

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 women 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 Corrected Estimated Date of Delivery (CEDD):** Provide the CEDD based on the 20 week prenatal test, especially if this is the date being used to calculate gestational age for medication exposures and outcome. If a date is entered here, prenatal test name(s) and date(s) must be entered in Section 2.1.
- 1.4 Patient Age:** Provide age of the pregnant woman at time of conception.
- 1.5 Race:** Check the appropriate box for the pregnant woman’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, provide the date in *DD/MMM/YYYY* format, or the gestational age, the prenatal test was performed and the name of the prenatal test (i.e., Ultrasound, Amniocentesis, MSAFP). If “Other”, specify the prenatal test performed.
- 2.2 Evidence of a Structural Defect:** Indicate if a structural defect(s) 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/μL
- **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 Contact:	US/Canada Phone: 800-258-4263 (Toll Free) UK, Germany, France Phone: 00800-5913-1359 (Toll Free) International Phone: +32-2-714-5028 (Europe)
Address:	301 Government Center Drive, Wilmington, NC 28403
Internet:	www.APREgistry.com

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>

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Internet:	www.APRegistry.com

ANTIRETROVIRAL PREGNANCY REGISTRY

REGISTRATION FORM

Fax to: +1-800-800-1052 (US, Canada)
 +1-910-256-0637 (International) or +32-2-714-5024 (Europe)
 0800-5812-1658 (UK, Germany, France)
 0800-892-1472 (Brazil)
 Email to: SM_APR@APRegistry.com

FOR OFFICE USE ONLY (1)
 Registry Patient ID _____ HCP ID _____
 Prospective Retrospective 100% Provider
 Registry date of notification _____ Phone
 DD MMM YYYY

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
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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 _____ 1.4 Patient Age: _____ (at conception)
 DD MMM YYYY

1.3 Corrected EDD _____ (e.g., by ultrasound) 1.5 Race: White Black
 DD MMM YYYY 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.

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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 (1-60) 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
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ANTIVIRAL THERAPY DURING PREGNANCY

