DUHS HIV Antiretroviral Therapy (ART) Reference Chart

Generic Name (Abbrev., Brand Name)	DUHS Formulary Presentations	UMAP Formulary	Typical Adult Dosing	Typical Pediatric Dosing	Food Restrictions	Alternate Administration (e.g. via tube)	Dose Adjustments	Clinical Pearls	Black Box Warning
Nucleoside/tide Reverse									
Abacavir (ABC, Ziagen)	**Tablet**: 300 mg; **Oral Solution**: 20 mg/mL	Yes (Ziagen)	300 mg BID or 600 mg daily	Neonate/Infants <3 mo: not approved; 14 to <20kg: 300 mg daily; ≥20 to <25kg: 450 mg daily; ≥25kg: 600 mg daily	No food restriction	Use solution	Renal: none; Hepatic: avoid use in Child-Pugh class B or C	Screen for HLA-B*5701 before initiating therapy	Hypersensitivity reactions
Didanosine (ddI, Videx)	**DR Capsule**: 125, 200, 250, 400 mg; **Powder for Solution**: 10 mg/mL	Yes (Videx)	400 mg daily (>60 kg); 250 mg daily (< 60 kg)	Neonate/Infants <3 mo: 50mg/m^2 BID; 3 mo to 8 mo: 100mg/m^2 BID; >8 mo: 120mg/m^2 BID; 20-24 kg: 200 mg daily; 25-59 kg: 250 mg daily; ≥60 kg:400 mg daily	Empty stomach preferred	Use powder for solution	Renal: adjustment necessary; Hepatic: none	Powder for oral solution contains antacids that may interfere with absorption of other medications	Pancreatitis; lactic acidosis/severe hepatomegaly
Emtricitabine (FTC, Emtriva)	**Capsule**: 200 mg; **Oral Solution**: 10 mg/mL	Yes (Emtriva)	200 mg daily (capsule); 240 mg daily (solution)	Neonate/Infants <3 mo: 3 mg/kg daily; 3 months-17 years; Capsule: 200 mg daily (only for children >33 kg); Solution: 6 mg/kg daily (max 240 mg/d)	No food restriction	Use solution	Renal: adjustment necessary; Hepatic: none	The oral capsules and oral solution are not interchangeable on a mg per mg basis	Posttreatment acute exacerbation of hepatitis B
Lamivudine (3TC, Epivir)	**Tablet**: 100, 150 mg; **Oral Solution**: 10 mg/mL	Yes (Epivir)	150 mg BID; 300 mg daily	Neonate/Infant <4 wks: 2 mg/kg BID; 14 to <20kg: 150 mg daily; ≥20 to <25kg: 225 mg daily; ≥25 kg: 300 mg daily	No food restriction	Use solution	Renal: adjustment necessary; Hepatic: none	Obtain liver function tests every 3 months	Lactic acidosis and severe hepatomegaly with steatosis; exacerbations of hepatitis B; Do not use Epivir HBV tablets or Epivir HBV oral solution for the treatment of HIV; Risk of HIV-1 resistance if lamivudine-HBV is used in patients with unrecognized or untreated HIV-1
Stavudine (d4T, Zerit)	**Capsule**: 15 mg, 20 mg; **Powder for Solution**: 1 mg/mL	Yes (Zerit)	40 mg BID (>60 kg); 30 mg BID (30-60 kg)	Neonate/Infant <13 days: 0.5 mg/kg/dose BID; ≥14 days and<30kg: 1mg/kg/dose BID; ≥30 kg: 30 mg BID	No food restriction	Use solution	Renal: adjustment necessary; Hepatic: none	Not routinely recommended due to increased toxicities	Lactic acidosis and hepatomegaly with steatosis; pancreatitis
Tenofovir (TDF, Viread)	**Tablet**: 300 mg; **Oral powder is non-formulary, not stocked**	Yes (Viread)	300 mg daily	Neonate/Infant: not recommended; ≥2 to <12 yr years: 8mg/kg/dose once daily; ≥12 yr and wt ≥35kg: see adult dosing	No food restriction	May dissolve tablets in water or juice	Renal: adjustment necessary; Hepatic: none	Concurrent use with adefovir and/or tenofovir combination products should be avoided	Posttreatment acute exacerbation of hepatitis
