

Resources for Training

AIDS.gov : <https://www.aids.gov/> This website provides timely and relevant Federal HIV policies, programs, and resources to increase knowledge about HIV and access to HIV services.

Addiction Technology Transfer Center (ATTC) for the Pacific Southwest: <http://attcnetwork.org/regional-centers/?rc=pacificsouthwest> is designed to enhance knowledge and expertise in substance use disorder treatment and recovery by disseminating clinical and research information. They also develop, revise, and distribute curricula based on research products and form partnerships with local and regional stakeholders to ensure that the training needs of the region are identified and met.

AETC National Coordinating Resource Center : <https://www.aidsetc.org/> is a part of the AIDS Education & Training Center (AETC) . The AETC is the training arm of the Ryan White HIV/AIDS Program. The AETC is a national network of leading HIV experts who provide locally based, tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate high quality, comprehensive care for those living with or affected by HIV.

California Prevention Training Center: <http://californiaptc.com/> “We envision an environment where health equity exists for all”. To this end the California PTC provides capacity building, trainings and clinical consultation for organizations, health departments and health care providers.

California State Office of AIDS: <http://www.cdph.ca.gov/programs/aids/Pages/Default.aspx> The Office of AIDS has lead responsibility for coordinating state programs, services, and activities relating to HIV/AIDS.

Center for Disease Control and Prevention (CDC) (HIV/AIDS): <https://www.cdc.gov/hiv/> As the nation’s health protection agency, CDC saves lives and protects people from health threats. To accomplish this mission, CDC conducts critical science and provides health information that protects our nation against expensive and dangerous health threats, and responds when these arise.

Center of Excellence for Transgender Health (CoE): <http://www.transhealth.ucsf.edu/> The mission of the CoE is to increase access to comprehensive, effective, and affirming health care services for trans communities.

HIVE (formally Bay Area Perinatal AIDS Center) <https://www.hiveonline.org/> provides preconception and prenatal care to women and couples affected by HIV.

Institute for Healthcare Improvement: HIV/AIDS (IHI) :

<http://www.ihl.org/sites/search/pages/results.aspx?k=HIV%2fAIDS> IHI creates dynamic opportunities for health care professionals to learn from, collaborate with, and be inspired by expert faculty and colleagues throughout the world. IHI engages willing partners through rich collaborative improvement, key initiatives, strategic partnerships, fellowship and membership programs, and services designed to meet the unique needs of those with whom we work.

International Training and Education Center for Health (I-Tech) : <http://www.go2itech.org/> I-Tech supports the development of a skilled health work force and well-organized national health delivery systems, in order to provide effective prevention, care, and treatment of infectious disease in the developing world. Check out their training toolkit: <http://www.go2itech.org/resources/Training-Toolkit>

National Center for Cultural Competency: <http://nccc.georgetown.edu/index.html> Their mission is to increase the capacity of health care and mental health care programs to design, implement, and evaluate culturally and linguistically competent service delivery systems to address growing diversity, persistent disparities, and to promote health and mental health equity.

National Network of STD Clinical Prevention Training Centers (NNPTC): <http://nnptc.org/> is a CDC-funded group of training centers(PTC's) created in partnership with health departments and universities that are dedicated to increasing the knowledge and skills of health professionals in the areas of sexual health. (see above for local California PTC)

Project Inform: <http://www.projectinform.org/> Project Inform fights the HIV and hepatitis C epidemics by assuring the development of effective treatments and a cure; supporting individuals to make informed choices about their health; advocating for quality, affordable health care; and promoting medical strategies that prevent new infections.

Substance Abuse and Mental Health Services Administration (SAMHSA): <http://www.samhsa.gov/about-us> This agency, within the U.S. Department of Health and Human Services, leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Technical Assistance Resources, Guidance, Education & Training (TARGET) Center:

<https://www.hudexchange.info/resource/1026/target-center-technical-assistance-ryan-white-community/>

This web site is the central source of technical assistance (TA) and training resources for the Ryan White HIV/AIDS Program. The site is the one-stop shop for tapping into the full array of TA and training resources funded by the Health Resources and Services Administrations (HRSA) HIV/AIDS Bureau (HAB), which administers Ryan White services.

The Training & Development World: <http://thetrainingworld.com/> A free training & development resource center that contains primarily free resources for trainers, facilitators and group leaders to help them design and deliver effective training experiences, regardless of topic. Of most use, might be their FAQ, <http://thetrainingworld.com/faq/> containing links for: Miscellaneous Issues for Trainers; Training and Learning Myths and Misconceptions; and Mistakes Trainers Make (Stupid Trainer Tricks Series).

