

ANTIRETROVIRAL THERAPIES (Part 1 of 5)

Generic	Brand	Strength	Form	Usual Dose
CCR5 CO-RECEPTOR ANTAGONISTS				
maraviroc (MVC)	Selzentry	25mg, 75mg, 150mg, 300mg	tabs	Adults: ≥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. 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 impairment (CrCl <30mL/min) or ESRD (without potent CYP3A inhibitors or inducers): reduce dose from 300mg twice daily to 150mg twice daily if postural hypotension occurs. Children: <2yrs: not established. If unable to swallow, use oral soln. ≥2yrs: 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): (10–<20kg): 50mg or 2.5mL twice daily; (20–<30kg): 75mg or 4mL twice daily; (30–<40kg): 100mg or 5mL twice daily; (≥40kg): 150mg or 7.5mL twice daily. Other concomitant drugs, including tipranavir/ritonavir, nevirapine, raltegravir, NRTIs, enfuvirtide: (10–<30kg): not recommended; (≥30kg): 300mg or 15mL twice daily. Concomitant potent CYP3A inducers (eg, efavirenz, rifampin, etravirine, carbamazepine, phenobarbital, phenytoin) (without a potent CYP3A inhibitor): not recommended.
		20mg/mL	oral soln	
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	10mg, 25mg, 50mg	tabs	Adults: <i>Treatment-naïve or treatment-experienced INSTI-naïve or virologically suppressed switching to dolutegravir + rilpivirine:</i> 50mg once daily. <i>Treatment-naïve or treatment-experienced INSTI-naïve with concomitant certain UGT1A or CYP3A inducers:</i> 50mg twice daily. <i>INSTI-experienced with certain INSTI-associated resistance substitutions or clinically suspected INSTI resistance:</i> 50mg twice daily. 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.
raltegravir potassium (RAL)	Isentress	25mg, 100mg+	chew tabs	Adults: <i>Treatment-naïve or virologically suppressed on Isentress 400mg twice daily:</i> 1200mg (2 x 600mg) once daily or 400mg twice daily. <i>Treatment-experienced:</i> 400mg twice daily. Concomitant rifampin: 800mg (2 x 400mg) twice daily. Children: <4wks: use oral susp. ≥4wks (<25kg): use other forms; (≥25kg): 400mg twice daily; (≥40kg): <i>treatment-naïve or virologically suppressed on Isentress 400mg twice daily:</i> 1200mg (2 x 600mg) once daily or 400mg twice daily. If unable to swallow, can use chew tabs: (11–<14kg): 75mg twice daily; (14–<20kg): 100mg twice daily; (20–<25kg): 150mg twice daily; (25–<28kg): 150mg twice daily; (28–<40kg): 200mg twice daily; ≥40kg: 300mg twice daily. Chew tabs max dose: 300mg twice daily.
	Isentress HD	400mg	tabs	
		600mg		
raltegravir potassium (RAL) (continued)	Isentress Oral Suspension	100mg/pkt	pwd for oral susp	Adults: use tabs. Children: Pre-term neonates or <2kg: not recommended. Give first dose between 24–48hrs post birth if mother received raltegravir 2–24hrs before delivery. Birth to 1wk (2–<3kg): 4mg (0.4mL) once daily; (3–<4kg): 5mg (0.5mL) once daily; (4–<5kg): 7mg (0.7mL) once daily. 1 to 4wks (2–<3kg): 8mg (0.8mL) twice daily; (3–<4kg): 10mg (1mL) twice daily; (4–<5kg): 15mg (1.5mL) twice daily. ≥4wks (3–<4kg): 25mg (2.5mL) twice daily; (4–<6kg): 30mg (3mL) twice daily; (6–<8kg): 40mg (4mL) twice daily; (8–<11kg): 60mg (6mL) twice daily; (11–<14kg): 80mg (8mL) twice daily; (14–<20kg): 100mg (10mL) twice daily; (20–<25kg): use chew tabs. Oral susp max dose: 100mg (10mL) 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	caps	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.
		600mg	tabs	
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.

