



## ANTIRETROVIRAL DOSING GUIDELINES TABLES

### A Quick Reference Guide

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Click on Brand Name of drug for manufacturer prescribing information.

Click the appropriate table heading for detailed drug information available on this site.

Once a day drugs and boosted PIs are highlighted in green

Quick Links	NRTI/NtRTI	NNRTI	Protease Inhibitors	Fusion Inhibitors	Coreceptor Inhibitors	PI Boosting	PI Combo	Coformulations
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Nucleoside (NRTI) and Nucleotide (NtRTI) Reverse Transcriptase Inhibitors			
Generic	Dosing	Adverse Effects	Comments
<b>ABACAVIR SULFATE</b> (Ziagen)	<b>300 mg BID</b> or <b>300 mg 2 taken once a day (not FDA-approved)</b>  Tablets: 300 mg; Liquid 20 mg/ml  Take with/without food	<ul style="list-style-type: none"> <li>• Headache, malaise</li> <li>• Nausea, vomiting</li> <li>• Diarrhea</li> <li>• Hypersensitivity reaction 2-5% (fever, nausea, vomiting, rash, diarrhea, SOB)</li> <li>• Rare: lactic acidosis</li> </ul>	<ul style="list-style-type: none"> <li>• Perform HLA-B5701 test prior to using this drug, and administer drug only if the test is nonreactive or negative.</li> <li>• STOP only if CERTAIN that patient is hypersensitive.</li> <li><b>DO NOT RECHALLENGE.</b></li> </ul>
<b>DIDANOSINE (ddl)</b> (Videx)	wt > 60 kg: <b>2 x 100 mg BID</b>  wt < 60 kg: 125 mg bid  Tablets: 25 mg, 100 mg, 150 mg, 200 mg Powder: 100 mg, 167 mg, 250 mg packets Take on empty stomach 1/2 hour ac or 1 hour pc. Must have dose in 2 tabs. Chew tablets or dissolve in H <sub>2</sub> O. <b>Dose reduction for renal impairment</b>	<ul style="list-style-type: none"> <li>• Nausea • Diarrhea</li> <li>• Headache</li> <li>• Pancreatitis, possibly fatal</li> <li>• Peripheral neuropathy</li> <li>• Rare: lactic acidosis</li> </ul>	<ul style="list-style-type: none"> <li>• Contraindicated in patients with history of alcoholism, pancreatitis (do baseline lipase)</li> <li>• <b>This form of didanosine has been largely replaced by Videx EC</b></li> <li>• No alcohol. Can be taken on an empty stomach with other antiretrovirals.</li> </ul>
<b>DIDANOSINE (ddl)</b> (Videx EC)	<b>400 mg once daily</b>  Capsules 125 mg, 200 mg, 250 mg, 400 mg  Take on empty stomach. Swallow capsule whole <b>Dose reduction for renal impairment</b>	<ul style="list-style-type: none"> <li>• Nausea • Diarrhea</li> <li>• Headache</li> <li>• Pancreatitis, possibly fatal</li> <li>• Peripheral neuropathy</li> <li>• Rare: lactic acidosis</li> </ul>	<ul style="list-style-type: none"> <li>• No alcohol. Can be taken on an empty stomach with other antiretrovirals.</li> <li>• Adherence enhanced with use of ddl-EC formulation</li> <li>• Contraindicated in patients with history of alcoholism, pancreatitis (do baseline lipase or p-amylase)</li> <li>• Administration with tenofovir results in blunting of CD4 increase or even decreases in CD4</li> </ul>
<b>EMTRICITABINE (FTC)</b> (Emtriva)	<b>200 mg once daily capsules</b>  Take with or without food  <b>Dose reduction for renal impairment</b>	<ul style="list-style-type: none"> <li>• Well tolerated</li> <li>• Skin discoloration</li> <li>• Possible flare-up of HBV when discontinued</li> <li>• Rare: lactic acidosis</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Active against HBV</b></li> <li>• <b>Therapy with emtricitabine should not be stopped suddenly unless other potent antiretrovirals are substituted for at least 48-72h</b></li> </ul>
<b>LAMIVUDINE</b>	<b>150 mg BID or 300 mg once a day</b>	<ul style="list-style-type: none"> <li>• Well tolerated</li> <li>• Possible flare-up of</li> </ul>	<ul style="list-style-type: none"> <li>• ddC/3TC or ddl/3TC combinations contraindicated</li> </ul>

