

The Antiretroviral Pregnancy Registry

Instructions for Completing the REGISTRATION FORM

General Guideline: Date format should always be entered as *DD/MMM/YYYY*

Patient (Log) ID: The Registry assigned Log ID number.

Date patient first seen during this pregnancy: Provide the date first seen in *DD/MMM/YYYY* format.

1. Maternal Information

1.1 Clinical Study: Indicate if the patient is participating in a clinical study by checking "Yes", "No", or "Unknown".

- If no, move to Subsection 1.2
- If yes, provide the study protocol number and indicate whether the study was conducted in pregnant people by checking "Yes" or "No"

1.2 Last Menstrual Period (LMP): Provide the start date for the LMP in *DD/MMM/YYYY* format.

1.3 Was a Dating Ultrasound performed: Indicate if a dating ultrasound was performed on the patient.

- If no, move to Subsection 1.4
- If yes, provide the date of the ultrasound and the Corrected Estimated Date of Delivery (CEDD) from the test.

1.4 Patient Age: Provide age of the pregnant person at time of conception.

1.5 Race: Check the appropriate box for the pregnant person's race.

2. Prenatal Tests

2.1 Prenatal Test Done: Indicate if a prenatal test was done by checking "Yes", "No", or "Unknown".

- If no, move to Section 3: Clinical Indicators.
- If yes, check the prenatal test performed and provide the date in *DD/MMM/YYYY* format, or the gestational age. If "Other (specify)" is selected list the name of the prenatal test (i.e., Ultrasound, Amniocentesis, MSAFP).

2.2 Evidence of a Structural Defect or genetic abnormality: Indicate if a structural defect(s) and/or a genetic abnormality was identified on a prenatal test by checking "Yes", "No" or "Unknown" by each prenatal test done.

- If no, move to Section 3: Clinical Indicators.
- If yes, specify the structural and/or chromosomal defect(s).

3. Clinical Indicators (at the START of pregnancy)

3.1 Indication for ARV (Check all that apply)

3.2 Earliest CD4 + T-cell Categories (in this pregnancy): Check the appropriate range for the counts as they were as close to the beginning of the pregnancy (not applicable should be marked if the patient is not HIV infected).

3.3 Worst Disease Severity Indicator (by history):

- **HIV:** Check the appropriate category for the worst disease severity experienced by the patient at any time since becoming infected (not applicable should be marked if the patient is not HIV infected). Clinical categories A, B and C are as defined by the CDC www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm
 - **Category A:** Consists of one or more of the CDC defined Category A conditions in a person with documented HIV infection. Conditions in Categories B and C must not have occurred.
 - **Category B:** Consists of symptomatic conditions in an HIV-infected person not included in Category C and meeting at least one of the two Category B conditions. For classification purposes, someone previously treated for a Category B condition but who is now asymptomatic should be classified in Category B.
 - **Category C:** Includes the clinical conditions listed in the AIDS surveillance case definition. For classification purposes, once a Category C condition has occurred, the person will remain in Category C.
 - **Category D:** CD4 <200 cells/ μ L
- **Hepatitis:** Check the appropriate category for the worst disease severity experienced by the patient at any time since becoming infected (not applicable should be marked if the patient does not have hepatitis).

Phone: 800-258-4263 (US, Canada toll-free)
+1-910-679-1598 (International)

Website: www.APREgistry.com

Revised (February 2024)

The Antiretroviral Pregnancy Registry

Instructions for Completing the Antiviral Therapy During Pregnancy Form

- **Med Code:** Indicate the code number from the list provided. If a drug is not listed, provide the name of the drug.
- **Total Daily Dose:** Provide the total daily dose with units (e.g., 80 mg, 2 tabs, 2 mg/kg/hr, etc.).
- **Route:** Provide the code "1" for oral, "2" for IV, and "3" for subcutaneous (sub-Q).
- **Pt taking Meds at Conception?:** "1" if yes at conception, "2" if during pregnancy, "3" if unknown.
- **Date Treatment Began or Gestational Age Course Began:**
 - Provide start date in *DD/MMM/YYYY* format, **OR**
 - Provide gestational age course began. If gestational age is known, check the calculation source: LMP or Corrected EDD. If CEDD is checked, prenatal test name(s) and date(s) must be entered on page 1 Section 2.1.
- **Date Treatment Stopped or Ongoing:**
 - Provide date or gestation week treatment stopped in *DD/MMM/YYYY* format, **OR**
 - Check "Ongoing" if treatment continues following outcome of pregnancy.