Zidovudine (AZT, Retrovir)	**Tablet**: 300 mg; **Oral syrup**: 10 mg/mL; **Injection Solution**: 10 mg/mL	Yes (Retrovir)	300 mg BID; 200 mg TID	Neonates: see specific drug information ref; 4 to <9kg: 12 mg/kg/dose BID; 9 to <30kg: 9 mg/kg/dose BID; ≥30 kg: 300mg/dose BID	No food restriction	Use oral syrup	Renal: adjustment necessary; Hepatic: none	Patients should receive IV therapy only until oral therapy can be administered	Hematologic toxicity; myopathy; lactic acidosis/severe hepatomegaly
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)									
Delavirdine (DLV, Rescriptor)	**Nonformulary, not stocked**	Yes (Rescriptor)	400 mg PO TID	Safety and efficacy not established in pediatric patients less than 16 years of age; ≥16 years: 400 mg PO TID	No food restriction	Dissolve four 100 mg tablets in at least 3 ounces of water	Renal: none; hepatic: none	200 mg tablets should not be used to make oral solution because they do not disperse readily in water; if taking together, antacids or didanosine should given at least one hour before or after the dose; administer with acidic bevarage for patients	None
Doravirine (Pifeltro)	**Nonformulary, not stocked**	No	100 mg PO daily	Safety and efficacy not established	No food restriction	No data; not recommeded to be crush/chew.	Renal: none; hepatic: none; concomitant use with rifabutin: 100mg PO BID	CYP3A4 substrate	None
Efavirenz (EVF, Sustiva)	**Capsule**: 200 mg; **Tablet**: 600 mg	Yes (Sustiva)	600 mg once daily or QHS	Neonates: not approved for use; 3mo to <3 yrs: not recommended; for use 10 to <15kg: 200mg; 15 to <20kg: 250 mg; 20 to <25kg: 300 mg; 25 to <32.5kg: 350 mg; 32.5 to <40kg: 400 mg; >40kg: 600 mg once daily	Empty stomach preferred	May open capsule and add powder to applesauce, sugar syrup, or infant formula (insoluble in water)	Renal: none; Hepatic: avoid use in Child-Pugh class B or C	Potential for QT prolongation; dose adjustments necessary if concurrent rifampin or voriconazole therapy	None
Etravirine (ETR, Intelence)	**Tablet**: 100 mg	No	200 mg BID	Neonates through children <6 yrs: not approved for use; Children >6yr: 16 to<20kg: 100 mg BID; 20 to <25kg: 125 mg BID; 25 to <30kg: 150 mg BID; >30 kg: 200 mg BID	Administer after a meal	Tablets may be dispersed in a glass of water	Renal: none; Hepatic: no data in Child-Pugh class B or C	CYP 3A4 inducer; Not for use in treatment-naive patients, or experienced patients without evidence of viral mutations conferring resistance to NNRTIs and PIs	None
Nevirapine (NVP, Viramune)	**Tablet** (immediate release): 200 mg; **Oral suspension**: 10 mg/mL	Yes (Viramune, Viramune XR)	200 mg daily x 2 weeks then 200 mg BID	Children ≥8yr: 150 mg/m^2 daily x 2 weeks then 150 mg/m^2 BID (max 200 mg BID)	No food restriction	Use suspension	Renal: none; Hepatic: avoid use in Child-Pugh class B or C	Most cases of hepatic toxicity occur during the first 12 wks of therapy. Monitor LFTs frequently; autoinduction phenomenon: half life decreases over 2-4 weeks	hepatotoxicity; skin reactions
Rilpivirine (RPV, Edurant)	**Tablet** (immediate release): 25 mg	Yes (Edurant)	25 mg daily	Neonatal and Pediatric dosing is not currently established.	Administer with a meal	Crush tablet and mix with 10 mL water	Renal: none; Hepatic: no data in Child-Pugh class B or C	Use caution when co-administering with drugs that induce CYP3A4 (e.g. rifabutin or rifampin); Co-administration with PPIs is	None

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Integrase Strand Transfer Inhibitors (INSTIs)									