<b>(3TC)</b> (EpiVir)	<50 kg: 2 mg/kg BID Tablets 150 mg; Liquid 10 mg/ml <b>Dose reduction for renal impairment</b> Take with/without food	HBV when discontinued • Rare: lactic acidosis	<ul style="list-style-type: none"> <li>• <b>Active against HBV</b></li> <li>• <b>Therapy with lamivudine should not be stopped suddenly unless other potent antiretrovirals are substituted for at least 48-72h</b></li> </ul>
<b>STAVUDINE (d4T)</b> (Zerit)	<b>40 mg bid</b> Capsules: 15 mg, 20 mg, 30 mg, 40 mg wt > 60 kg: 40 mg q 12 hours wt < 60 kg: 30 mg q 12 hours Dose reduction for renal impairment Take with/without food	<ul style="list-style-type: none"> <li>• Peripheral neuropathy</li> <li>• Fat redistribution syndrome</li> <li>• High potential for mitochondrial toxicity</li> <li>• Rare: lactic acidosis</li> </ul>	<ul style="list-style-type: none"> <li>• AZT/d4T combination contraindicated</li> <li>• ddI/d4T contraindicated during pregnancy</li> <li>• Use other NRTI options if available due to increased risk of mitochondrial toxicity associated with this agent.</li> </ul>
<b>TENOFOVIR (TDF)</b> (Viread)	<b>300 mg daily with food</b> <b>Dose reduction for renal impairment</b>	<ul style="list-style-type: none"> <li>• Possible nephrotoxicity</li> <li>• Possible flare-up of HBV on d/c</li> <li>• Possible bone loss</li> <li>• Rare: lactic acidosis</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Active against HBV</b></li> <li>• Significantly increases DDI levels</li> <li>• Follow renal function when using multiple nephrotoxins including NSAIDs</li> <li>• Administration with didanosine may result in blunting of CD4 increase or even decreases in CD4</li> </ul>
<b>ZALCITABINE (ddC)</b> (Hivid)	<b>0.75 mg every 8 hours</b> Tablets: 0.375 mg, 0.75 mg <b>Dose reduction for renal impairment</b> Take with/without food	<ul style="list-style-type: none"> <li>• Peripheral neuropathy</li> <li>• Stomatitis</li> <li>• Rare: lactic acidosis</li> </ul>	<ul style="list-style-type: none"> <li>• Take with/without food</li> <li>• <b>ddI/ddC, d4T/ddC or 3TC/ddC combinations contraindicated</b></li> <li>• This drug is generally not recommended due to toxicity and lower efficacy</li> </ul>
<b>ZIDOVUDINE (AZT)</b> (Retrovir)	<b>300 mg twice a day</b> Capsules 100 mg; Tablets 300 mg; Liquid 50 mg/5 ml <b>Dose reduction for renal impairment</b> Take with/without food	<ul style="list-style-type: none"> <li>• Anemia/neutropenia</li> <li>• Nausea/myopathy</li> <li>• Headache/insomnia</li> <li>• Rare: lactic acidosis</li> </ul>	<ul style="list-style-type: none"> <li>• FDA approved for use in pregnancy to decrease perinatal transmission as part of combination therapy or monotherapy as a minimum</li> </ul>

