mg/kg PO two times per day from birth to 4 weeks of age. Wt-based doses, age older than 4 weeks and wt 4 kg or greater: 12 mg/kg PO two times per day for 4 to less than 9 kg; 9 mg/kg PO two times per day for 9 to less than 30 kg. [Generic/Trade: Caps 100 mg. Syrup 50 mg/5 mL (240 mL). Generic only: Tabs 300 mg.] ▶LK Ⓚ ♀0/0/0R. Alternative NRTI in pregnancy. ◗– $$$$$ ■

Antiviral Agents—Anti-HIV—Protease Inhibitors and Boosters

NOTE: Many serious drug interactions: Always check before prescribing. Protease inhibitors and cobicistat inhibit CYP3A4. Contraindicated with alfuzosin, dronedarone, elbasvir-grazoprevir (Zepatier), eplerenone, ergot alkaloids, flibanserin, ivadrabine, lovastatin, lurasidone, pimozide, ranolazine, rifampin, rifapentine, salmeterol, high-dose sildenafil for pulmonary hypertension, simvastatin, St. John's wort, triazolam, and venetoclax. Midazolam contraindicated in labeling; but can use single dose IV cautiously with monitoring for procedural sedation. Monitor INR with warfarin. Avoid inhaled/nasal budesonide, ciclesonide, fluticasone, or monetasone if possible; increased corticosteroid levels can cause Cushing's syndrome/adrenal suppression; use inhaled/nasal beclomethasone instead. Avoid long-term dexamethasone if possible. Reduce colchicine dose; do not coadminister colchicine and protease inhibitors in patients with renal or hepatic dysfunction. Adjust dose of bosentan or tadalafil for pulmonary hypertension. Reduce quetiapine dose to $^{1}/_{6}$ of original dose if protease inhibitor or cobicistat is added; use lowest initial quetiapine dose if it is added to protease inhibitor or cobicistat. Erectile dysfunction: Single dose of sildenafil 25 mg q 48 h, tadalafil 5 mg (not more than 10 mg) q 72 h, or vardenafil initially 2.5 mg q 72 h. Protease inhibitor class adverse effects include spontaneous bleeding in hemophiliacs, hyperglycemia, hyperlipidemia, immune reconstitution syndrome, and fat redistribution. Coinfection with HCV or other liver disease increases the risk of hepatotoxicity with protease inhibitors; monitor LFTs at least two times in 1st month of therapy, then q 3 months.

ATAZANAVIR (***Reyataz, ATV***) Combination therapy of HIV. Adults, therapy-naïve: 300 mg + ritonavir 100 mg PO both once daily. With efavirenz, therapy-naïve: 400 mg + ritonavir 100 mg PO both once daily. Do not give atazanavir with efavirenz in therapy-experienced patients. Adults, therapy-experienced: 300 mg + ritonavir 100 mg PO both once daily. Peds: Oral powder, age 3 mo and older and wt 5 to less than 25 kg: 200 mg (4 packets) + 80 mg ritonavir oral soln both PO once daily for 5 to less than 15 kg; 250 mg (5 packets) + 80 mg ritonavir oral soln both PO once daily for 15 to less than 25 kg. Mix powder with food or beverage and give ritonavir immediately after. Oral capsules, age 6 yo or older: 200 mg + ritonavir 100 mg both PO once daily for 15 to less than 35 kg; 300 mg + ritonavir 100 mg both PO once daily for 35 kg or greater. Give atazanavir with food. Do not give to infants less than 3 mo due to risk of kernicterus. [Generic/Trade: Caps 150, 200, 300 mg. Trade only: Powder packets (contain phenylalanine) 50 mg.] ▶L ♀0/0/0R Ritonavir-boosted atazanavir is a preferred protease inhibitor in ARV-naïve pregnant women; maternal hyperbilirubinemia. ◗– $$$$$

ANTIMICROBIALS

mebooksfree.com