APPENDIX A. DRUG CHARACTERISTICS TABLES

Appendix A, Table 1. Coformulated and Copackaged Antiretroviral Regimens

Updated: October 27, 2026
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This table includes dose recommendations for U.S. Food and Drug Administration (FDA)–approved coformulated and copackaged antiretroviral regimens for adults with HIV. Not all products are FDA approved for adolescents with HIV. For information regarding the use of these medications in adolescents with HIV, including weight limitations and additional dosage forms, please consult FDA product labeling or Appendix A in the Pediatric Antiretroviral Guidelines. Please see the class-specific drug characteristics tables (Appendix A, Tables 3, 4, 5, and 6) for details about the individual drugs included in these products, including information on elimination and metabolic pathways, serum and intracellular half-lives, and adverse effects. The products in this table are listed by drug class and arranged **in alphabetical order** by generic name within each class.

Generic Name (Abbreviation) *Trade Name*	**ARV Drugs Included in the Regimen**	**Dosing Recommendation[a]**
INSTI Plus NRTI		
Two-Drug Regimen		
Dolutegravir/Lamivudine (DTG/3TC) *Dovato*	DTG 50 mg/3TC 300 mg	One tablet PO once daily
Three-Drug Regimens		
Bictegravir/Tenofovir Alafenamide/Emtricitabine (BIC/TAF/FTC) *Biktarvy*	BIC 50 mg/TAF 25 mg/FTC 200 mg	One tablet PO once daily
Dolutegravir/Abacavir/Lamivudine (DTG/ABC/3TC) *Triumeq*	DTG 50 mg/ABC 600 mg/3TC 300 mg	One tablet PO once daily
Elvitegravir/Cobicistat/Tenofovir Alafenamide/Emtricitabine (EVG/c/TAF/FTC) *Genvoya*	EVG 150 mg/COBI 150 mg/TAF 10 mg/FTC 200 mg	One tablet PO once daily with food

Appendix A, Table 1. Coformulated and Copackaged Antiretroviral Regimens

Generic Name (Abbreviation) *Trade Name*	**ARV Drugs Included in the Regimen**	**Dosing Recommendation**[a]
Elvitegravir/Cobicistat/Tenofovir Disoproxil Fumarate/Emtricitabine (EVG/c/TDF/FTC) *Stribild*	EVG 150 mg/COBI 150 mg/TDF 300 mg/ FTC 200 mg	One tablet PO once daily with food
INSTI Plus NNRTI		
Two-Drug Regimens		
Cabotegravir/Rilpivirine (CAB/RPV) *Cabenuva*	**Cabenuva 600-mg/900-mg Kit:** • CAB 600-mg/3-mL vial and RPV 900-mg/3-mL vial **Cabenuva 400-mg/600-mg Kit:** • CAB 400-mg/2-mL vial and RPV 600-mg/2-mL vial	**Optional Lead-In With Oral CAB and RPV** • CAB 30 mg PO and RPV 25 mg PO once daily with food for 4 weeks **Monthly IM CAB and RPV** • Loading dose: CAB 600 mg/3 mL IM for one dose and RPV 900 mg/3 mL IM for one dose • Continuation phase: CAB 400 mg/2 mL IM monthly and RPV 600 mg/2 mL IM monthly **Every 2-Month IM CAB and RPV** • Loading dose: CAB 600 mg/3 mL IM and RPV 900 mg/3 mL IM **once monthly** for two doses • Continuation phase: CAB 600 mg/3 mL IM and RPV 900 mg/3 mL IM every 2 months See FDA prescribing information for dosing guidance in the setting of missed doses.
Dolutegravir/Rilpivirine (DTG/RPV) *Juluca*	DTG 50 mg/RPV 25 mg	One tablet PO once daily with food

Appendix A, Table 1. Coformulated and Copackaged Antiretroviral Regimens

Generic Name (Abbreviation) *Trade Name*	**ARV Drugs Included in the Regimen**	**Dosing Recommendation**[a]
INSTI Plus Capsid Inhibitor		
Two-Drug Regimen		
Bictegravir/Lenacapavir (BIC/LEN) *Bixlenvo*	BIC 75 mg[b]/LEN 50 mg	**Initiation** • Day 1: BIC/LEN one tablet PO x one dose, *plus* LEN 600 mg (300 mg x two tablets) PO x one dose • Day 2: BIC/LEN one tablet PO x one dose, *plus* LEN 600 mg (300 mg x two tablets) PO x one dose **Maintenance** • Day 3 and after: BIC/LEN one tablet PO once daily See FDA prescribing information for dosing guidance in the setting of missed doses.
NNRTI Plus NRTI		
Two-Drug Regimen		
Doravirine/Islatravir (DOR/ISL) *Idvynso*	DOR 100 mg/ISL 0.25 mg	One tablet PO once daily
Three-Drug Regimens		
Doravirine/Tenofovir Disoproxil Fumarate/Lamivudine (DOR/TDF/3TC) *Delstrigo*	DOR 100 mg/TDF 300 mg/3TC 300 mg	One tablet PO once daily
Efavirenz/Tenofovir Disoproxil Fumarate/Emtricitabine (EFV/TDF/FTC) *Generic Only*	EFV 600 mg/TDF 300 mg/FTC 200 mg	One tablet PO once daily on an empty stomach, preferably at bedtime

