

## ANTIRETROVIRAL TREATMENT (Part 1 of 8)

Generic	Brand	Strength	Form	Usual Dose
<b>CCR5 CO-RECEPTOR ANTAGONISTS</b>				
maraviroc (MVC)	<b>Selzentry</b>	150mg, 300mg	tabs	<p><b>Adults:</b> ≥16yrs: Concomitant potent CYP3A inhibitors (eg, PIs [except tipranavir/ritonavir], delavirdine, elvitegravir/ritonavir, ketoconazole, itraconazole, clarithromycin, nefazodone, telithromycin, boceprevir) (with or without a potent CYP3A inducer): 150mg twice daily.</p> <p>Other concomitant drugs, including tipranavir/ritonavir, nevirapine, raltegravir, NRTIs, enfuvirtide: 300mg twice daily.</p> <p>Concomitant potent CYP3A inducers (eg, efavirenz, rifampin, etravirine, carbamazepine, phenobarbital, phenytoin) (without a potent CYP3A inhibitor): 600mg twice daily.</p> <p>Severe renal dysfunction or ESRD (CrCl &lt;30mL/min) (without potent CYP3A inhibitors or inducers): reduce dose from 300mg twice daily to 150mg twice daily if postural hypotension occurs.</p> <p><b>Children: &lt;16yrs: not established.</b></p>
<b>FUSION INHIBITORS</b>				
enfuvirtide (ENF, T-20)	<b>Fuzeon</b>	90mg/mL	pwd for SC inj after reconstitution	<p><b>Adults:</b> ≥16yrs: 90mg twice daily via SC inj into upper arm, anterior thigh, or abdomen</p> <p><b>Children: &lt;6yrs: not established.</b> ≥6–16yrs: Limited data available; recommended 2mg/kg (max 90mg) twice daily.</p>
<b>HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS</b>				
dolutegravir	<b>Tivicay</b>	10mg, 25mg, 50mg	tabs	<p><b>Adults:</b> <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><b>Children: &lt;30kg or INSTI-experienced with documented or clinically suspected resistance to other INSTIs (raltegravir, elvitegravir): not established.</b> <i>Treatment-naïve or treatment-experienced INSTI-naïve:</i> (30–&lt;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	<b>Vitekta</b>	85mg, 150mg	tabs	<p><b>Adults:</b> 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.</p> <p>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.</p> <p>All regimens must be co-administered with another antiretroviral agent.</p> <p><b>Children: Not established.</b></p>
raltegravir potassium (RAL)	<b>Isetress</b>	25mg, 100mg+ 400mg	chew tabs tabs	<p><b>Adults:</b> 400mg tab twice daily (avoid dosing prior to dialysis). Concomitant rifampin: 800mg twice daily.</p> <p><b>Children: &lt;4wks: not established.</b> ≥4wks (≥25kg): one 400mg film-coated tab twice daily. If unable to swallow, can use chew tabs: (25–&lt;28kg): 150mg twice daily; (28–&lt;40kg): 200mg twice daily; ≥40kg: 300mg twice daily.</p> <p>Chew tabs max dose: 300mg twice daily.</p>

(continued)

## ANTIRETROVIRAL TREATMENT (Part 2 of 8)

Generic	Brand	Strength	Form	Usual Dose
<b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIS)</b>				
delavirdine mesylate (DLV)	<b>Rescriptor</b>	100mg, 200mg	tabs	<b>Adults:</b> ≥16yrs: 400mg 3 times daily. <b>Children:</b> <16yrs: not established.
efavirenz (EVF)	<b>Sustiva</b>	50mg, 200mg 600mg	caps tabs	<b>Adults and Children:</b> Once daily on an empty stomach, preferably at bedtime. Consider pretreating with antihistamine (for children) or steroid to minimize rash. <b>&lt;3mos or &lt;3.5kg: not recommended.</b> ≥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)	<b>Intellec</b>	25mg+, 100mg, 200mg	tabs	<b>Adults and Children:</b> <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.
niraparib (NVP)	<b>Viramune</b>	200mg+ 50mg/5mL	tabs oral susp	<b>Adults:</b> ≥16yrs: Initially 200mg once daily for 14 days; then 200mg twice daily. Dialysis: Give additional 200mg after dialysis. <b>Children:</b> <15days: not recommended. ≥15days: Initially 150mg/m <sup>2</sup> once daily for 14 days, then increase to 150mg/m <sup>2</sup> twice daily. <b>Both:</b> 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.
	<b>Viramune XR</b>	400mg	ext-rel tabs	<b>Adults:</b> 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. <b>Children:</b> <6yrs: not recommended. ≥6–<18yrs: Initially 150mg/m <sup>2</sup> 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 <sup>2</sup> : 200mg once daily; 0.84–1.16m <sup>2</sup> : 300mg once daily; ≥1.17m <sup>2</sup> : 400mg once daily. All: max 400mg/day.
rilpivirine	<b>Edurant</b>	25mg	tabs	<b>Adults and Children:</b> <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.
<b>NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS)</b>				
abacavir sulfate (ABC)	<b>Ziagen</b>	300mg 20mg/mL	tabs oral soln <sup>1</sup>	<b>Adults:</b> >16yrs: 300mg twice daily or 600mg once daily. Mild hepatic impairment: 200mg twice daily. <b>Children:</b> <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.