Raltegravir (RAL, Isentress)	**Film-coated tablet**: 400 mg, 600 mg; **Chewable Tablet**: 100 mg (granules for suspension is non-formulary, not stocked)	Yes (Isentress)	400 mg BID (film-coated); 1200 mg once daily (film-coated); 300 mg BID (chewable)	Neonates: dose oral susp, IVP 6 to 9 days: 1.5mg/kg/dose QD;mPNA 8 to 28 days: 3 mg/kg/dose BID; ≥ 4 weeks, 3 to <20 kg; Oral suspension dosing: 3 to <4 kg: 20 mg BID; 4 to <6 kg: 30 mg BID; 6 to <8 kg: 40 mg BID; 8 to <11 kg: 60 mg BID; 11 to <14 kg: 80 mg BID; Children 2 to <12: use chewable tablet; 11 to <14kg: 75 mg BID; 14 to <20kg: 100mg BID; 20-<28kg: 150mg BID; 28-<40kg: 200mg BID; ≥40kg: 300mg BID	No food restriction	Use chewable tablet	Renal: none; Hepatic: none	The film-coated tablets and chewable tablets are not interchangable on a mg per mg basis	None
Elvitegravir (EVG, Vitekta)	**Non-formulary, Not Stocked**	Yes (Viteka)	85 mg daily	Safety and efficacy not established; not recommended	Administer with food	No data	Renal: none; Hepatic: avoid use in Child-Pugh class C	CYP3A4 substrate; discontinued in US	None
Dolutegravir (DTG, Tivicay)	**Tablet**: 50 mg	Yes (Tivicay)	50 mg daily (INSTI-naïve)	Children <12 yrs: not approved for use≥12 years and ≥40 kg: 50 mg daily	No food restriction	Ok to crush tablets	Renal: none; Hepatic: avoid use in Child-Pugh class C	Increase dose to 50 mg BID if INSTI-experienced or pt is on rifampin, efavirenz, or carbamazepine	None
Protease Inhibitors (PIs)									
Atazanavir (ATV, Reyataz)	**Capsule:** 100, 150, 200 mg; **Powder packet**: 50 mg/packet is non-formulary, not stocked (capsules and powder packets not interchangeable)	Yes (Reyataz)	300 mg daily + RTV or 400 mg daily (non-boosted)	Children >6 to <18 yrs:<15 kg: capsules not recommended; 15 to <20kg: 150mg +RTV 100mg; 20 to <40 kg: 200mg + RTV 100mg; ≥40kg: 300mg +RTV 100mg	Administer with food	Capsules may be opened and administered via tube	Renal: none; Hepatic: avoid use in Child-Pugh class C	Give ≥ 2 hrs before or 1 hr after antacid; Give > 2 hrs before or 10 hrs after H2RA, max dose of famotidine 20 mg BID (or equivalent); Coadministration with PPIs is contraindicated. Separate administration by 12 hrs if needed;	None
Darunavir (DRV, Prezista)	**Tablet:** 600, 800 mg (oral suspension is non-formulary, not stocked)	Yes (Prezista)	800 mg + RTV 100 mg daily or 600 mg BID + RTV 100 mg BID	Children <3 or wt ≤10kg: not recommended; Children ≥3 yrs:10 to <11kg: 400mg/d; 11 to <12kg: 440 mg/d; 12 to <13kg: 480mg/d; 13 to <14kg: 520 mg/d; 14 to <15kg: 560 mg/d; 15 to <30kg: 750 mg/d; 30 to <40kg: 900 mg/d; 30 to	Administer with food	Tablets may be crushed or dissolved in water	Renal: none; Hepatic: avoid use in Child-Pugh class C	Contains sulfa moeity: use with caution in patients with sulfonamide allergy	None
Fosamprenavir (FPV, Lexiva)	**Tablet**: 700 mg (oral suspension is non-formulary, not stocked)	Yes (Lexiva)	700 mg + RTV 100 mg BID or 1,400 mg + RTV 100-200 mg daily	Age ≥6mo to 18yrs: <11 kg: 45 mg/kg + RTV 7 mg/kg BID; 11 to <15kg: 30 mg/kg + RTV 3 mg/kg BID; 15 to <20kg: 23 mg/kg + RTV 3 mg/kg BID; >20 kg: 18 mg/kg + RTV 3 mg/kg BID; Max: see	Adminiister with food if given with ritonavir	Use oral suspension	Renal: none; Hepatic: dose adjustments required	Contains sulfa moeity: use with caution in patients with sulfonamide allergy	None
Indinavir (IDV, Crixivan)	**Nonformulary, not stocked**	Yes (Crixivan)	800 mg q8h or 800 mg BID with 100 mg ritonavir BID	Adolescents (off-label): unboosted regimen: 800 mg TID; ritonavir boosted regimen: 800 mg BID plus ritonavir 100 to 200 mg BID	Administer without food but with water 1 hour before or 2 hours after a meal	Oral solution may be prepared using capsules	Renal: none; mild to moderate hepatic impairment due to cirrhosis: 600 mg TID; dose adjustments with rifabutin, delavirdine, itraconazole, ketoconazole	Drink at least 48 ounces of water daily; If taking with ritonavir may take with food	None