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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	7.11 Nevirapine/nevirapine ER generic – Mylan
1.1 Abacavir generic – Hetero	7.12 Nevirapine/Nevirapine ER generic – Macleods
1.2 Abacavir generic – Apotex	7.99 Nevirapine (unknown manufacturer)
1.3 Abacavir generic – Mylan	8. Ritonavir (NORVIR®, RTV) – AbbVie
1.4 Abacavir generic – Strides	8.1 Ritonavir generic – Hikma
1.5 Abacavir generic – Aurobindo (no longer partic.)	8.2 Ritonavir generic – Amneal
1.6 Abacavir generic – Cipla	8.3 Ritonavir generic – Aurobindo (no longer partic.)
1.99 Abacavir generic (unknown manufacturer)	8.99 Ritonavir (unknown manufacturer)
2. Didanosine (VIDEX®, VIDEX® EC, ddl) – BMS	9. Saquinavir (FORTOVASE®, SQV-SGC) – Roche (no longer manuf./ no longer partic.)
2.1 Didanosine generic – Teva	10. Saquinavir mesylate (INVIRASE®, SQV-HGC) – Roche (no longer partic.)
2.2 Didanosine generic – Aurobindo (no longer manuf.)	11. Stavudine (ZERIT®, d4T) – BMS
2.3 Didanosine generic – Mylan	11.1 Stavudine generic – Mylan
2.99 Didanosine (unknown manufacturer)	11.2 Stavudine generic – Aurobindo (no longer manuf.)
3. Efavirenz (SUSTIVA®, EFV) – BMS	11.3 Stavudine generic – Cipla
3.1 Efavirenz (STOCRIN™, EFV) – Merck	11.4 Stavudine generic – Hetero
3.2 Efavirenz generic – Hetero	11.99 Stavudine generic (unknown manufacturer)
3.3 Efavirenz generic – Aurobindo (no longer partic.)	12. Zalcitabine (HIVID®, ddC) – Roche (no longer manuf./ no longer partic.)
3.4 Efavirenz generic – Mylan	13. Zidovudine (RETROVIR®, ZDV) – ViiV
3.5 Efavirenz generic – Strides	13.1 Zidovudine oral generic – Ranbaxy (no longer manuf.)
3.6 Efavirenz generic – Cipla	13.2 Zidovudine oral generic – ViiV
3.99 Efavirenz (unknown manufacturer)	13.3 Zidovudine oral generic – Hikma
4. Lamivudine (EPIVIR®, ZEFFIX®, 3TC, HEPITEC, HEPTODIN, HEPTOVIR) – ViiV	13.4 Zidovudine oral generic – Aurobindo (no longer partic.)
4.1 Lamivudine generic – Hetero	13.5 Zidovudine oral generic – Cipla
4.2 No longer in use (see 51.1)	13.6 Zidovudine oral generic – Mylan
4.3 Lamivudine generic – Apotex	13.7 Zidovudine oral generic – Hetero
4.4 Lamivudine generic – Aurobindo (no longer partic.)	13.8 Zidovudine oral generic – Sunshine Lakes (no longer manuf.)
4.5 Lamivudine generic – Lannett	13.9 Zidovudine oral generic – Ipca (no longer manuf.)
4.6 Lamivudine generic – Lupin	13.10 Zidovudine oral generic – Apotex
4.7 Lamivudine generic – Mylan	13.99 Zidovudine oral (unknown manufacturer)
4.8 Lamivudine generic – Cipla	14. Amprenavir (AGENERASE®, APV) – ViiV (no longer manuf.)
4.9 Lamivudine generic – Strides	15. Indinavir (CRIXIVAN®, IDV) – Merck
4.10 Lamivudine generic – Macleods	16. Delavirdine mesylate (RESCRIPTOR®, DLV) – ViiV (no longer manuf.)
4.99 Lamivudine (unknown manufacturer)	17. Lopinavir+ritonavir (KALETRA®, ALUVIA®, LPV/r) – Abbvie
5. Lamivudine+zidovudine (COMBIVIR®, CBV) – ViiV	17.1 Lopinavir+ritonavir generic – Lannett
5.1 Lamivudine+zidovudine generic – Hetero	17.2 Lopinavir+ritonavir generic – Laurus Labs
5.2 Lamivudine+zidovudine generic – Teva	17.99 Lopinavir+ritonavir (unknown manufacturer)
5.3 Lamivudine+zidovudine generic – Aurobindo (no longer partic.)	18. Abacavir+lamivudine+zidovudine (TRIZIVIR®, TZV) – ViiV
5.4 Lamivudine+zidovudine generic – Lupin	18.1 Abacavir+lamivudine+zidovudine generic – Lupin
5.5 Lamivudine+zidovudine generic – Strides	18.2 Abacavir+lamivudine+zidovudine generic – Apotex
5.6 Lamivudine+zidovudine generic – Mylan	18.99 Abacavir+lamivudine+zidovudine (unknown manuf.)
5.7 Lamivudine+zidovudine generic – Macleods	19. Tenofovir disoproxil fumarate (VIREAD®, TDF) – Gilead
5.8 Lamivudine+zidovudine generic – Cipla	19.1 Tenofovir disoproxil fumarate generic – Hetero
5.9 Lamivudine+zidovudine generic – Apotex	19.2 Tenofovir disoproxil fumarate generic – Apotex
5.99 Lamivudine+zidovudine (unknown manufacturer)	19.3 Tenofovir disoproxil fumarate generic – Mylan
6. Nelfinavir (VIRACEPT®, NFV) – ViiV/Pfizer	19.4 Tenofovir disoproxil fumarate generic – Zentiva (no longer partic.)
7. Nevirapine (VIRAMUNE®, VIRAMUNE® XR™, NVP) – BI	19.5 Tenofovir disoproxil fumarate generic – Dr. Reddys (no longer partic.)
7.1 Nevirapine generic – Hetero	19.6 Tenofovir disoproxil fumarate generic – Aurobindo (no longer partic.)
7.2 Nevirapine generic – Princeton (no longer partic.)	19.7 Tenofovir disoproxil fumarate generic – Macleods
7.3 Nevirapine/nevirapine ER generic – Sciegen (no longer manuf.)	19.8 Tenofovir disoproxil fumarate generic – Strides
7.4 Nevirapine/nevirapine ER generic – Apotex (no longer manuf.)	19.9 Tenofovir disoproxil fumarate generic – Zentiva (no longer partic.)
7.5 Nevirapine/nevirapine ER generic – Aurobindo (no longer partic.)	19.10 Tenofovir disoproxil fumarate generic – Qilu
7.6 Nevirapine generic – Strides	19.11 Tenofovir disoproxil fumarate generic – Laurus Labs (no longer manuf.)
7.7 Nevirapine ER generic – Sandoz (no longer partic.)	19.12 Tenofovir disoproxil fumarate generic – Mylan
7.8 Nevirapine/nevirapine ER generic – Cipla	19.13 Tenofovir disoproxil fumarate generic – Cipla
7.9 Nevirapine ER generic – Alvogen	19.14 Tenofovir disoproxil fumarate generic – Pharmascience
7.10 Nevirapine ER generic – Teva	19.99 Tenofovir disoproxil fumarate (unknown manufacturer)

