APPENDIX B: SAFETY AND TOXICITY OF INDIVIDUAL ANTIRETROVIRAL AGENTS IN PREGNANCY

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Updated: March 31, 2026
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Note: When using fixed-dose combination (FDC) tablets, refer to other sections in Appendix B and Table 14 in the Perinatal Guidelines for information about the dosing and safety of individual drug components of the FDC tablet during pregnancy.

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations**[a]	**Use in Pregnancy**	**Last Reviewed**
NRTIs NRTIs interfere with HIV reverse transcriptase by competitive inhibition. Nucleoside analogue drugs require three intracellular phosphorylation steps to form the triphosphate nucleoside, which is the active drug moiety. The nucleotide analogue tenofovir contains a monophosphate component attached to the adenine base and requires only two phosphorylation steps to form the active moiety.				
Abacavir (ABC) *Ziagen* (ABC/3TC) (ABC/DTG/3TC) *Triumeq* **Note:** Generic products are available for some formulations.	**ABC** *Tablet* • 300 mg *Oral Solution (Ziagen)*[c] • 20 mg/mL **ABC/3TC** • ABC 600-mg/ 3TC 300-mg tablet **ABC/DTG/3TC (Triumeq)**	**Pregnancy** *PK in Pregnancy* • PK not significantly altered in pregnancy *Dosing in Pregnancy* • No change in dose indicated For guidance about use of combination products in pregnancy, please see the specific sections on other components (i.e., 3TC, ZDV, DTG). **Standard Adult Doses**	High placental transfer to fetus[b] No evidence of human teratogenicity (can rule out 1.5-fold increase in overall birth defects) HSRs occur in approximately 5% to 8% of nonpregnant individuals. A small percentage of reactions are fatal, and these fatal reactions are usually associated with rechallenge. The rate of reactions during pregnancy is unknown. Testing for HLA-B*5701 identifies patients at risk of reactions, and a patient's status should be documented as negative before initiating ABC. Patients should be educated regarding symptoms of HSR.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations**[a]	**Use in Pregnancy**	**Last Reviewed**
	• ABC 600-mg/ DTG 50-mg/ 3TC 300-mg tablet	*ABC* • ABC 300 mg twice daily or ABC 600 mg once daily, without regard to food *ABC/3TC* • One tablet once daily, without regard to food *ABC/DTG/3TC (Triumeq)* • One tablet once daily, without regard to food	**Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with ABC is contraindicated.	
Emtricitabine (FTC) *Emtriva* (FTC/EFV/TDF) (FTC/BIC/TAF) *Biktarvy* (FTC/RPV/TDF) *Complera* (FTC/TAF) *Descovy* (FTC/EVG/c/TAF) *Genvoya* (FTC/RPV/TAF) *Odefsey* (FTC/EVG/c/TDF) *Stribild* (FTC/DRV/c/TAF) *Symtuza*	**FTC (Emtriva)** *Capsule*[c] • 200 mg *Oral Solution* • 10 mg/mL **FTC/EFV/TDF**[c] • FTC 200-mg/ EFV 60-mg/ TDF 300-mg tablet **FTC/BIC/TAF (Biktarvy)** • FTC 200-mg/ BIC 50-mg/ TAF 25-mg tablet **FTC/RPV/TDF (Complera)** • FTC 200-mg/ RPV 25-mg/ TDF 300-mg tablet	**Pregnancy** *PK in Pregnancy* • PK of FTC are not significantly altered in pregnancy. *Dosing in Pregnancy* • No change in dose indicated For guidance about the use of combination products in pregnancy, please see the specific sections on other components (i.e., TDF, TAF, EFV, RPV, DRV, EVG, BIC, COBI). **Standard Adult Doses** *FTC (Emtriva)* • Capsule o FTC 200 mg once daily without regard to food • Oral Solution	High placental transfer to fetus[b] No evidence of human teratogenicity (can rule out 1.5-fold increase in overall birth defects) If patient has HBV/HIV coinfection, it is possible that an HBV flare may occur if the drug is stopped; see Hepatitis B Virus/HIV Coinfection. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with FTC is contraindicated.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations[a]**	**Use in Pregnancy**	**Last Reviewed**
(FTC/TDF) *Truvada* **Note:** Generic products are available for some formulations.	**FTC/TAF (Descovy)** • FTC 200-mg/ TAF 25-mg tablet **FTC/EVG/c/TAF (Genvoya)** • FTC 200-mg/ EVG 150-mg/ COBI 150-mg/ TAF 10-mg tablet **FTC/RPV/TAF (Odefsey)** • FTC 200-mg/ RPV 25-mg/ TAF 25-mg tablet **FTC/EVG/c/TDF (Stribild)** • FTC 200-mg/ EVG 150-mg/ COBI 150-mg/ TDF 300-mg tablet **FTC/DRV/c/TAF (Symtuza)** • FTC 200-mg/ DRV 800-mg/ COBI 150-mg/ TAF 10-mg tablet **FTC/TDF (Truvada)[c]** • FTC 200-mg/ TDF 300-mg tablet	o FTC 240 mg (24 mL) once daily without regard to food *FTC/EFV/TDF* • One tablet once daily at or before bedtime • Take on an empty stomach to reduce or mitigate side effects. *FTC/BIC/TAF (Biktarvy)* • One tablet once daily with or without food *FTC/RPV/TDF (Complera)* • One tablet once daily with food *FTC/TAF (Descovy)* • One tablet once daily with or without food *FTC/EVG/c/TAF (Genvoya)* • One tablet once daily with food *FTC/RPV/TAF (Odefsey)* • One tablet once daily with food *FTC/EVG/c/TDF (Stribild)* • One tablet once daily with food *FTC/DRV/c/TAF (Symtuza)* One tablet once daily with food *FTC/TDF (Truvada)* • One tablet once daily with food		