Appendix A, Table 1. Coformulated and Copackaged Antiretroviral Regimens

Generic Name (Abbreviation) *Trade Name*	**ARV Drugs Included in the Regimen**	**Dosing Recommendation**[a]
Efavirenz/Tenofovir Disoproxil Fumarate/Lamivudine (EFV/TDF/3TC) *Generic Only*	EFV 600 mg/TDF 300 mg/3TC 300 mg	One tablet PO once daily on an empty stomach, preferably at bedtime
Rilpivirine/Tenofovir Alafenamide/Emtricitabine (RPV/TAF/FTC) *Odefsey*	RPV 25 mg/TAF 25 mg/FTC 200 mg	One tablet PO once daily with food
Rilpivirine/Tenofovir Disoproxil Fumarate/Emtricitabine (RPV/TDF/FTC) *Complera or Generic*	RPV 25 mg/TDF 300 mg/FTC 200 mg	One tablet PO once daily with food
PI (Boosted) Plus NRTI		
Three-Drug Regimen		
Darunavir/Cobicistat/Tenofovir Alafenamide/Emtricitabine (DRV/c/TAF/FTC) *Symtuza*	DRV 800 mg/COBI 150 mg/TAF 10 mg/ FTC 200 mg	One tablet PO once daily with food

[a] For dose adjustments in people with renal or hepatic insufficiency, see Appendix B. When no food restriction is listed, the product can be taken with or without food.

[b] The difference in BIC dosing between *Biktarvy* (BIC/TAF/FTC) and *Bixlenvo* (BIC/LEN) is related to a *Biktarvy*-specific formulation effect.

Key: 3TC = lamivudine; ABC = abacavir; ARV = antiretroviral; BIC = bictegravir; c or COBI = cobicistat; CAB = cabotegravir; DOR = doravirine; DRV = darunavir; DRV/c = darunavir/cobicistat; DTG = dolutegravir; EFV = efavirenz; EVG = elvitegravir; EVG/c = elvitegravir/cobicistat; FDA = U.S. Food and Drug Administration; FTC = emtricitabine; IM = intramuscularly; INSTI = integrase strand transfer inhibitor; ISL = islatravir; LEN = lenacapavir; NNRTI = non-nucleoside reverse transcriptase inhibitor; NRTI = nucleoside reverse transcriptase inhibitor; PI = protease inhibitor; PO = orally; RPV = rilpivirine; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumarate

Appendix A, Table 2. Nucleoside Reverse Transcriptase Inhibitor–Based, Fixed-Dose Combination Tablets for Use as Part of an Antiretroviral Regimen

Updated: September 25, 2025
Reviewed: September 24, 2026

This table includes dose recommendations for U.S. Food and Drug Administration (FDA)–approved dual nucleoside reverse transcriptase inhibitor fixed-dose combination (FDC) products for adults with HIV. For information regarding the use of these medications in adolescents with HIV, including weight limitations and additional dosage forms, please consult FDA product labeling or Appendix A in the Pediatric Antiretroviral Guidelines. These FDC tablets are not complete regimens and must be administered in combination with other antiretroviral drugs. FDC products that contain zidovudine (ZDV) have been removed from this table; oral ZDV is no longer recommended by the Panel on Antiretroviral Guidelines for Adults and Adolescents due to the potential for serious adverse effects. Please see the class-specific drug characteristics tables (Appendix A, Tables 3, 4, 5, and 6) for details about the individual drugs contained in these FDC products, including information on elimination and metabolic pathways, serum and intracellular half-lives, and adverse effects. The FDC tablets in this table are listed by generic name.

Generic Name (Abbreviation) *Trade Name*	**ARV Drugs Included in the FDC Tablet**	**Dosing Recommendation**[a]
Abacavir/Lamivudine (ABC/3TC) *Generic Only*	ABC 600 mg/3TC 300 mg	One tablet PO once daily
Tenofovir Alafenamide/Emtricitabine (TAF/FTC) *Descovy*	TAF 25 mg/FTC 200 mg	One tablet PO once daily
Tenofovir Disoproxil Fumarate/Emtricitabine (TDF/FTC) *Truvada* **Note:** Generic product available.	TDF 300 mg/FTC 200 mg	One tablet PO once daily
Tenofovir Disoproxil Fumarate/Lamivudine (TDF/3TC) *Cimduo*	TDF 300 mg/3TC 300 mg	One tablet PO once daily

[a] For dose adjustments in people with renal or hepatic insufficiency, see Appendix B. All FDC tablets listed in this table can be taken without regard to food.

Key: 3TC = lamivudine; ABC = abacavir; ARV = antiretroviral; FDC = fixed-dose combination; FTC = emtricitabine; PO = orally; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumarate

Appendix A, Table 3. Characteristics of Nucleoside Reverse Transcriptase Inhibitors

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This table includes dose recommendations for U.S. Food and Drug Administration (FDA)–approved nucleoside reverse transcriptase inhibitor products for adults with HIV. For information regarding the use of these medications in adolescents with HIV, including weight limitations and additional dosage forms, please consult FDA product labeling or Appendix A in the Pediatric Antiretroviral Guidelines. The older nucleoside reverse transcriptase inhibitors didanosine (ddI) and stavudine (d4T) have been discontinued in the United States. Oral zidovudine (ZDV) is no longer recommended by the Panel on Antiretroviral Guidelines for Adults and Adolescents due to the potential for serious adverse effects. Therefore, these antiretrovirals have been removed from this table. Please refer to the FDA product label for ZDV for information regarding this drug.