Please write "unk" or "N/A" on the forms if any information is unknown or not applicable.

The Registry is not designed to monitor all types of events that might occur during pregnancy, labor and delivery, or other neonatal or post-natal events other than defects. If such events occur the provider is encouraged to contact the manufacturer of the individual drug and/or the FDA. FDA can be reached by faxing the information to 800-FDA-0178 or at <http://www.fda.gov/Safety/MedWatch/default.htm>

Phone: 800-258-4263 (US, Canada toll-free)
+1-910-679-1598 (International)

Website: www.APRegistry.com

Revised (February 2024)

ANTIRETROVIRAL PREGNANCY REGISTRY

REGISTRATION FORM

FOR OFFICE USE ONLY

(1)

Registry Patient ID _____ HCP ID _____

Prospective Retrospective 100% Provider

Registry date of notification _____ Phone
DD MMM YYYY

Fax to: 800-800-1052 (US, Canada toll-free)
+1-910-256-0637 (International)
Email to: SM_APR@APRegistry.com

Patient (Log) ID: _____ Registry assigned ID number or Sponsor MCN _____

Country of report origin _____ State (U.S. only) _____

Date patient first seen during this pregnancy or Sponsor date of notification of pregnancy

Date: _____
DD MMM YYYY

1. MATERNAL INFORMATION

1.1 Is the patient enrolled in a clinical study? (*treatment or observational study*) Yes No Unknown

If yes, provide the protocol number _____

Was the clinical study conducted in pregnant women? Yes No Unknown

1.2 Last Menstrual Period _____
DD MMM YYYY

1.4 Patient Age: _____ (*at conception*)

1.3 Corrected EDD _____ (*e.g., by ultrasound*)
DD MMM YYYY

1.5 Race: White Black
 Hispanic Asian
 Other (specify) _____

2. PRENATAL TESTS

2.1 Was a prenatal test done?

- No (*go to section 3*)
 Yes (*complete below and question 2.2*)

Date OR Gestational Age when test(s) done:

- (✓) test(s) Ultrasound _____ date
 Ultrasound _____ date
 Amniocentesis _____ date
 Cystic Fibrosis Mutation Analysis _____ date
 Fetal Echo _____ date
 First Trimester Screen _____ date
 MSAFP/serum markers _____ date
 Nuchal Translucency _____ date
 Other (specify): _____ date
 Unknown (*go to section 3*)

2.2 Is there evidence of a structural defect from one or more of these prenatal tests?

- Yes No Unknown. If yes, Specify defect _____
 Yes No Unknown. If yes, Specify defect _____
 Yes No Unknown. If yes, Specify defect _____
 Yes No Unknown. If yes, Specify defect _____
 Yes No Unknown. If yes, Specify defect _____
 Yes No Unknown. If yes, Specify defect _____
 Yes No Unknown. If yes, Specify defect _____
 Yes No Unknown. If yes, Specify defect _____
 Yes No Unknown. If yes, Specify defect _____

3. CLINICAL INDICATORS (at the **START** of pregnancy)

3.1 Indication for ARV (*√all that apply*):

- HIV Infected
 HIV Non-Infected
 Post-Exposure Prophylaxis (PEP)
 Pre-Exposure Prophylaxis (PrEP)
 Hepatitis B
 Hepatitis C

3.2 Earliest CD4+ T-cell Categories (*in this pregnancy*)

- ≥ 500 cells/μL
 200-499 cells/μL
 <200 cells/μL
 Not applicable

3.3 Worst Disease Severity Indicator (by history):

HIV

- A. Asymptomatic, acute (primary) HIV or PGL (persistent generalized lymphadenopathy)
 B. Symptomatic, not (A) or (C) conditions
 C. Other AIDS-indicator conditions
 D. CD4 <200 cells/μL
 E. Not applicable

