Alpha 1-Adrenoreceptor Antagonist: alfuzosin

Sedative/Hypnotics: triazolam, orally administered midazolam

Table 7 provides the dosing recommendations for pediatric patients older than 6 months to less than 18 years of age based on body weight.

Dosing recommendations using tablets:
- Lopinavir and ritonavir tablets once daily dosing regimen is not recommended in pediatric patients.

Table 3.

Lopinavir and ritonavir tablets can be given in once daily or twice daily dosing regimen at dosages noted in Tables 1 and 2. Lopinavir and ritonavir tablets and oral solution are not recommended for once daily dosing in pediatric patients younger than 18 years.
Advise patients to remain under the care of a healthcare provider while using lopinavir and ritonavir and to take lopinavir and ritonavir as prescribed.

Interactions with other medicines. It is important to know the medicines that should not be taken with lopinavir and ritonavir in order to prevent serious reactions. There are some medicines that can be taken with lopinavir and ritonavir, and in some cases, a more effective treatment course can be achieved. It is important to inform your healthcare provider of all medicines and supplements you are taking before starting treatment with lopinavir and ritonavir. Some medicines may need to be stopped or the dosage may be changed to avoid serious interactions. You should not take lopinavir and ritonavir tablets if you:

- Are allergic to any of the ingredients in the tablets
- Have a rare genetic condition called long QT syndrome
- Have a history of heart rhythm problems

Inform patients that lopinavir and ritonavir is not a cure for HIV-1 infection and that they may continue to experience illnesses associated with HIV-1 infection. Patients should be encouraged to continue to take their medicines and to seek medical advice regularly.

Ritonavir is chemically designated as 10-hydroxy-2-methyl-5-(l-methylethyl)-l-[2-(l-methylethyl)-4-thiazolyl]-3,6-dioxo-8,11-bis (phenylmethyl)-10H-dibenzo[b,d]azepine.

Lopinavir and ritonavir oral solution contains ethanol and propylene glycol. Ingestion of the product over the recommended dose by an alcoholic subject may result in serious alcohol withdrawal symptoms (such as delirium tremens) that can be life-threatening. Patients should be advised to avoid alcohol during treatment with lopinavir and ritonavir oral solution.

CLINICAL PHARMACOLOGY

The light yellow lopinavir and ritonavir tablets USP, 100 mg/25 mg and 200 mg/50 mg tablets contain the following inactive ingredients:

- Microcrystalline cellulose
- Sucrose
- Mannitol
- Fumaric acid
- Magnesium stearate
- Hypromellose
- Polyethylene glycol
- Tartrazine (USP, yellow)
- Hypromellose acetate succinate
- Titanium dioxide
- FD&C Blue No. 2, aluminum lake
- FD&C Yellow No. 6

Twice daily regimen without nevirapine and the 300/75 mg/m² dose of lopinavir/ritonavir was used in the studies. In the study, patients were administered at least two nucleoside analogues as part of their anti-HIV treatment regimen. Patients were randomized in a 1:1 ratio to receive either lopinavir and ritonavir 400/100 mg twice daily or lopinavir and ritonavir 400/100 mg once daily.

Safety, efficacy and pharmacokinetic profiles of the two dose regimens were assessed after three weeks of therapy in each patient. After 48 weeks of treatment, patients achieving confirmed HIV-1 RNA < 400 copies/mL were randomized to continue treatment with either the same dose of lopinavir and ritonavir or to decrease the dose by 50%.

In the studies, the largest increase in plasma levels of lopinavir was seen in patients receiving rifampin. Lopinavir and ritonavir, ritonavir inhibits the CYP3A-mediated metabolism of lopinavir, thereby providing increased plasma levels of lopinavir.

Lopinavir pharmacokinetics have not been studied in patients with renal impairment; however, since the renal clearance of lopinavir is very low, lopinavir is unlikely to accumulate in patients with renal impairment. The pharmacokinetics of lopinavir and ritonavir were found to be linear up to a dose of 200 mg twice daily.

In the study, patients achieved and maintained confirmed HIV-1 RNA < 400 copies/mL through Week 48. Fifteen percent of patients in the lopinavir and ritonavir arm and 14% of patients in the ritonavir arm discontinued treatment due to virologic failure. The discontinuation rate due to other reasons was 23% in the lopinavir and ritonavir arm and 26% in the ritonavir arm.