<b>Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>			
<b>Generic</b>	<b>Dosing</b>	<b>Adverse Effects</b>	<b>Comment</b>
<b>DELAVIRDINE</b> (Rescriptor)	<b>600 mg BID or 400 mg 3 times per day</b>  Tablets 100 mg, 200 mg May drop 4-6 tabs in 3 oz water to produce suspension	<ul style="list-style-type: none"> <li>• Rash</li> <li>• Headaches</li> <li>• Hepatitis</li> </ul>	<ul style="list-style-type: none"> <li>• Antacids and ddI: separate administration by 1 hr</li> <li>• Multiple drug interactions</li> <li>• Increases AUC of other PIs</li> <li>• No data with oral contraceptives</li> <li>• <b>This NNRTI is not recommended due to higher pill burden, higher dosing frequency, and meal dependence.</b></li> </ul>
<b>EFAVIRENZ</b> (Sustiva)	<b>600 mg PO at bedtime or once daily</b>  Capsules: 50, 100, 200, 600 mg	<ul style="list-style-type: none"> <li>• Rash</li> <li>• CNS symptoms: dizziness, somnolence, insomnia, abnormal dreams, confusion, impaired thinking</li> <li>• Increased LFTs in patients with prior history of hepatitis B and/or C</li> </ul>	<ul style="list-style-type: none"> <li>• False positive screening cannabinoid test possible</li> <li>• Multiple drug interactions</li> <li>• Pregnancy should be avoided. Barrier contraception should always be used in combination with other methods of contraception (oral or other hormonal contraceptives)</li> <li>• Not recommended in combination with saquinavir as a sole PI</li> <li>• Take with/without food. Avoid high fat meals</li> <li>• Avoid coadministration with clarithromycin</li> <li>• <b>Therapy with efavirenz should not be stopped suddenly unless other potent antiretrovirals are substituted for at least 2-4 weeks.</b></li> </ul>
<b>NEVIRAPINE</b> (Viramune)	<b>200 mg once a day x 14 days, then 200 mg twice a day or 2 x 200 mg once a</b>	<ul style="list-style-type: none"> <li>• Rash, usually mild but possibly severe (Stevens Johnson)</li> <li>• Hepatitis which may be severe</li> </ul>	<ul style="list-style-type: none"> <li>• Take with/without food</li> <li>• Discontinue in patient with severe rash or rash with fever, blistering, oral lesions, conjunctivitis, swelling, muscle/joint aches.</li> <li>• Reduces effectiveness of oral contraceptives</li> <li>• Multiple drug interactions</li> <li>• QD dosing slightly more hepatotoxic</li> <li>• <b>Therapy with nevirapine should not be stopped suddenly unless other potent antiretrovirals are</b></li> </ul>

**day**Tablets: 200 mg  
Liquid: 50 mg/5 ml**substituted for at least 2-4 weeks.**

• Avoid starting this drug in females with CD4 &gt; 250 or males with CD4 &gt; 400

