

6 ANTIBIOTICS

6.01 AMINOGLYCOSIDES

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
Gentamicin Inj 80mg/2ml (as sulphate)	EDL	IM or IV infusion (max conc 10mg/ml): 3-5mg/kg/DAY given q8h. Neonate < 2 wk 3mg/kg/DOSE given q12h, 2 wk-12 yo 2mg/kg/DOSE given q8h. IV infusion: reconstitute every 80mg in 100mls of D5/NS to infuse over 30-60 min.
Gentamicin Sulphate Impregnated Collagen Fleece (containing 467mg collagen, 58mg gentamicin sulphate corresponding to 35mg gentamicin, 175mg gentamicin crobefate corresponding to 35mg gentamicin) 5 x 8 cm (Septocoll)		To fill affected cavity as needed, for use in OR in wound infection treatment or prophylaxis.

COMMENT/CAUTIONS:

- **S/E:** Dose-related, ototoxicity and nephrotoxicity; avoid concurrent use with potentially ototoxic diuretics e.g. frusemide, cephalosporins and amphotericin.
- If plasma level monitoring is available: first assay 24 hrs after starting, twice weekly, peak levels taken 1 hour after dosing (range 5-12mg/L), trough levels taken just before the next dose (range < 2mg/L).

6.02 CEPHALOSPORINS

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
Cefaclor Tab 250mg & 500mg (Distaclor)	NF	Adult 250-500mg q8h, max 4g/DAY. Child 1-5yo 125mg q8h, > 5yo 250mg q8h, or 20mg/kg/DAY given q8h, max 1g/DAY.
Cefalexin Monohydrate Cap 250mg & 500mg; Suspension 125mg/5ml & 250mg/5ml (Ceporex) [Cephalexin]		250mg q6h, max up to 500mg q6h; child 25-50mg/kg/DAY (max 1g/DOSE) q6-12h. Max 4-6g/DAY.
Cefazolin Injection 1g vial (Ancef/Kefzol)		<p>Adult usual doses, IV/IM 500mg-1g q6-12h, max 4g/DAY; child usual doses given IV 25-50mg/kg/DAY in divided doses q6-8h, max 100mg/kg/DAY.</p> <p>Reconstitute IM 1g with 2.5ml WFI and inject into a large muscle mass. For IV injection further dilute 1g with 10ml WFI and inject slowly over 3-5 min, for IV infusion further dilute 1g with 50-100mls of D5/NS/SL and infuse over 20-60min.</p>
Ceftazidime Inj 1g vial (Fortum)	EDL	<p>Deep IM, slow IV inj or IV infusion, 1g q8h or 2g q12h; severe infections 2g q8-12h (IM dose > 1g divide between 2-4 sites). IV route only for single doses > 1g; child 30-100mg/kg/DAY given q8h. Severe infection in neonate: 25-60mg/kg/DAY given q12h.</p> <p>Reconstitute IM 1g with 3ml WFI and inject into a large muscle mass. Slow IV further dilute 1g with 10ml WFI, inject over 3-5 min; IV infusion further dilute 1g with 50-100mls of D5/NS and infuse over 15-30min.</p>

Cont. next page

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
Ceftriaxone Sodium Inj 1g vial (IM/IV) (Rocephin)	EDL	<p>Deep IM, slow IV or IV infusion, 1-2g once daily for adult/child > 12yo; max 4g/DAY (IM dose > 1g divide between 2-4 sites). Infant/child < 12 yo 20-50mg/kg/DAY; severe: IV infusion 50-80mg/kg/DAY.</p> <p>Reconstitute IM 1g in 3.6ml WFI and inject into a large muscle mass. For IV inj, dilute 1g with 10ml WFI and inject slowly over 2-4 min. For IV infusion further dilute 1g with 50-100mls of D5/NS and infuse over 10-30min or over 60min in neonates.</p>
Cefuroxime Sodium Inj 750mg (Zinacef)	MSL	<p>IM, slow IV or IV infusion, 750mg q6-8h; doubled in severe infections; IV only for single doses > 750mg. Prophylaxis IV 1.5g then 750mg q8h for 24-48 hrs. Child 10-30mg/kg/DOSE q8h.</p> <p>Reconstitute IM/slow IV 750mg with 3ml WFI, inject into a large muscle mass or slow IV over 3-5 min, IV infusion further dilute 750mg with 50-100mls of D5/NS/SL and infuse over 15-30min (max conc 30mg/ml).</p>

COMMENT/CAUTIONS:

- 10% of patients with hypersensitivity to penicillin will also be allergic to cephalosporins.