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	Formulation	Dosing Recommendations[a]	Use in Pregnancy	Last Reviewed
Lamivudine (3TC) *Epivir* (3TC/TDF) *Cimduo* (3TC/ZDV) (3TC/DOR/TDF) *Delstrigo* (3TC/DTG) *Dovato* (3TC/ABC) (3TC/EFV/TDF) *Symfi* (3TC/EFV/TDF) (3TC/ABC/DTG) *Triumeq* (3TC/ABC/DTG) *Triumeq PD* (3TC/ABC/ZDV) **Note:** Generic products are available for some formulations.	**3TC (Epivir)[c]** *Tablets* • 150 mg • 300 mg *Oral Solution* • 10 mg/mL **3TC/TDF (Cimduo)** • 3TC 300-mg/TDF 300-mg tablet **3TC/ZDV[c]** • 3TC 150-mg/ZDV 300-mg tablet **3TC/DOR/TDF (Delstrigo)** • 3TC 300-mg/DOR 100-mg/ TDF 300-mg tablet **3TC/DTG (Dovato)** • 3TC 300-mg/DTG 50-mg tablet **3TC/ABC[c]** • 3TC 300-mg/ABC 600-mg tablet **3TC/EFV/TDF (Symfi)[c]** • 3TC 300-mg/EFV 600-mg/TDF 300-mg tablet **3TC/EFV/TDF[c]** • 3TC 300-mg/EFV 400-mg/ TDF 300-mg tablet	**Pregnancy** *PK in Pregnancy* • PK not significantly altered in pregnancy *Dosing in Pregnancy* • No change in dose indicated For guidance about the use of combination products in pregnancy, please see the specific sections on other components (ABC, DOR, DTG, EFV, TDF, ZDV). **Standard Adult Doses** *3TC (Epivir)* • 3TC 150 mg twice daily or 300 mg once daily, without regard to food *3TC/TDF (Cimduo)* • One tablet once daily without regard to food *3TC/ZDV* • One tablet twice daily without regard to food *3TC/DOR/TDF (Delstrigo)* • One tablet once daily without regard to food *3TC/DTG (Dovato)* • One tablet once daily without regard to food	High placental transfer to fetus[b] No evidence of human teratogenicity (can rule out 1.5-fold increase in overall birth defects) If patient has HBV/HIV coinfection, it is possible that an HBV flare may occur if the drug is stopped; see Hepatitis B Virus/HIV Coinfection. 3TC products that were developed specifically for treatment of HBV (e.g., Epivir-HBV) contain a lower dose of 3TC that **is not appropriate** for treatment of HIV. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with 3TC is contraindicated.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations[a]**	**Use in Pregnancy**	**Last Reviewed**
	3TC/ABC/DTG (Triumeq) • 3TC 300-mg/ABC 600-mg/ DTG 50-mg tablet **3TC/ABC/DTG (Triumeq PD)** • Pediatric dispersible tablet: 3TC 30-mg/ABC 60-mg/ DTG 5-mg **3TC/ABC/ZDV[c]** • 3TC 150-mg/ABC 300-mg/ ZDV 300-mg tablet	*3TC/ABC* • One tablet once daily without regard to food *3TC/EFV/TDF (Symfi or formulation with EFV 400mg)* • One tablet once daily on an empty stomach and preferably at bedtime *3TC/ABC/DTG (Triumeq)* • One tablet once daily without regard to food *3TC/ABC/DTG (Triumeq PD)* • Triumeq PD is a pediatric dispersible tablet not intended for use in adults; it is not recommended for use in patients weighing 25 kg or more. *3TC/ABC/ZDV* • One tablet once daily without regard to food		
Tenofovir Alafenamide (TAF) *Vemlidy* (TAF/BIC/FTC) *Biktarvy* (TAF/FTC) *Descovy* (TAF/EVG/c/FTC) *Genvoya* (TAF/FTC/RPV) *Odefsey*	**TAF (Vemlidy)** • 25-mg tablet **TAF/BIC/FTC (Biktarvy)** • TAF 25-mg/ BIC 50-mg/FTC 200-mg tablet **TAF/FTC (Descovy)** • TAF 25-mg/FTC 200-mg tablet **TAF/EVG/c/FTC (Genvoya)**	**Pregnancy** *PK in Pregnancy* • AUC is lower in pregnancy, depending on the dose and concomitant ARV, but overall exposures are adequate. *Dosing in Pregnancy* • No change in dose indicated. For guidance about the use of combination products in pregnancy,	**TAF** • Low placental transfer to fetus[b] **TFV** • High placental transfer to fetus; plasma and cord blood concentrations lower than TDF[b] No evidence of human teratogenicity (can rule out twofold increase in overall birth defects)	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations**[a]	**Use in Pregnancy**	**Last Reviewed**
(TAF/DRV/c/FTC) *Symtuza*	• TAF 10-mg/ EVG 150mg/ COBI 150-mg/ FTC 200mg tablet **TAF/FTC/RPV (Odefsey)** • TAF 25-mg/ FTC 200mg/ RPV 25mg tablet **TAF/DRV/c/FTC (Symtuza)** • TAF 10-mg/ DRV 800mg/ COBI 150mg/ FTC 200mg tablet	please see the specific sections on other components (i.e., BIC, COBI, DRV, EVG, FTC, RPV). **Standard Adult Doses** *TAF (Vemlidy)* • One tablet once daily with food *TAF/BIC/FTC (Biktarvy)* • One tablet once daily with or without food *TAF/FTC (Descovy)* • One tablet once daily with or without food • Same dose (TAF 25 mg) can be used with or without PK enhancers. *TAF/EVG/c/FTC (Genvoya)* • One tablet once daily with food *TAF/FTC/RPV (Odefsey)* • One tablet once daily with food *TAF/DRV/c/FTC (Symtuza)* • One tablet once daily with food	Renal function should be monitored because of the potential for renal toxicity. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with TAF is contraindicated.	
Tenofovir Disoproxil Fumarate (TDF) *Viread* (TDF/EFV/FTC)	**TDF (Viread)** *Tablet*[c] • 300 mg *Powder* • 40-mg/1-g oral powder	**Pregnancy** *PK in Pregnancy* • AUC is lower in third trimester than postpartum, but trough levels are adequate. *Dosing in Pregnancy*	High placental transfer to fetus[b] No evidence of human teratogenicity (can rule out 1.5-fold increase in overall birth defects) Human studies demonstrate no consistent link to LBW, but data are conflicting about	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	Formulation	Dosing Recommendations[a]	Use in Pregnancy	Last Reviewed
(TDF/3TC) *Cimduo* (TDF/FTC/RPV) *Complera* (TDF/DOR/3TC) *Delstrigo* (TDF/EVG/c/FTC) *Stribild* (TDF/EFV/3TC) *Symfi* (TDF/EFV/3TC) *Symfi Lo*[c,d] (TDF/FTC) *Truvada* **Note:** Generic products are available for some formulations.	**TDF/EFV/FTC** • TDF 300-mg/EFV 600-mg/ FTC 200-mg tablet **TDF/3TC (Cimduo)** • TDF 300-mg/3TC 300-mg tablet **TDF/FTC/RPV (Complera)** • TDF 300-mg/FTC 200-mg/ RPV 25-mg tablet **TDF/DOR/3TC (Delstrigo)** • TDF 300-mg/DOR 100-mg/ 3TC 300-mg tablet **TDF/EVG/c/FTC (Stribild)** • TDF 300-mg/EVG 150-mg/ COBI 150-mg/FTC 200-mg tablet **TDF/EFV/3TC (Symfi)** • TDF 300-mg/EFV 600-mg/ 3TC 300-mg tablet **TDF/EFV/3TC (Symfi Lo[c,d])** • TDF 300-mg/EFV 400-mg/ 3TC 300-mg tablet **TDF/FTC (Truvada)[c]** • TDF 300-mg/FTC 200-mg tablet	**Pregnancy** *PK in Pregnancy* • AUC is lower in third trimester than postpartum, but trough levels are adequate. *Dosing in Pregnancy* • No change in dose is indicated. For guidance about the use of combination products in pregnancy, please see the specific sections on other components (i.e., 3TC, COBI, DOR, EFV, EVG, FTC, RPV). **Standard Adult Doses** *TDF (Viread)* • Tablet o TDF 300 mg once daily without regard to food • Powder o TDF 8 mg/kg daily (up to a maximum of TDF 300 mg). Take with food. *TDF/EFV/FTC* • One tablet once daily at or before bedtime. Take on an empty stomach to reduce side effects.	potential effects on growth outcomes later in infancy. If patient has HBV/HIV coinfection, an HBV flare may occur if TDF is stopped; see Hepatitis B Virus/HIV Coinfection. Renal function should be monitored because of potential for renal toxicity. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with TDF is contraindicated.	