(continued)

ANTIRETROVIRAL TREATMENTS (Part 2 of 5)

Generic	Brand	Strength	Form	Usual Dose
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIS) (continued)				
nirapirine (NVP)	Viramune	200mg+	tabs	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.
		50mg/5mL	oral susp	
	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.
NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS)				
abacavir sulfate (ABC)	Ziagen	300mg	tabs	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.
		20mg/mL	oral soln ¹	
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: <25kg: use individual components. ≥25kg: 1 tab daily.
abacavir sulfate (ABC)/lamivudine (3TC)/zidovudine (ZDV)	Trizivir	ABC/3TC/ZDV: 300mg/150mg/300mg	tabs	Adults and Children: <40kg: not recommended. ≥40kg: 1 tab twice daily.
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	
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: use oral soln. 3mos–17yrs (≤33kg): use oral soln; (>33kg): 200mg once daily. Renal impairment: Reduce dose or prolong dosing interval.
		10mg/mL	oral soln	
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.
lamivudine (3TC)	Epivir	150mg+, 300mg	tabs	Adults: 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. Children: <3mos: not established. ≥3mos (oral soln): 5mg/kg twice daily or 10mg/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.
		10mg/mL	oral soln	

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ANTIRETROVIRAL TREATMENT (Part 3 of 5)

Generic	Brand	Strength	Form	Usual Dose
NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS) (continued)				
lamivudine (3TC)/ zidovudine (ZDV)	Combivir	3TC/ZDV: 150mg/300mg	tabs	Adults and Children: <30kg: not recommended. ≥30kg: 1 tab twice daily. Hepatic or renal impairment (CrCl <50mL/min): not recommended; use individual components.
stavudine (d4T)	Zerit	15mg, 20mg, 30mg, 40mg 1mg/mL	caps pwd for oral soln after reconstitution	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.
tenofovir disoproxil fumarate (TDF)	Viread	150mg, 200mg, 250mg, 300mg 40mg/g	tabs oral pwd	Adults: ≥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. Children: <2yrs: Not established. ≥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.
zidovudine (ZDV)	Retrovir	100mg 50mg/5mL 10mg/mL	caps syrup soln for IV inj after dilution	Adults: ≥18yrs: 600mg daily in divided doses. Renal impairment (CrCl <15mL/min) or on dialysis: 100mg every 6–8hrs. Prevention of maternal-fetal HIV or vertical transmission, severe anemia and/or neutropenia: see full labeling. Children: <6wks and/or for vertical transmission: See full labeling. 4wks to <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: 480mg/m ² /day (240mg/m ² twice daily or 160mg/m ² 3 times daily). Adults: Give by IV infusion over 1hr; use only until oral therapy can be given. 1mg/kg every 4hrs. Renal impairment (CrCl <15mL/min) or on dialysis: 1mg/kg every 6–8hrs. Prevention of maternal-fetal HIV or vertical transmission, severe anemia and/or neutropenia: see full labeling. Children: Vertical transmission: See full labeling.
PHARMACOKINETIC ENHANCER				
cobicistat	Tyboost	150mg	tabs	Adults: Must be co-administered at same time as atazanavir or darunavir. ≥18yrs: 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). Children: <18yrs: not established.
PROTEASE INHIBITORS (PIS)				
atazanavir sulfate (ATV)	Reyataz	150mg, 200mg, 300mg 50mg	caps oral pwd ³	Adults: Take with food. <i>Treatment-naïve:</i> atazanavir 300mg + ritonavir 100mg, both once daily; or atazanavir 400mg once daily if unable to tolerate ritonavir. Concomitant efavirenz: atazanavir 400mg + ritonavir 100mg (both once daily) + efavirenz 600mg (on an empty stomach at bedtime). 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; both once daily. Pregnancy (2nd or 3rd trimester) plus concomitant H2-blocker or tenofovir: atazanavir 400mg + ritonavir 100mg, both once daily. <i>Concomitant tenofovir:</i> consider giving atazanavir 300mg + tenofovir 300mg + ritonavir 100mg, all once daily; see full labeling. <i>Concomitant H2-blockers or PPIs:</i> see full labeling. <i>All other pregnant patients:</i> no dose adjustments needed. Children: <6yrs: not recommended. Take with food. Take once daily. 6–18yrs (15–<35kg): atazanavir 200mg + ritonavir 100mg; ≥35kg: atazanavir 300mg + ritonavir 100mg. <i>Treatment-naïve:</i> ≥13yrs and ≥40kg who are unable to tolerate ritonavir: atazanavir 400mg once daily. <i>Patients ≥13yrs and ≥40kg receiving concomitant tenofovir, H2-blockers, or PPIs:</i> give atazanavir with ritonavir. See full labeling.
darunavir ethanolate (DRV)	P Prezista	75mg, 150mg, 600mg, 800mg 100mg/mL	tabs oral susp	Adults: ≥18yrs: <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). Children: <3yrs: not recommended. <i>Treatment-naïve or treatment-experienced with no darunavir resistance associated substitutions:</i> ≥3yrs to <18yrs: ≥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. <i>Treatment-experienced with at least one darunavir resistance associated substitution:</i> ≥3yrs to <18yrs: ≥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. Both: Take with food. <i>Severe hepatic impairment:</i> not recommended.

