; concomitant efavirenz: atazanavir 400mg + ritonavir 100mg once daily + efavirenz 600mg at bedtime (on an empty stomach); ESRD with hemodialysis: atazanavir 300mg + ritonavir 100mg; hepatic impairment: (mild): 400mg once daily; (moderate): 300mg once daily; (severe): not recommended. <i>Treatment-experienced:</i> atazanavir 300mg + ritonavir 100mg once daily; concomitant H₂-blocker and tenofovir: atazanavir 400mg + ritonavir 100mg once daily. <i>Concomitant tenofovir:</i> atazanavir 300mg + tenofovir 300mg + ritonavir 100mg once daily.</p> <p><i>Pregnancy:</i> atazanavir 300mg + ritonavir 100mg once daily; concomitant H₂-blocker or tenofovir (2nd or 3rd trimester): atazanavir 400mg + ritonavir 100mg. See full labeling.</p> <p>Children: <6 yrs: not recommended. Take with food. Take once daily. 6–18 yrs: 15–<20kg: atazanavir 150mg + ritonavir 100mg; 20–<40kg: atazanavir 200mg + ritonavir 100mg; ≥ 40kg: atazanavir 300mg + ritonavir 100mg. <i>Treatment-naïve:</i> ≥ 13 yrs and ≥ 40kg who are unable to tolerate ritonavir: atazanavir 400mg once daily. Patients ≥ 13 yrs and ≥ 40kg receiving concomitant tenofovir, H₂-blockers, or PPIs: take atazanavir with ritonavir. See full labeling.</p>
		50mg	oral pwd ³	
darunavir ethanolate (DRV)	Prezista	75mg, 150mg, 600mg, 800mg, 100mg/mL	tabs oral susp	<p>Adults: ≥ 18 yrs: <i>Treatment-naïve or treatment-experienced with no darunavir resistance associated substitutions:</i> darunavir 800mg + ritonavir 100mg once daily. <i>Treatment-experienced with at least one darunavir resistance associated substitution or with no baseline resistance information:</i> darunavir 600mg + ritonavir 100mg twice daily. <i>Pregnancy:</i> darunavir 600mg + ritonavir 100mg twice daily; may consider darunavir 800mg + ritonavir 100mg once daily only if stable on dose prior to pregnancy and virologically suppressed (HIV-1 RNA <50copies/mL).</p> <p>Children: <3 yrs: not recommended. <i>Treatment-naïve or treatment-experienced with no darunavir resistance associated substitutions:</i> ≥ 3 yrs to <18 yrs: ≥ 10kg–<11kg: darunavir 350mg + ritonavir 64mg once daily; ≥ 11kg–<12kg: darunavir 385mg + ritonavir 64mg once daily; ≥ 12kg–<13kg: darunavir 420mg + ritonavir 80mg once daily; ≥ 13kg–<14kg: darunavir 455mg + ritonavir 80mg once daily; ≥ 14kg–<15kg: darunavir 490mg + ritonavir 96mg once daily; ≥ 15–<30kg: darunavir 600mg + ritonavir 100mg once daily; ≥ 30kg–<40kg: darunavir 675mg + ritonavir 100mg once daily; ≥ 40kg: darunavir 800mg + ritonavir 100mg once daily.</p> <p><i>Treatment-experienced with at least one darunavir resistance associated substitution:</i> ≥ 3 yrs to <18 yrs: ≥ 10kg–<11kg: darunavir 200mg + ritonavir 32mg twice daily; ≥ 11kg–<12kg: darunavir 220mg + ritonavir 32mg twice daily; ≥ 12kg–<13kg: darunavir 240mg + ritonavir 40mg twice daily; ≥ 13kg–<14kg: darunavir 260mg + ritonavir 40mg twice daily; ≥ 14kg–<15kg: darunavir 280mg + ritonavir 48mg twice daily; ≥ 15–<30kg: darunavir 375mg + ritonavir 48 mg twice daily; ≥ 30kg–<40kg: darunavir 450mg + ritonavir 60mg twice daily; ≥ 40kg: darunavir 600mg + ritonavir 100mg twice daily.</p> <p>Both: Take with food. <i>Severe hepatic impairment:</i> not recommended.</p>