Generic Name (Abbreviation) *Trade Name*	**Formulations**	**Dosing Recommendations**[a]	**Elimination/ Metabolic Pathway**	**Serum/ Intracellular Half-Lives**	**Adverse Events**[b]
Abacavir (ABC) *Ziagen* **Note:** Generic products are available.	**Ziagen** • 20-mg/mL oral solution **Generic** • 300-mg tablet • Also available as FDC with 3TC **FDC Tablets That Contain ABC**[c] • ABC/3TC **STRs That Contain ABC**[d] • Triumeq (DTG/ABC/3TC)	*Tablet* • ABC 600 mg PO once daily, *or* • ABC 300 mg PO twice daily See Appendix A, Tables 1 and 2 for dosing information for FDC tablets that contain ABC.	Metabolized by alcohol dehydrogenase and glucuronyl transferase 82% of ABC dose is excreted in the urine as metabolites of ABC. Dose adjustment is recommended in people with hepatic insufficiency (see Appendix B).	1.5 hours/ 12–26 hours	ABC is **contraindicated** in people who test positive for HLA-B*5701 due to an increased risk of HSRs. HLA screening should be done before initiating ABC. For people with a history of HSRs, rechallenge is **contraindicated.** Symptoms of HSRs may include fever, rash, nausea, vomiting, diarrhea, abdominal pain, malaise, fatigue, or respiratory symptoms (e.g., sore throat, cough, or shortness of breath). Evidence increasingly supports a relationship between ABC and major CV events.

Appendix A, Table 3. Characteristics of Nucleoside Reverse Transcriptase Inhibitors

Generic Name (Abbreviation) *Trade Name*	Formulations	Dosing Recommendations[a]	Elimination/ Metabolic Pathway	Serum/ Intracellular Half-Lives	Adverse Events[b]
Emtricitabine (FTC) *Emtriva* **Note:** Generic products are available.	**Emtriva** • 200-mg hard gelatin capsule • 10-mg/mL oral solution **Generic** • 200-mg capsule • Also available as FDC with TDF **FDC Tablets That Contain FTC[c]** • Descovy (TAF/FTC) • Truvada (TDF/FTC) **STRs That Contain FTC[d]** • Biktarvy (BIC/TAF/FTC) • Complera (or generic) (RPV/TDF/FTC) • EFV/TDF/FTC (generic) • Genvoya (EVG/c/TAF/FTC) • Odefsey (RPV/TAF/FTC) • Stribild (EVG/c/TDF/FTC) • Symtuza (DRV/c/TAF/FTC)	*Capsule* • FTC 200 mg PO once daily *Oral Solution* • FTC 240 mg (24 mL) PO once daily See Appendix A, Tables 1 and 2 for dosing information for FDC tablets that contain FTC.	86% of FTC dose is excreted renally. See Appendix B for dosing recommendations in people with renal insufficiency.	10 hours/ >20 hours	Minimal toxicity Hyperpigmentation/skin discoloration Severe acute exacerbation of hepatitis may occur in people with HBV/HIV coinfection who discontinue FTC.
Islatravir (ISL)	ISL is available only as a component of the STR Idvynso (DOR/ISL).[d]	• One tablet PO once daily See Appendix A, Table 1 for dosing information.	ADA-mediated metabolism (approximately 53%)	21 hours/ 186 hours	Diarrhea
Lamivudine (3TC) *Epivir* **Note:** Generic products are available.	**Epivir** • 150-mg and 300-mg tablets • 10-mg/mL oral solution	*Tablet* • 3TC 300 mg PO once daily, *or* • 3TC 150 mg PO twice daily See Appendix A, Tables 1 and 2 for dosing information	70% of 3TC dose is excreted renally. See Appendix B for dose recommendations in people with renal insufficiency.	5–7 hours/ 18–22 hours	Minimal toxicity Severe acute exacerbation of hepatitis may occur in people with HBV/HIV coinfection who discontinue 3TC.

Appendix A, Table 3. Characteristics of Nucleoside Reverse Transcriptase Inhibitors

Generic Name (Abbreviation) *Trade Name*	**Formulations**	**Dosing Recommendations**[a]	**Elimination/ Metabolic Pathway**	**Serum/ Intracellular Half-Lives**	**Adverse Events**[b]
	Generic • 100-mg, 150-mg, and 300-mg tablets • 10-mg/mL oral solution • Also available as FDC with ABC **FDC Tablets That Contain 3TC**[c] • ABC/3TC (generic) • Cimduo (TDF/3TC) **STRs That Contain 3TC**[d] • Delstrigo (DOR/TDF/3TC) • Dovato (DTG/3TC) • EFV/TDF/3TC (generic) • Triumeq (DTG/ABC/3TC)	for FDC tablets that contain 3TC.			
Tenofovir Alafenamide (TAF) *Vemlidy* **Note:** Vemlidy is available as a 25-mg tablet for the treatment of HBV.	**FDC Tablets That Contain TAF**[c] • Descovy (TAF/FTC) **STRs That Contain TAF**[d] • Biktarvy (BIC/TAF/FTC) • Genvoya (EVG/c/TAF/FTC) • Odefsey (RPV/TAF/FTC) • Symtuza (DRV/c/TAF/FTC)	See Appendix A, Tables 1 and 2 for dosing information for FDC tablets that contain TAF.	Metabolized by cathepsin A. See Appendix B for dosing recommendations in people with renal insufficiency.	0.5 hour/ 150–180 hours	Renal insufficiency, Fanconi syndrome, and proximal renal tubulopathy are less likely to occur with TAF than with TDF. Osteomalacia and decreases in BMD are less likely to occur with TAF than with TDF. Severe acute exacerbation of hepatitis may occur in people with HBV/HIV coinfection who discontinue TAF. Diarrhea, nausea, headache Greater weight increase has been reported with TAF than with TDF.

