Albuvirtide

Also called: ABT

What it is

A long-acting HIV fusion inhibitor peptide licensed only in China; not FDA-approved.

Approval status

Not FDA Approved. Not approved by FDA (no Drugs@FDA record found). Described in 2025-2026 albuvirtide studies as approved in China and currently licensed only there (PubMed 40251661, 41947318, read October 3, 2026).

Dosing, as printed in the page's Recommended Dosing box

Used in human trials

No manufacturer dose exists for this use: these are amounts given in published trials, not recommendations.

Protocol and source	Dose	Frequency	Duration	Route
Trial: switch study with dolutegravir **[Human study]** PMID 41429707	640 mg (with dolutegravir 50 mg daily)	Every 4 weeks	24 weeks	Intravenous bolus
Trial: switching suppressed adults **[Human study]** PMID 39874112	640 mg (with daily dolutegravir)	Every 4 weeks	24 weeks	Not stated in the abstract

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The first 3 of the 18 human studies carded on the page (19 study cards in all):

• **Phase 3 in treatment-experienced adults** (Human, 2020). In antiretroviral-experienced adults, 80.4% on albuvirtide plus lopinavir/ritonavir and 66.0% on a nucleoside regimen had HIV RNA below 50 copies/mL at 48 weeks, meeting non-inferiority, with superiority per protocol and similar grade 3-4 adverse events. **PMID 33252379**

• **Dose-finding with lopinavir/ritonavir** (Human, 2016). At week 7, HIV RNA fell by 1.9 and 2.2 log10 copies/mL at 160 and 320 mg, and fell below 50 copies/mL in 1 of 9 and 5 of 9 patients, showing a clear dose-efficacy relationship. **PMID 26865854**

• **Interaction with lopinavir/ritonavir** (Human, 2017). In 10 people with HIV, adding lopinavir/ritonavir left albuvirtide exposure essentially unchanged (AUC ratio 1.09), but lowered lopinavir exposure (AUC ratio 0.63) and ritonavir exposure (0.62); the authors judged this may not reduce effectiveness. **PMID 27052428**

Interactions

Human interaction studies found on PubMed (search of October 3, 2026):

• With lopinavir/ritonavir: albuvirtide exposure essentially unchanged (AUC ratio 1.09), but lopinavir (AUC ratio 0.63) and ritonavir (0.62) exposure fell; authors judged effectiveness may not be reduced (PMID 27052428)

Side effects and cautions

Reported side effects	Contraindications and cautions
• Grade 3-4 adverse events at similar rates to a nucleoside regimen in the phase 3 trial	• Licensed only in China

Five questions to ask

1. Albuvirtide is listed here as "Not FDA Approved". What does the evidence on this sheet mean for someone in my situation, and is there an approved treatment I should consider instead?
2. Here are the medicines and supplements I take. Do any of them interact with Albuvirtide? This sheet lists the interactions on record.
3. Which side effects should make me stop and call you, for example grade 3-4 adverse events at similar rates to a nucleoside regimen in the phase 3 trial?
4. Do any of the cautions on this sheet apply to me, such as: Licensed only in China?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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