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations[a]**	**Use in Pregnancy**	**Last Reviewed**
		TDF/3TC (Cimduo) • One tablet once daily without regard to food *TDF/FTC/RPV (Complera)* • One tablet once daily with food *TDF/DOR/3TC (Delstrigo)* • One tablet once daily without regard to food *TDF/EVG/c/FTC (Stribild)* • One tablet once daily with food *TDF/EFV/3TC (Symfi or Symfi Lo[c,d])* • One tablet once daily on an empty stomach and preferably at bedtime *TDF/FTC (Truvada)* • One tablet once daily without regard to food		

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations**[a]	**Use in Pregnancy**	**Last Reviewed**
Zidovudine (ZDV) *Retrovir* (ZDV/3TC) **Note:** Generic products are available for all formulations.	**ZDV (Retrovir)** *Capsule* • 100 mg *Tablet* • 300 mg *Oral Solution* • 10 mg/mL *IV Solution* • 10 mg/mL **ZDV/3TC** • ZDV 300-mg/ 3TC 150-mg tablet	**Pregnancy** *PK in Pregnancy* • PK not significantly altered in pregnancy *Dosing in Pregnancy* • No change in dose indicated • Patients in active labor should receive ZDV 2 mg/kg IV as a loading dose, followed by ZDV 1 mg/kg/hour continuous infusion from beginning of active labor until birth. For guidance about the use of combination products in pregnancy, please see the specific sections on other components (i.e., ABC, 3TC). **Standard Adult Doses** *ZDV (Retrovir)* • ZDV 300 mg twice daily or ZDV 200 mg three times a day without regard to food *ZDV/3TC* • One tablet twice daily without regard to food	High placental transfer to fetus[b] No evidence of human teratogenicity (can rule out 1.5-fold increase in overall birth defects) **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with ZDV is contraindicated.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations**[a]	**Use in Pregnancy**	**Last Reviewed**
NNRTIs NNRTIs interfere with HIV reverse transcriptase by binding directly to the enzyme.				
Doravirine (DOR) *Pifeltro* (DOR/3TC/TDF) *Delstrigo*	**DOR (Pifeltro)** • 100-mg tablet **DOR/3TC/TDF (Delstrigo)** • DOR 100-mg/ 3TC 300-mg/ TDF 300-mg tablet	**Pregnancy** *PK in Pregnancy* • No PK studies in human pregnancy *Dosing in Pregnancy* • Insufficient data to make dosing recommendations For guidance about the use of combination ARV drug products in pregnancy, please see the specific sections on other drug components (i.e., 3TC, TDF). **Standard Adult Doses** *DOR (Pifeltro)* • DOR 100 mg once daily with or without food *DOR/3TC/TDF (Delstrigo)* • One tablet once daily with or without food	No human *in vivo* data are available on the placental transfer of DOR, but passage is noted in *ex vivo* models. Insufficient data are available to assess for teratogenicity in humans. No evidence exists of teratogenicity in rats or rabbits. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with DOR is contraindicated.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations**[a]	**Use in Pregnancy**	**Last Reviewed**
Efavirenz (EFV) (EFV/FTC/TDF) (EFV/3TC/TDF) *Symfi or generic* **Note:** Generic products are available for some formulations.	**EFV** *Capsules* • 50 mg • 100 mg • 200 mg *Tablet* • 600 mg **EFV/FTC/TDF** • EFV 600-mg/FTC 200-mg/TDF 300mg tablet **EFV/3TC/TDF (Symfi)** • EFV 600-mg/3TC 300-mg/TDF 300mg tablet **EFV/3TC/TDF** • EFV 400-mg/3TC 300-mg/TDF 300mg tablet	**Pregnancy** *PK in Pregnancy* • AUC is decreased during the third trimester compared with postpartum, but nearly all third-trimester participants exceeded target exposure. *Dosing in Pregnancy* • No change in dose is indicated. For guidance about the use of combination products in pregnancy, please see the specific sections on other components (i.e., 3TC, FTC, TDF). **Standard Adult Doses** *EFV (Sustiva)* • EFV 600 mg once daily at or before bedtime • Take on an empty stomach to reduce side effects. *EFV/FTC/TDF* • One tablet once daily at or before bedtime • Take on an empty stomach to reduce side effects. *EFV/3TC/TDF (Symfi or FDC containing EFV 400-mg/3TC/TDF)* • One tablet once daily on an empty stomach and preferably at bedtime	Moderate placental transfer to fetus[b] The FDA advises women to avoid becoming pregnant while taking EFV and advises health care providers to avoid administration during the first trimester of pregnancy because fetal harm may occur. However, the data on more than 7,900 periconception EFV exposures from Botswana rule out a threefold or greater increased risk of NTDs. As a result, the current Perinatal Guidelines do not restrict the use of EFV during pregnancy or when planning to become pregnant. This is consistent with both the British HIV Association and WHO guidelines for use of ARV drugs in pregnancy. EFV should be continued in pregnancy when a virally suppressive, EFV-based regimen is being received because ARV drug changes during pregnancy may be associated with loss of viral control and an increased risk of perinatal transmission (see When Antiretroviral Therapy is Being Taken When Pregnancy Occurs). **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with EFV is contraindicated.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	Formulation	Dosing Recommendations[a]	Use in Pregnancy	Last Reviewed
Etravirine (ETR) *Intelence*	**Tablet** • 25 mg • 100 mg[c] • 200 mg[c] For patients who are unable to swallow tablets whole, the tablets may be dissolved in a glass of water.	**Pregnancy** *PK in Pregnancy* • PK data in pregnancy suggest increases in ETR exposure during pregnancy. *Dosing in Pregnancy* • No change in dose is indicated. **Standard Adult Doses** • 200 mg twice daily with food	Placental transfer varies; it is usually in the moderate-to-high category, ranging from 0.19 to 4.25.[b] Insufficient data to assess teratogenicity in humans; no evidence of teratogenicity in rats or rabbits. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with ETR is contraindicated.	March 31, 2026
Nevirapine (NVP)	**NVP** *Tablet* • 200 mg[c] *Oral Suspension* • 50 mg/5 mL[c]	**Pregnancy** *PK in Pregnancy* • PK of immediate-release tablets not significantly altered in pregnancy • No data available on extended-release formulations in pregnancy *Dosing in Pregnancy* • No change in dose indicated **Standard Adult Doses** • NVP 200 mg once daily (using immediate release tablet) for a 14-day lead-in period; thereafter, NVP 200 mg twice daily without regard to food • Repeat the lead-in period if therapy is discontinued for >7 days.	High placental transfer to fetus[b] No evidence of human teratogenicity An increased risk of symptomatic liver toxicity exists when first initiating therapy in women with CD4 counts ≥250/mm^3. Liver toxicity is often associated with a rash and can be fatal. Pregnancy does not appear to increase this risk. NVP should be initiated in pregnancy when CD4 counts ≥250 cells/mm^3 only if the benefit clearly outweighs the risk. A potential increased risk of life-threatening hepatotoxicity exists in pregnancy when CD4 counts are high. Elevated transaminase levels at baseline may increase the risk of NVP toxicity. Patients who become pregnant while taking NVP-containing regimens and who are tolerating their regimens well can continue taking those regimens, regardless of their CD4 counts.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations**[a]	**Use in Pregnancy**	**Last Reviewed**
		• In patients who develop mild-to-moderate rash without constitutional symptoms during the lead-in period, continue lead-in dosing until rash resolves, but administer for ≤28 days total.	**Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with NVP is contraindicated.	
Rilpivirine (RPV) *Edurant* (RPV/FTC/TDF) *Complera* (RPV/DTG) *Juluca* (RPV/FTC/TAF) *Odefsey* (CAB and RPV) *Cabenuva* **Note:** CAB and RPV is a two-drug copackaged product for IM injection. **Note:** Generic products are available for some formulations.	**RPV (Edurant)** *Tablet* • 25 mg **RPV/FTC/TDF (Complera)** • RPV 25-mg/ FTC 200-mg/ TDF 300-mg tablet **RPV/DTG (Juluca)** • RPV 25-mg/ DTG 50mg tablet **RPV/FTC/TAF (Odefsey)** • RPV 25-mg/ FTC 200-mg/ TAF 25mg tablet **CAB and RPV (Cabenuva)** • CAB 200-mg/mL suspension for IM injection • RPV 300-mg/mL suspension for IM injection	**Pregnancy** *PK in Pregnancy* • RPV PK are highly variable during pregnancy. RPV AUC and trough concentrations are 20% to 50% lower in pregnancy than postpartum. Although most pregnant women exceeded target exposure, those with detectable viral loads had lower RPV troughs. *Dosing in Pregnancy* • Although RPV plasma concentration is reduced during pregnancy, higher-than-standard doses have not been studied, and not enough data are available to recommend a dosing change during pregnancy. When standard dosing of RPV is received during pregnancy, viral loads should be monitored more frequently. For guidance about the use of combination products in pregnancy, please see the specific sections on other components (i.e., CAB, DTG, FTC, TAF, TDF).	Moderate-to-high placental transfer to fetus[b] No evidence of human teratogenicity (can rule out twofold increase in overall birth defects) DTG/RPV **is not recommended** for initial use in pregnancy because of the lack of available data about use in pregnancy. However, if DTG/RPV is well tolerated and associated with effective viral suppression when pregnancy occurs, this regimen can be continued with more frequent viral load monitoring (every 1–2 months) throughout pregnancy because the component drugs are recommended for use in pregnancy.. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with RPV is contraindicated.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations[a]**	**Use in Pregnancy**	**Last Reviewed**
		Standard Adult Doses *RPV (Edurant)* • RPV 25 mg once daily with food *RPV/FTC/TDF (Complera)* • One tablet once daily with food *RPV/DTG (Juluca)* • One tablet once daily with food *RPV/FTC/TAF (Odefsey)* • One tablet once daily with food *CAB and RPV (Cabenuva)* • Refer to Cabotegravir for dosing and instructions.		
PIs PIs block the activity of the protease enzyme, which is required to assemble new HIV viral particles that are capable of infecting new cells.				
Atazanavir (ATV) *Reyataz* **Note:** Generic products are available for some formulations. **Note:** ATV must be combined with low-dose RTV boosting in pregnancy. (ATV/c) *Evotaz*	**ATV (Reyataz)** *Capsules* • 100 mg[c] (generic product only) • 150 mg[c] (generic product only) • 200 mg[c] • 300 mg[c] *Oral Powder* • 50-mg packet **ATV/c (Evotaz)**	**Pregnancy** *PK in Pregnancy* • ATV (Reyataz) o ATV concentrations are reduced during pregnancy, and they are further reduced when ATV is given concomitantly with TDF or an H2-receptor antagonist. o Intracellular ATV levels in women taking the standard dose (ATV/r 300 mg/100 mg) without concomitant TDF	Low placental transfer to fetus[b] No evidence of human teratogenicity (can rule out 1.5-fold increase in overall birth defects) Must be given with RTV boosting in pregnancy Effect of *in utero* ATV exposure on infant indirect bilirubin levels is unclear. Nonpathologic elevations of neonatal bilirubin have been observed in some, but not all, clinical trials to date.	March 31, 2026

