Lamivudine 300 mg Epivir 300mg tablets | 30 tablet PoM £157.51 DT = £157.51
- **Zeffix** (GlaxoSmithKline UK Ltd)
  Lamivudine 100 mg Zeffix 100mg tablets | 28 tablet PoM £78.09 DT = £74.11

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Stavudine (d4T)

01-Sep-2016

- **INDICATIONS AND DOSE**

HIV infection in combination with other antiretroviral drugs when no suitable alternative available and when prescribed for shortest period possible

- BY MOUTH
- Child (body-weight up to 30 kg): 1 mg/kg twice daily, to be taken preferably at least 1 hour before food
- Child (body-weight 30–59 kg): 30 mg twice daily, to be taken preferably at least 1 hour before food
- Child (body-weight 60 kg and above): 40 mg twice daily, to be taken preferably at least 1 hour before food

- **UNLICENSED USE** Capsules not licensed for use in children under 3 months.
- **CAUTIONS** Excessive alcohol intake · history of pancreatitis · history of peripheral neuropathy · lactic acidosis (especially when used in combination with didanosine)—use only if alternative regimens are not suitable

CAUTIONS, FURTHER INFORMATION

- Lactic acidosis Lactic acidosis associated with hepatomegaly and hepatic steatosis has been reported with stavudine. Use with caution in patients with hepatomegaly, hepatitis, or other risk factors for liver disease and hepatic steatosis (including obesity and alcohol abuse). Discontinue treatment if symptoms of hyperlactataemia, lactic acidosis, progressive hepatomegaly or rapid deterioration of liver function become apparent.

- **INTERACTIONS** → Appendix 1: stavudine
- **SIDE-EFFECTS**
- **Common or very common** Depression · drowsiness · dyspepsia · hyperlactacidaemia · lipoatrophy · nerve disorders · paraesthesia · peripheral neuropathy (switch to another antiretroviral if peripheral neuropathy develops) · sleep disorders · thinking abnormal
- **Uncommon** Anxiety · arthralgia · emotional lability · gynaecomastia · hepatic disorders
- **Rare or very rare** Diabetes mellitus · hyperglycaemia · muscle weakness · neutropenia

SIDE-EFFECTS, FURTHER INFORMATION Metabolic effects may occur with stavudine; plasma lipids and blood glucose concentrations should be measured routinely.

- **PREGNANCY** Manufacturer advises use only if potential benefit outweighs risk.
- **RENAL IMPAIRMENT** Risk of peripheral neuropathy.
  Dose adjustments Reduce dose to 50% if estimated glomerular filtration rate 25–50 mL/minute/1.73 m^2; reduce dose to 25% if estimated glomerular filtration rate less than 25 mL/minute/1.73 m^2.
- **PRESCRIBING AND DISPENSING INFORMATION** Flavours of oral liquid formulations may include cherry.
- **LESS SUITABLE FOR PRESCRIBING** Stavudine (especially in combination with didanosine) is associated with a higher risk of lipoatrophy and should be used only if alternative regimens are not suitable; it is considered to be less suitable for prescribing.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Capsule

- **Zerit** (Bristol-Myers Squibb Pharmaceuticals Ltd)
  Stavudine 20 mg Zerit 20mg capsules | 56 capsule PoM £139.46 (Hospital only)
  Stavudine 30 mg Zerit 30mg capsules | 56 capsule PoM £146.25 (Hospital only)
  Stavudine 40 mg Zerit 40mg capsules | 56 capsule PoM £150.66 (Hospital only)

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Tenofovir disoproxil

- **INDICATIONS AND DOSE**

HIV infection in combination with other antiretroviral drugs when first-line nucleoside reverse transcriptase inhibitors cannot be used because of resistance or contra-indications

- BY MOUTH
- Child 2–17 years: 6.5 mg/kg once daily (max. per dose 245 mg)
- Child 6–17 years (body-weight 17–21 kg): 123 mg once daily
- Child 6–17 years (body-weight 22–27 kg): 163 mg once daily
- Child 6–17 years (body-weight 28–34 kg): 204 mg once daily
- Child 6–17 years (body-weight 35 kg and above): 245 mg once daily

Chronic hepatitis B infection with compensated liver disease (with evidence of viral replication, and histology of active liver inflammation or fibrosis)

- BY MOUTH
- Child 12–17 years (body-weight 35 kg and above): 245 mg once daily

DOSE EQUIVALENCE AND CONVERSION

- 7.5 scoops of granules contains approx. 245 mg tenofovir disoproxil (as fumarate).

- **INTERACTIONS** → Appendix 1: tenofovir disoproxil
- **SIDE-EFFECTS**
- **Common or very common** Abdominal distension · flatulence
- **Uncommon** Proximal renal tubulopathy
- **Rare or very rare** Acute tubular necrosis · angioedema · hepatitis · nephritis · nephrogenic diabetes insipidus · renal impairment

- **HEPATIC IMPAIRMENT** Manufacturer advises caution in decompensated hepatic disease (limited information available).
- **RENAL IMPAIRMENT** Manufacturer advises avoid—no information available.
- **MONITORING REQUIREMENTS**
- Test renal function and serum phosphate before treatment, then every 4 weeks (more frequently if at increased risk of renal impairment) for 1 year and then every 3 months, interrupt treatment if renal function deteriorates or serum phosphate decreases.
- When treating chronic hepatitis B with tenofovir, monitor liver function tests every 3 months and viral markers for hepatitis B every 3–6 months during treatment (continue monitoring for at least 1 year after discontinuation—recurrent hepatitis may occur on discontinuation).

- **DIRECTIONS FOR ADMINISTRATION** *Granules*: mix 1 scoop of granules with 1 tablespoon of soft food (e.g. yoghurt, apple sauce) and take immediately without chewing. Do **not** mix granules with liquids.
- **PATIENT AND CARER ADVICE** Patients or carers should be given advice on how to administer tenofovir granules.
  Missed doses If a dose is more than 12 hours late, the missed dose should not be taken and the next dose should be taken at the normal time.