**Protease Inhibitors (PI)**

Generic	Dosing	Adverse Effects	Comments
<b>TIPRANAVIR</b> (Aptivus)	<b>Tipranavir 2 x 250 mg BID with food + Ritonavir 2x100 mg BID with food</b>	<ul style="list-style-type: none"> <li>• Diarrhea, N&amp;V</li> <li>• Rash 10-15%</li> <li>• Headache</li> <li>• Hepatitis</li> <li>• Hyperlipidemia</li> <li>• Hyperglycemia</li> <li>• Fat redistribution</li> </ul>	<ul style="list-style-type: none"> <li>• Always taken with ritonavir</li> <li>• Contains sulfonamide component (use cautiously with sulfonamide allergy)</li> <li>• Take with food</li> <li>• Contraindicated with moderate or severe hepatic dysfunction</li> <li>• Monitor liver enzymes, lipids, serum glucose</li> <li>• Studied only in salvage situations by the time of approval</li> <li>• Should not be taken with other protease inhibitors except for ritonavir</li> </ul> <p><a href="#">Approved by US FDA 6.22.2005</a></p>
<b>AMPRENAVIR</b> (Agenerase)	<b>8 x 150 mg twice a day</b>  Capsules 50 mg, 150 mg, liquid 15 mg/ml Capsules and oral solution are not interchangeable on a milligram per milligram basis  Administer with/without food (avoid high fat meals)	<ul style="list-style-type: none"> <li>• N&amp;V, diarrhea</li> <li>• Rash</li> <li>• Circumoral paresthesia</li> <li>• Not recommended to use with oral contraceptives</li> <li>• Hyperlipidemia</li> <li>• Hyperglycemia</li> <li>• Fat redistribution</li> </ul>	<ul style="list-style-type: none"> <li>• Large capsule size and high pill burden</li> <li>• Do not take with vitamin E supplement</li> <li>• Take at least 1 hour before or after use of antacids or ddi</li> <li>• Patients with impaired hepatic function require dosage adjustment</li> <li>• Increase dose when combined with efavirenz</li> </ul> <p><a href="#">Amprenavir has been largely replaced by its prodrug fosamprenavir which is better tolerated and has a much lower pill burden. GlaxoSmithKline ceased production of amprenavir in October 2007.</a></p>
<b>DARUNAVIR</b> (Prezista)	<b>darunavir 300 mg, two twice a day + ritonavir 100 mg, one twice a day</b>  Tablets 300 mg  Administer both medications with food.	<ul style="list-style-type: none"> <li>• N&amp;V, diarrhea</li> <li>• Rash</li> <li>• Circumoral paresthesia</li> <li>• Not recommended to use with oral contraceptives</li> <li>• Hyperlipidemia</li> <li>• Hyperglycemia</li> <li>• Fat redistribution</li> </ul>	<ul style="list-style-type: none"> <li>• Indicated only for treatment-experienced patients</li> <li>• Darunavir may have the best activity against protease-inhibitor resistant HIV</li> </ul>
<b>FOSAMPRENAVIR</b> (Lexiva)	<b>2x700 mg twice a day</b>  Pill or capsules (?) 700 mg  <b>1 x 700 mg BID + 100 mg ritonavir twice a day</b>  <b>for treatment naive pts only:</b>	<ul style="list-style-type: none"> <li>• N&amp;V, diarrhea</li> <li>• Rash</li> <li>• Hyperlipidemia?</li> <li>• Hyperglycemia?</li> <li>• Fat redistribution?</li> </ul>	<ul style="list-style-type: none"> <li>• Take at least 1 hour before or after use of antacids or ddi?</li> <li>• Patients with impaired hepatic function require dosage adjustment?</li> <li>• Increase dose when combined with efavirenz?</li> <li>• Ritonavir 100 mg + Lexiva 2 x 700 mg approved in late 2007 - for treatment naive patients</li> </ul> <p><a href="#">Approved 10.20.2003</a></p>