Training - The Source for Professional Development: <https://trainingmag.com/content/how-use-technology-reinforce-training> offers these top techniques found to successfully incorporate technology in training follow-up.






Viral Hepatitis Education and Training Projects (VHNET) <https://www.cdc.gov/hepatitis/policy/vhnet.htm>

Often in collaboration with the CDC, these training projects facilitate capacity building and partnerships to increase awareness, testing, treatment and prevention of viral hepatitis.

Antiretroviral Dosing, Adverse Reactions, and Interaction Potential








Recommended Regimens in Treatment Naïve Patients - Regimens with optimal and durable efficacy, favorable tolerability and toxicity profile, and ease of use.

Alternative Regimens in Treatment Naïve Patients - Regimens that are effective and tolerable but have potential disadvantages compared with recommended regimens. An alternative regimen may be the preferred regimen for some patients. Rilpivirine use with tenofovir disoproxil fumarate or tenofovir alafenamide with emtricitabine recommended if CD4 > 200 and VL < 100,000. Raltegravir use with abacavir/lamivudine only for patients who are also HLA-B*5701 negative

PI		Protease Inhibitors (PIs) <i>Hepatotoxicity, lipodystrophy, dyslipidemias, insulin resistance/ hyperglycemia with all PIs</i>			
Drug		FDA Approved Adult Dosing <i>Recommended or Alternative Initial Antiretroviral Regimens</i>	Tab/Capsule Dosage Form	Common or Important Side Effects & Cautions	Potential Interactions
atazanavir Reyataz® ATV		<ul style="list-style-type: none"> 300 mg DAILY + ritonavir 100 mg DAILY (Part of Alternative Regimen) 400 mg DAILY (tx naïve) 300mg Daily + cobicistat 150 mg Daily (Part of Alternative Regimen) 	300 mg 200 mg 150 mg 100 mg 300mg+150mg cobicistat	Asymptomatic hyperbilirubinemia, nausea, kidney stones	Both substrate and inhibitor of liver enzymes; boosting with Ritonavir when co-administered with tenofovir or efavirenz or nevirapine See package insert for interactions & dosing adjustments when used with H-2 blockers & PPIs.
Atazanavir/cobicistat Evotaz® ATV/c		With food			
darunavir Prezista® DRV		<ul style="list-style-type: none"> 800mg + ritonavir 100mg daily (no darunavir mutations) (Part of Recommended Regimen) 600mg BID + ritonavir 100mg BID 800mg DAILY + cobicistat 150mg Daily (no darunavir mutations) (Part of Alternative Regimen) 	800 mg 600 mg 150mg 75mg 100mg/ml susp	Rash, nausea, diarrhea, headache	Both substrate and inhibitor of liver enzymes (CYP-3A4)
Darunavir/cobicistat Prezcobix® DRV/c		With food	800mg + 150mg cobicistat		
fosamprenavir Lexiva® f-APV		<ul style="list-style-type: none"> 1400 mg BID (tx naïve) 700 mg BID+ ritonavir 100 mg BID (most common) 1400 mg DAILY + ritonavir 100-200 	700 mg	Diarrhea, rash, nausea, kidney stones	Both substrate and inhibitor of liver enzymes Multiple interactions possible: see package insert for more information







