

mg PO two times per day or 300 mg PO once daily for wt 14 to less than 20 kg; 150 mg PO q am and 300 mg PO q pm or 450 mg PO once daily for wt 20 to less than 25 kg. Potentially fatal hypersensitivity. HLA-B*5701 predisposes to hypersensitivity; screen before starting and avoid if positive test. Never rechallenge with abacavir after suspected reaction. [Generic/Trade: Tabs 300 mg scored. Soln 20 mg/mL (240 mL).] ▶L ♀0/0/OR Preferred NRTI in pregnancy ▶- \$\$\$\$\$

EMTRICITABINE (Emtriva, FTC) Combination therapy in HIV. Adults: 200 mg cap or 240 mg oral soln PO once daily. Peds, oral soln: 3 mg/kg PO once daily for age 3 mo or younger; 6 mg/kg PO once daily (up to 240 mg) for age older than 3 mo. Can give 200 mg cap PO once daily if wt greater than 33 kg. **Chronic HBV infection in HIV coinfecting adults:** emtricitabine 200 mg + tenofovir alafenamide 25 mg both PO once daily for CrCl \geq 30 mL/min; emtricitabine 200 mg + tenofovir disoproxil fumarate both PO once daily for CrCl \geq 60 mL/min. [Trade only: Caps 200 mg. Oral soln 10 mg/mL (170 mL).] ▶K ♀0/0/OR Preferred NRTI in pregnancy ▶- \$\$\$\$\$

LAMIVUDINE (Epivir, Epivir-HBV, 3TC, ▶Heptovir) Epivir for HIV infection. Adults and peds with wt of 25 kg or greater: 150 mg PO two times per day or 300 mg PO daily. Peds, 3 mo and older. Sorbitol reduces lamivudine exposure; assess ability to swallow tabs and use all-tab regimen if possible to avoid sorbitol in liquid formulations. Epivir tabs, wt 14 kg or greater (preferred for children who can swallow tabs): 75 mg two times per day or 150 mg once daily for wt 14 to less than 20 kg; 75 mg q am and 150 mg q pm or 225 mg once daily for wt 20 to less than 25 kg. Oral soln: 5 mg/kg (up to 150 mg) PO two times per day or 10 mg/kg (up to 300 mg) once daily. For oral soln, generally avoid once-daily dosing in infants and young children; consider more frequent viral load monitoring. **Epivir-HBV for chronic HBV:** Adults: 100 mg PO daily. Peds: 3 mg/kg (up to 100 mg) PO daily. Chronic HBV in HIV-coinfection, adults with CrCl \geq 60 mL/min: lamivudine 300 mg PO + tenofovir disoproxil fumarate 300 mg both PO once daily. [Generic/Trade: Tabs 100, 150 (scored), 300 mg. Oral soln 10 mg/mL. Trade only (Epivir-HBV, Heptovir): Oral soln 5 mg/mL.] ▶K ♀0/0/OR Preferred NRTI in pregnancy ▶- \$\$\$\$\$

TENOFOVIR DISOPROXIL FUMARATE (Viread, TDF) Combination therapy of HIV. Adults and adolescents: 300 mg PO daily. Peds. Oral powder, 2 yo or older: 8 mg/kg PO once daily (max 300 mg/day). Tabs, wt 17 kg or greater: Give PO once daily at dose of 150 mg for 17 to less than 22 kg; 200 mg for 22 to less than 28 kg; 250 mg for 28 to less than 35 kg; 300 mg for 35 kg or greater. **Chronic HBV, adults and peds age 12 yo or older and wt 35 kg or greater:** 300 mg PO daily (7.5 scoops of powder for those who cannot swallow tabs) without regard to meals. Mix powder with soft food (not liquid) and use immediately. **Chronic HBV in HIV-coinfecting adult, CrCl \geq 60 mL/min:** tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg both PO once daily OR tenofovir disoproxil fumarate 300 mg + lamivudine 300 mg both PO once daily. [Generic/Trade: Tabs 300 mg. Trade only: 150, 200, 250 mg. Oral powder 40 mg tenofovir disoproxil fumarate/1 g scoop of powder, 60 g bottle.] ▶K ♀0/0/OR Preferred NRTI in pregnancy ▶- \$\$\$\$

ZIDOVUDINE (Retrovir, AZT, ZDV) Combination therapy of HIV infection, adults and adolescents with wt 30 kg or greater: 300 mg PO two times per day. Peds, HIV guideline-recommended doses. Neonates, gestation age of 35 weeks or older: 4

(cont.)