ARV Drug	Formulations (as used in dosing chart)	Can tablets/capsules be split/crushed/ opened if unable to swallow?	Comment
Abacavir (ABC)	Oral solution: 20 mg/ml Tablets: 60 mg, 300 mg FDC tablets: ABC/3TC 120/60 mg; ABC/3TC 600/300 mg; ABC/3TC/DTG 600/300/50 mg FDC capsules: ABC/3TC/LPV/r 30/15/40/10 mg	Tablets: **YES** FDC 120/60 mg tablet is a dispersible tablet. May be split/crushed. FDC capsules should be opened and contents added to a small amount of food or dispersed in a liquid.	Hypersensitivity reaction (fever, rash, GIT & respiratory symptoms) may occur during first 6 weeks of therapy, very uncommon in black African patients. Symptoms typically worsen in the hours immediately after the dose and after each subsequent dose. Caregivers or patients should discuss symptoms early with the clinician rather than stopping therapy. Stop ABC permanently if hypersensitivity reaction has occurred.
Lamivudine (3TC)	Oral solution: 10 mg/ml Tablets: 150 mg; FDC tablets: ABC/3TC 120/60 mg; ABC/3TC 600/300 mg, TLD 300/300/50 mg ABC/3TC/DTG 600/300/50 mg FDC capsules: ABC/3TC/LPV/r 30/15/40/10 mg		Well tolerated, adverse-effects uncommon. Pure red cell aplasia causing anaemia can occur but is very rare.
Zidovudine (AZT)	Oral solution: 10 mg/ml Tablets: 100 mg, 300 mg Capsules: 100 mg FDC tablet: AZT/3TC 300/150 mg	Tablets and FDC: **YES** Capsules: Can be opened and added to a small amount of soft food/liquid and ingest immediately.	Avoid or use with caution in neonates or children with anaemia (Hb <8 g/dl) due to potential to cause bone marrow suppression.
Tenofovir (TDF)	Tablets: 300 mg FDC tablets: TDF/FTC 300/200 mg, TEE 300/200/600 mg, TLD 300/300/50 mg	Tablet and FDC tablets: **YES**	TDF may be prescribed for adolescents ≥ 10 years of age AND ≥ 30 kg body weight after ensuring adequate renal function by checking eGFR/creatinine using the appropriate formula (refer to HIV guidelines). TDF is usually prescribed as part of an FDC tablet: TDF/FTC, TDF/FTC/EFV or TDF/3TC/DTG. To assess for TDF-induced nephrotoxicity, do creatinine and eGFR at months 3 and 10 and thereafter repeat every 12 months.
Lopinavir/ ritonavir (LPV/r)	Oral solution: 80/20 mg/ml Capsules: Pellets 40/10 mg per capsule Tablets: 200/50 mg, 100/25 mg FDC capsules: ABC/3TC/LPV/r 30/15/40/10 mg	Tablets: **NO** **Must be swallowed whole and not divided, crushed or chewed.** Capsules: Can be opened and added to a small amount of soft food/liquid and ingest immediately.	Oral solution should be refrigerated/stored at room temperature (if <25°C) for up to 6 weeks. Preferably administer oral solution with food as increases absorption. Strategies to improve tolerance and palatability of oral solution: coat mouth with peanut butter, dull taste buds with ice, follow dose with sweet foods. Many drug-drug interactions.# LPV/r 40/10 mg capsules should be opened, and contents (pellets) of each capsule poured onto a spoon of soft food and fed to child. Don't try and dissolve pellets in food or water as they will develop a bad taste. ABC/3TC/LPV/r capsules should be opened and contents (granules) of each capsule poured onto a spoon of soft food or dissolved in water and fed to child. Capsules should never be swallowed whole. Discard capsule casing after contents have been emptied from it.
Ritonavir (RTV)	Oral powder: 100 mg/packet Tablets: 100 mg		Each 100 mg packet of RTV powder should be mixed with a small amount of water or soft food and immediately ingested. Many drug-drug interactions.#
Atazanavir (ATV)	Capsules: 150 mg, 200 mg FDC tablets: ATV/RTV 300/100 mg	Capsules: Can be opened and added to a small amount of soft/food/liquid and ingested immediately. FDC tablets: **NO** **Must be swallowed whole and not divided, crushed or chewed.**	ATV is used in combination with RTV. May cause unconjugated hyperbilirubinaemia resulting in jaundice but this does not indicate hepatic toxicity and not a reason to discontinue the drug unless it is worrying the patient. Consider drug-drug interactions.#
Dolutegravir (DTG)	Dispersible tablet (DT): 10 mg Film coated (FC) tablets: 50 mg FDC tablets: TLD 300/300/50 mg FDC tablets: ABC/3TC/DTG 600/300/50 mg	Dispersible tablets: **YES** Film coated tablets (including FDCs): **YES**	Iron supplements decrease DTG concentrations if taken together on an empty stomach. To prevent this, DTG and iron supplements can be taken at the same time if taken with food. May be helpful to administer as a morning dose rather than an evening dose if insomnia occurs with evening dosing. May raise creatinine levels by up to 15% without affecting renal function. Consider drug-drug interactions. # DTG DT and DTG FC tablets are not bioequivalent; 30 mg of DTG DT corresponds to 50 mg DTG FC tablets. DTG 50 mg FC tablets are preferred for children who have reached 20 kg (unless they cannot swallow tablets).
Efavirenz (EFV)	Capsules: 50 mg, 200 mg Tablets: 50 mg, 200 mg, 600 mg FDC tablets: TEE 300/200/600 mg	Tablets: **NO** **Must be swallowed whole and not divided, crushed or chewed.** Capsules: **YES**. Open and add to small amount of soft food and ingest immediately	Best given at bedtime to reduce CNS side-effects, especially during first 2 weeks. Consider drug-drug interactions.#

FDC = fixed dose combination;
eGFR = estimated glomerular filtration rate;
GIT = gastrointestinal tract;
TEE = Tenofovir/Emtricitabine/Efavirenz;
TLD = Tenofovir/Lamivudine/Dolutegravir;