(continued)

ANTIRETROVIRAL TREATMENTS (Part 3 of 8)

Generic	Brand	Strength	Form	Usual Dose
<b>NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS) (continued)</b>				
abacavir sulfate (ABC)/lamivudine (3TC)	<b>Epzicom</b>	ABC/3TC: 600mg/300mg	tabs	<b>Adults:</b> >18yrs: 1 tab daily. Hepatic or renal impairment (CrCl <50mL/min): not recommended. <b>Children:</b> ≤18yrs: <b>not recommended.</b>
abacavir sulfate (ABC)/lamivudine (3TC)/zidovudine (ZDV)	<b>Trizivir</b>	ABC/3TC/ZDV: 300mg/150mg/ 300mg	tabs	<b>Adults:</b> <40kg: <b>not recommended.</b> ≥40kg: 1 tab twice daily. <b>Children:</b> <b>Not recommended.</b>
didanosine (ddl)	<b>Videx EC</b>	125mg, 200mg, 250mg, 400mg	e-c del-rel caps	<b>Adults and Children:</b> 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.
	<b>Videx Pediatric Pwd for Oral Soln</b>	4g	pediatric pwd for oral soln after reconstitution	<b>Adults:</b> 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. <b>Children:</b> <2wks: <b>not recommended.</b> 2wks–8mos: 100mg/m <sup>2</sup> twice daily. ≥8mos: 120mg/m <sup>2</sup> twice daily. Renal impairment: Consider reducing dose and/or increasing dosing interval. See full labeling.
emtricitabine (FTC)	<b>Emtriva</b>	200mg	caps	<b>Adults:</b> ≥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. <b>Children:</b> <3mos: <b>not recommended.</b> 3mos–17yrs: ≤33kg: Use soln form. >33kg: 200mg once daily. Renal impairment: Reduce dose or prolong dosing interval.
		10mg/mL	oral soln	<b>Adults:</b> ≥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. <b>Children:</b> <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)	<b>Truvada</b>	100mg/150mg, 133mg/200mg, 167mg/250mg, 200mg/300mg	tabs	<b>Adults:</b> ≥35kg: 200mg/300mg once daily. Renal impairment: CrCl 30–49mL/min: 200mg/300mg every 48hrs; CrCl <30mL/min, hemodialysis: not recommended. <b>Children:</b> <17kg: <b>not established.</b> 17–<22kg: 100mg/150mg once daily. 22–<28kg: 133mg/200mg once daily. 28–<35kg: 167mg/250mg once daily. ≥35kg: 200mg/300mg once daily.
lamivudine (3TC)	<b>Epivir</b>	150mg+ 300mg	tabs	<b>Adults:</b> CrCl ≥50mL/min: 300mg once daily or 150mg twice daily; CrCl 30–49mL/min: 150mg once daily;
		10mg/mL	oral soln	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. <b>Children:</b> <3mos: <b>not established.</b> ≥3mos (oral soln): 4mg/kg twice daily or 8mg/kg once daily; max 300mg/day. Tabs: 14–<20kg: 150mg once daily or 75mg twice daily; ≥20–<25kg: 225mg once daily or 75mg in the AM and 150mg in the PM; ≥25kg: 300mg once daily or 150mg twice daily. Renal impairment: reduce dose or prolong dosing interval.