Appendix A, Table 3. Characteristics of Nucleoside Reverse Transcriptase Inhibitors

Generic Name (Abbreviation) *Trade Name*	Formulations	Dosing Recommendations[a]	Elimination/ Metabolic Pathway	Serum/ Intracellular Half-Lives	Adverse Events[b]
Tenofovir Disoproxil Fumarate (TDF) *Viread* **Note:** Generic products are available.	**Viread** • 150-mg, 200-mg, 250-mg, and 300-mg tablets • 40-mg/g oral powder **Generic** • 300-mg tablet • Also available as FDC with FTC **FDC Tablets That Contain TDF[c]** • Cimduo (TDF/3TC) • Truvada (TDF/FTC) **STRs That Contain TDF[d]** • Complera (or generic) (RPV/TDF/FTC) • Delstrigo (DOR/TDF/3TC) • EFV/TDF/FTC (generic) • EFV/TDF/3TC (generic) • Stribild (EVG/c/TDF/FTC)	*Tablet* • TDF 300 mg PO once daily *Oral Powder* • 7.5 level scoops of oral powder PO once daily (dosing scoop dispensed with each bottle; one level scoop contains 1 g of oral powder). Mix oral powder with 2–4 ounces of a soft food that does not require chewing (e.g., applesauce, yogurt). **Do not mix oral powder with liquid.** See Appendix A, Tables 1 and 2 for dosing information for FDC tablets that contain TDF.	Renal excretion is the primary route of elimination. See Appendix B for dose recommendations in people with renal insufficiency.	17 hours/ >60 hours	Renal insufficiency, Fanconi syndrome, proximal renal tubulopathy Osteomalacia, decrease in BMD Asthenia, headache, diarrhea, nausea, vomiting, flatulence Severe acute exacerbation of hepatitis may occur in people with HBV/HIV coinfection who discontinue TDF.

[a] When no food restriction is listed, the antiretroviral drug can be taken with or without food.

[b] Also see Table 20.

[c] See Appendix A, Table 2 for information about these formulations.

[d] See Appendix A, Table 1 for information about these formulations.

Key: 3TC = lamivudine; ABC = abacavir; ADA = adenosine deaminase; BIC = bictegravir; BMD = bone mineral density; CV = cardiovascular; DOR = doravirine; DRV/c = darunavir/cobicistat; DTG = dolutegravir; EFV = efavirenz; EVG/c = elvitegravir/cobicistat; FDC = fixed-dose combination; FTC = emtricitabine; HBV = hepatitis B virus; HLA = human leukocyte antigen; HSR = hypersensitivity reaction; ISL = islatravir; PO = orally; RPV = rilpivirine; STR = single-tablet regimen; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumarate

Appendix A, Table 4. Characteristics of Integrase Strand Transfer Inhibitors

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This table includes dose recommendations for U.S. Food and Drug Administration (FDA)–approved integrase strand transfer inhibitor products for adults with HIV. Not all formulations are FDA approved for adolescents with HIV. For information regarding the use of these medications in adolescents with HIV, including weight limitations and additional dosage forms, please consult FDA product labeling or Appendix A in the Pediatric Antiretroviral Guidelines.

Generic Name (Abbreviation) *Trade Name*	**Formulations**	**Dosing Recommendations**[a]	**Elimination/ Metabolic Pathways**	**Serum Half-Life**	**Adverse Events**[b]
Bictegravir (BIC)	BIC is only available as a component of the STRs Biktarvy (BIC/TAF/FTC) and Bixlenvo (BIC/LEN).[c]	See Appendix A, Table 1 for dosing information for coformulated regimens that contain BIC.	CYP3A4 substrate UGT1A1-mediated glucuronidation	~17 hours	Diarrhea Nausea Headache Weight gain Depression
Cabotegravir (CAB)	**Copackaged IM Regimen** • Cabenuva (CAB plus RPV) **Also available in oral tablet formulation Vocabria (CAB PO)** • 30-mg tablet • Must be obtained from manufacturer for oral lead-in and oral bridging during administration of Cabenuva (CAB IM/RPV IM)	See Appendix A, Table 1 for dosing information for coformulated and copackaged regimens that contain CAB.	UGT1A1 and UGT1A9-mediated glucuronidation	PO: 41 hours IM: 6–12 weeks	**CAB Plus RPV** • Headache • Nausea • Abnormal dreams • Anxiety • Insomnia • Depressive disorders • Hepatotoxicity **IM Formulation Only** • Injection site reactions (e.g., pain, induration, swelling, nodules)