	<b>2 x 700 mg daily + ritonavir 1-2 x 100 mg daily</b>		
<b>ATAZANAVIR</b> (Reyataz)	<b>2 x 200 mg once daily</b>  Capsules: 100 mg, 150 mg, 200 mg Take with food  <b>With concomitant efavirenz and/or tenofovir:</b> <b>1 x 300 mg or 2 x 150 mg daily + ritonavir 100 mg daily</b>	<ul style="list-style-type: none"> <li>• GI intolerance</li> <li>• Hepatitis</li> </ul>	<ul style="list-style-type: none"> <li>• Only PI approved for once daily dosing</li> <li>• Possibly less hyperlipidemia than other PIs</li> <li>• No significant interaction with oral contraceptives</li> <li>• Dose adjustment/interaction with efavirenz &amp; tenofovir suggested (<a href="#">nevirapine interaction unknown 10.2003</a>)</li> </ul>
<b>INDINAVIR</b> (Crixivan)	<b>2 x 400 mg every 8 hours</b> (at least 1 hr ac or 2 hr pc)  Capsules: 200 mg, 330 mg, 400 mg  May take with skim milk, juice or light meal Decrease dose to 600 mg q 8 hrs with ketoconazole/itraconazole	<ul style="list-style-type: none"> <li>• Kidney stones</li> <li>• Hyperbilirubinemia</li> <li>• GI intolerance</li> <li>• Hyperlipidemia</li> <li>• Hyperglycemia</li> <li>• Fat redistribution</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain adequate hydration at least 48 oz H<sub>2</sub>O/day</li> <li>• Grapefruit juice decreases indinavir levels by 26%</li> <li>• Keep in original container with dessicant</li> <li>• Can use with oral contraceptives</li> <li>• Separate by 2 hrs from ddl</li> <li>• Increase dose when combined with efavirenz</li> </ul>
<b>LOPINAVIR / RITONAVIR</b> (Kaletra)	<b>2 film-coated tablets twice a day</b> <b>Take with or without food</b> <b>Dosing form of choice!</b>  <b>3 capsules twice a day</b> <b>or one teaspoon liquid BID</b>  <b>Single daily dosing for antiretroviral naïve patients</b>  <b>6 capsules once a day with food</b>  Capsules 133/33mg, liquid 400/100 mg per 5 cc Take with food	<ul style="list-style-type: none"> <li>• Diarrhea, N&amp;V</li> <li>• Headache</li> <li>• Hepatitis</li> <li>• Hyperlipidemia</li> <li>• Hyperglycemia</li> <li>• Fat redistribution</li> </ul>	<ul style="list-style-type: none"> <li>• Many, many drug interactions</li> <li>• Reduces effects of oral contraceptives</li> <li>• Liquid form contains ethanol</li> <li>• Increase dose when combined with efavirenz</li> <li>• Increased GI side effects with single daily dosing</li> </ul> <p><a href="#">Single daily dosing approved 4.29.2005</a></p> <p><a href="#">Film-coated tablets approved 8.28.2005</a></p>
<b>NELFINAVIR</b> (Viracept)	<b>2 x 625 mg BID or or 3 x 250 mg TID with meal or light snack</b> <b>Tablets 250 mg, 625 mg;</b> <b>50 mg/g oral powder</b>  <b>With concomitant efavirenz or nevirapine:</b> <b>6 x 250 mg bid</b>	<ul style="list-style-type: none"> <li>• Diarrhea (reduced with calcium supplement or fiber)</li> <li>• Hyperlipidemia</li> <li>• Hyperglycemia</li> <li>• Fat redistribution</li> </ul>	<ul style="list-style-type: none"> <li>• Reduces effectiveness of oral contraceptives</li> <li>• Increase dose when combined with efavirenz</li> </ul>