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ANTIRETROVIRAL TREATMENTS (Part 4 of 8)

Generic	Brand	Strength	Form	Usual Dose
<b>NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS) (continued)</b>				
lamivudine (3TC)/ zidovudine (ZDV)	<b>Combivir</b>	3TC/ZDV: 150mg/300mg	tabs	<b>Adults:</b> 1 tab twice daily. Hepatic or renal impairment (CrCl <50mL/min): not recommended. <b>Children: Not recommended.</b>
stavudine (d4T)	<b>Zerit</b>	15mg, 20mg, 30mg, 40mg	caps	<b>Adults:</b> ≥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. <b>Children:</b> ≤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)	<b>Viread</b>	150mg, 200mg, 250mg, 300mg	tabs	<b>Adults:</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 every 7 days or after a total of 12hrs of dialysis; CrCl <10mL/min: not recommended. <b>Children: &lt;2yrs: Not established.</b> ≥2yrs: 8mg/kg once daily; max 300mg/day. ≥17kg: may use tabs if able to swallow. 17–<22kg: 150mg once daily. 22–<28kg: 200mg once daily. 28–<35kg: 250mg once daily. ≥35kg: 300mg once daily. See full labeling for additional dosing based on body wt.
		40mg/g	oral pwd	
zidovudine (ZDV)	<b>Retrovir</b>	100mg	caps	<b>Adults:</b> ≥18yrs: 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. <b>Children:</b> <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); (≥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 <sup>2</sup> twice daily or 160mg/m <sup>2</sup> 3 times daily.
		300mg	tabs	
		50mg/5mL	syrup	
		10mg/mL	soln for IV inj after dilution	
<b>PHARMACOKINETIC ENHANCER</b>				
obicostat	<b>Tyboost</b>	150mg	tabs	<b>Adults:</b> Must be co-administered at same time as atazanavir or darunavir. ≥18yrs: 150mg once daily with atazanavir 300mg once daily (if treatment-naive or experienced) or with darunavir 800mg once daily (if treatment-naive or experienced with no darunavir resistance associated substitutions). <b>Children: &lt;18yrs: not established.</b>

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ANTIRETROVIRAL TREATMENT (Part 5 of 8)

Generic	Brand	Strength	Form	Usual Dose
<b>PROTEASE INHIBITORS (PIS)</b>				
atazanavir sulfate (ATV)	<b>Reyataz</b>	150mg, 200mg, 300mg	caps	<p><b>Adults:</b> 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 H<sub>2</sub>-blocker and tenofovir: atazanavir 400mg + ritonavir 100mg once daily.  <i>Concomitant tenofovir:</i> atazanavir 300mg + tenofovir 300mg + ritonavir 100mg once daily.  <i>Pregnancy:</i> atazanavir 300mg + ritonavir 100mg once daily; concomitant H<sub>2</sub>-blocker or tenofovir (2nd or 3rd trimester): atazanavir 400mg + ritonavir 100mg. See full labeling.  <b>Children: &lt;6yrs: not recommended.</b> Take with food. Take once daily.                      6–18yrs: 15–&lt;20kg: atazanavir 150mg + ritonavir 100mg; 20–&lt;40kg: atazanavir 200mg + ritonavir 100mg; ≥40kg: atazanavir 300mg + ritonavir 100mg.  <i>Treatment-naïve:</i> ≥13yrs and ≥40kg who are unable to tolerate ritonavir: atazanavir 400mg once daily.                      Patients ≥13yrs and ≥40kg receiving concomitant tenofovir, H<sub>2</sub>-blockers, or PPIs: take atazanavir with ritonavir. See full labeling.</p>
		50mg	oral pwd <sup>3</sup>	
darunavir ethanolate (DRV)	<b>Prezista</b>	75mg, 150mg, 400mg, 600mg, 800mg	tabs	<p><b>Adults:</b> ≥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.  <b>Children: &lt;3yrs: not recommended.</b>                      ≥3–&lt;18yrs: Treatment-naïve or treatment-experienced with no darunavir resistance associated substitutions: 10–&lt;15kg: darunavir 35mg/kg + ritonavir 7mg/kg once daily; ≥15–&lt;30kg: darunavir 600mg + ritonavir 100mg once daily; ≥30–&lt;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–&lt;15kg: darunavir 20mg/kg + ritonavir 3mg/kg twice daily; ≥15–&lt;30kg: darunavir 375mg + ritonavir 48mg twice daily; ≥30–&lt;40kg: darunavir 450mg + ritonavir 60mg twice daily; ≥40kg: darunavir 600mg + ritonavir 100mg twice daily.                      See full labeling for complete weight based dosing.  <b>Both:</b> Take with food.                      Severe hepatic impairment: not recommended.</p>
		100mg/mL	oral susp	

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# ANTIRETROVIRAL THERAPY (Part 6 of 8)