Appendix A, Table 4. Characteristics of Integrase Strand Transfer Inhibitors

Generic Name (Abbreviation) *Trade Name*	**Formulations**	**Dosing Recommendations**[a]	**Elimination/ Metabolic Pathways**	**Serum Half-Life**	**Adverse Events**[b]
Dolutegravir (DTG) *Tivicay*	**Tivicay** • 50-mg tablet **STRs That Contain DTG**[c] • Dovato (DTG/3TC) • Juluca (DTG/RPV) • Triumeq (DTG/ABC/3TC)	**In People Without Prior ARV Treatment or ARV-Experienced People Who Had Never Received INSTIs** • DTG 50 mg PO once daily **In People Without Prior ARV Treatment or ARV-Experienced People Who Had Never Received INSTIs When Coadministered With EFV, FPV/r, TPV/r, or Rifampin** • DTG 50 mg PO twice daily **In INSTI-Experienced People With Certain INSTI Mutations (See Product Label) or With Clinically Suspected INSTI Resistance** • DTG 50 mg PO twice daily See Appendix A, Table 1 for dosing information for STRs that contain DTG.	UGT1A1-mediated glucuronidation Minor substrate of CYP3A4	~14 hours	Insomnia Headache Depressive disorders and suicidal ideation (rare; usually occurs in people with preexisting psychiatric conditions) Weight gain Hepatotoxicity HSRs, including rash, constitutional symptoms, and organ dysfunction (including liver injury), have been reported.
Elvitegravir (EVG)	EVG is only available as a component of STR tablets that also contain COBI, FTC, and either TDF or TAF. **STRs That Contain EVG**[c] • Genvoya (EVG/c/TAF/FTC) • Stribild (EVG/c/TDF/FTC)	**Genvoya and Stribild** • One tablet PO once daily with food. • See Appendix A, Table 1 for dosing information **Genvoya** • See Appendix B for recommendations on dosing in persons with renal insufficiency.	**EVG** • CYP3A and UGT1A1/3 substrate **COBI** • CYP3A inhibitor and substrate • CYP2D6 inhibitor	EVG/c: ~13 hours	Nausea Diarrhea Depression and suicidal ideation (rare; usually occurs in people with preexisting psychiatric conditions)

Appendix A, Table 4. Characteristics of Integrase Strand Transfer Inhibitors

Generic Name (Abbreviation) *Trade Name*	**Formulations**	**Dosing Recommendations**[a]	**Elimination/ Metabolic Pathways**	**Serum Half-Life**	**Adverse Events**[b]
		Stribild • **Not recommended** for people with baseline CrCl <70 mL/min (see Appendix B).			
Raltegravir (RAL) *Isentress* *Isentress HD*	**Isentress** • 400-mg tablet • 100-mg single-use packet for oral suspension **Isentress HD** • 600-mg tablet	**Isentress** • 400 mg PO twice daily *With Rifampin* • 800 mg PO twice daily **Isentress HD** *In People Without Prior ARV Treatment or ARV-Experienced People With Virologic Suppression on a Regimen Containing RAL 400 mg Twice Daily* • 1,200 mg (two 600-mg tablets) PO once daily *With Rifampin* • **Not recommended**	UGT1A1-mediated glucuronidation	~9 hours	Rash, including Stevens-Johnson syndrome, HSR, and toxic epidermal necrolysis Nausea Headache Diarrhea Pyrexia CPK elevation, muscle weakness, and rhabdomyolysis Weight gain Insomnia Depression and suicidal ideation (rare; usually occurs in people with preexisting psychiatric conditions)

[a] For dose adjustments in people with hepatic insufficiency, see Appendix B. When no food restriction is listed, the antiretroviral drug can be taken with or without food.

[b] Also see Table 20.

[c] See Appendix A, Table 1 for information about these formulations.

Key: 3TC = lamivudine; ABC = abacavir; ARV = antiretroviral; BIC = bictegravir; CAB = cabotegravir; COBI = cobicistat; CrCl = creatinine clearance; CYP = cytochrome P450; DTG = dolutegravir; EFV = efavirenz; EVG = elvitegravir; EVG/c = elvitegravir/cobicistat; FPV/r = fosamprenavir/ritonavir; FTC = emtricitabine; HD = high dose; HSR = hypersensitivity reaction; IM = intramuscular; INSTI = integrase strand transfer inhibitor; LEN = lenacapavir; PO = orally; RAL = raltegravir; RPV = rilpivirine; STR = single-tablet regimen; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumarate; TPV/r = tipranavir/ritonavir; UGT1 = uridine diphosphate glucuronyl transferase 1 family

Appendix A, Table 5. Characteristics of Protease Inhibitors

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This table includes dose recommendations for U.S. Food and Drug Administration (FDA)–approved protease inhibitor products for adults with HIV. For information regarding the use of these medications in adolescents with HIV, including weight limitations and additional dosage forms, please consult FDA product labeling or Appendix A in the Pediatric Antiretroviral Guidelines. The older protease inhibitors indinavir (IDV) and saquinavir (SQV) have been discontinued in the United States; fosamprenavir (FPV), lopinavir/ritonavir (LPV/r), nelfinavir (NFV), and tipranavir (TPV) are no longer used commonly in clinical practice. These agents have been removed from this table. Please refer to the July 10, 2019, version of the guidelines (found in the Adult and Adolescent Antiretroviral Archived Guidelines section of the Archived Guidelines webpage on the Clinicalinfo website) or to the FDA product labels for information regarding these drugs.

Generic Name (Abbreviation) *Trade Name*	**Formulations**	**Dosing Recommendations**[a]	**Elimination/ Metabolic Pathway**	**Serum Half-Life**	**Adverse Events**[b]
Atazanavir (ATV) *Reyataz* **Note:** Generic products are available.	**Reyataz** • 200-mg and 300-mg capsules • 50-mg oral powder/packet **Generic** • 200-mg and 300-mg capsules **FDCs That Contain ATV** • Evotaz (ATV 300 mg/COBI 150 mg)	**Reyataz** *In People Without Prior ARV Treatment* • (ATV 300 mg plus RTV 100 mg) PO once daily with food; *or* • ATV 400 mg PO once daily with food. *With TDF or in ARV-Experienced People* • (ATV 300 mg plus RTV 100 mg) PO once daily with food. • Unboosted ATV **is not recommended.** *With EFV in People Without Prior ARV Treatment* • (ATV 400 mg plus RTV 100 mg) PO once daily with food. **Evotaz** • One tablet PO once daily with food.	**ATV** • CYP3A4 inhibitor and substrate • Weak CYP2C8 inhibitor • UGT1A1 inhibitor **COBI** • CYP3A inhibitor and substrate • CYP2D6 inhibitor Dose adjustment is recommended in people with hepatic insufficiency (see Appendix B).	7 hours	Indirect hyperbilirubinemia Cholelithiasis Nephrolithiasis Renal insufficiency Serum transaminase elevations Hyperlipidemia (especially with RTV boosting) Skin rash Hyperglycemia Lipodystrophy An increase in serum creatinine may occur when ATV is administered with COBI. PR interval prolongation: First-degree symptomatic AV block has been reported. Use with caution in people who have underlying conduction defects or who are on concomitant medications that can cause PR prolongation.