	• ATV 300-mg/COBI 150-mg tablet	appear reassuringly stable throughout pregnancy. • ATV/c (Evotaz) o Use of ATV/c **is not recommended** during pregnancy because ATV C_{trough} are 80% to 85% lower than the ATV concentrations seen in nonpregnant adults. *Dosing in Pregnancy* • ATV (Reyataz) o Use of unboosted ATV **is not recommended** during pregnancy. o Use of unboosted ATV **is not recommended** during pregnancy for ARV-experienced patients who are taking TDF and an H2-receptor antagonist. o Use of an increased dose (ATV/r 400 mg/100 mg once daily with food) during the second and third trimesters results in plasma ATV concentrations equivalent to those seen in nonpregnant adults receiving standard dosing. Increased ATV dosing is recommended for pregnant people in the second and third trimesters who are also receiving either TDF or an H2-receptor antagonist. • ATV/c (Evotaz) o ATV/c should not be used in pregnancy because atazanavir	Oral powder (but **not** capsules) contains phenylalanine, which can be harmful to patients with phenylketonuria. Use of ATV/c **is not recommended** during pregnancy. See Recommendations for Use of Antiretroviral Drugs During Pregnancy, Table 6 and Table 7 for discussions about avoiding the use of ATV/c during pregnancy. **Note:** Please see FDA label for full list of drugs with potential interactions, including several anticonvulsants and other drugs for which administration with ATV/r is contraindicated.	

