4.4 STAVUDINE (D4T) PLUS LAMIVUDINE (3TC) PLUS NEVIRAPINE (NVP)

FORMULATION

FDC tablets

d4T 6 mg + 3TC 30 mg + NVP 50 mg d4T 12 mg + 3TC 60 mg + NVP 100 mg d4T 30 mg + 3TC 150 mg + NVP 200 mg

DOSE AND FREQUENCY OF DOSING

Target dose

d4T 1 mg/kg twice daily3TC 4 mg/kg twice daily

• NVP 160 – 200 mg/m² to a maximum dose of 200 mg twice daily

Maximum dose

• One 30 mg d4T-based tablet twice daily

Administration

- Paediatric tablet is dispersible and crushable, can be split.
- If unable to swallow, disperse 1 tablet in 2 teaspoons of water.

Storage

Store tablets below 25°C.

OTHER COMMENTS

Genera

- See comments under individual drug components.
- A lead-in dose of NVP, at half of the normal daily dosage, is used for 2 weeks to decrease the likelihood of developing rash.
- For lead-in dosing, d4T + 3TC + NVP can be used in the morning and d4T + 3TC in the evening.
- If the child experiences a rash in the lead-in period, then remain on half the dosage until the rash resolves.
 Wait no longer than 28 days for the rash to resolve, then seek an alternative regimen.

Pharmacokinetic data

· Available for adolescents and adults

Ref: http://www.cipladoc.com/therapeutic/pdf_cipla/triomune_baby_junior.pdf http://www.who.int/hiv/pub/paediatric/antiretroviral/en/index.html

D4T PLUS 3TC PLUS NVP

Recommended dosing based on weight-bands

Weight range (kg)		Target dose as for individual components		Dose (tablets)	
Bottom	Тор	Formulation		a.m.	p.m.
3	3.9	6/30/50	tablet	1	1
4	4.9	6/30/50	tablet	1	1
5	5.9	6/30/50	tablet	1	1
6	6.9	6/30/50	tablet	1.5	1.5
7	7.9	6/30/50	tablet	1.5	1.5
8	8.9	6/30/50	tablet	1.5	1.5
9	9.9	6/30/50	tablet	1.5	1.5
10	10.9	6/30/50	tablet	2	2
11	11.9	6/30/50	tablet	2	2
12	13.9	6/30/50	tablet	2	2
14	16.9	6/30/50	tablet	2.5	2.5
17	19.9	6/30/50	tablet	2.5	2.5
20	24.9	6/30/50	tablet	3	3
25	29.9	30/150/200	tablet	1	1
30	34.9	30/150/200	tablet	1	1