Appendix A, Table 5. Characteristics of Protease Inhibitors

Generic Name (Abbreviation) *Trade Name*	Formulations	Dosing Recommendations[a]	Elimination/ Metabolic Pathway	Serum Half-Life	Adverse Events[b]
		• The use of ATV/c **is not recommended** for people who are taking TDF and who have baseline CrCl <70 mL/min or if taking a nephrotoxic agent (see Appendix B). For dosing recommendations for people who also are receiving H2 antagonists and PPIs, see the Liverpool HIV Drug Interaction Checker.			
Darunavir (DRV) *Prezista* **Note:** Generic products are available.	**Prezista** • 600-mg and 800-mg tablets • 100-mg/mL oral suspension **Generic** • 600-mg and 800-mg tablets **FDCs That Contain DRV** • Prezcobix (DRV 800 mg/COBI 150 mg) **STRs That Contain DRV** • Symtuza (DRV/c/TAF/FTC)	**Prezista** *In People Without Prior ARV Treatment or ARV-Experienced Treatment With No DRV Resistance Mutations* • (DRV 800 mg plus RTV 100 mg) PO once daily with food *In ARV-Experienced People With One or More DRV Resistance Mutations* • (DRV 600 mg plus RTV 100 mg) PO twice daily with food DRV is not available as an FDC tablet with RTV. Unboosted DRV **is not recommended.** **Prezcobix** • One tablet PO once daily with food. • **Not recommended** for people with one or more DRV resistance-associated mutations. • Coadministering Prezcobix and TDF **is not recommended** for people with baseline CrCl <70 mL/min (see Appendix B). See Appendix A, Table 1 for dosing information for Symtuza.	**DRV** • CYP3A4 inhibitor and substrate • CYP2C9 inducer **COBI** • CYP3A inhibitor and substrate • CYP2D6 inhibitor	15 hours when combined with RTV 7 hours when combined with COBI	Hepatotoxicity Diarrhea, nausea Headache Hyperlipidemia Serum transaminase elevation Hyperglycemia Lipodystrophy An increase in serum creatinine may occur when DRV is administered with COBI. Skin rash: DRV has a sulfonamide moiety; however, incidence and severity of rash are similar in those with or without a sulfonamide allergy—Stevens-Johnson syndrome, toxic epidermal necrolysis, acute generalized exanthematous pustulosis, and erythema multiforme have been reported.

Appendix A, Table 5. Characteristics of Protease Inhibitors

Generic Name (Abbreviation) *Trade Name*	Formulations	Dosing Recommendations[a]	Elimination/ Metabolic Pathway	Serum Half-Life	Adverse Events[b]
Ritonavir (RTV) *Norvir* **Note:** Generic products are available. RTV is used at 100 mg once or twice daily as a PK enhancer to increase the concentrations of other PIs.	**Norvir** • 100-mg tablet • 100-mg single packet oral powder **Generic** • 100-mg tablet Also available as an FDC tablet of LPV/r in both brand (Kaletra) and generic versions	**As a PK Booster (or Enhancer) for Other PIs** • RTV 100–200 mg PO per day in one or two divided doses (refer to other PIs for specific dosing recommendations) with food	CYP3A4 > 2D6 substrate Potent CYP3A4 and 2D6 inhibitor Inducer of UGT1A1 and CYPs 1A2, 2C8, 2C9, and 2C19	3–5 hours	GI intolerance, nausea, vomiting, diarrhea Paresthesia (circumoral and extremities) Hyperlipidemia (especially hypertriglyceridemia) Hepatitis Asthenia Dysgeusia Hyperglycemia Fat maldistribution

[a] For dose adjustments in people with hepatic insufficiency, see Appendix B.

[b] Also see Table 20.

Key: ARV = antiretroviral; ATV = atazanavir; ATV/c = atazanavir/cobicistat; AV = atrioventricular; COBI = cobicistat; CrCl = creatinine clearance; CYP = cytochrome P450; DRV = darunavir; DRV/c = darunavir/cobicistat; FDC = fixed-dose combination; FTC = emtricitabine; GI = gastrointestinal; H2 = histamine H2 receptor; LPV/r = lopinavir/ritonavir; PI = protease inhibitor; PK = pharmacokinetic; PO = orally; RTV = ritonavir; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumarate; UGT1 = uridine diphosphate glucuronyl transferase 1 family

Appendix A, Table 6. Characteristics of Non-nucleoside Reverse Transcriptase Inhibitors

Updated: September 24, 2026
Reviewed: September 24, 2026

This table includes dose recommendations for U.S. Food and Drug Administration (FDA)–approved non-nucleoside reverse transcriptase inhibitor (NNRTI) products for adults with HIV. For information regarding the use of these medications in adolescents with HIV, including weight limitations and additional dosage forms, please consult FDA product labeling or Appendix A in the Pediatric Antiretroviral Guidelines. The older NNRTIs delavirdine (DLV) and nevirapine (NVP) are **not** listed in this table; DLV has been discontinued and NVP is not recommended by the Panel on Antiretroviral Guidelines for Adults and Adolescents due to the potential for serious adverse effects.