<p><b>RITONAVIR</b> (Norvir)</p>	<p><b>6 x 100 mg BID</b> with food</p> <p>(start with 300 mg BID and dose escalate over next 1-2 weeks).</p> <p>Caps 100 mg. Oral solution 600 mg/7.5 ml</p> <p>Separate by ≥ 2 hrs from didanosine buffered form.</p>	<ul style="list-style-type: none"> <li>• N&amp;V, diarrhea</li> <li>• Taste perversion</li> <li>• Circumoral and peripheral paresthesia</li> <li>• Hepatitis</li> <li>• Hyperlipidemia</li> <li>• Hyperglycemia</li> <li>• Fat redistribution</li> <li>• Elevated CPK and uric acid levels</li> </ul>	<ul style="list-style-type: none"> <li>• Refrigerate capsules but not liquid</li> <li>• Has <i>multiple</i> possible <b>drug interactions</b></li> <li>• Formulated in alcohol. Do not give to pts taking disulfiram</li> <li>• Reduces effectiveness of oral contraceptives</li> <li>• <b>Used to boost other protease inhibitors (see below)</b></li> <li>• Increase dose when combined with efavirenz</li> </ul>
<p><b>SAQUINAVIR</b> (Fortovase) Soft Gel Capsules (SGC)</p>	<p><b>1600 mg twice a day</b> or <b>6 x 200 mg three times per day</b></p> <p>Take with food containing fat.</p> <p>Capsules: 200 mg</p>	<ul style="list-style-type: none"> <li>• Diarrhea/nausea</li> <li>• GI intolerance</li> <li>• Elevated transaminase levels</li> <li>• Headache</li> <li>• Hyperglycemia</li> <li>• Fat redistribution and lipid abnormalities</li> </ul>	<ul style="list-style-type: none"> <li>• Can use with oral contraceptives</li> <li>• Grapefruit juice and ketoconazole increase levels</li> <li>• Stable at room temperature for 3 months</li> <li>• Increase dose when combined with efavirenz</li> <li>• <b>Boosting with ritonavir is usually preferable</b></li> <li>• Production of this drug will cease in 2006. Replace with equivalent dose of hard gel cap form of the drug (Invirase)</li> </ul>
<p><b>SAQUINAVIR</b> (Invirase) Hard Gel Capsules (HGC)</p>	<p><b>Capsules: 200 mg or 500 mg</b></p> <p><b>Invirase 2 x 500 mg BID with food + Ritonavir 100 mg BID with food</b></p> <p>Used mainly in boosted regimes (see below) Take with food.</p>	<ul style="list-style-type: none"> <li>• Diarrhea/nausea</li> <li>• GI intolerance</li> <li>• Elevated transaminase levels</li> <li>• Headache</li> <li>• Hyperglycemia</li> <li>• Fat redistribution and lipid abnormalities</li> </ul>	<ul style="list-style-type: none"> <li>• Can use with oral contraceptives</li> <li>• Grapefruit juice and ketoconazole increase levels</li> <li>• Stable at room temperature for 3 months</li> <li>• Increase dose when combined with efavirenz</li> </ul> <p>500 mg hard gel cap FDA approved 12.23.2004 and available 2.18.2005</p>

<b>Fusion Blocker (FB)</b>			
<b>Generic</b>	<b>Dosing</b>	<b>Adverse Effects</b>	<b>Comment</b>
<p><b>ENFUVRTIDE</b> (Fuzeon)</p>	<p><b>90 mg injected SQ every 12 hours</b></p> <p>Vial: 90 mg/1cc</p>	<p>Injection site reactions: erythema, induration, pain/tenderness</p>	<p>Expensive, labor-intensive therapy for deep salvage in highly motivated patient only <b>Must</b> be used with at least two other active antiretrovirals or resistance develops rapidly</p>

<b>Coreceptor Inhibitors</b>			
<b>Generic</b>	<b>Dosing</b>	<b>Adverse Effects</b>	<b>Comment</b>
<p><b>MARAVIROC</b> (Selzentry)</p>	<p>Tablets 150 mg, 300 mg</p> <p>Dose varies depending on concomitant therapy (for more info, click <b>HERE</b>)</p>	<p>Orthostatic hypotension</p> <p>Rare and possibly severe hepatitis</p>	<p>tropism assay required before use: the results must indicate the absence of X4 virus.</p>