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations[a]**	**Use in Pregnancy**	**Last Reviewed**
		C_{min} is substantially reduced (see COBI). For guidance about the use of combination products in pregnancy, see the specific sections on other components (i.e., COBI). **Standard Adult Doses** *In ARV-Naive Patients Without RTV Boosting* • ATV 400 mg once daily with food; ATV without RTV boosting **is not recommended** when used with TDF, H2-receptor antagonists, PPIs, or during pregnancy. *In ARV-Naive Patients With RTV Boosting* • ATV/r 300 mg/100 mg once daily with food • When combined with EFV in ARV-naive patients: ATV/r 400 mg/ 100 mg once daily with food *In ARV-Experienced Patients* • ATV 300 mg plus RTV 100 mg once daily with food • **Do not use** with PPIs or EFV. *In ARV-Experienced Patients Who Are Receiving an H2-Receptor Antagonist* • ATV/r 300/100 mg once daily with food		

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations[a]**	**Use in Pregnancy**	**Last Reviewed**
		In ARV-Experienced Patients Who Are Receiving an H2-Receptor Antagonist and TDF • ATV/r 400 mg/100 mg once daily with food *Powder Formulation* • Oral powder is taken with RTV once daily with food at the same recommended adult dose as the capsules. *ATV/c (Evotaz)* • One tablet once daily with food		
Darunavir (DRV) *Prezista* **Note:** Must be combined with low-dose RTV or COBI boosting. (DRV/c) *Prezcobix* (DRV/c/FTC/TAF) *Symtuza*	**DRV (Prezista)** *Tablets* • 75 mg • 150 mg • 600 mg • 800 mg *Oral Suspension* • 100 mg/mL **DRV/c (Prezcobix)** • DRV/c 800-mg/ 150-mg tablet **DRV/c/FTC/TAF (Symtuza)**	**Pregnancy** *PK in Pregnancy* • Decreased exposure in pregnancy with use of DRV/r *Dosing in Pregnancy* • The Panel **does not recommend** once-daily dosing with DRV/r during pregnancy or the use of DRV/c during pregnancy. • Twice-daily DRV/r dosing (DRV/r 600 mg/100 mg with food) is recommended during all pregnancies. • Increased twice-daily DRV dose (DRV/r 800 mg/100 mg with food) during pregnancy does not result in an increase in DRV exposure and **is not recommended.**	Low placental transfer to fetus[b] No evidence of teratogenicity in mice, rats, or rabbits. No evidence of human teratogenicity. Must be boosted with low-dose RTV The Panel **does not recommend** once-daily dosing with DRV/r during pregnancy or the use of DRV/c during pregnancy. If a DRV/c regimen is continued during pregnancy, viral load should be monitored frequently. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with DRV is contraindicated.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	Formulation	Dosing Recommendations[a]	Use in Pregnancy	Last Reviewed
	• DRV 800-mg/ COBI 150-mg/ FTC 200-mg/ TAF 10-mg tablet	For guidance about use of combination products in pregnancy, please see the specific sections on other components (i.e., COBI, FTC, TAF). **Standard Adult Doses** *Patients Who Are ARV-Naive* • DRV/r 800 mg/100 mg once daily with food • DRV/c 800 mg/150 mg once daily with food *ARV-Experienced Patients If Patient Has No DRV Resistance Mutations* • DRV/r 800 mg/100 mg once daily with food • DRV/c 800 mg/150 mg once daily with food *ARV-Experienced Patients If Any DRV Resistance Mutations Are Present* • DRV/r 600 mg/100 mg twice daily with food *DRV/c (Prezcobix)* • One tablet once daily with food *DRV/c/FTC/TAF (Symtuza)* • One tablet once daily with food		
Lopinavir/Ritonavir (LPV/r) *Kaletra*	**LPV/r (Kaletra)[c]** *Tablets*	**Pregnancy** *PK in Pregnancy*	Low placental transfer to fetus[b]	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations[a]**	**Use in Pregnancy**	**Last Reviewed**
Note: Generic products are available for all formulations.	• LPV/r 200 mg/50 mg • LPV/r 100 mg/25 mg *Oral Solution* • Each 5 mL contains LPV/r 400 mg/100 mg.	• With twice-daily dosing, LPV exposure is reduced in pregnant women who receive standard adult doses; increasing the dose by 50% results in exposure equivalent to that seen in nonpregnant adults receiving standard doses. • No PK data are available for once-daily dosing in pregnancy. *Dosing in Pregnancy* • Once-daily dosing **is not recommended** during pregnancy. • Some experts recommend that an increased dose (i.e., LPV/r 600 mg/150 mg twice daily without regard to meals or LPV/r 500 mg/ 125 mg twice daily without regard to meals) should be used in the second and third trimesters, especially in PI-experienced pregnant women and women who start treatment during pregnancy with a baseline viral load >50 copies/mL. • When standard dosing is used, monitor virologic response and, if possible, LPV drug levels. **Standard Adult Doses** • LPV/r 400 mg/100 mg twice daily, *or* • LPV/r 800 mg/20 mg once daily	No evidence of human teratogenicity (can rule out 1.5-fold increase in overall birth defects) Oral solution contains 42% alcohol and 15% propylene glycol and **is not recommended** for use in pregnancy. Once-daily LPV/r dosing **is not recommended** during pregnancy. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with LPV/r is contraindicated.	