Generic Name (Abbreviation) *Trade Name*	**Formulations**	**Dosing Recommendations**[a]	**Elimination/ Metabolic Pathway**	**Serum Half-Life**	**Adverse Events**[b]
Doravirine (DOR) *Pifeltro*	**Pifeltro** • 100-mg tablet **STRs That Contain DOR**[c] • Delstrigo (DOR/TDF/3TC) • Idvynso (DOR/ISL)	• DOR 100 mg PO once daily See Appendix A, Table 1 for dosing information for STRs that contain DOR.	CYP3A4/5 substrate	15 hours	Rash, including Stevens-Johnson syndrome Nausea Dizziness Abnormal dreams
Efavirenz (EFV) **Note:** Generic only	**Efavirenz** (generic) • 600-mg tablet **STRs That Contain EFV**[c] • EFV/TDF/FTC (generic) • EFV/TDF/3TC (generic)	• EFV 600 mg PO once daily on an empty stomach, preferably at or before bedtime See Appendix A, Table 1 for dosing information for STRs that contain EFV.	Metabolized by CYP2B6 (primary), 3A4, and 2A6 CYP3A4 mixed inducer/inhibitor (more an inducer than an inhibitor) CYP2B6 and 2C19 inducer	40–55 hours	Rash, including Stevens-Johnson syndrome Neuropsychiatric symptoms[d] Serum transaminase elevations Hyperlipidemia QT interval prolongation Use of EFV may lead to false-positive results with some cannabinoid and benzodiazepine screening assays.
Etravirine (ETR) *Intelence* **Note:** Generic products are available.	**Intelence** • 100-mg and 200-mg tablets **Generic** • 100-mg and 200-mg tablets	• ETR 200 mg PO twice daily following a meal.	CYP3A4, 2C9, and 2C19 substrate CYP3A4 inducer CYP2C9 and 2C19 inhibitor	41 hours	Rash, including Stevens-Johnson syndrome HSRs, characterized by rash, constitutional findings, and sometimes organ dysfunction (including hepatic failure), have been reported. Nausea

Appendix A, Table 6. Characteristics of Non-nucleoside Reverse Transcriptase Inhibitors

Generic Name (Abbreviation) *Trade Name*	Formulations	Dosing Recommendations[a]	Elimination/ Metabolic Pathway	Serum Half-Life	Adverse Events[b]
Rilpivirine (RPV) *Edurant* **Note:** Generic product available.	**Edurant** • 25-mg tablet **Generic** • 25-mg tablet **STRs That Contain RPV[c]** • Complera (or generic) RPV/TDF/FTC • Juluca (DTG/RPV) • Odefsey (RPV/TAF/FTC) **Copackaged IM Regimen** • Cabenuva (CAB plus RPV)	• RPV 25 mg PO once daily with food See Appendix A, Table 1 for dosing information for coformulated and copackaged regimens that contain RPV.	CYP3A4 substrate	PO: 50 hours IM: 13–28 weeks	Rash, including Stevens-Johnson syndrome Depressive disorders, insomnia, headache Hepatotoxicity QT interval prolongation **IM Formulation Only** • Injection site reactions (pain, induration, swelling, nodules) • Rare postinjection reaction (dyspnea, agitation, abdominal cramps, flushing) occurring within a few minutes after RPV IM injection; possibly associated with inadvertent IV administration.

[a] For dose adjustments in people with renal or hepatic insufficiency, see Appendix B. When no food restriction is listed, the antiretroviral drug can be taken with or without food.

[b] Also see Table 20.

[c] See Appendix A, Table 1 for information about these formulations.

[d] Adverse events can include dizziness, somnolence, insomnia, abnormal dreams, depression, suicidality (e.g., suicide, suicide attempt or ideation), confusion, abnormal thinking, impaired concentration, amnesia, agitation, depersonalization, hallucinations, and euphoria. Approximately 50% of people who are receiving EFV may experience any of these symptoms. Symptoms usually subside spontaneously after 2–4 weeks, but discontinuation of EFV may be necessary in a small percentage of people. Late-onset neurotoxicities, including ataxia and encephalopathy, have been reported.

Key: 3TC = lamivudine; CAB = cabotegravir; CYP = cytochrome P450; DOR = doravirine; DTG = dolutegravir; EFV = efavirenz; ETR = etravirine; FTC = emtricitabine; HSR = hypersensitivity reaction; ISL = islatravir; IM = intramuscular; IV = intravenous; PO = orally; RPV = rilpivirine; STR = single-tablet regimen; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumarate

Appendix A, Table 7. Characteristics of the Capsid Inhibitor

Updated: October 27, 2026
Reviewed: October 27, 2026

This table includes dose recommendations for the U.S. Food and Drug Administration (FDA)–approved capsid inhibitor. Lenacapavir is not FDA approved for use in adolescents with HIV.