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PI		Protease Inhibitors (PIs) <i>Hepatotoxicity, lipodystrophy, dyslipidemias, insulin resistance/ hyperglycemia with all PIs</i>			
Drug		FDA Approved Adult Dosing <i>Recommended or Alternative Initial Antiretroviral Regimens</i>	Tab/Capsule Dosage Form	Common or Important Side Effects & Cautions	Potential Interactions
		mg DAILY (tx naive)			
lopinavir + ritonavir Kaletra® LPV/r		<ul style="list-style-type: none"> Two tablets BID Four tablets DAILY (tx-naïve) (Part of Other Regimen) With or w/o food	200mg/ 50 mg	Diarrhea, nausea	Both substrate and inhibitor of liver enzymes Contains ritonavir, a potent inhibitor of liver enzymes
nelfinavir Viracept® NFV		<ul style="list-style-type: none"> 1250 mg BID 750 mg TID With food	250 mg 625 mg	Diarrhea, nausea, vomiting	Both substrate and inhibitor of liver enzymes
ritonavir Norvir® RTV	 	<ul style="list-style-type: none"> Given 100-200 mg DAILY BID to boost other PIs Not active against HIV at this dose (Part of Recommended Regimen with darunavir)	100 mg	Nausea, vomiting, diarrhea	SIGNIFICANT drug interactions due to potent inhibition of liver enzymes: see package insert
saquinavir Invirase® SQV		<ul style="list-style-type: none"> 1000 mg BID + ritonavir 100 mg BID With food	500 mg 200 mg	Diarrhea, nausea, abdominal pain	Both substrate and inhibitor of liver enzymes
tipranavir Aptivus® TPV		<ul style="list-style-type: none"> 500 mg BID + ritonavir 200 mg BID With food	250 mg	Diarrhea, nausea, vomiting, fatigue, headache	Net inhibitor of liver enzymes (CYP-3A4) (see package insert)
indinavir Crixivan® IDV		<ul style="list-style-type: none"> 800 mg q8h Empty stomach or light snack With ≥48oz of fluid DAILY 800 mg BID + ritonavir 100-200mg BID Can take with food	400 mg	Nausea, vomiting, diarrhea, ↑bilirubin, kidney stones	Both substrate and inhibitor of liver enzymes





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Antiretroviral Dosing, Adverse Reactions, and Interaction Potential

NRTI		Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs) or Nucleoside Analogues (NAs) <i>Hepatotoxicity, mitochondrial toxicity/lactic acidosis with NRTIs/NAs</i>			
Drug		FDA Approved Adult Dosing <i>Recommended or Alternative Initial Antiretroviral Regimens</i>	Tab/Capsule Dosage Form	Common or Important Side Effects & Cautions	Potential Interactions
lamivudine Epivir® 3TC 		150 mg BID (shown) or 300 DAILY (Part of Recommended & Alternative Regimens) No food restrictions	150 mg 300 mg	Transaminasemia if discontinue in HBV co-infection Headaches, nausea	Minimal
abacavir Ziagen® ABC 		<ul style="list-style-type: none"> • 300 mg BID • 600 mg DAILY (Part of Recommended & Alternative Regimens) No food restrictions	300 mg	Nausea, vomiting, diarrhea; Hypersensitivity reaction (HSR) (fever, malaise, GI sx's, rash; do NOT re-challenge) Must have negative HLA*B5701 prior to start to avoid hypersensitivity	Minimal
zidovudine Retrovir® AZT, ZDV 		<ul style="list-style-type: none"> • 300 mg BID • 200 mg TID No food restrictions ; taking with food may minimize stomach discomfort	300 mg 100 mg	Anemia, neutropenia, headaches, nausea	Minimal except for other marrow toxic medications
stavudine Zerit® d4T 		<ul style="list-style-type: none"> • 40mg BID (≥60kg) (shown) • 30 mg BID (<60kg) No food restrictions	20 mg 40 mg 30mg	Do not use with ddI in pregnancy, peripheral neuropathy, lactic acidosis lipodystrophy	Minimal Do not take with zidovudine or zidovudine + lamivudine
didanosine Videx® Videx® EC ddl 		<ul style="list-style-type: none"> • 400 mg DAILY (≥60kg) (shown) • 250 mg DAILY (<60 kg) Empty stomach	400 mg 250 mg 200 mg 125 mg	Do not use with d4T in pregnancy, pancreatitis, peripheral neuropathy	Tenofovir increases ddl AUC—dose reduce ddl to 250 mg DAILY if co-administering with tenofovir 300 mg DAILY
emtricitabine Emtriva® FTC 		<ul style="list-style-type: none"> • 200 mg DAILY (Part of Recommended Regimen) No food restrictions	200 mg	Transaminasemia if discontinue in HBV co-infection Headache, nausea, diarrhea	Minimal


Antiretroviral Dosing, Adverse Reactions, and Interaction Potential

NRTI		Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs) or Nucleoside Analogues (NAs) <i>Hepatotoxicity, mitochondrial toxicity/lactic acidosis with NRTIs/NAs</i>			
Drug		FDA Approved Adult Dosing <i>Recommended or Alternative Initial Antiretroviral Regimens</i>	Tab/Capsule Dosage Form	Common or Important Side Effects & Cautions	Potential Interactions
tenofovir disoproxil fumarate Viread® TDF		<ul style="list-style-type: none"> • 300 mg DAILY (Part of Recommended Regimen) With or without food	300 mg	Transaminasemia if discontinue in HBV co-infection Nausea, vomiting, flatulence, diarrhea Renal Toxicity	Increases didanosine AUC; reduce didanosine dose to 250 mg DAILY if tenofovir co-administered. Decreases Cmin of atazanavir boost atazanavir 300 mg with ritonavir 100 mg DAILY if tenofovir co-administered.