Lopinavir/ritonavir (LPV/r, Kaletra)	**Tablet**: 100 mg LPV/25 mg RTV or 200 mg LPV/50 mg RTV; **Oral solution**: 400-100 mg/5 mL	Yes (Kaletra)	400/100 mg BID or 800/200 mg daily	Neonates <14 days: DO NOT USE; 14days to 12 mo: 300mg/75mg per m^2 BID; >12mo to 18yr: 300mg/75 mg per m^2 per dose BID	Administer with food	Use oral solution	Renal: none; Hepatic: has not been studied, use caution	Potential for QT prolongation	None
Nelfinavir (NFV, Viracept)	**Tablet**: 625 mg	Yes (Viracept)	1250 mg BID	Neonate/infants <2yrs: not recommended; 2 to 13 yrs: 45-55 mg/kg BID	Administer with food	May crush tablets and disperse in water	Renal: none; Hepatic: avoid use in Child-Pugh class B or C	Potential for QT prolongation	None
Ritonavir (RTV, Norvir)	**Tablet**: 100 mg; **Oral Solution**: 80 mg/mL (ritonavir capsule is non-formulary, not stocked)	Yes (Norvir)	100-200 mg daily-BID to boost other PIs	Initial: 250 mg/m^2 BID; Maintenance: 350-400 mg/m2 BID; Max: 600 mg BID	Administer with food	Use oral solution	Renal: none; Hepatic: avoid use in Child-Pugh class C	P-glycoprotein inhibitor	Drug-drug interactions leading to potentially serious/life threatening reactions
Saquinavir (SQV, Invirase)	**Tablet**: 500 mg (capsules are non-formulary, not stocked)	Yes (Invirase)	1000 mg BID + RTV 100 mg BID	Children <16 yrs: not recommended; ≥16 years: 1000 mg BID + RTV 100 mg BID	Administer with food	No data for tablets	Renal: none; Hepatic: avoid use in Child-Pugh class C	Potential for QT prolongation	None
Tipranavir (TPV, Aptivus)	**Non-formulary, Not Stocked**	Yes (Aptivus)	500 mg BID + RTV 200 mg BID	Children <2yrs: not approved; Children >2: 375 mg/m^2 + RTV 150mg/m^2 BID; Max: 500 mg TPV/200 mg RTV BID	Administer with food	Soft gelatine capsules cannot be crushed or chewed	Renal: none; Hepatic: avoid use in Child-Pugh class C	Contains sulfa moeity: use with caution in patients with sulfonamide allergy	hepatotoxicity; intracranial hemorrhage
Entry Inhibitors (Fusion inhibitors, CCR5 Co-receptor antagonists, & Post-Attachment Inhibitor)									
Enfuvirtide (ENF, Fuzeon)	**Nonformulary, not stocked**	Yes (Fuzeon)	90 mg SQ BID	Children <6yr: not approved6-16 years: 2 mg/kg SQ BID (max 90 mg SQ BID)>16 years: 90 mg SQ BID	n/a	n/a	None	Rechallenge is not recommended if hypersensitivity reaction occurs. Consider raltegravir if not used previously	None
Ibalizumab (Trogarzo)	**Formulary, Restricted to outpatient; patient specific supplies not stocked**	No	2000 mg IV x 1, then 800 mg IV every 2 weeks	Safety and efficacy not established; not recommended	N/A	N/A	None	For outpatient ID clinic use only; contains polysorbate 80 - monitor for hypersensitivity reactions	None
Maraviroc (MVC, Selzentry)	**Tablet**: 150, 300 mg	Yes (Selzentry)	300 mg BID	Children <16yr: not approved≥16 yrs: 300 mg BID	No food restriction	Not recommended to crush or chew	Renal: use not recommended in CrCl <30 mL/min; Hepatid: use caution	Should only be used in CCR5 tropic positive patients	hepatotoxicity

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Fixed Dose Combination Products									
