FDA Approval of HIV Medicines

1981: First AIDS cases are reported in the United States.

1985-89

1987
Zidovudine (NRTI)

1990-94

1991
Didanosine* (NRTI)

1992
Zalcitabine* (NRTI)

1994
Stavudine* (NRTI)

1995-99

1995
Lamivudine (NRTI)
Saquinavir Mesylate* (PI)

1996
Indinavir* (PI)
Nevirapine (NNRTI)
Ritonavir (PI)

1997
Combivir† (FDC)
Delavirdine* (NNRTI)
Nelfinavir* (PI)
Saquinavir* (PI)

1998
Abacavir (NRTI)
Efavirenz (NNRTI)

1999
Amprenavir* (PI)

2000-04

2000
Didanosine EC* (NRTI)
Kaletra (FDC)
Trizivir* (FDC)

2001
Tenofovir DF (NRTI)

2002
Stavudine XR* (NRTI)

2003
Atazanavir (PI)
Emtricitabine (NRTI)
Enfuvirtide* (FI)
Fosamprenavir* (PI)

2004
Epzicom† (FDC)
Truvada (FDC)

2005-09

2005
Tipranavir* (PI)

2006
Atripla† (FDC)
Darunavir (PI)

2007
Maraviroc (CA)
Raltegravir (INSTI)

2008
Etravirine (NNRTI)

2010-14

2011
Complera (FDC)
Nevirapine XR (NNRTI)
Rilpivirine (NNRTI)

2012
Stribild (FDC)
Truvada (PrEP)

2013
Dolutegravir (INSTI)

2014
Cobicistat* (PE)
Elvitegravir* (INSTI)
Triumeq (FDC)

2015-19

2015
Evotaz (FDC)
Genvoya (FDC)
Prezcobix (FDC)

2016
Descovy (FDC)
Odefsey (FDC)

2017
Juluca (FDC)
Raltegravir HD (INSTI)

2018
Biktarvy (FDC)
Cimduo (FDC)
Delstrigo (FDC)
Doravirine (NNRTI)
Ibalizumab-uiyk (PAI)
Symfi (FDC)
Symfi Lo† (FDC)
Symtuza (FDC)
Temixys* (FDC)

2019
Dovato (FDC)
Descovy (PrEP)

2020-24

2020
Fostemsavir* (AI)
Tivicay PD (INSTI)

2021
Cabenuva (FDC)
Cabotegravir (INSTI)
Cabotegravir (PrEP)

2022
Triumeq PD (FDC)
Lenacapavir (CI)

2024
Rilpivirine PED (NNRTI)

2025-Now

2025
Lenacapavir (PrEP)

2026
Prezcobix PED (FDC)
Idvynso (FDC)
Bixlenvo (FDC)

Drug Class Abbreviations: **AI:** Attachment Inhibitor; **CA:** CCR5 Antagonist; **CI:** Capsid Inhibitors; **FDC:** Fixed-Dose Combination; **FI:** Fusion Inhibitor; **INSTI:** Integrase Inhibitor; **NNRTI:** Non-Nucleoside Reverse Transcriptase Inhibitor; **NRTI:** Nucleoside Reverse Transcriptase Inhibitor; **PE:** Pharmacokinetic Enhancer; **PI:** Protease Inhibitor; **PAI:** Post-Attachment Inhibitor; **PrEP:** Pre-Exposure Prophylaxis

Note: Approvals are for HIV treatment, unless otherwise indicated.
*Drugs in gray are no longer available and/or are no longer recommended for use in the United States by the HHS HIV/AIDS medical practice guidelines. These drugs may still be used in fixed-dose combination formulations.
†Fixed-dose combination brand products that are available as generic only.

For more information, visit HIVinfo.NIH.gov.

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