NNRTI		Non-Nucleoside Reverse Transcriptase Inhibitors <i>Rash, hepatotoxicity with all NNRTIs</i>			
Drug		FDA Approved Adult Dosing <i>Recommended or Alternative Initial Antiretroviral Regimens</i>	Tab/Capsule Dosage Form	Common or Important Side Effects & Cautions	Potential Interactions
delavirdine Rescriptor® DLV		<ul style="list-style-type: none"> • 400 mg TID No food restrictions	100 mg 200 mg	RASH, headache	Both substrate and inhibitor of liver enzymes
efavirenz Sustiva® EFV		<ul style="list-style-type: none"> • 600 mg DAILY (Part of Alternative Regimen) Initially at bedtime and preferably on empty stomach	600 mg	CNS effects: dizziness, somnolence, insomnia, confusion Avoid in pregnancy	Can be an inducer or inhibitor of liver enzymes; see package insert
nevirapine Viramune® Viramune XR NVP		<ul style="list-style-type: none"> • 200mg DAILYx2wks; then 200mg BID or 400mg DAILY No food restrictions	200 mg 400mg XR	RASH Hepatotoxicity Careful dosing and monitoring needed at start of treatment to avoid hypersensitivity reaction Avoid in Women with >250 CD4 cells and Men with >400 CD4 cells	Both substrate and inducer of liver enzymes
etravirine Intelence® ETR		<ul style="list-style-type: none"> • 200 mg BID With food	100 mg 200 mg	RASH, nausea	Etravirine is substrate and inducer of liver enzymes (3A4, 2C9, 2C19) Do not co-administer with tipranavir, fosamprenavir, atazanavir, non-ritonavir-boosted PIs, and other NNRTIs

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Antiretroviral Dosing, Adverse Reactions, and Interaction Potential




NNRTI		Non-Nucleoside Reverse Transcriptase Inhibitors <i>Rash, hepatotoxicity with all NNRTIs</i>		
Drug	FDA Approved Adult Dosing <i>Recommended or Alternative Initial Antiretroviral Regimens</i>	Tab/Capsule Dosage Form	Common or Important Side Effects & Cautions	Potential Interactions
rilpivirine Edurant® RPV 	<ul style="list-style-type: none"> 25 mg DAILY Take with at least 400 calorie meal containing 13 grams of fat (Part of Alternative Regimen – if meet VL and CD4 criteria)	25 mg	RASH	Substrate of 3A4, Contraindicated with Proton Pump Inhibitors

Entry/Fusion Inhibitors

Drug	FDA Approved Adult Dosing <i>Recommended or Alternative Initial Antiretroviral Regimens</i>	Tab/Capsule Dosage Form	Common or Important Side Effects & Cautions	Potential Interactions
enfuvirtide Fuzeon® T-20/ENF 	<ul style="list-style-type: none"> 90 mg SQ BID 		Injection site reactions; myalgia; pneumonia	Minimal
maraviroc Selzentry® MVC 	<ul style="list-style-type: none"> If given with strong CYP 3A inhibitor PI (except tipranavir): 150mg BID If given efavirenz or rifampin: 600mg BID Otherwise, 300mg BID 	150 mg 300 mg	Hepatotoxicity Upper Respiratory symptoms	Substrate of CYP 3A4; See package insert