Zidovudine/Lamivudine (Combivir)	**Tablet**: 300 mg AZT/150 mg 3TC	Yes (Combivir)	1 tablet BID	≥30 kg: one tablet BID	No food restriction	Use individual solutions	See individual components	Alternative NRTI backbone for initial therapy in antiretroviral-naive pregnant females	Hematologic toxicity; myopathy; exacerbations of hepatitis B; lactic acidosis and severe hepatomegaly with steatosis
Abacavir/Lamivudine (Epzicom)	**Tablet**: 600 mg ABC/300 mg 3TC	Yes (Epzicom)	1 tablet daily	≥25 kg: one tablet daily	No food restriction	Use individual solutions	See individual components	Screen for HLA-B*5701 before initiating therapy	Hypersensitivity reactions; exacerbations of hepatitis B
Zidovudine/lamivudine/abacavir (Trizivir)	**Tablet**: 300 mg AZT/150 mg 3TC/300 mg ABC	Yes (Trizivir)	1 tablet BID	≥40 kg: one tablet BID	No food restriction	Use individual solutions	See individual components	Screen for HLA-B*5701 before initiating therapy	Hypersensitivity reactions; hematologic toxicity; myopathy; lactic acidosis and severe hepatomegaly with steatosis; exacerbations of
Tenofovir (TDF)/emtricitabine (Truvada)	**Tablet**: 300 mg TDF/200 mg FTD	Yes (Truvada)	1 tablet daily	≥12 years and ≥35 kg: one tablet daily	No food restriction	To administer via jejunostomy tube, crush tablet and mix with 3 to 5 mL water; administer immediately, then flush tube with 10 mL	See individual components	Emtricitabine and tenofovir are both present in breast milk; breastfeeding is not a contraindication to PrEP	Posttreatment acute exacerbation of hepatitis B; risk of drug resistance with use for preexposure prophylaxis
Tenofovir alaf/emtricitabine (Descovy)	**Tablet**: 25 mg TAF/200 mg FTC	Yes (Descovy)	1 tablet daily	≥12 years and ≥35 kg: one tablet daily	No food restriction	Not recommended to crush/chew	Avoid in CrCl <30 ml/min	Not indicated for PrEP	HIV-1 and hepatitis B coinfection
Atazanavir/cobicistat (Evotaz)	**Tablet**: 300 mg ATV/150 mg cobicistat	Yes (Evotaz)	1 tablet daily	Safety and efficacy not established; not recommended	Administer with food	Not recommended to crush/chew. No data for cobicistat	Renal: avoid in HD; Hepatic: avoid use in Child-Pugh class C	May result in false elevations in serum creatinine	None
Darunavir/cobicistat (Prezcobix)	**Tablet**: 800 mg DRV/150 mg cobicistat	Yes (Prezcobix)	1 tablet daily	Safety and efficacy not established; not recommended	Administer with food	Not recommended to crush/chew. No data for cobicistat	Renal: avoid in HD; Hepatic: avoid use in Child-Pugh class C	Genotype testing is advised prior to therapy initiation in antiretroviral treatment-experienced patients; if testing is not feasible, use is recommended in protease-inhibitor naïve patients only.; May result in false elevations in serum creatinine	None
darunavir/cobicistat/emtricitabine/ tenofovir alaf (Symtuza)	**Nonformulary, not stocked**	No	1 tablet daily	Safety and efficacy have not been established	Administer with food	Not recommended to crush/chew. No data for cobicistat	Renal: avoid in CrCl <30 ml/min; hepatic: not recommended in Child-Pugh class C	May result in false elevations in serum creatinine; tablet may be split into 2 and administered immediately if unable to swallow whole	Posttreatment acute exacerbation of hepatitis B
Efavirenz/emtricitabine/tenovovir (TDF) (Atripla)	**Tablet**: 600 mg EFV/200 mg FTC/300 mg TDF	Yes (Atripla)	1 tablet daily (or QHS)	≥12 years and ≥40 kg: one tablet daily (or qHS) on empty stomach	Empty stomach preferred	Not recommended to crush/chew. Use individual components.	See individual components with CrCl < 50 ml/min	Efavirenz, emtricitabine, and tenofovir are present in breast milk. See individual agents.	Posttreatment acute exacerbation of hepatitis B