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations[a]**	**Use in Pregnancy**	**Last Reviewed**
		Tablet • Take without regard to food. *Oral Solution* • Take with a meal. *With EFV or NVP in PI-Naive or PI-Experienced Patients* • LPV/r 500-mg/125-mg tablets twice daily without regard to meals (use a combination of two LPV/r 200-mg/ 50mg tablets and one LPV/r 100-mg/25-mg tablet), *or* • LPV/r 520-mg/130-mg oral solution (6.5 mL) twice daily with food		
Entry Inhibitors Entry and attachment inhibitors block viral binding or fusion of HIV to host cells.				
Fostemsavir (FTR) *Rukobia*	• Extended-release tablet: 600 mg	**Pregnancy** *PK in Pregnancy* • No PK studies in human pregnancy *Dosing in Pregnancy* • Insufficient data to make dosing recommendation **Standard Adult Doses** *FTR (Rukobia)* • FTR 600 mg twice daily with or without food	No human data are available regarding placental passage. A study in rats demonstrates placental passage of TMR or other metabolites. Insufficient data to assess for teratogenicity in humans. No evidence of teratogenicity in rats or rabbits. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with FTR is contraindicated.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations[a]**	**Use in Pregnancy**	**Last Reviewed**
Ibalizumab-uiyk (IBA) *Trogarzo*	**IV Solution** • 150 mg/mL	**Pregnancy** *PK in Pregnancy* • No PK studies in human pregnancy *Dosing in Pregnancy* • Insufficient data to make dosing recommendations **Standard Adult Doses** *IV Infusion (Diluted Infusion With 250 mL 0.9% Sodium Chloride)* • IBA 2,000-mg loading dose over 30 minutes, followed by IBA 800-mg maintenance doses over 15 minutes administered every 2 weeks *IV Push (Undiluted)* • IBA 2,000-mg loading dose over 90 seconds, followed by IBA 800-mg maintenance doses over 30 seconds administered every 2 weeks	No human data are available, but placental transfer of IBA, a monoclonal antibody, is possible and documented in monkeys. Based on data in cynomolgus monkeys with *in utero* exposure, the potential exists for reversible immunosuppression (CD4 T-cell and B-cell lymphocytopenia) in infants exposed to IBA during pregnancy. The FDA requires collection of prospective data on IBA exposure during pregnancy to monitor maternal and pregnancy outcomes, including adverse effects on the developing fetus, neonate, and infant. Insufficient data to assess for teratogenicity in humans. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with IBA is contraindicated.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations[a]**	**Use in Pregnancy**	**Last Reviewed**
Maraviroc (MVC) *Selzentry*	**Tablets** • 150 mg • 300 mg **Solution** • 20 mg/mL	**Pregnancy** *PK in Pregnancy* • A PK study in human pregnancy demonstrated a 20% to 30% overall decrease in MVC AUC, but C_{trough} exceeded the recommended minimum concentration of 50 ng/mL. *Dosing in Pregnancy* • Adjusting the standard adult MVC dose for concomitant use with ARV drugs seems appropriate. **Standard Adult Doses** • MVC 300 mg twice daily with or without food • MVC should be used only for patients with CCR5-tropic virus (and no X4-tropic virus). **Dose Adjustments** • Increase to MVC 600 mg twice daily when used with the potent CYP3A inducers EFV, ETR, and rifampin. • Decrease to MVC 150 mg twice daily when used with CYP3A inhibitors, which include all PIs except TPV/r and itraconazole.	Moderate placental transfer to fetus[b] No evidence of teratogenicity in rats or rabbits; insufficient data to assess teratogenicity in humans **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with MVC is contraindicated.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations[a]**	**Use in Pregnancy**	**Last Reviewed**
Capsid Inhibitor Capsid inhibitors are a class of drugs that interfere with HIV capsid, a protein shell that protects HIV's genetic material and enzymes needed for replication. Capsid inhibitors can disrupt HIV capsid during multiple stages of the viral life cycle.				
Lenacapavir (LEN) *Sunlenca (treatment)* ***Yeztugo (PrEP)***	**LEN (Sunlenca and Yeztugo)** • LEN 300-mg tablets for oral administration • LEN 463.5 mg/1.5 mL for SQ injection	**Pregnancy** *PK in Pregnancy* • Insufficient data to make dosing recommendations *Dosing in Pregnancy* • Insufficient data to make dosing recommendations **Standard Adult Doses** *Initiation Option 1* • Day 1: 927 mg by SQ injection (2 x 1.5 mL injections) and 600 mg orally (2 x 300-mg tablets) • Day 2: 600 mg orally (2 x 300-mg tablets). *Initiation Option 2* • Day 1: 600 mg orally (2 x 300-mg tablets) • Day 2: 600 mg orally (2 x 300-mg tablets) • Day 8: 300 mg orally (1 x 300-mg tablet) • Day 15: 927 mg by SQ injection (2 x 1.5 mL injections) *Maintenance Dosing*	No human data are available regarding placental passage. There is passage via breastmilk. Data are insufficient to assess for teratogenicity in humans. No evidence of teratogenicity in rats or rabbits. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with LEN is contraindicated.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	Formulation	Dosing Recommendations[a]	Use in Pregnancy	Last Reviewed
		• 927 mg by SQ injection (2 x 1.5 mL injections) every 26 weeks +/- 2 weeks from date of last injection		
INSTIs INSTIs are the viral enzyme that catalyzes the two-step process that inserts HIV DNA into the genome of the host cell.				
Bictegravir/ Emtricitabine/ Tenofovir Alafenamide (BIC/FTC/TAF) *Biktarvy* **Note:** BIC is available only as part of an FDC tablet.	**BIC/FTC/TAF (Biktarvy)** • BIC 50-mg/ FTC 200-mg/ TAF 25-mg tablet • BIC 30-mg/ FTC 120-mg/ TAF 15-mg tablet	**Pregnancy** *PK in Pregnancy* • AUC and C_{24h}/C_{trough} are decreased during the third trimester compared with postpartum, but exposures during pregnancy are well above those needed to inhibit viral replication. *Dosing in Pregnancy* • No change in dose indicated For guidance about use of combination products in pregnancy, please see the specific sections on other components (i.e., FTC, TAF). **Standard Adult Doses** • One tablet of BIC 50 mg/FTC 200 mg/TAF 25 mg once daily with or without food	High placental transfer to fetus[b] No evidence of human teratogenicity (can rule out twofold increase in overall birth defects) BIC can be taken with food at the same time as any preparation containing iron or calcium—including prenatal vitamins—but should not be administered within 2 hours of these preparations when taken on an empty stomach. BIC can be taken at least 2 hours before or 6 hours after antacids containing aluminum or magnesium. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with BIC is contraindicated.	March 31, 2026
Cabotegravir (CAB) *Vocabria (oral)* *Apretude (injection for HIV pre-exposure prophylaxis)*	**CAB (Vocabria)** • CAB 30-mg tablets for oral administration **CAB (Apretude)**	**Pregnancy** *PK in Pregnancy* • No published PK studies in human pregnancy *Dosing in Pregnancy*	No human data are available regarding placental passage. Insufficient data to assess for teratogenicity in humans. No evidence of teratogenicity in rats or rabbits.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations[a]**	**Use in Pregnancy**	**Last Reviewed**
(CAB and RPV) *Cabenuva* **Note:** CAB and RPV is a two-drug co-packaged product for IM injection.	• CAB 200-mg/mL suspension for IM injection **CAB and RPV (Cabenuva)** • CAB 200-mg/mL suspension for IM injection • RPV 300-mg/mL suspension for IM injection	• Insufficient data to make dosing recommendations For guidance about the use of combination products in pregnancy, please see the specific sections on other components (i.e., RPV). **Standard Adult Doses** *Oral Lead-in Therapy (Optional)* • CAB (Vocabria) o One 30-mg tablet once daily **in combination with RPV** (Edurant) 25 mg once daily taken with a meal for 4 weeks • CAB (Apretude) o Initiation ▪ CAB 600-mg (3 mL) injections given 1 month apart for 2 consecutive months (on the last day of an oral lead-in, if used, or within 3 days) o Continuation Therapy ▪ CAB 600-mg (3 mL) injections every 2 months thereafter • CAB and RPV (Cabenuva) o Initiation ▪ CAB 600 mg (3 mL) and RPV 900 mg (3 mL), given as two separate injections in separate ventrogluteal sites	**Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with CAB is contraindicated.	

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations[a]**	**Use in Pregnancy**	**Last Reviewed**
		for 2 consecutive months (on the last day of an oral lead-in, if used) o Continuation Therapy ▪ *Monthly:* CAB 400 mg (2 mL) and RPV 600 mg (2 mL), given as two separate injections in separate ventrogluteal sites once a month with allowance for a +/- 7-day administration window ▪ *Every 2 months:* Starting in Month 4, CAB 600 mg (2 mL) and RPV 900 mg (3 mL), given as two separate injections in separate ventrogluteal sites once a month with allowance for a +/- 7-day administration window **Note:** For all CAB IM injections, patients should be monitored for approximately 10 minutes for postinjection reactions. A 23-gauge, 1.5-inch IM needle is recommended for the injection and is provided in the packaging. Longer, 2-inch needles should be used in patients with BMIs >30 kg/m^2. *Changing Dosing Frequency and Managing Missed Doses*		