Antiretroviral Dosing, Adverse Reactions, and Interaction Potential






Integrase Inhibitors

Drug	FDA Approved Adult Dosing <i>Recommended or Alternative Initial Antiretroviral Regimens</i>	Tab/Capsule Dosage Form	Common or Important Side Effects & Cautions	Potential Interactions
Dolutegravir Tivicay® DTG 	50 mg once daily txmt naïve or no dolutegravir resistance 50 mg BID (twice daily) if txmt experience or known/suspected integrase inhibitor resistance (Part of Recommended Regimen)	50 mg tablet	Insomnia, headache and rarely rash. Increases in Scr – no effect on GFR	50mg BID dosing for txmt naïve pts who are also taking efavirenz, etravirine, fosamprenavir/ritonavir, tipranavir/ritonavir, rifampin or other potent UGT1A/CYP3A inducers Separate from Ca ⁺⁺ antacids and other divalent cation (i.e. Mg ⁺⁺ , Iron) by 2 hours
raltegravir Isentress® RAL 	400mg BID (Part of Recommended Regimen)	400 mg	Nausea, headache, diarrhea, increased creatine kinase	Cautions when administering with strong inducer of UGT IAI (eg rifampin)
Elvitegravir Vitekta® EVG 	85mg once daily MUST be boosted with atazanavir/ritonavir or lopinavir/ritonavir 150mg once daily MUST be boosted with darunavir 600mg/ritonavir 100mg BID, or fosamprenavir 700mg/ritonavir 100mg or tipranavir 500mg BID/ritonavir 200mg BID Take with food	85mg tablet 150mg tablet	Diarrhea, rash, trasaminasemia	Metabolized by CYP3A4 – so significant interactions with potent inhibitors and inducers – see package insert Separate from Ca ⁺⁺ antacids and other divalent cations (i.e. Mg ⁺⁺ , Iron) by 2 hours




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Antiretroviral Dosing, Adverse Reactions, and Interaction Potential

NRTI Combination




Drug	FDA Approved Adult Dosing <i>Recommended or Alternative Initial Antiretroviral Regimens</i>	Tab/Capsule Dosage Form	Common or Important Side Effects & Cautions	Potential Interactions
lamivudine + abacavir Epzicom® 3TC + ABC 	<ul style="list-style-type: none"> One DAILY (Part of Recommended & Alternative Regimen) No food restrictions	300 mg / 600 mg	Transaminasemia if D/C in HBV co-infection (lamivudine) Must have negative HLAB5701 test to avoid hypersensitivity (abacavir)	Minimal
lamivudine + abacavir + zidovudine Trizivir® 3TC + ABC + ZDV 	<ul style="list-style-type: none"> One Twice Daily No food restrictions	150 mg/ 300 mg/ 300 mg	Transaminasemia if D/C in HBV co-infection (lamivudine) Must have negative HLAB5701 test to avoid hypersensitivity (abacavir)	Minimal
Lamivudine + zidovudine Combivir® 3TC + ZDV 	<ul style="list-style-type: none"> One Twice Daily No food restrictions	180 mg/ 300 mg	Transaminasemia if D/C in HBV co-infection (lamivudine) Anemia (zidovudine)	Minimal
emtricitabine + tenofovir disoproxil fumarate Truvada® FTC + TDF 	<ul style="list-style-type: none"> One DAILY (Part of Recommended Regimen) No food restrictions	200 mg/300 mg	Transaminasemia if D/C in HBV co-infection (emtricitabine+tenofovir) Renal Toxicity (tenofovir)	See notation regarding interactions with tenofovir
Emtricitabine + tenofovir alafenamide Descovy® FTC+TAF 	<ul style="list-style-type: none"> One DAILY No food restrictions	200mg/25mg	Not approved for treatment of HBV co-infection Must have eGFR > 30 ml/min prior to start	Drugs that strongly induce P-gp activity (i.e. anticonvulsants, rifamycins and St. John's Wort) will decrease absorption of TAF and decrease clinical efficacy. Inhibitors of P-gp and CYP3A4 can increase levels of TAF – clinical significance unclear.

Antiretroviral Dosing, Adverse Reactions, and Interaction Potential

NRTI + NNRTI Combination (See individual antiretroviral for additional side effects & interaction information)				
Drug	FDA Approved Adult Dosing <i>Recommended or Alternative Initial Antiretroviral Regimens</i>	Tab/Capsule Dosage Form	Common or Important Side Effects & Cautions	Potential Interactions
efavirenz + emtricitabine + tenofovir disoproxil fumarate Atripla™ EFV + FTC + TDF 	<ul style="list-style-type: none"> One DAILY (at bedtime) Preferably empty stomach (Alternative Regimen)	600 mg / 200 mg 300 mg	Transaminasemia if discontinue in HBV co-infection (emtricitabine+tenofovir) Avoid in pregnancy (efavirenz) Renal Toxicity (tenofovir)	See tenofovir and efavirenz & emtricitabine notations
emtricitabine + rilpivirine + tenofovir disoproxil fumarate Complera® FTC+ RPV +TDF 	<ul style="list-style-type: none"> One DAILY Take with at least 400 calorie meal containing 13 grams of fat (Alternative Regimen if meet CD4 & VL criteria)	200mg/25mg/300 mg	Rash (rilpivirine) Transaminasemia if discontinue in HBV co-infection (emtricitabine+tenofovir) Renal Toxicity (tenofovir)	See rilpivirine, tenofovir and emtricitabine notations.
emtricitabine + rilpivirine + tenofovir alafenamide Odefsey® FTC+RPV+TAF 	<ul style="list-style-type: none"> One DAILY Take with at least 400 calorie meal containing 13 grams of fat (Alternative Regimen if meet CD4 & VL criteria)	200mg/25mg/ 25mg	Rash (rilpivirine)	See rilpivirine and emtricitabine notations. TAF substrate of P-glycoprotein