Hepatitis

- A. Compensated liver disease (Pugh score <7)
 B. Decompensated liver disease (Pugh score ≥7)
 C. Not applicable

For additional descriptions of categories refer to the 1993 CDC revised classification system, December 1992 issue of MMWR

Complete applicable information on: ANTIVIRAL THERAPY DURING PREGNANCY Form

HEALTH CARE PROVIDER INFORMATION

Name _____ Specialty _____
Address _____ Phone _____
_____ Fax _____
Alternate Contact _____ Email _____
Provider's Signature _____ Date _____
DD MMM YYYY

ANTIRETROVIRAL PREGNANCY REGISTRY
ANTIVIRAL THERAPY DURING PREGNANCY
(Initiated at registration and completed at follow-up)

FOR OFFICE USE ONLY

Registry ID _____

HCP ID _____

Update

Complete as much of this page as applicable at Registration. A copy of this form will be sent to you in the expected month of delivery for completion.

Patient Log ID: _____ (The Registry assigned, non-patient identifying patient ID or Sponsor MCN)

4. ANTIRETROVIRAL THERAPY EXPOSURES

Calculation Source (FOR OFFICE USE ONLY)

LMP corrected EDD

4.1. In the following table, describe each course or change in route for each applicable therapy taken DURING PREGNANCY. Any antiretroviral injections administered during pregnancy should be listed separately on a new row. All registered therapies are listed in section 4.2. If the therapy is missing from list, please specify medication name and manufacturer in table below.

Course	Med. Code (1-61) if no code indicated, please write medication name and indicate if generic	Blinded therapy?	Total <u>Daily</u> Dose	Unit - mg/day - tab./cap. - mg/kg/hr - mL	Route 1 = Oral 2 = IV 3 = SubQ/IM	Pt Taking Med. Prior to Conception? 1 = Yes 2 = No 3 = Unknown	Date Treatment Course Began (DD-MMM-YYYY) OR Gestational Age Course Began (0 weeks = prior to conception)	Date Treatment Stopped (DD-MMM-YYYY), Gestational Week Course stopped OR Ongoing following delivery?
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing

ANTIRETROVIRAL PREGNANCY REGISTRY

FOR OFFICE USE ONLY

ANTIVIRAL THERAPY DURING PREGNANCY

Registry ID _____

(Initiated at registration and completed at follow-up)

HCP ID _____

 Update

Complete as much of this page as applicable at Registration. A copy of this form will be sent to you in the expected month of delivery for completion.

Patient Log ID: _____ (The Registry assigned, non-patient identifying patient ID or Sponsor MCN)

4.2 Use the medication codes below for antiviral medication taken during pregnancy (see section 4.1). If not coded, Specify medication name and manufacturer in table above.