Rilpivirine/emtricitabine/tenovovir (Complera)	**Tablet**: 25 mg RPV/200 mg FTC/300 mg TDF	Yes (Complera)	1 tablet daily	Safety and efficacy not established; not recommended	Administer with food	Not recommended to crush/chew. Use individual components	See individual components with CrCl < 50 ml/min	Patients with increased HIV-1 viral loads (HIV-1 RNA >100,000 copies/mL) or CD4+ cell counts < 200 cells/mm³ at treatment initiation are more likely to develop treatment failure, rilpivirine-resistance, and NNRTI class cross-resistance	HIV-1 and hepatitis B coinfection
Rilpivirine/emtricitabine/tenofovir alaf (Odefsey)	**Tablet**: 25 mg RPV/200 mg FTC/25 mg TAF	Yes (Odefsey)	1 tablet daily	12 years and ≥35 kg: one tablet daily	Administer with food	Not recommended to crush/chew	Safety and efficacy not established with CrCl <30 ml/min	See individual agents	HIV-1 and hepatitis B coinfection
Elvitegravir/cobicistat/emtricitabine/ tenofovir (TDF) (Stribild)	**Tablet**: 150 mg EVG/150 mg cobicistat/200 mg FTC/300 mg TDF	Yes (Stribild)	1 tablet daily	Safety and efficacy not established; not recommended	Administer with food	Not recommended to crush/chew	See individual components with CrCl < 50 ml/min	Prior to initiation patients should be tested for hepatitis B	Posttreatment acute exacerbation of hepatitis B
Elvitegravir/cobicistat/emtricitabine/ tenofovir alaf (Genvoya)	**Tablet**: 150 mg EVG/150 mg cobicistat/200 mg FTC/10 mg TAF	Yes (Genvoya)	1 tablet daily	12 years and ≥35 kg: one tablet daily	Administer with food	Not recommended to crush/chew	Safety and efficacy not established with CrCl <30 ml/min	Prior to initiation patients should be tested for hepatitis B	Posttreatment acute exacerbation of hepatitis B
Dolutegravir/abacavir/lamivudine (Triumeq)	**Tablet**: 50 mg DTG/600 mg ABC/300 mg 3TC	Yes (Triumeq)	1 tablet daily	Safety and efficacy not established; not recommended	No food restriction	Not recommended to crush/chew. Use individual components	See individual components	Screen for HLA-B*5701 before initiating therapy	Hypersensitivity reactions, exacerbations of hepatitis B
Dolutegravir/rilpivirine (Juluca)	**Tablet:** 50 mg DTG/25 mg RPV	Yes (Juluca)	1 tablet daily	Safety and efficacy not established	Administer with food	No data; not recommeded to crush/chew.	Safety and efficacy not established with CrCl <30 ml/min	Prior to switching to dolutegravir/rilpivirine, patients must be virologically suppressed on a stable antiretroviral regimen for ≥6 months with no history of treatment failure and no known resistance to dolutegravir or rilpivirine	None
Doravirine/lamivudine/tenofovir (TDF) (Delstigo)	**Nonformulary, not stocked**	No	1 tablet daily	Safety and efficacy not established	No food restriction	No data; not recommeded to crush/chew.	Renal: Avoid in CrCl <50 ml/min; hepatic: none; concomitant rifabutin: 1 tablet daily plus doravirine 100 mg 12 hours later	See individual agents	Posttreatment acute exacerbation of hepatitis B
Bictegravir/emtricitabine/tenofovir alaf (Biktarvy)	**Tablet:** 50 mg BIC/ 200 mg FTC/25 mg TAF	Yes (Biktarvy)	1 tablet daily	Safety and efficacy not established	No food restriction	No data; not recommeded to crush/chew.	Safety and efficacy not established with CrCl <30 ml/min	Administer 2 hours before or 2 hours after antacids	Posttreatment acute exacerbation of hepatitis B

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