Antiretroviral Dosing, Adverse Reactions, and Interaction Potential


NRTI + Integrase Combination (See individual antiretroviral for additional side effects & interaction information)

Drug	FDA Approved Adult Dosing <i>Recommended or Alternative Initial Antiretroviral Regimens</i>	Tab/Capsule Dosage Form	Common or Important Side Effects & Cautions	Potential Interactions
Elvitegravir + cobicistat + tenofovir disoproxil fumarate + emtricitabine Stribild® EVG/c+TDF+ FTC 	<ul style="list-style-type: none"> One DAILY Take With Food (Recommended Regimen)	150mg/150mg/300mg/200mg	Diarrhea, Nausea, Headache Asymptomatic increase in SCr (cobicistat) Transaminasemia if discontinue in HBV co-infection (emtricitabine+tenofovir) Renal Toxicity (tenofovir) Must have eGFR>70 ml/min prior to start	Elvitegravir substrate of CYP3A4 Cobicistat inhibitor of CYP3A4 – SIGNIFICANT drug interactions due to potent inhibition of liver enzymes: see package insert Separate from Ca++ antacids and other divalent cation (i.e. Mg++, Iron) by 2 hours
Dolutegravir + Abacavir + Lamivudine Triumeq® DTG+ABC+3TC 	One Daily (Recommended Regimen)	50mg/600mg/300mg	Headache, Insomnia, Rash Must have negative HLAB5701 test to avoid hypersensitivity (abacavir) Increases in Scr – no effect on GFR (dolutegravir)	AVOID in txmt naïve pts who are also taking efavirenz, etravirine, fosamprenavir/ritonavir, tipranavir/ritonavir, rifampin or other potent UGT1A/CYP3A inducers Separate from Ca++ antacids and other divalent cation (i.e. Mg++, Iron) by 2 hours
Elvitegravir + Cobicistat + Tenofovir Alafenamide + Emtricitabine Genvoya® EVG/c+TAF+FTC 	One Daily (Recommended Regimen)	150mg/150mg/10mg/200mg	Nausea, Diarrhea, Headache Asymptomatic increase in SCr (cobicistat) LDL increases Must have eGFR >30ml/min prior to start Not approved treatment for HBV	Elvitegravir substrate of CYP3A4 TAF substrate of P-glycoprotein Cobicistat inhibitor of CYP3A4 – SIGNIFICANT drug interactions due to potent inhibition of liver enzymes: see package insert Separate from Ca++ antacids and other divalent cation (i.e. Mg++, Iron) by 2 hours

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Antiretroviral Dosing, Adverse Reactions, and Interaction Potential