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ANTIRETROVIRAL TREATMENTS (Part 6 of 7)

Generic	Brand	Strength	Form	Usual Dose
PROTEASE INHIBITORS (PIS) <i>(continued)</i>				
fosamprenavir calcium (FOS-APV)	Lexiva	700mg	tabs	<p>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.</p> <p>PI-experienced: fosamprenavir 700mg + ritonavir 100mg twice daily. Hepatic dysfunction: See full labeling.</p> <p>Children: PI-naïve (<4wks) or PI-experienced (<6mos): not recommended. Oral susp: Take twice daily with food.</p> <p>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.</p> <p>PI-naïve (≥2yrs): fosamprenavir 30mg/kg.</p> <p>Both: If emesis occurs within 30min after dosing, re-dose. Do not exceed adult dose. See full labeling.</p>
		50mg/mL	oral susp	
indinavir sulfate (IDV)	Crixivan	200mg, 400mg	caps	<p>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.</p> <p>Concomitant ketoconazole, itraconazole, delavirdine, or hepatic insufficiency: 600mg every 8hrs.</p> <p>Children: Not established. 3–18yrs: 500mg/m² every 8hrs has been used; see full labeling.</p>
lopinavir (LPV)/ritonavir (RTV)	Kaletra	LPV/RTV: 100mg/25mg, 200mg/50mg	tabs	<p>Adults: Oral soln: take with food. ≥18yrs: <3 lopinavir resistance-associated substitutions: 400/100mg twice daily or 800/200mg once daily. ≥3 lopinavir resistance-associated substitutions or concomitant carbamazepine, phenobarbital, phenytoin, efavirenz, nevirapine, nelfinavir, or if pregnant (avoid oral soln): once-daily dosing not recommended. Concomitant efavirenz, nevirapine, or nelfinavir: 500/125mg (two 200/50mg tabs + one 100/25mg tab) or 520/130mg (6.5mL) twice daily.</p> <p>Children: <42wks postmenstrual age or <14 days postnatal: not recommended. 14days–6mos: 16/4mg/kg or 300/75mg/m² twice daily. Do not administer with efavirenz, nevirapine, or nelfinavir. >6mos–<18yrs: 230/57.5mg/m² twice daily, or if <15kg: 12/3mg/kg twice daily; ≥15–40kg: 10/2.5mg/kg twice daily; >40kg: max 400/100mg twice daily. Concomitant efavirenz, nevirapine, or nelfinavir: >6mos–<18yrs: 300/75mg/m² twice daily, or if <15kg: 13/3.25mg/kg twice daily; ≥15–45kg: 11/2.75mg/kg twice daily; >45kg: max oral soln: 520/130mg (6.5mL) twice daily; or max tabs: 500/125mg twice daily. See full labeling.</p>
		LPV/RTV: 80mg/20mg per mL	oral soln ^{2,5}	
nelfinavir mesylate (NFV)	Viracept	250mg, 625mg	tabs	<p>Adults and Children: Take with food.</p> <p><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.</p>
		50mg/g	oral pwd ³	
ritonavir (RTV)	Norvir	100mg	tabs, soft gel caps ^{2,5}	<p>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, atazanavir, darunavir, fosamprenavir, saquinavir, tipranavir): Reduce ritonavir dose. See full labeling.</p> <p>Children: <1mo or before postmenstrual age <44wks: not recommended. >1mo: Initially 250mg/m² twice daily; increase every 2–3 days by 50mg/m² twice daily to 350–400mg/m² twice daily; max 600mg twice daily.</p>
		80mg/mL	oral soln ²	