1. **Abacavir (ZIAGEN®, ABC) – ViiV**
 - 1.1 Abacavir generic – Hetero
 - 1.2 Abacavir generic – Apotex
 - 1.3 Abacavir generic – Mylan
 - 1.4 Abacavir generic – Strides
 - 1.5 Abacavir generic – Aurobindo (no longer partic.)
 - 1.6 Abacavir generic – Cipla
 - 1.99 Abacavir generic (unknown manufacturer)
2. **Didanosine (VIDEX®, VIDEX® EC, ddl) – BMS**
 - 2.1 Didanosine generic – Teva (no longer manuf.)
 - 2.2 Didanosine generic – Aurobindo (no longer manuf.)
 - 2.3 Didanosine generic – Mylan (no longer manuf.)
 - 2.99 Didanosine (unknown manufacturer)
3. **Efavirenz (SUSTIVA®, EFV) – BMS**
 - 3.1 Efavirenz (STOCRIN™, EFV) – Merck
 - 3.2 Efavirenz generic – Hetero
 - 3.3 Efavirenz generic – Aurobindo (no longer partic.)
 - 3.4 Efavirenz generic – Mylan (no longer manuf.)
 - 3.5 Efavirenz generic – Strides
 - 3.6 Efavirenz generic – Cipla
 - 3.7 Efavirenz generic – Macleods
 - 3.99 Efavirenz (unknown manufacturer)
4. **Lamivudine (EPIVIR®, ZEFFIX®, 3TC, HEPITEC, HEPTODIN, HEPTOIVR) – ViiV**
 - 4.1 Lamivudine generic – Hetero
 - 4.2 Lamivudine + tenofovir disoproxil fumarate generic – Hetero (no longer manuf.)
 - 4.3 Lamivudine generic – Apotex
 - 4.4 Lamivudine generic – Aurobindo (no longer partic.)
 - 4.5 Lamivudine generic – Lannett (no longer manuf.)
 - 4.6 Lamivudine generic – Lupin
 - 4.7 Lamivudine generic – Mylan (no longer manuf.)
 - 4.8 Lamivudine generic – Cipla
 - 4.9 Lamivudine generic – Strides
 - 4.10 Lamivudine generic – Macleods
 - 4.99 Lamivudine (unknown manufacturer)
5. **Lamivudine+zidovudine (COMBIVIR®, CBV) – ViiV**
 - 5.1 Lamivudine+zidovudine generic – Hetero
 - 5.2 Lamivudine+zidovudine generic – Teva (no longer manuf.)
 - 5.3 Lamivudine+zidovudine generic – Aurobindo (no longer partic.)
 - 5.4 Lamivudine+zidovudine generic – Lupin
 - 5.5 Lamivudine+zidovudine generic – Strides
 - 5.6 Lamivudine+zidovudine generic – Mylan (no longer manuf.)
 - 5.7 Lamivudine+zidovudine generic – Macleods
 - 5.8 Lamivudine+zidovudine generic – Cipla
 - 5.9 Lamivudine+zidovudine generic – Apotex
 - 5.99 Lamivudine+zidovudine generic (unknown manufacturer)
6. **Nelfinavir (VIRACEPT®, NFV) – ViiV/Pfizer**
7. **Nevirapine (VIRAMUNE®, VIRAMUNE® XR™, NVP) – BI**
 - 7.1 Nevirapine generic – Hetero
 - 7.2 Nevirapine generic – Princeton (no longer partic.)
 - 7.3 Nevirapine/nevirapine ER generic – Sciegen (no longer manuf.)
 - 7.4 Nevirapine/nevirapine ER generic – Apotex (no longer manuf.)
 - 7.5 Nevirapine/nevirapine ER generic – Aurobindo (no longer partic.)
 - 7.6 Nevirapine generic – Strides
 - 7.7 Nevirapine ER generic – Sandoz (no longer partic.)
 - 7.8 Nevirapine/nevirapine ER generic – Cipla
 - 7.9 Nevirapine ER generic – Alvogen
 - 7.10 Nevirapine ER generic – Teva (no longer manuf.)
 - 7.11 Nevirapine/nevirapine ER generic – Mylan
 - 7.12 Nevirapine/Nevirapine ER generic – Macleods
 - 7.99 Nevirapine (unknown manufacturer)
8. **Ritonavir (NORVIR®, RTV) – AbbVie**
 - 8.1 Ritonavir generic – Hikma
 - 8.2 Ritonavir generic – Amneal
 - 8.3 Ritonavir generic – Aurobindo (no longer partic.)
 - 8.4 Ritonavir generic – Hetero
 - 8.99 Ritonavir (unknown manufacturer)
9. **Saquinavir (FORTOVASE®, SQV-SGC) – Roche (no longer manuf./ no longer partic.)**
 - 9.1 Saquinavir generic – Hetero
 - 9.99 Saquinavir (unknown manufacturer)
10. **Saquinavir mesylate (INVIRASE®, SQV-HGC) – Roche (no longer partic.)**
11. **Stavudine (ZERIT®, d4T) – BMS**
 - 11.1 Stavudine generic – Mylan (no longer manuf.)
