

HIV Medication Chart

Nucleoside/Nucleotide Analogue Reverse Transcriptase Inhibitors (NRTI)

Emtriva®*
(emtricitabine, FTC)



Epivir®*
(lamivudine, 3TC)



Retrovir®*
(zidovudine, AZT, ZDV)



Videx EC®
(didanosine, ddl)



Viread®
(tenofovir, TDF)*



Zerit®*
(stavudine, d4T)



Ziagen®*
(abacavir, ABC)



Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)

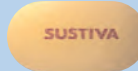
Rescriptor®
(delavirdine, DLV)



Sustiva®*
(efavirenz, EFV)



Viramune®*
(nevirapine, NVP)



FDA Pregnancy Category D

Fixed Dose Combinations

Atripla®
(TDF + FTC + EFV)



FDA Pregnancy Category D

Combivir®
(AZT plus 3TC)



Epzicom®
(ABC plus 3TC)



Trizivir®
(AZT plus 3TC plus abacavir)



Truvada®
(TDF plus FTC)



*The brands listed are the registered trademarks of their respective owners.

* Also available in liquid form.

Protease Inhibitors (PI)

Aptivus®
(tipranavir, TPV)



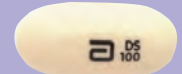
Prezista®
(darunavir, DRV)



Crixivan®
(indinavir, IDV)



Norvir®*
(ritonavir, RTV)



Invirase®
(saquinavir hard gel capsules, SQV)



Reyataz®
(atazanavir, ATV)



Kaletra®*
(lopinavir/ritonavir, LPV/r)



Viracept®
(nelfinavir, NFV)



Lexiva®
(fosamprenavir, FPV)



Fusion Inhibitors

Fuzeon®
(enfuvirtide, T-20)





All pills shown in actual size except Fuzeon® which is shown at 50%.

Medication Schedule

Name _____

Date _____

Name of Medication	Number of pills to take each time	Time of day you are to take this medicine		Food Interactions		Side Effects	TOTAL number of pills each day
				With Food <input type="checkbox"/>	Without Food <input type="checkbox"/>		

Helpful Hints:

- Refill prescriptions before you run out. Call for refills when you have at least 3 or 4 days left.
- Use cues as a reminder to take your pills (after a meal or favorite TV show, or before bedtime).
- Use reminder aids such as beepers, alarm clocks, and pillboxes. Ask your pharmacist about these.
- Plan ahead (vacations, travel, count out weekly doses).
- Do not stop taking your medications until you have spoken with your health care provider or pharmacist.
- If you have a severe reaction or in case of emergency, contact your health care provider IMMEDIATELY.

Contact Information:

Provider _____ Clinic Phone _____

Pharmacy _____ Phone _____



Discontinued Medications or Formulations

Agenerase®
(amprenavir, APV)



HIVID®
(zalcitabine, ddC)



Videx®
(didanosine, ddl)



Fortovase®
(saquinavir soft gel capsule, SQV)



Kaletra®
(lopinavir/ritonavir, LPV/r)