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ANTIRETROVIRAL TREATMENTS (Part 7 of 7)

Generic	Brand	Strength	Form	Usual Dose
PROTEASE INHIBITORS (PIs) (continued)				
saquinavir mesylate (SQV)	Invirase	500mg	tabs	Adults: Take within 2hrs after a meal. ≥ 16 yrs: saquinavir 1g twice daily + ritonavir 100mg twice daily (taken at same time). Treatment-naïve or switching from a delavirdine- or rilpivirine-containing regimen: initially saquinavir 500mg twice daily + ritonavir 100mg twice daily for 7 days, then increase to saquinavir 1g twice daily + ritonavir 100mg twice daily. 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				
abacavir/dolutegravir/lamivudine)	Triumeq	600mg/50mg/300mg	tabs	Adults: 1 tab daily. Concomitant efavirenz, fosamprenavir/ritonavir, tipranavir/ritonavir, rifampin/carbamazepine: give additional dolutegravir 50mg separated by 12hrs from Triumeq. Children: Not established.
atazanavir/cobicistat	Evotaz	300mg/150mg	tabs	Adults: 1 tab daily. Children: <18yrs: not established.
darunavir/cobicistat	Prezcobix	800mg/150mg	tabs	Adults: 1 tab daily. Children: <18yrs: not established.
efavirenz (EVF)/emtricitabine (FTC)/tenofovir disoproxil fumarate (TDF)	Atripla	600mg/200mg/300mg	tabs	Adults: ≥ 12 yrs and ≥ 40 kg: 1 tab once daily preferably at bedtime. Concomitant rifampin (≥ 50 kg): Give additional 200mg/day of efavirenz. Children: <12yrs: not recommended.
emtricitabine (FTC)/rilpivirine/tenofovir alafenamide (TAF)	Odefsey	200mg/25mg/25mg	tabs	Adults & Children: <12yrs (<35kg): not established. ≥ 12 yrs (≥ 35 kg): 1 tab once daily with food. Severe renal impairment (CrCl <30mL/min): not recommended.
emtricitabine (FTC)/rilpivirine/tenofovir disoproxil fumarate (TDF)	Complera	200mg/25mg/300mg	tabs	Adults: ≥ 12 yrs (and ≥ 35 kg): 1 tab once daily with a meal. Renal impairment (CrCl <50mL/min): not recommended. Concomitant rifabutin: take additional rilpivirine 25mg once daily. Children: <12yrs or <35kg: not established.
emtricitabine (FTC)/tenofovir alafenamide (TAF)	Descovy	200mg/25mg	tabs	Adults & Children: <12yrs (<35kg): not established. ≥ 12 yrs (≥ 35 kg): 1 tab once daily. Severe renal impairment (CrCl <30mL/min): not recommended.
elvitegravir/cobicistat/emtricitabine (FTC)/tenofovir alafenamide (TAF)	Genvoya	150mg/150mg/200mg/10mg	tabs	Adults and Children: <12yrs: not established. ≥ 12 yrs and ≥ 35 kg: 1 tab once daily with food. Severe hepatic or renal impairment (CrCl <30mL/min): not recommended.
elvitegravir/cobicistat/emtricitabine (FTC)/tenofovir disoproxil fumarate (TDF)	Stribild	150mg/150mg/200mg/300mg	tabs	Adults and Children: <12yrs or <35kg: not established. ≥ 12 yrs (≥ 35 kg): 1 tab once daily with food. Renal impairment (CrCl <70mL/min): not recommended; discontinue if CrCl declines to <50mL/min during therapy; also in children: no data available. Severe hepatic impairment: not recommended.

NOTES

Key: + = scored; PI = protease inhibitor
¹Contains parabens, propylene glycol; ²Contains alcohol; ³Contains phenylalanine; ⁴Contains Vit. E 116 IU/mL; ⁵Keep in refrigerator (Rev. 5/2017)