 - 11.2 Stavudine generic – Aurobindo (no longer manuf.)
 - 11.3 Stavudine generic – Cipla
 - 11.4 Stavudine generic – Hetero
 - 11.99 Stavudine generic (unknown manufacturer)
12. **Zalcitabine (HIVID®, ddC) – Roche (no longer manuf./ no longer partic.)**
13. **Zidovudine (RETROVIR®, ZDV) – ViiV**
 - 13.1 Zidovudine oral generic – Ranbaxy (no longer manuf.)
 - 13.2 Zidovudine oral generic – ViiV
 - 13.3 Zidovudine oral generic – Hikma
 - 13.4 Zidovudine oral generic – Aurobindo (no longer partic.)
 - 13.5 Zidovudine oral generic – Cipla
 - 13.6 Zidovudine oral generic – Mylan (no longer manuf.)
 - 13.7 Zidovudine oral generic – Hetero
 - 13.8 Zidovudine oral generic – Sunshine Lakes (no longer manuf.)
 - 13.9 Zidovudine oral generic – Ipca (no longer manuf.)
 - 13.10 Zidovudine oral generic – Apotex
 - 13.99 Zidovudine oral (unknown manufacturer)
14. **Amprenavir (AGENERASE®, APV) – ViiV (no longer manuf.)**
15. **Indinavir (CRIXIVAN®, IDV) – Merck**
 - 15.1 Indinavir generic – Hetero
 - 15.99 Indinavir (unknown manufacturer)
16. **Delavirdine mesylate (RESCRIPTOR®, DLV) – ViiV (no longer manuf.)**
17. **Lopinavir+ritonavir (KALETRA®, ALUVIA®, LPV/r) – Abbvie**
 - 17.1 Lopinavir+ritonavir generic – Lannett
 - 17.2 Lopinavir+ritonavir generic – Laurus Labs
 - 17.3 Lopinavir+ritonavir generic – Hetero
 - 17.99 Lopinavir+ritonavir (unknown manufacturer)
18. **Abacavir+lamivudine+zidovudine (TRIZIVIR®, TZV) – ViiV**
 - 18.1 Abacavir+lamivudine+zidovudine generic – Lupin
 - 18.2 Abacavir+lamivudine+zidovudine generic – Apotex
 - 18.3 Abacavir+lamivudine+ zidovudine generic – Hetero
 - 18.99 Abacavir+lamivudine+zidovudine (unknown manufacturer)
19. **Tenofovir disoproxil fumarate (VIREAD®, TDF) – Gilead**
 - 19.1 Tenofovir disoproxil fumarate generic – Hetero
 - 19.2 Tenofovir disoproxil fumarate generic – Apotex
 - 19.3 Tenofovir disoproxil maleate generic – Mylan
 - 19.4 Tenofovir disoproxil phosphate generic – Zentiva (no longer partic.)
 - 19.5 Tenofovir disoproxil succinate generic – Dr. Reddys (no longer partic.)
 - 19.6 Tenofovir disoproxil fumarate generic – Aurobindo (no longer partic.)
 - 19.7 Tenofovir disoproxil fumarate generic – Macleods
 - 19.8 Tenofovir disoproxil fumarate generic – Strides
 - 19.9 Tenofovir disoproxil fumarate generic – Zentiva (no longer partic.)
 - 19.10 Tenofovir disoproxil fumarate generic – Qilu
 - 19.11 Tenofovir disoproxil fumarate generic – Laurus Labs (no longer manuf.)
 - 19.12 Tenofovir disoproxil fumarate generic – Mylan
 - 19.13 Tenofovir disoproxil fumarate generic – Cipla
 - 19.14 Tenofovir disoproxil fumarate generic – Pharmascience
 - 19.99 Tenofovir disoproxil fumarate (unknown manufacturer)
20. **Adefovir dipivoxil (HEPSERA®, ADV) – Gilead**
 - 20.1 Adefovir dipivoxil generic – SigmaPharm
 - 20.2 Adefovir dipivoxil generic – Apotex
 - 20.99 Adefovir dipivoxil (unknown manufacturer)
21. **Enfuvirtide (FUZEON®, T-20) – Roche (no longer partic.)**
22. **Atazanavir (REYATAZ®, ATV) – BMS**
 - 22.1 Atazanavir generic – Aurobindo (no longer partic.)
 - 22.2 Atazanavir generic – Cipla
 - 22.3 Atazanavir generic – Amneal
 - 22.4 Atazanavir generic – Laurus Labs
 - 22.5 Atazanavir generic – Hetero
 - 22.99 Atazanavir (unknown manufacturer)
23. **Emtricitabine (EMTRIVA®, FTC) – Gilead**
 - 23.1 Emtricitabine generic – Cipla
 - 23.2 Emtricitabine generic – Hetero
 - 23.99 Emtricitabine (unknown manufacturer)
24. **Fosamprenavir calcium (LEXIVA®, FOS) – ViiV**
 - 24.1 Fosamprenavir calcium generic – Mylan