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ANTIRETROVIRAL THERAPIES (Part 4 of 5)

Generic	Brand	Strength	Form	Usual Dose
PROTEASE INHIBITORS (PIS) (continued)				
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 full labeling. 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 full labeling.
		50mg/mL	oral susp	
indinavir sulfate (IDV)	Crixivan	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 established. 3–18yrs: 500mg/m ² every 8hrs has been used; see full labeling.
lopinavir (LPV)/ritonavir (RTV)	Kaletra	LPV/RTV: 100mg/25mg, 200mg/50mg	tabs	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. Children: <42wks postmenstrual age or <14 days postnatal: not recommended. 14days–6mos: 16/4mg/kg or 300/75mg/m ² twice daily. Do not administer with efavirenz, nevirapine, or nelfinavir. >6mos–<18yrs: 230/57.5mg/m ² 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/m ² 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.
		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.
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, atazanavir, darunavir, fosamprenavir, saquinavir, tipranavir): Reduce ritonavir dose. See full labeling. Children: <1mo or before postmenstrual age <44wks: 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). 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 & Children: <40kg: not recommended. ≥40kg: 1 tab daily. Concomitant efavirenz, fosamprenavir/ritonavir, tipranavir/ritonavir, carbamazepine, rifampin: give additional dolutegravir 50mg separated by 12hrs from Triumeq.
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.
dolutegravir/rilpivirine	Juluca	50mg/25mg	tabs	Adults: 1 tab once daily with a meal. Concomitant rifabutin: take additional rilpivirine 25mg tab once daily during coadministration. Children: not established.
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.

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ANTIRETROVIRAL TREATMENTS (Part 5 of 5)

Generic	Brand	Strength	Form	Usual Dose
MULTICLASS FIXED-DOSE COMBINATION <i>(continued)</i>				
emtricitabine (FTC)/rilpivirine/tenofovir alafenamide (TAF)	Odefsey	200mg/25mg/25mg	tabs	Adults & Children: <12yrs (<35kg): not established. ≥12yrs (≥35kg): 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: ≥12yrs (and ≥35kg): 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: <25kg or <35kg with concomitant PI plus ritonavir or cobicistat: not established. ≥25kg (and CrCl ≥30mL/min): 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 & Children: <25kg: not established. ≥25kg (and CrCl ≥30mL/min): 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. ≥12yrs (≥35kg): 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

Not an inclusive list of medications and/or official indications. Please see drug monograph at www.eMPR.com and/or contact company for full drug labeling.

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