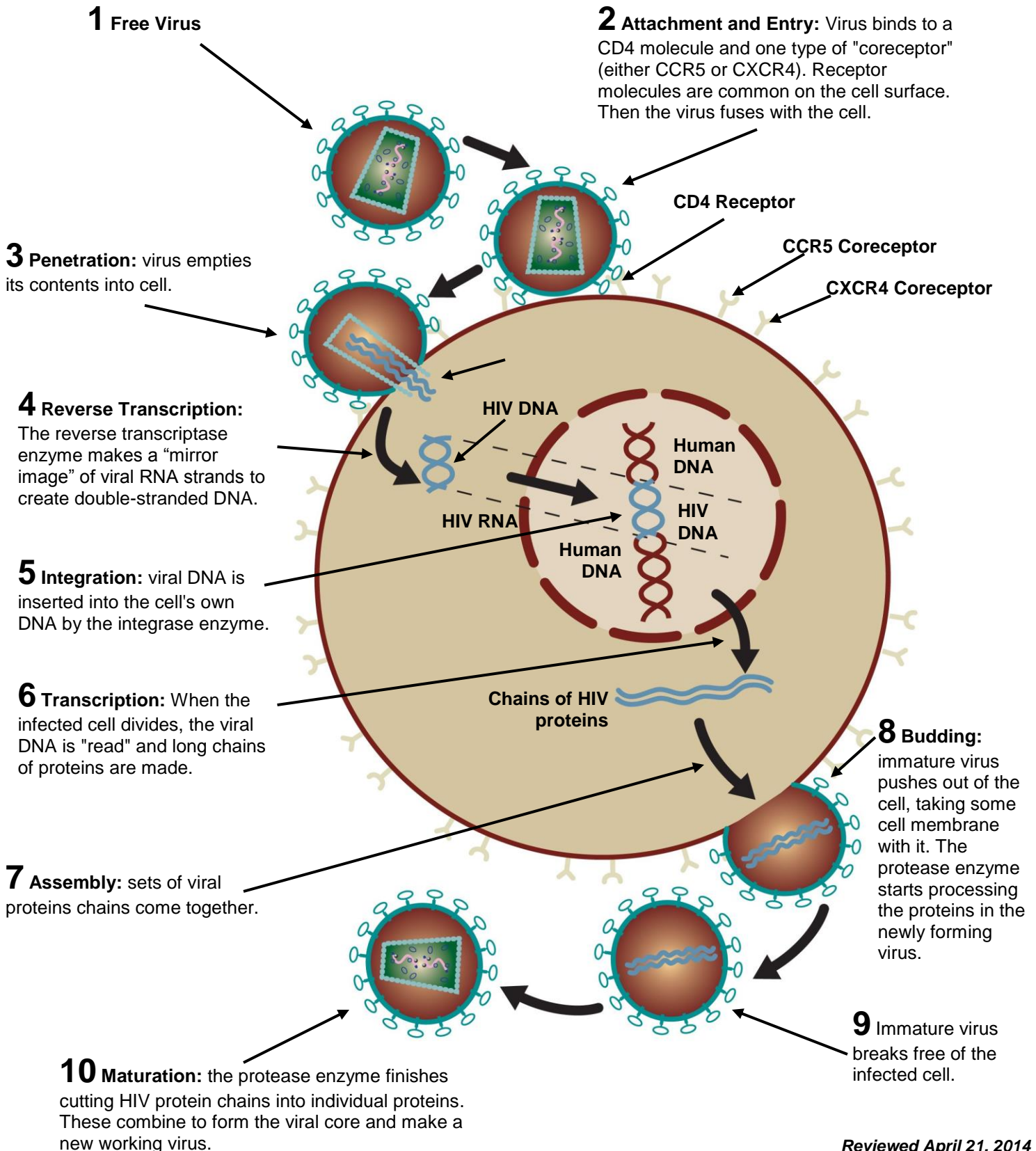
Pharmacokinetic Enhancer

Drug	FDA Approved Adult Dosing <i>Recommended or Alternative Initial Antiretroviral Regimens</i>	Tab/Capsule Dosage Form	Common or Important Side Effects & Cautions	Potential Interactions
Cobicistat Tybost® COBI	 150mg once daily with atazanavir 300mg daily (Part of Alternative Regimen) 150mg once daily with darunavir 800mg daily (Part of Alternative Regimen) Take with food	150mg	Diarrhea, Nausea, fatigue Asymptomatic increase in SCr	Cobicistat inhibitor of CYP3A4 – SIGNIFICANT drug interactions due to potent inhibition of liver enzymes: see package insert

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HIV LIFE CYCLE



Reviewed April 21, 2014



Any

PNA
Flu
TB
Salmonella
Syphilis
HSV/VZV
HPV
KS

Vaccinations:

- Flu vaccine
- Pneumovax
- Hep A & B

Screenings:

- Syphilis
- TB

200

PCP
Fungal
-Candida
-Histo
-Cocci

PCP Prevent:

- TMP-SMX DS
- Dapsone
- Atovaquone
- Pentamidine

100

Toxo
Crypto
PML

Toxo Prevent:

- TMP-SMX DS
- Dapsone + pyrim. + leuco
- Atovaquone

50

MAC
CMV

MAC Prevent:

- Azithro
- Clarithro
- Rifabutin

Ophthal exam:

- r/o CMV

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