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20.	Adefovir dipivoxil (HEPSERA[®], ADV) – Gilead	29.4	Efavirenz+tenofovir disoproxil maleate+emtricitabine generic – Aurobindo (no longer partic.)
20.1	Adefovir dipivoxil generic – SigmaPharm	29.5	Efavirenz+tenofovir disoproxil fumarate+emtricitabine generic – Macleods
20.2	Adefovir dipivoxil generic – Apotex	29.6	Efavirenz+tenofovir disoproxil fumarate+emtricitabine generic-Pharmascience
20.99	Adefovir dipivoxil (unknown manufacturer)	29.7	Efavirenz+tenofovir disoproxil fumarate+emtricitabine generic- Sandoz Canada (no longer partic.)
21.	Enfuvirtide (FUZEON[®], T-20) – Roche (no longer partic.)	29.8	Efavirenz+tenofovir disoproxil fumarate+emtricitabine generic – Laurus Labs
22.	Atazanavir (REYATAZ[®], ATV) – BMS	29.9	Efavirenz+tenofovir disoproxil fumarate+emtricitabine generic – Apotex
22.1	Atazanavir generic – Aurobindo	29.99	Efavirenz+tenofovir disoproxil +emtricitabine (unknown manufacturer)
22.2	Atazanavir generic – Cipla	30.	Telbivudine (TYZEKA[®], LdT) – Novartis/Sandoz (no longer manuf.)
22.3	Atazanavir generic – Amneal	30.1	Telbivudine (SEBIVO[®], LdT) – Novartis/Sandoz (no longer manuf.)
22.4	Atazanavir generic – Laurus Labs	31.	Darunavir (PREZISTA[®], DRV) – Janssen
22.99	Atazanavir (unknown manufacturer)	31.1	Darunavir generic – Teva
23.	Emtricitabine (EMTRIVA[®], FTC) – Gilead	31.2	Darunavir generic – Sandoz Canada (no longer partic.)
23.1	Emtricitabine generic – Cipla	31.3	Darunavir generic – Apotex
23.99	Emtricitabine (unknown manufacturer)	31.4	Darunavir generic – Lupin
24.	Fosamprenavir calcium (LEXIVA[®], FOS) – ViiV	31.99	Darunavir (unknown manufacturer)
24.1	Fosamprenavir calcium generic- Mylan	32.	Raltegravir (ISENTRISS[®], RAL) – Merck
24.99	Fosamprenavir calcium (unknown manufacturer)	33.	Maraviroc (SELZENTRY[®], CELENTRI[®], MVC) – ViiV
25.	Abacavir+lamivudine (EPZICOM[®], KIVEXA[®], EPZ) – ViiV	34.	Etravirine (INTELENCE[®], ETR) – Janssen
25.1	Abacavir+lamivudine generic – Teva	34.1	Etravirine generic - Amneal
25.2	Abacavir+lamivudine generic – Dr. Reddys (no longer partic.)	34.99	Etravirine (unknown manufacturer)
25.3	Abacavir+lamivudine generic – Aurobindo (no longer partic.)	35.	Rilpivirine (EDURANT[®], RPV) – Janssen
25.4	Abacavir+lamivudine generic – Cipla	36.	Rilpivirine+emtricitabine+tenofovir disoproxil fumarate (COMPLERA [®] , CPA; EVIPLERA [®] , EPA) – Gilead
25.5	Abacavir+lamivudine generic – Lupin	37.	Elvitegravir+cobicistat+emtricitabine+tenofovir disoproxil fumarate (STRIBILD [®] , SB) – Gilead
25.6	Abacavir+lamivudine generic – Mylan	38.	Dolutegravir (TIVICAY[®], DTG) – ViiV
25.7	Abacavir+lamivudine generic - Pharmascience	38.1	Dolutegravir generic - Mylan
25.8	Abacavir+lamivudine generic - Apotex	38.99	Dolutegravir (unknown manufacturer)
25.9	Abacavir+lamivudine generic – Laurus Labs	39.	Elvitegravir (VITEKTA[®], EVG) – Gilead
25.99	Abacavir+lamivudine (unknown manufacturer)	40.	Cobicistat (TYBOST[®], COBI) – Gilead
26.	Tenofovir disoproxil fumarate+emtricitabine (TRUVADA[®], TVD) – Gilead	41.	Abacavir+dolutegravir+lamivudine (TRIUMEQ[®], TRI) – ViiV
26.1	Tenofovir disoproxil fumarate+emtricitabine generic – Apotex	42.	Darunavir+cobicistat (PREZCOBIX[™], REZOLSTA[™], PCX) – Janssen
26.2	Tenofovir disoproxil maleate+emtricitabine generic – Mylan	43.	Atazanavir+cobicistat (EVOTAZ[™], EVO) – BMS
26.3	Tenofovir disoproxil succinate+emtricitabine generic – Dr. Reddys (no longer partic.)	44.	Lamivudine+raltegravir (DUTREBIS[™], DUT) – Merck (no longer manuf.)