Generic	Brand	Strength	Form	Usual Dose
<b>PROTEASE INHIBITORS (PIs)</b> <i>(continued)</i>				
fosamprenavir calcium (FOS-APV)	<b>Lexiva</b>	700mg	tabs	<p><b>Adults:</b> Oral susp: take without food. 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. PI-experienced: fosamprenavir 700mg + ritonavir 100mg twice daily. Hepatic dysfunction: See full labeling. <b>Children: PI-naive (&lt;4wks) or PI-experienced (&lt;6mos): not recommended.</b> Oral susp: Take twice daily with food. PI-naive (≥4wks–18yrs) or PI-experienced (≥6mos): &lt;11kg: fosamprenavir 45mg/kg + ritonavir 7mg/kg; 11–&lt;15kg: fosamprenavir 30mg/kg + ritonavir 3mg/kg; 15–&lt;20kg fosamprenavir 23mg/kg + ritonavir 3mg/kg; ≥20kg: fosamprenavir 18mg/kg + ritonavir 3mg/kg. PI-naive (≥2yrs): fosamprenavir 30mg/kg. <b>Both:</b> 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)	<b>Crixivan</b>	200mg, 400mg	caps	<p><b>Adults:</b> 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. <b>Children: Not established.</b> 3–18yrs: 500mg/m<sup>2</sup> every 8hrs has been used; see full labeling.</p>
lopinavir (LPV)/ritonavir (RTV)	<b>Kaletra</b>	LPV/RTV: 100mg/25mg, 200mg/50mg	tabs	<p><b>Adults:</b> 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: 500/125mg (two 200/50mg tabs and one 100/25mg tab) or 520/130mg (6.5mL) twice daily. <i>Pregnancy:</i> once daily &amp; soln not recommended. <b>Children: &lt;42wks postmenstrual age or &lt;14 days postnatal: not recommended.</b> 14days–6mos: 16/4mg/kg or 300/75mg/m<sup>2</sup> twice daily. Do not administer with efavirenz, nevirapine, or nelfinavir. ≥6mos: 230/57.5mg/m<sup>2</sup> twice daily or &lt;15kg: 12/3mg/kg twice daily; ≥15–40kg: 10/2.5mg/kg twice daily; &gt;40kg: max 400/100mg twice daily. Concomitant efavirenz, nevirapine, or nelfinavir: ≥6mos: 300/75mg/m<sup>2</sup> twice daily or &lt;15kg: 13/3.25mg/kg twice daily; ≥15–45kg: 11/2.75mg/kg twice daily; &gt;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 <sup>2,5</sup>	
nelfinavir mesylate (NFV)	<b>Viracept</b>	250mg, 625mg 50mg/g	tabs oral pwd <sup>3</sup>	<p><b>Adults and Children:</b> Take with food. <b>&lt;2yrs: not recommended.</b> 2–13yrs: 45–55mg/kg twice daily or 25–35mg/kg 3 times daily; max 2.5g/day. &gt;13yrs: 1.25g twice daily or 750mg 3 times daily. Reduce concomitant rifabutin dose by ½ and give nelfinavir 1.25g twice daily.</p>

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# ANTIRETROVIRAL TREATMENTS (Part 7 of 8)