ANTIRETROVIRAL PREGNANCY REGISTRY**ANTIVIRAL THERAPY DURING PREGNANCY***(Initiated at registration and completed at follow-up)*

FOR OFFICE USE ONLY

Registry ID _____

HCP ID _____

 Update

Complete as much of this page as applicable at Registration. A copy of this form will be sent to you in the expected month of delivery for completion.

Patient Log ID: _____ *(The Registry assigned, non-patient identifying patient ID or Sponsor MCN)*

- 24.99 Fosamprenavir calcium (unknown manufacturer)
- 25. Abacavir+lamivudine (EPZICOM[®], KIVEXA[®], EPZ) – ViiV**
- 25.1 Abacavir+lamivudine generic – Teva (no longer manuf.)
- 25.2 Abacavir+lamivudine generic – Dr. Reddy's (no longer partic.)
- 25.3 Abacavir+lamivudine generic – Aurobindo (no longer partic.)
- 25.4 Abacavir+lamivudine generic – Cipla
- 25.5 Abacavir+lamivudine generic – Lupin
- 25.6 Abacavir+lamivudine generic – Mylan (no longer manuf.)
- 25.7 Abacavir+lamivudine generic – Pharmascience
- 25.8 Abacavir+lamivudine generic – Apotex
- 25.9 Abacavir+lamivudine generic – Laurus Labs
- 25.10 Abacavir+lamivudine generic – Hetero
- 25.99 Abacavir+lamivudine (unknown manufacturer)
- 26. Tenofovir disoproxil fumarate+emtricitabine (TRUVADA[®], TVD) – Gilead**
- 26.1 Tenofovir disoproxil fumarate+emtricitabine generic – Apotex
- 26.2 Tenofovir disoproxil fumarate+emtricitabine generic – Mylan
- 26.3 Tenofovir disoproxil fumarate+emtricitabine generic – Dr. Reddy's (no longer partic.)
- 26.4 Tenofovir disoproxil fumarate+emtricitabine generic – Zentiva (no longer partic.)
- 26.5 Tenofovir disoproxil fumarate+emtricitabine generic – Aurobindo (no longer partic.)
- 26.6 Tenofovir disoproxil fumarate+emtricitabine generic – Zentiva (no longer partic.)
- 26.7 Tenofovir disoproxil fumarate+emtricitabine generic – Amneal
- 26.8 Tenofovir disoproxil phosphate+emtricitabine generic – Teva
- 26.9 Tenofovir disoproxil phosphate+emtricitabine generic – Macleods
- 26.10 Tenofovir disoproxil fumarate+emtricitabine generic – Laurus Labs
- 26.11 Tenofovir disoproxil fumarate+emtricitabine generic – Pharmascience
- 26.12 Tenofovir disoproxil fumarate+emtricitabine generic – Sandoz (no longer partic.)
- 26.13 Tenofovir disoproxil fumarate+emtricitabine generic – Lupin
- 26.14 Tenofovir disoproxil fumarate+emtricitabine generic – Hetero
- 26.99 Tenofovir disoproxil fumarate+emtricitabine generic – (unknown manuf.)
- 27. Entecavir (BARACLUDE[®], ETV) – BMS**
- 27.1 Entecavir generic – Teva (no longer manuf.)
- 27.2 Entecavir generic – Aurobindo (no longer partic.)
- 27.3 Entecavir generic – Amneal
- 27.4 Entecavir generic – Cipla
- 27.5 Entecavir generic – Accord (no longer partic.)
- 27.6 Entecavir generic – Princeton (no longer partic.)
- 27.7 Entecavir generic – Pharmascience
