Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents

Appendix B, Table 4. Characteristics of Integrase Inhibitors <mark>(Last updated February 12, 2013; last reviewed February 12, 2013)</mark>

Generic Name (Abbreviation)/ Trade Name	Formulations	Dosing Recommendations (For dosage adjustment in hepatic insufficiency, see **Appendix B, Table 7**.)	Serum Half-Life	Route of Metabolism	Adverse Events (Also see Table 13.)
Raltegravir (RAL)/ Isentress	400 mg tablet 25 and 100 mg chewable tablets	400 mg BID With rifampin: 800 mg BID Take without regard to meals	~9 hours	UGT1A1-mediated glucuronidation	• Rash, including Stevens-Johnson syndrome, HSR, and toxic epidermal necrolysis • Nausea • Headache • Diarrhea • Pyrexia • CPK elevation, muscle weakness, and rhabdomyolysis
Elvitegravir (EVG) Currently only available as a co-formulated product with: **Cobicistat** (COBI)/ TDF/FTC Stribild	(EVG 150 mg + COBI 150 mg + TDF 300 mg + FTC 200 mg) tablet	1 tablet once daily with food **Not recommended** for patients with baseline CrCl< 70 mL/min. See Appendix B, Table 7 for the equation for calculating CrCl. **Not recommended for use with other antiretroviral drugs**	~13 hours	EVG: CYP3A, UGT1A1/3 COBI: CYP3A, CYP2D6 (minor)	• Nausea • Diarrhea • New onset or worsening renal impairment • Potential decrease in bone mineral density • Severe acute exacerbation of hepatitis may occur in HBV-coinfected patients who discontinue FTC and TDF.

Key to Abbreviations: BID = twice daily, <mark>COBI = cobicistat</mark>, CPK = creatine phosphokinase, <mark>CrCl = creatinine clearance, EVG = elvitegravir,</mark> FTC = emtricitabine, HSR = hypersensitivity reaction, RAL = raltegravir, TDF = tenofovir, UGT = uridine diphosphate gluconyltransferase