6.03 CHLORAMPHENICOLS

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
*Chloramphenicol Cap 250mg	EDL	Oral, given 6 hourly, adult/child 50mg/kg/DAY; up to 100mg/kg/DAY in severe infections; infants < 2 wks 25mg/kg/DAY.

COMMENT/CAUTIONS:

- **Chloramphenicol** is a potent, potentially toxic, broad-spectrum antibiotic, monitor closely for side effects: may cause marrow depression (rarely idiosyncratic marrow aplasia that may be fatal, and dose related suppression reversible on stopping). Monitor blood counts regularly.

6.04 MACROLIDES

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
*Clarithromycin Tab 250mg (Klacid)	NF	Usual adult dose 250mg q12h; severe 500mg q12h for 5-7 days.
Erythromycin Stearate Suspension 125mg/5ml	EDL	Child up to 2 yo 125mg q 6 hourly, 2-8 yo 250mg q6h, double dose in severe infection.
Erythromycin Ethyl Succinate Tab 400mg (EES)	MSL EDL	400mg q6h; max 4g/DAY given in divided doses for severe infection.
Erythromycin Stearate Tab 250mg & 500mg	MSL EDL	250-500mg q 6 hourly; max 4g/DAY in divided doses for severe infection.

COMMENT/CAUTIONS:

- **Clarithromycin Indications:** Please use for the treatment of complicated infection especially respiratory tract infection, unresponsive to standard macrolides or in patients intolerant or allergic to standard macrolides.
- **Macrolides S/E:** nausea/vomiting, diarrhoea, and **arrhythmias**, avoid concomitant use with astemizole, terfenadine, cisapride, disopyramide, amiodarone & other arrhythmogenic drugs.
- **Drug interactions:** Macrolides are P450 enzyme inhibitors and may increase levels of anticoagulants, antiepileptics, antipsychotics, anxiolytics/hypnotics, ciclosporin, theophylline.

6.05 PENICILLINS

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
Amoxicillin 1g/ Clavulanate 200mg Inj (Augmentin 1.2g) [Co-Amoxiclav]	EDL	Adult, slow IV (over 3-4 min) or IV infusion (diluted in 100ml NS/WFI over 30-40 min), 1.2g (amoxicillin/ clavulanate) every 6-8 hrs.
Amoxicillin 500mg/ Clavulanate K 125mg Tab [Co-Amoxiclav] (Augmentin 625mg)	EDL	Adult/child > 12yo, 1 tab (625mg) 12 hourly.
Amoxicillin 250mg/ Clavulanate K 125mg Tab [Co-Amoxiclav] (Augmentin 375mg)	EDL	Child 7-12 yo (18-40kg) 1 tab (375mg) q8-12h; double doses in severe infection.
Amoxicillin 200mg/ Clavulanate K 28mg Syrup [Co-Amoxiclav] (Augmentin 228mg/5ml)	EDL	Child 7-12 yo 10ml/DOSE, 2-7 yo 5ml/DOSE, 9 mth- 2 yo 2.5ml/DOSE, doses given every 12 hourly.
Amoxicillin Cap 250mg & 500mg, Suspension 125mg/5ml (Amoxyl)	EDL	Adult 250mg q 8 hourly, double in severe infections; in severe or recurrent purulent respiratory infection 3g every 12 hours. Child up to 10 yo 125mg q8h. Prophylaxis: adult 3g; child < 5 yo 750mg and < 10 yo 1.5g, given 1 hr pre-procedure, repeat 6 hrs later if needed.
Cloxacillin Sodium Cap 500mg & Suspension 125mg/5ml	EDL	500mg q6h given 30 min before food; child 2-10 yo 250mg q6h, < 2 yo 125mg q6h.

Cont. next page

6.06 QUINOLONES

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
Ciprofloxacin (as HCl) Tab 250mg & 500mg (Ciprobay)	<i>MSL</i> <i>EDL</i>	Adult, 500-750mg q 12 hourly. Prophylaxis, adult 750mg 60-90 min before procedure.