- 27.8 Entecavir generic – Hetero
- 27.99 Entecavir (unknown manufacturer)
- 28. Tipranavir (APTIVUS[®], TPV) – BI**
- 29. Efavirenz+tenofovir disoproxil fumarate+emtricitabine (ATRIPLA[®], ATR) – Gilead**
- 29.1 Efavirenz+tenofovir disoproxil phosphate+emtricitabine generic – Teva
- 29.2 Efavirenz+tenofovir disoproxil phosphate+emtricitabine generic – Zentiva (no longer partic.)
- 29.3 Efavirenz+tenofovir disoproxil fumarate+emtricitabine generic – Mylan
- 29.4 Efavirenz+tenofovir disoproxil fumarate+emtricitabine generic – Aurobindo (no longer partic.)
- 29.5 Efavirenz+tenofovir disoproxil fumarate+emtricitabine generic – Macleods
- 29.6 Efavirenz+tenofovir disoproxil fumarate+emtricitabine generic – Pharmascience
- 29.7 Efavirenz+tenofovir disoproxil fumarate+emtricitabine generic – Sandoz (no longer partic.)
- 29.8 Efavirenz+tenofovir disoproxil fumarate+emtricitabine generic – Laurus Labs
- 29.9 Efavirenz+tenofovir disoproxil fumarate+emtricitabine generic – Apotex
- 29.10 Efavirenz+tenofovir disoproxil fumarate+emtricitabine generic – Hetero
- 29.99 Efavirenz+ tenofovir disoproxil fumarate+emtricitabine (unknown manufacturer)
- 30. Telbivudine (TYZEKA[®], LdT) – Novartis/Sandoz (no longer manuf.)**
- 30.1 Telbivudine (SEBIVO[®], LdT) – Novartis/Sandoz (no longer manuf.)
- 31. Darunavir (PREZISTA[®], DRV) – Janssen**
- 31.1 Darunavir generic – Teva
- 31.2 Darunavir generic – Sandoz Canada (no longer partic.)
- 31.3 Darunavir generic – Apotex
- 31.4 Darunavir generic – Lupin
- 31.5 Darunavir generic – Hetero
- 31.6 Darunavir generic – Amneal
- 31.7 Darunavir generic – Dr. Reddy's
- 31.99 Darunavir (unknown manufacturer)
- 32. Raltegravir (ISENTRISS[®], RAL) – Merck**
- 32.1 Raltegravir generic – Hetero
- 32.99 Raltegravir (unknown manufacturer)
- 33. Maraviroc (SELZENTRY[®], CELSENTRI[®], MVC) – ViiV**
- 33.1 Maraviroc generic – i3 Pharmaceuticals
- 33.2 Maraviroc generic – Hetero
- 33.99 Maraviroc (unknown manufacturer)
- 34. Etravirine (INTELENCE[®], ETR) – Janssen**
- 34.1 Etravirine generic – Amneal
- 34.99 Etravirine (unknown manufacturer)
- 35. Rilpivirine (EDURANT[®], RPV) – Janssen**
- 36. Rilpivirine+emtricitabine+tenofovir disoproxil fumarate (COMPLERA[®], CPA; EVIPLERA[®] EPA) – Gilead**
- 37. Elvitegravir+cobicistat+emtricitabine+tenofovir disoproxil fumarate (STRIBILD[®], SB) – Gilead**
- 38. Dolutegravir (TIVICAY[®], DTG) – ViiV**
- 38.1 Dolutegravir generic – Mylan
- 38.2 Dolutegravir generic – Hetero
- 38.99 Dolutegravir (unknown manufacturer)
- 39. Elvitegravir (VITEKTA[®], EVG) – Gilead**
- 40. Cobicistat (TYBOST[®], COBI) – Gilead**
- 41. Abacavir+dolutedegravir+lamivudine (TRIUHQ[®], TRI) – ViiV**
- 41.1 Abacavir+dolutedegravir+lamivudine generic – Hetero
- 41.99 Abacavir+dolutedegravir+lamivudine (unknown manufacturer)