26.4	Tenofovir disoproxil phosphate+emtricitabine generic – Zentiva (no longer partic.)	45.	Elvitegravir+cobicistat+emtricitabine+tenofovir alafenamide (GENVOYA [®] , GEN) – Gilead
26.5	Tenofovir disoproxil fumarate+emtricitabine generic – Aurobindo (no longer partic.)	46.	Rilpivirine+emtricitabine+tenofovir alafenamide (ODEFSEY [®] , ODE) – Gilead
26.6	Tenofovir disoproxil fumarate+emtricitabine generic – Zentiva (no longer partic.)	47.	Emtricitabine+tenofovir alafenamide (DESCOVY [®] , DVY) – Gilead
26.7	Tenofovir disoproxil fumarate+emtricitabine generic – Amneal	48.	Tenofovir alafenamide (VEMLIDY[®], VEM) – Gilead
26.8	Tenofovir disoproxil fumarate+emtricitabine generic – Teva	49.	Dolutegravir+ rilpivirine (JULUCA[®], DTG+RPV) – ViiV
26.9	Tenofovir disoproxil fumarate+emtricitabine generic – Macleods	50.	Efavirenz+lamivudine+tenofovir disoproxil fumarate (SYMFI LO[™], SYMFI[™], EFV+3TC+TDF) – Mylan
26.10	Tenofovir disoproxil fumarate+emtricitabine generic – Laurus Labs	50.1	Efavirenz+lamivudine+tenofovir disoproxil fumarate – Aurobindo (no longer partic.)
26.11	Tenofovir disoproxil fumarate+emtricitabine generic - Pharmascience	50.2	Efavirenz+lamivudine+tenofovir disoproxil fumarate – Macleods
26.12	Tenofovir disoproxil fumarate+emtricitabine generic - Sandoz Canada (no longer partic.)	50.3	Efavirenz+lamivudine+tenofovir disoproxil fumarate – Laurus Labs
26.13	Tenofovir disoproxil fumarate+emtricitabine generic - Lupin	50.99	Efavirenz+lamivudine+tenofovir disoproxil fumarate (unknown manufacturer)
26.99	Tenofovir disoproxil fumarate+emtricitabine generic – (unknown manuf.)	51.	Lamivudine+tenofovir disoproxil fumarate (CIMDUO[™], 3TC+TDF) – Mylan
27.	Entecavir (BARACLUDE[®], ETV) – BMS	51.1	Lamivudine+tenofovir disoproxil fumarate generic – Hetero
27.1	Entecavir generic – Teva	51.2	Lamivudine+tenofovir disoproxil fumarate generic – Aurobindo (no longer partic.)
27.2	Entecavir generic – Aurobindo (no longer partic.)	51.3	Lamivudine+tenofovir disoproxil fumarate (TEMIXYS [™]) – Celltrion
27.3	Entecavir generic – Amneal	51.99	Lamivudine+tenofovir disoproxil fumarate (unknown manufacturer)
27.4	Entecavir generic – Cipla	52.	Bictegravir+emtricitabine+tenofovir alafenamide (BIKTARVY[®], BVY) – Gilead
27.5	Entecavir generic – Accord (no longer partic.)	53.	Doravirine (PIFELTRO[™], PIF) – Merck
27.6	Entecavir generic – Prinston (no longer partic.)	54.	Doravirine+lamivudine+tenofovir disoproxil fumarate (DELSTRIGO [™] , DEL) – Merck
27.7	Entecavir generic - Pharmascience	55.	Dolutegravir+lamivudine+tenofovir disoproxil fumarate (ACRIPTEGA [™] , TLD) – Mylan
27.99	Entecavir (unknown manufacturer)	56.	Dolutegravir+lamivudine (DOVATO[®]) – ViiV
28.	Tipranavir (APTIVUS[®], TPV) – BI	57.	Darunavir+cobicistat+emtricitabine+tenofovir alafenamide(SYMTUZA [®] , DCF TAF) – Janssen
29.	Efavirenz+tenofovir disoproxil fumarate+emtricitabine (ATRIPLA[®], ATR) – Gilead	58.	Hostemavir (RUKOBIA[®], FTR) – ViiV
29.1	Efavirenz+tenofovir disoproxil phosphate+emtricitabine generic – Teva	59.	Cabotegravir (VOCABRIA[®], CABENUVA[®], APRETUDE[®], CAB) – ViiV
29.2	Efavirenz+tenofovir disoproxil phosphate+emtricitabine generic – Zentiva (no longer partic.)	60.	Rilpivirine (REKAMBYS[®], CABENUVA[®], RPV) – Janssen
29.3	Efavirenz+tenofovir disoproxil maleate+emtricitabine generic – Mylan	61.	Lenacapavir (Sunlenca[®], LEN) - Gilead