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations**	**Serum Half-Life**	**Elimination/ Metabolic Pathway**	**Adverse Events**[a]
Lenacapavir (LEN) *Sunlenca*	**Sunlenca** • 300-mg tablet • Single-dose 463.5-mg/1.5-mL vial for injection **STRs That Contain LEN** • Bixlenvo (BIC 75 mg/LEN 50 mg)	**Initiation Option 1** • Day 1: 927 mg SQ x one dose + 600 mg PO x one dose • Day 2: 600 mg PO x one dose **Initiation Option 2** • Day 1: 600 mg PO x one dose • Day 2: 600 mg PO x one dose • Day 8: 300 mg PO x one dose • Day 15: 927 mg SQ x one dose **Maintenance Dosing** • 927 mg by SQ injection every 6 months from the date of the last injection (+/-2 weeks) **Note:** Each SQ dose requires two injections. See FDA prescribing information for dosing guidance in the setting of missed doses. See Appendix A, Table 1 for dosing information for the coformulated regimen that contains LEN.	PO: 10–12 days SQ: 8–12 weeks	Substrate of P-gp, CYP3A (minor), UGT1A1 (minor) CYP3A4 inhibitor (moderate) and P-gp inhibitor	Nausea, diarrhea, headache **SQ Formulation Only** • Injection site reactions, including nodules, induration, and necrosis • Serious injection site reactions (e.g., necrosis and ulcer) may occur when LEN is improperly administered intradermally instead of subcutaneously.

[a] Also see Table 20.

Key: BIC = bictegravir; CYP = cytochrome P450; FDA = U.S. Food and Drug Administration; LEN = lenacapavir; P-gp = P-glycoprotein; PO = orally; SQ = subcutaneous

Appendix A, Table 8. Characteristics of the gp120 Attachment Inhibitor

Updated: May 26, 2023
Reviewed: September 24, 2026

This table includes dose recommendations for the U.S. Food and Drug Administration (FDA)–approved gp120 attachment inhibitor. Fostemsavir is not FDA approved for use in adolescents with HIV.

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations**	**Serum Half-Life**	**Elimination/ Metabolic Pathway**	**Adverse Events**[a]
Fostemsavir (FTR) *Rukobia*	• 600-mg extended-release tablets	• FTR 600 mg PO twice daily	11 hours	Hydrolysis (esterases), CYP3A4	Nausea Transaminase elevation; transient bilirubin elevation Sleep disturbance, dizziness QTc prolongation was seen at four times the recommended dose. Use with caution in people with preexisting heart disease, QTc prolongation, or concomitant use of medications that may prolong QTc interval.

[a] Also see Table 20.

Key: CYP = cytochrome P450; FTR = fostemsavir; PO = orally; QTc = QT corrected for heart rate

Appendix A, Table 9. Characteristics of the CD4 Post-Attachment Inhibitor

Updated: October 27, 2026
Reviewed: October 27, 2026

This table includes dose recommendations for the U.S. Food and Drug Administration (FDA)–approved CD4 T lymphocyte post-attachment inhibitor. Ibalizumab is not FDA approved for use in adolescents with HIV.

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations**	**Serum Half-Life**	**Elimination/ Metabolic Pathway**	**Adverse Events**[a]
Ibalizumab (IBA) *Trogarzo*	• Single-dose 2-mL vial containing IBA 200 mg/1.33 mL (150 mg/mL)	• Administer a single loading dose of IBA 2,000-mg IV infusion over 30 minutes, followed by a maintenance dose of IBA 800-mg IV infusion over 15 minutes or • Undiluted IBA solution can be given as IV push: over 90 seconds for loading dose and over 30 seconds every 2 weeks for maintenance dose. • See prescribing information for additional instructions for preparing, storing, and administering IBA, and for monitoring people who are receiving IBA. • See FDA prescribing information for dosing guidance in the setting of missed doses.	~64 hours	Not well defined	Diarrhea Dizziness Nausea Rash HSRs, including anaphylaxis and infusion-related reactions, have been reported.

[a] Also see Table 20.

Key: FDA = U.S. Food and Drug Administration; HSR = hypersensitivity reaction; IBA = ibalizumab; IV = intravenous

Appendix A, Table 10. Characteristics of the CCR5 Antagonist

Updated: September 25, 2025
Reviewed: September 24, 2026

This table includes dose recommendations for the U.S. Food and Drug Administration (FDA)–approved CCR5 antagonist. For additional information regarding the use of this medication in adolescents with HIV, please consult FDA product labeling or Appendix A in the Pediatric Antiretroviral Guidelines.

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations**[a]	**Serum Half-Life**	**Elimination/ Metabolic Pathway**	**Adverse Events**[b]
Maraviroc (MVC) *Selzentry* **Note:** Generic products are available.	**Selzentry** • 150-mg and 300-mg tablets • 20-mg/1-mL oral solution **Generic** • 150-mg and 300-mg tablets	• MVC 150 mg PO twice daily when given with drugs that are strong CYP3A inhibitors (with or without CYP3A inducers), including PIs (except TPV/r) • MVC 300 mg PO twice daily when given with NRTIs, RAL, and other drugs that are not strong CYP3A inhibitors or inducers • MVC 600 mg PO twice daily when given with drugs that are CYP3A inducers, including EFV, ETR, etc. (without a CYP3A inhibitor) Take MVC without regard to food.	14–18 hours	CYP3A4 substrate	Abdominal pain Cough Dizziness Musculoskeletal symptoms Pyrexia Rash Upper respiratory tract infections Hepatotoxicity, which may be preceded by severe rash or other signs of systemic allergic reactions Orthostatic hypotension, especially in people with severe renal insufficiency

[a] For dose adjustments in people with hepatic insufficiency, see Appendix B.

[b] Also see Table 20.

Key: CYP = cytochrome P450; EFV = efavirenz; ETR = etravirine; MVC = maraviroc; NRTI = nucleoside reverse transcriptase inhibitor; PI = protease inhibitor; PO = orally; RAL = raltegravir; TPV/r = tipranavir/ritonavir