- 42. Darunavir+cobicistat (PREZCOBIX[™], REZOLSTA[™], PCX) – Janssen**
- 43. Atazanavir+cobicistat (EVOTAZ[™], EVO) – BMS**
- 44. Lamivudine+raltegravir (DUTREBIS[™], DUT) – Merck (no longer manuf.)**
- 45. Elvitegravir+cobicistat+emtricitabine+tenofovir alafenamide (GENVOYA[®], GEN) – Gilead**
- 46. Rilpivirine+emtricitabine+tenofovir alafenamide (ODEFSEY[®], ODE) – Gilead**
- 47. Emtricitabine+tenofovir alafenamide (DESCOVIY[®], DVY) – Gilead**
- 47.1 Emtricitabine+tenofovir alafenamide generic – Mylan
- 47.2 Emtricitabine+tenofovir alafenamide generic – Hetero
- 47.99 Emtricitabine+tenofovir alafenamide (unknown manufacturer)
- 48. Tenofovir alafenamide (VEMLIY[®], VEM) – Gilead**
- 48.1 Tenofovir alafenamide generic – Hetero
- 48.99 Tenofovir alafenamide (unknown manufacturer)
- 49. Dolutedegravir+ rilpivirine (JULUCA[®], DTG+RPV) – ViiV**
- 50. Efavirenz+lamivudine+tenofovir disoproxil fumarate (SYMFI LO[™], SYMFI[™], EFV+3TC+TDF) – Mylan**
- 50.1 Efavirenz+lamivudine+tenofovir disoproxil fumarate – Aurobindo (no longer partic.)
- 50.2 Efavirenz+lamivudine+tenofovir disoproxil fumarate – Macleods
- 50.3 Efavirenz+lamivudine+tenofovir disoproxil fumarate – Laurus Labs
- 50.4 Efavirenz+lamivudine+tenofovir disoproxil fumarate – Hetero
- 50.99 Efavirenz+lamivudine+tenofovir disoproxil fumarate (unknown manufacturer)
- 51. Lamivudine+tenofovir disoproxil fumarate (CIMDUO[™], 3TC+TDF) – Mylan**
- 51.1 Lamivudine+tenofovir disoproxil fumarate generic – Hetero
- 51.2 Lamivudine+tenofovir disoproxil fumarate generic – Aurobindo (no longer partic.)
- 51.3 Lamivudine+tenofovir disoproxil fumarate (TEMIXYS[™]) – Celltrion (no longer partic.)
- 51.99 Lamivudine+tenofovir disoproxil fumarate (unknown manufacturer)
- 52. Bictegravir+emtricitabine+tenofovir alafenamide (BIKTARVY[®], BVY) – Gilead**
- 52.1 Bictegravir+ Emtricitabine+Tenofovir alafenamide generic – Hetero
- 52.99 Bictegravir+ Emtricitabine+Tenofovir alafenamide (unknown manufacturer)
- 53. Doravirine (PIFELTRO[™], PIF) – Merck**
- 54. Doravirine+lamivudine+tenofovir disoproxil fumarate (DELSTRIGO[™], DEL) – Merck**
- 55. Dolutedegravir+lamivudine+tenofovir disoproxil fumarate (ACRIPTEGA[™], TLD) – Mylan**
- 55.1 Dolutedegravir+lamivudine+Tenofovir disoproxil fumarate generic – Hetero
- 55.99 Dolutedegravir+lamivudine+Tenofovir disoproxil fumarate (unknown manufacturer)
- 56. Dolutedegravir+lamivudine (DOVATO[®]) – ViiV**
- 57. Darunavir+cobicistat+emtricitabine+tenofovir alafenamide (SYMTOZA[®], DCF TAF) – Janssen**
- 58. Fostemsavir (RUKOBIA[®], FTR) – ViiV**
- 59. Cabotegravir (VOCABRIA[®], CABENUVA[®], APRETUDE[®], CAB) – ViiV**
- 60. Rilpivirine (REKAMBYS[®], CABENUVA[®], RPV) – Janssen**
- 61. Lenacapavir (SUNLENCA[®], LEN) – Gilead**