BRING THIS TO YOUR DOCTOR · GREY PEPTIDES

Enfuvirtide

Also called: Fuzeon; T-20; pentafuside; DP-178

What it is

A synthetic peptide copied from HIV-1's gp41 envelope protein that stops the virus fusing with cells. Approved as Fuzeon in 2003 for drug-resistant HIV and injected twice daily; Drugs@FDA now lists it as discontinued.

Approval status

Discontinued. Fuzeon (enfuvirtide), NDA 021481, was first approved in the US on March 13, 2003; Drugs@FDA now lists it as discontinued, and DailyMed lists no current maker's label (openFDA and DailyMed, read October 2, 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: treatment-experienced HIV (TORO 1 and 2) **[Human study]** PMID 12637625	90 mg	Twice daily	24 to 48 weeks	Subcutaneous

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 (20 study cards in all):

• **The first human study: T-20 into a vein, 16 adults** (Human, 1998). Sixteen adults with HIV received intravenous T-20 alone for 14 days at 3 to 100 mg twice daily. Viral load fell with dose; all four on 100 mg twice daily dropped below 500 copies/mL, a median fall of 1.96 log10. **PMID 9809555**

• **TORO 1: the Americas, 501 patients** (Human, 2003). People in the Americas with HIV resistant to three drug classes were randomized 2:1 to enfuvirtide plus an optimized regimen or the regimen alone. At 24 weeks viral load fell 1.696 log10 against 0.764; CD4 counts rose by 76 against 32 cells/mm³. **PMID 12637625**

• **TORO 2: Europe and Australia, 512 patients** (Human, 2003). Patients with a median of 12 previous drugs took enfuvirtide 90 mg twice daily plus an optimized regimen, or the regimen alone. At 24 weeks viral load fell 1.429 log10 against 0.648, and CD4 counts rose by 65.5 against 38.0 cells/mm³. **PMID 12773645**

Interactions

Human interaction studies found on PubMed (search of October 5, 2026):

• With ritonavir and ritonavir-boosted saquinavir: no pharmacokinetic interaction in HIV-1-infected patients (PMID 15199084)

• With rifampicin: no enzyme-inducing effect on enfuvirtide pharmacokinetics (PMID 14615475)

Side effects and cautions

Reported side effects	Contraindications and cautions
• Injection-site reactions in 98% of patients, which led 4.4% to stop over 48 weeks (pooled TORO data) • Pneumonia more often than on the background regimen alone: 6.7 against 0.6 events per 100 patient-years • Swollen lymph nodes: 7.1 against 1.2 events per 100 patient-years	• Allergy to enfuvirtide or any other ingredient of the product • Tested athletes — see the Sport (WADA) row below

Five questions to ask

1. Enfuvirtide is listed here as "Discontinued". 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 Enfuvirtide? This sheet lists the interactions on record.
3. Which side effects should make me stop and call you, for example injection-site reactions in 98% of patients?
4. Do any of the cautions on this sheet apply to me, such as: Allergy to enfuvirtide or any other ingredient of the product?
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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