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations**[a]	**Use in Pregnancy**	**Last Reviewed**
		• Refer to the package insert for instructions about changing the frequency of continuation doses and managing missed doses (see Apretude and Cabenuva).		
Dolutegravir (DTG) *Tivicay* *Tivicay PD* (DTG/3TC) *Dovato* (DTG/RPV) *Juluca* (DTG/ABC/3TC) *Triumeq*	**DTG (Tivicay)** • DTG 10-mg, 25-mg, and 50-mg film-coated tablets **DTG (Tivicay PD)** • DTG 5-mg dispersible tablet for oral suspension **DTG film-coated tablets and DTG dispersible tablets are not bioequivalent and are not interchangeable.** **DTG/3TC (Dovato)** • DTG 50-mg/3TC 300-mg tablet **DTG/RPV (Juluca)** • DTG 50-mg/RPV 25-mg tablet **DTG/ABC/3TC (Triumeq)** • DTG 50-mg/ABC 600-mg/ 3TC 300-mg tablet	**Pregnancy** *PK in Pregnancy* • AUC may be decreased during the third trimester compared with postpartum, but exposures during pregnancy are well above those needed to inhibit viral replication. *Dosing in Pregnancy* • No change in dose indicated. For guidance about the use of combination products in pregnancy, please see the specific sections on other components (i.e., ABC, 3TC, RPV). **Standard Adult Doses** *In ARV-Naive or ARV-Experienced (but INSTI-Naive) Patients* • DTG (Tivicay) o One 50-mg tablet once daily, without regard to food • DTG (Tivicay PD) o Six 5-mg tablets (30 mg) dissolved in water once daily, without regard to food • DTG/3TC (Dovato)	High placental transfer to fetus[b] No evidence of teratogenicity in rats or rabbits. The most recent data from Botswana indicate the prevalence of NTDs in infants born to pregnant women with HIV receiving DTG at conception is no longer statistically different than in those receiving other ARVs. DTG is a *Preferred* ARV drug for use during pregnancy, irrespective of trimester, and when trying to conceive (see Recommendations for Use of Antiretroviral Drugs During Pregnancy and Table 7). To maximize DTG absorption, doses should not be administered within 2 hours of ingesting any preparation that contains such minerals as iron or calcium, including prenatal vitamins. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with DTG is contraindicated.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	Formulation	Dosing Recommendations[a]	Use in Pregnancy	Last Reviewed
		o One tablet once daily, without regard to food • DTG/RPV (Juluca) o One tablet once daily, with food • DTG/ABC/3TC (Triumeq) o One tablet once daily, without regard to food *In ARV-Naive or ARV-Experienced (but INSTI-Naive) Patients Who Are Also Receiving EFV, FPV/r, TPV/r, or Rifampin* • DTG (Tivicay) o One 50-mg tablet twice daily, without regard to food • DTG (Tivicay PD) o Six 5-mg tablets (30 mg) dissolved in water twice daily, without regard to food *In INSTI-Experienced Patients* • DTG (Tivicay) o One tablet twice daily, without regard to food		
Elvitegravir (EVG) **Note:** As of October 2017, the single-drug formulation of EVG (Vitekta) is no longer available. **(**EVG/c/FTC/TAF)	**EVG/c/FTC/TAF (Genvoya)** • EVG 150-mg/ COBI 150-mg/ FTC 200-mg/ TAF 10-mg tablet **EVG/c/FTC/TDF (Stribild)**	**Pregnancy** *PK in Pregnancy*	Evidence of high placental transfer of EVG and low transfer of COBI[b] Insufficient data to assess for teratogenicity in humans. No evidence of teratogenicity in rats or rabbits. EVG/c **is not recommended** for use in pregnancy. If EVG/c is being taken when	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	Formulation	Dosing Recommendations[a]	Use in Pregnancy	Last Reviewed
Genvoya (EVG/c/FTC/TDF) *Stribild*	• EVG 150-mg/ COBI 150-mg/ FTC 200-mg/ TDF 300-mg tablet	• PK studies in women who received EVG/c demonstrated significant reduction in EVG plasma exposure during pregnancy. *Dosing in Pregnancy* • EVG plasma concentrations are reduced with use of standard adult doses during pregnancy; however, higher-than-standard doses of EVG have not been studied. Insufficient data are available to recommend a dose for use in pregnancy. For guidance about use of combination products in pregnancy, please see the specific sections on other components (i.e., COBI, FTC, TAF). **Standard Adult Doses** *Genvoya and Stribild* • One tablet once daily with food	pregnancy occurs, consider frequent viral load monitoring or switching to a more effective recommended regimen. If a regimen that contains EVG/c is continued during pregnancy, doses should be administered with a meal and should not be administered within 2 hours of ingesting any preparation that contains minerals, such as iron or calcium, including prenatal vitamins. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with EVG is contraindicated.	
Raltegravir (RAL) *Isentress* *Isentress HD*	**RAL (Isentress)** *Film-Coated Tablet* • 400 mg *Chewable Tablets* • 25 mg • 100 mg **RAL (Isentress HD)**	**Pregnancy** *PK in Pregnancy* • Decreased drug concentrations in the third trimester are not of sufficient magnitude to warrant a change in dosing. *Dosing in Pregnancy* • No change in dose is indicated.	High placental transfer to fetus[b] No evidence of human teratogenicity (can rule out a 1.5-fold increase in overall birth defects) There is a case report of markedly elevated liver transaminases with RAL use in late pregnancy. Severe, potentially life-threatening, and fatal skin reactions and HSRs have been reported in nonpregnant adults.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	Formulation	Dosing Recommendations[a]	Use in Pregnancy	Last Reviewed
	Film-Coated Tablet • 600 mg	• Once-daily dosing (i.e., two RAL 600-mg film-coated tablets) **should not be used** during pregnancy until more information is available. **Standard Adult Doses** *In Patients Who Are Not Receiving Rifampin* • RAL 400-mg film-coated tablets twice daily without regard to food • Two RAL 600-mg film-coated tablets (1,200 mg) once daily without regard to food for patients who are ARV-naive or patients who are already virologically suppressed on an initial regimen of RAL 400 mg twice daily • Chewable tablets and oral suspension doses **are not interchangeable** with either film-coated tablets or each other. *In Patients Who Are Receiving Rifampin* • Two RAL 400-mg film-coated tablets (800 mg) twice daily without regard to food	RAL chewable tablets contain phenylalanine. To maximize RAL absorption, doses should not be administered within 2 hours of ingestion of any preparation containing minerals—such as iron or calcium—including prenatal vitamins. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with RAL is contraindicated.	
Pharmacoenhancers Pharmacoenhancers reduce the metabolism of antiretroviral drugs and prolong their presence in plasma, allowing for more convenient dosing regimens.				
Cobicistat (COBI) *Tybost*	**COBI (Tybost)** *Tablet*	**Pregnancy** *PK in Pregnancy*	Low placental transfer to fetus[b]	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations**[a]	**Use in Pregnancy**	**Last Reviewed**
(ATV/c) *Evotaz* (EVG/c/FTC/TAF) *Genvoya* (DRV/c) *Prezcobix* (EVG/c/FTC/TDF) *Stribild* (DRV/c/FTC/TAF) *Symtuza*	• COBI 150 mg **ATV/c (Evotaz)** • ATV 300-mg/ COBI 50-mg tablet **EVG/c/FTC/TAF (Genvoya)** • EVG 150-mg/ COBI 150-mg/ FTC 200-mg/ TAF 10-mg tablet **DRV/c (Prezcobix)** • DRV 800-mg/ COBI 150mg tablet **EVG/c/FTC/TDF (Stribild)** • EVG 150-mg/ COBI 150-mg/ FTC 200-mg/ TDF 300-mg tablet **DRV/c/FTC/TAF (Symtuza)** • DRV 800-mg/ COBI 150-mg/ FTC 200-mg/ TAF 10-mg tablet	• Based on limited data, COBI exposure and its pharmaco-enhancing effect on ATV, DRV, and EVG are reduced markedly in pregnancy. • When coadministered with COBI, TAF exposure is not significantly different between pregnancy and the postpartum period. *Dosing in Pregnancy* • Although COBI exposure is reduced markedly during pregnancy, higher-than-standard doses have not been studied. The Panel recommends RTV as the preferred pharmaco-enhancer for PIs and INSTIs during pregnancy until more data are available on COBI activity during pregnancy. For guidance about the use of combination products in pregnancy, please see the specific sections on other components (i.e., FTC, TAF, TDF, ATV, DRV, EVG). **Standard Adult Doses** *COBI (Tybost)* • When used as an alternative PK booster with ATV or DRV, the dose is one tablet once daily with food. *ATV/c (Evotaz)* • One tablet once daily with food	No evidence of human teratogenicity (can rule out twofold increase in overall birth defects) Use of COBI-boosted ATV, DRV, or EVG **is not recommended** in pregnancy. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with COBI is contraindicated.	