<b>Protease Inhibitor Boosting (One Active Protease Inhibitor)</b>			

Generic	Dosing	Adverse Effects	Comment
<b>Saquinavir boosted with ritonavir</b>	<p>1. 8 x 200 mg saquinavir hard-gel capsule + 100 mg ritonavir both <u>once a day</u> with food</p> <p>2. 2 x 500 mg saquinavir hard-gel capsule + 100 mg ritonavir, both bid with food</p> <p>3. 5 x 200 mg saquinavir hard-gel capsule + 100 mg ritonavir, both bid with food</p> <p>4. 2 x 200 mg saquinavir hard-gel capsule + 4x100 mg ritonavir both bid with food</p>	Hyperlipidemia, hepatitis, fat redistribution, diarrhea, abdominal pain, diarrhea	Higher doses of ritonavir may be associated with increasing hyperlipidemia, GI intolerance, hepatitis, perioral paresthesia, and increased drug interactions
<b>Indinavir boosted with ritonavir</b>	2 x 400 mg indinavir bid + 1-2 x 100 mg ritonavir bid with or without food	Hyperlipidemia, hepatitis, fat redistribution, diarrhea, abdominal pain, chapped lips, nephrolithiasis	Hydration with at least 48-64 oz of fluid per day is necessary.
<b>Amprenavir boosted with ritonavir</b>	<p>8 x 150 mg amprenavir daily + 2 x 100 mg ritonavir daily With food</p> <p>or</p> <p>4 x 150 mg amprenavir bid + 1 x 100 mg ritonavir bid both with food</p>	Hyperlipidemia, hepatitis, nausea, fat redistribution	Amprenavir has been largely replaced by its prodrug fosamprenavir which is better tolerated and has a much lower pill burden
<b>Lopinavir/ritonavir boosted with ritonavir</b>	3 caps lopinavir/ritonavir bid + 1 x 100 mg ritonavir bid dose with food	Hyperlipidemia, hepatitis, fat redistribution, diarrhea, abdominal pain, diarrhea	
<b>Atazanavir boosted with ritonavir</b>	<p>2 x 150 mg atazanavir + 1 x 100 mg ritonavir both once a day with food</p> <p>2 x 700 mg</p>	Possible hyperlipidemia	
		Nausea, headache, rash,	Newest PI with least experience but

<b>Fosamprenavir boosted with ritonavir</b>	fosamprenavir + 2 x 100 mg ritonavir both once a day or 700 mg fosamprenavir + 100 mg ritonavir Both twice a day	diarrhea	appears to be an excellent option anecdotally.  Once a day option is not to be used for antiretroviral-experienced patients
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<b>Protease Inhibitor Combination Therapy (Two Active Protease Inhibitors)</b>			
Generic	Dosing	Adverse Effects	Comment
<b>Saquinavir combined with lopinavir/ritonavir</b>	2 x 500 mg saquinavir hard-gel caps bid + 3 caps lopinavir/ritonavir bid both with food	Hyperlipidemia, hepatitis, fat redistribution, diarrhea, abdominal pain, diarrhea	
<b>Lopinavir/ritonavir combined with indinavir</b>	3 caps lopinavir/ritonavir bid + 2 x 333-400 mg indinavir bid Both with food	Hyperlipidemia, hepatitis, fat redistribution, diarrhea, abdominal pain, diarrhea, nephrolithiasis	<b>May be one of the most successful PI strategies against PI-resistant virus?</b>

<b>Coformulations (multiple active components)</b>					
Brand	Components	Dosing	Adverse Effects	Hepatitis B Activity	Comment
<b>Atripla</b>	efavirenz 600 mg emtricitabine 200 mg tenofovir 300 mg	1 pill once a day on an empty stomach	CNS stimulation Possible nephropathy Possible osteopenia	++	Avoid sudden discontinuation in patients with hepatitis B
<b>Combivir</b>	lamivudine 150 mg zidovudine 300 mg	1 pill twice a day	Bone marrow suppression Nausea Headache	+	Avoid sudden discontinuation in patients with hepatitis B
<b>Epzicom</b>	abacavir 300 mg lamivudine 150 mg	1 pill once a day	Hypersensitivity to abacavir 5% Nausea	+	Avoid sudden discontinuation in patients with hepatitis B <b>Perform HLA-B5701 test prior to using this drug, and administer drug only if the test is nonreactive or negative.</b>

<b>Trizivir</b>	abacavir 300 mg lamivudine 150 mg zidovudine 300 mg	1 pill twice a day	Hypersensitivity to abacavir 5% Nausea Bone marrow suppression Headache	+	Avoid sudden discontinuation in patients with hepatitis B <b>Perform HLA-B5701 test prior to using this drug, and administer drug only if the test is nonreactive or negative.</b>
<b>Truvada</b>	emtricitabine 200 mg tenofovir 300 mg	1 pill once a day	Possible nephropathy Possible osteopenia	++	Avoid sudden discontinuation in patients with hepatitis B

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