Generic	Brand	Strength	Form	Usual Dose
<b>PROTEASE INHIBITORS (PIs) (continued)</b>				
ritonavir (RTV)	<b>Norvir</b>	100mg	tabs, soft gel caps <sup>2,5</sup>	<p><b>Adults:</b> Take with meals. Initially at least 300mg twice daily, increase every 2–3 days by 100mg twice daily to 600mg twice daily.</p> <p>Concomitant other PIs (eg, atazanavir, darunavir, fosamprenavir, saquinavir, tipranavir): Reduce ritonavir dose. See full labeling.</p> <p><b>Children: &lt;1mo or before postmenstrual age &lt;44wks: not recommended.</b> &gt;1mo: Initially 250mg/m<sup>2</sup> twice daily; increase every 2–3 days by 50mg/m<sup>2</sup> twice daily to 350–400mg/m<sup>2</sup> twice daily; max 600mg twice daily.</p>
		80mg/mL	oral soln <sup>2</sup>	
saquinavir mesylate (SQV)	<b>Invirase</b>	500mg	tabs	<p><b>Adults:</b> Take within 2hrs after a meal.</p> <p>≥16yrs: saquinavir 1g twice daily + ritonavir 100mg twice daily (taken at same time).</p> <p>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.</p> <p><b>Children: &lt;16yrs: not recommended.</b></p>
		200mg	hard gel caps	
tipranavir (TPV)	<b>Aptivus</b>	250mg	soft gel caps <sup>2</sup>	<p><b>Adults:</b> Tipranavir 500mg + ritonavir 200mg twice daily.</p> <p><b>Children: &lt;2yrs: not recommended.</b></p> <p>Use oral soln if unable to swallow caps.</p> <p>2–18yrs: tipranavir 14mg/kg + ritonavir 6mg/kg or (375mg/m<sup>2</sup> + ritonavir 150mg/m<sup>2</sup>) twice daily; max tipranavir 500mg + ritonavir 200mg twice daily.</p> <p>Intolerance or toxicity (if virus not resistant to multiple PIs): may reduce dose to tipranavir 12mg/kg + ritonavir 5mg/kg or (290mg/m<sup>2</sup> + ritonavir 115mg/m<sup>2</sup>) twice daily.</p>
		100mg/mL	oral soln <sup>4</sup>	
<b>MULTICLASS FIXED-DOSE COMBINATION</b>				
abacavir/dolutegravir/lamivudine)	<b>Triumeq</b>	600mg/50mg/300mg	tabs	<p><b>Adults:</b> 1 tab daily.</p> <p>Concomitant efavirenz, fosamprenavir/ritonavir, tipranavir/ritonavir, rifampin/carbamazepine: give additional dolutegravir 50mg separated by 12hrs from Triumeq.</p> <p><b>Children: Not established.</b></p>
atazanavir/cobicistat	<b>Evotaz</b>	300mg/150mg	tabs	<p><b>Adults:</b> 1 tab daily.</p> <p><b>Children: &lt;18yrs: not established.</b></p>
darunavir/cobicistat	<b>Prezcobix</b>	800mg/150mg	tabs	<p><b>Adults:</b> 1 tab daily.</p> <p><b>Children: &lt;18yrs: not established.</b></p>
efavirenz (EVF)/emtricitabine (FTC)/tenofovir disoproxil fumarate (TDF)	<b>Atripla</b>	600mg/200mg/300mg	tabs	<p><b>Adults:</b> ≥12yrs and ≥40kg: 1 tab once daily preferably at bedtime. Concomitant rifampin (≥50kg): Give additional 200mg/day of efavirenz.</p> <p><b>Children: &lt;12yrs: not recommended.</b></p>
emtricitabine (FTC)/rilpivirine/tenofovir alafenamide (TAF)	<b>Odefsey</b>	200mg/25mg/25mg	tabs	<p><b>Adults &amp; Children: &lt;12yrs (&lt;35kg): not established.</b></p> <p>≥12yrs (≥35kg): 1 tab once daily with food.</p> <p>Severe renal impairment (CrCl &lt;30mL/min): not recommended.</p>
emtricitabine (FTC)/rilpivirine/tenofovir disoproxil fumarate (TDF)	<b>Complera</b>	200mg/25mg/300mg	tabs	<p><b>Adults:</b> ≥12yrs (and ≥35kg): 1 tab once daily with a meal. Renal impairment (CrCl &lt;50mL/min): not recommended. Concomitant rifabutin: take additional rilpivirine 25mg once daily.</p> <p><b>Children: &lt;12yrs or &lt;35kg: not established.</b></p>

(continued)

## ANTIRETROVIRAL TREATMENTS (Part 8 of 8)

Generic	Brand	Strength	Form	Usual Dose
<b>MULTICLASS FIXED-DOSE COMBINATION</b> <i>(continued)</i>				
emtricitabine (FTC)/tenofovir alafenamide (TAF)	<b>Descovy</b>	200mg/25mg	tabs	<b>Adults &amp; Children: &lt;12yrs (&lt;35kg): not established.</b> ≥12yrs (≥35kg): 1 tab once daily. Severe renal impairment (CrCl <30mL/min): not recommended.
elvitegravir/cobicistat/emtricitabine (FTC)/tenofovir alafenamide (TAF)	<b>Genvoya</b>	150mg/150mg/ 200mg/10mg	tabs	<b>Adults and Children: &lt;12yrs: not established.</b> ≥12yrs and ≥35kg: 1 tab once daily with food. Severe hepatic or renal impairment (CrCl <30mL/min): not recommended.
elvitegravir/cobicistat/emtricitabine (FTC)/tenofovir disoproxil fumarate (TDF)	<b>Stribild</b>	150mg/150mg/ 200mg/300mg	tabs	<b>Adults:</b> 1 tab once daily with food. Renal impairment (CrCl <70mL/min): not recommended; discontinue if CrCl declines to <50mL/min during therapy. Severe hepatic impairment: not recommended. <b>Children: &lt;18yrs: not recommended.</b>

### NOTES

**Key:** + = scored; PI = protease inhibitor

<sup>1</sup>Contains parabens, propylene glycol; <sup>2</sup>Contains alcohol; <sup>3</sup>Contains phenylalanine; <sup>4</sup>Contains Vit. E 116 IU/mL; <sup>5</sup>Keep in refrigerator  
(Rev. 8/2016)