DAPTA

Also called: D-Ala1-peptide T-amide; D-Ala-peptide T-amide; Adaptavir; RAP101; mDAPTA; monomeric DAPTA

What it is

DAPTA (D-Ala1-peptide T-amide, Adaptavir) is a synthetic octapeptide derived from HIV gp120 that blocks the CCR5 co-receptor (PMID 16002156). Intranasal DAPTA missed the primary endpoint of its HIV cognitive-impairment and neuropathy trials (PMIDs 9443710, 8909439), with benefit only in subgroups. It is its parent peptide T's more stable form and was never approved.

Approval status

Not FDA Approved. Never approved: Drugs@FDA (openFDA) holds no application for DAPTA, Adaptavir or peptide T (searched November 3, 2026). Its two placebo-controlled trials, in HIV-associated cognitive impairment (PMID 9443710) and painful HIV neuropathy (PMID 8909439), missed their primary endpoints. The last registered trial, NCT00951743 (phase 2), has shown status 'unknown' since 2010 with no results posted.

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
Study: HIV-associated cognitive impairment **[Human study]** PMID 9443710	2 mg	Three times a day	6 months	Intranasal spray
Study: painful HIV neuropathy **[Human study]** PMID 8909439	6 mg a day	Daily	12 weeks	Intranasal spray
Study: phase 1 in AIDS and ARC **[Human study]** PMID 1775594	0.1-3.2 mg/kg a day, then 25 mg a day	Daily	12 weeks intravenous, then 8 weeks intranasal	Intravenous, then intranasal
Study: psoriasis **[Human study]** PMID 7911613	2 mg a day	Daily	28 days	Intravenous

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 8 human studies carded on the page (17 study cards in all):

• **Cognitive impairment in HIV: the main trial** (Human, 1998). At three sites, HIV-positive people with cognitive deficits took 2 mg intranasally three times daily or placebo for six months. The global neuropsychological score did not differ between groups. Exploratory analyses favoured the drug in people with CD4 counts above 200 cells/µL or more marked impairment, and decline was more common on placebo in that second group. **PMID 9443710**

• **Viral load in the same trial** (Human, 2006). A retrospective look at participants who completed six months measured HIV RNA in spinal fluid (92 people) and in plasma or serum (57). Virus in the blood fell more in the DAPTA group, while spinal fluid levels did not differ. The authors called for confirmation. **PMID 16877299**

• **Painful HIV neuropathy** (Human, 1996). In 81 evaluable patients with painful distal neuropathy, 6 mg a day intranasally for 12 weeks relieved pain no better than placebo, and nerve tests, cognition and CD4 counts did not change. No significant drug-related adverse effects were seen. **PMID 8909439**

Interactions

A PubMed search for interaction studies of this compound with any drug (November 3, 2026, 3 records) found none in people. That is not evidence that it is safe to combine with anything.

Side effects and cautions

Reported side effects	Contraindications and cautions
• No significant drug-related adverse effects in either group of the 12-week neuropathy trial (PMID 8909439) • Minimal evidence of toxicity over 12 weeks of intravenous dosing in phase 1 (PMID 1775594) • The nasal spray was tolerated for up to 21 months in the phase 1 patients (PMID 1763193) • No drug-related toxicity reported over up to 32 weeks in 11 long-infected patients (PMID 14499289)	• Only within a clinical trial: it was never approved or marketed • Its two placebo-controlled trials missed their main outcomes; the positive findings are subgroup or uncontrolled results • Not a substitute for antiretroviral therapy: plasma virus did not fall in the long-infected patients studied • Children, pregnancy and breastfeeding were not studied

Five questions to ask

1. DAPTA 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 DAPTA? This sheet records none published, which does not mean none exist.
3. Which side effects should make me stop and call you, for example no significant drug-related adverse effects in either group of the 12-week neuropathy trial?

4. Do any of the cautions on this sheet apply to me, such as: Only within a clinical trial: it was never approved or marketed?
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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