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations**[a]	**Use in Pregnancy**	**Last Reviewed**
		EVG/c/FTC/TAF (Genvoya) • One tablet once daily with food *DRV/c (Prezcobix)* • One tablet once daily with food *EVG/c/FTC/TDF (Stribild)* • One tablet once daily with food *DRV/c/FTC/TAF (Symtuza)* • One tablet once daily with food		
Ritonavir (RTV) *Norvir* (LPV/r) *Kaletra*	**RTV (Norvir)** *Capsule* • RTV 100 mg *Tablet* • RTV 100 mg *Powder* • RTV 100 mg/sachet **LPV/r (Kaletra)** *Tablets* • LPV/r 200 mg/50 mg • LPV/r 100 mg/25 mg *Oral Solution* • Each 5 mL contains LPV/r 400 mg/100 mg.	**Pregnancy** *PK in Pregnancy* • Lower RTV levels are seen during pregnancy than during postpartum, which may reduce the pharmaco-enhancing effect of RTV in pregnancy. *RTV Dosing in Pregnancy* • No dose adjustment is necessary when RTV is used as booster. *LPV/r Dosing in Pregnancy* • Once-daily dosing **is not recommended** during pregnancy.	Low placental transfer to fetus[b] No evidence of increased risk of human teratogenicity (can rule out 1.5-fold increase in overall birth defects) RTV should only be used as a low-dose booster for other PIs. LPV/r oral solution contains 42% alcohol and 15% propylene glycol and **is not recommended** for use in pregnancy. Once-daily LPV/r dosing **is not recommended** during pregnancy. **Note:** Please see FDA label for full list of drugs with potential interactions and drugs for which administration with RTV is contraindicated.	March 31, 2026

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	**Formulation**	**Dosing Recommendations[a]**	**Use in Pregnancy**	**Last Reviewed**
		• Some experts recommend that an increased dose (i.e., LPV/r 600 mg/150 mg twice daily without regard to meals or LPV/r 500 mg/125 mg twice daily without regard to meals) should be used in the second and third trimesters of pregnancy, especially in patients who are PI experienced and in those who start treatment during pregnancy with a baseline viral load >50 copies/mL. • When standard dosing is used, monitor virologic response and, if possible, LPV drug levels. For guidance about use of combination products in pregnancy, please see the specific sections on other components (i.e., LPV/r). **Standard Adult Dose of RTV (Norvir) When Used as a PK Booster for Other PIs** • RTV 100–400 mg per day in one or two divided doses (refer to other PI sections for specific dosing recommendations) *Tablet* • Take with food. *Capsule or Powder* • To improve tolerability, take with food, if possible.		

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

Generic Name (Abbreviation) *Trade Name*	Formulation	Dosing Recommendations[a]	Use in Pregnancy	Last Reviewed
		Standard Adult Doses of LPV/r (Kaletra) • LPV/r 400 mg/100 mg twice daily, *or* • LPV/r 800 mg/200 mg once daily *Tablet* • Take without regard to food. *Oral Solution* • Take with food. **With EFV or NVP in PI-Naive or PI-Experienced Patients** • LPV/r 500-mg/125-mg tablets twice daily without regard to meals (use a combination of two LPV/r 200-mg/50-mg tablets and one LPV/r 100-mg/25-mg tablet), *or* • LPV/r 520-mg/130-mg oral solution (6.5 mL) twice daily with food		

[a] Individual ARV drug doses may need to be adjusted in patients with renal or hepatic insufficiency (for details, see the Adult and Adolescent Antiretroviral Guidelines, Appendix B).

[b] Placental transfer categories are determined by mean or median cord blood–to–maternal delivery plasma drug ratio:

High: >0.6
Moderate: 0.3–0.6
Low: <0.3

[c] Generic product available

[d] Brand products are no longer available.

Key: 3TC = lamivudine; ABC = abacavir; ART = antiretroviral therapy; ARV = antiretroviral; ATV = atazanavir; ATV/c = atazanavir/cobicistat; ATV/r = atazanavir/ritonavir; AUC = area under the curve; BIC = bictegravir; BMI = body mass index; C_{24h} = concentrations at 24 hours postdose;

Table 14. Antiretroviral Drug Use in Pregnancy: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy

CAB = cabotegravir; CD4 = CD4 T lymphocyte; COBI = cobicistat; CYP = cytochrome P; DOR = doravirine; DRV = darunavir; DRV/c = darunavir/cobicistat; DRV/r = darunavir/ritonavir; DTG = dolutegravir; EFV = efavirenz; ETR = etravirine; EVG = elvitegravir; EVG/c = elvitegravir/cobicistat; FDA = U.S. Food and Drug Administration; FDC = fixed-dose combination; FPV/r = fosamprenavir/ritonavir; FTC = emtricitabine; FTR = fostemsavir; HBV = hepatitis b virus; HSR = hypersensitivity reaction; IBA = ibalizumab; IM = intramuscular; INSTI = integrase strand transfer inhibitor; IV = intravenous; LEN = lenacapavir; LPV = lopinavir; LPV/r = lopinavir/ritonavir; MVC = maraviroc; NNRTI = non-nucleoside reverse transcriptase inhibitor; NRTI = nucleoside reverse transcriptase inhibitor; NTD = neural tube defect; NVP = nevirapine; PI = protease inhibitor; PK = pharmacokinetic; PPI = proton pump inhibitor; RAL = raltegravir; RPV = rilpivirine; RTV = ritonavir; SQ = subcutaneous; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumarate; TPV = tipranavir; TPV/r = tipranavir/ritonavir; WHO = World Health Organization; ZDV = zidovudine