COMMENT/CAUTIONS:

- **Quinolones:** Equivalent plasma concentrations when given orally or IV, so **use oral route as soon as possible**. Cautious use in pregnancy, children and epilepsy. May cause tendon damage: at the first sign of unexplained pain or inflammation, advise patient to discontinue treatment and rest the affected limb until tendon symptoms have resolved.

6.07 SULPHONAMIDES

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
*Trimethoprim 40mg + Sulfamethoxazole 200mg /5ml Susp [Co-trimoxazole] (Bactrim 240mg/5ml)	<i>EDL</i>	Child 6 wk - 5 mth 120mg; 6 mths-5 yo 240mg; 6-12 yo 480mg; every 12 hourly.
*Trimethoprim 160mg + Sulfamethoxazole 800mg Tab [Co-trimoxazole] (Bactrim 960/tab)	<i>MSL</i> <i>EDL</i>	960mg q12h, double dose in severe infections; 480mg q12h if treating for > 14 days. High dose for <i>P. carinii</i> infections: 120mg/kg/DAY in divided doses.

COMMENT/CAUTIONS:

- **Trimethoprim** – Avoid in the first trimester of pregnancy.

6.08 TETRACYCLINES

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
* Doxycycline Cap 100mg (Vibramycin)	MSL EDL	Take with plenty of fluid, general infections 200mg on first day then 100mg daily; severe infections, 200mg daily. Malaria prophylaxis, adult & child > 12 yo, 100mg daily, starting 1 week before travel and continued 4 weeks after leaving the malarial region. Malaria treatment adjunct to chloroquine or quinine in Fansidar-resistance/intolerance, 200mg daily for at least 7 days.

COMMENT/CAUTIONS:

- **Doxycycline Drug Interaction:** Antacids and iron and zinc salts may reduce its absorption.
- **S/E:** deposited in growing bone/teeth, may cause staining and occasionally dental hypoplasia, do not give to children under 12 years or to pregnant/breast-feeding women. May cause photosensitivity - avoid skin exposure to direct sunlight or sun lamps.

6.09 OTHER ANTIBACTERIALS

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
* Clindamycin HCl Hydrate Cap 300mg (Dalacin C)	EDL	Staphylococcal bone and joint infections, 150-300mg q6h, up to 450mg q6h in severe infections; child 3-6mg/kg/DOSE q6h. <i>Toxoplasma gondii</i> encephalitis treatment, 150-450mg q 6-8 hourly, max 1.8g/DAY; infant/child 10-30mg/kg/DAY given q6-8h. Take capsules with a glass of water.

Cont. next page

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
*Metronidazole Inj 500mg/100ml (Flagyl)	EDL	IV infusion only, (in NS over 30-60 min of conc 5-8mg/ml) 500mg q8h. Child, loading dose 15mg/kg, maintenance 7.5mg/kg (max 600mg) neonate q12h, child > 4 wks q8h.
*Metronidazole Tab 200mg or 250mg & Suspension 200mg/5ml or 125mg/5ml (Flagyl)	MSL EDL	Anaerobic, 400-500mg q8h; child 7.5mg/kg /DOSE given 8 hourly. Trichomoniasis: adult/child > 10 yo 125-200mg q8h x 7 days. Amoebiasis: 400-800mg q8h x 5-10 days.
*Metronidazole Suppository 500mg & 1g (Flagyl)	MSL	Insert 1g suppository rectally every 8 hours; child 5-10 yo 500mg every 8 hours.
*Rifampicin Cap 300mg	NF EDL	Note. Resistance develops rapidly when given as monotherapy. Prescribe adjunct therapy always. Serious staphylococcal infections, 300mg q8-12h, max 1200mg daily in divided doses. Meningitis prophylaxis, 600mg q12h, child 10mg/kg (<1yo 5mg/kg) q12h, for 2 days.
*Trimethoprim Tab 100mg	EDL	UTI: treatment 200-300mg 1-2 times daily for 3-7 days or 1200mg stat; prophylaxis 100-300mg at night.
*Vancomycin (as HCl) Inj 1g Specified indication only (see Comment).	EDL	IV infusion, adult 500mg q6h or 1g q12h; neonate: initially 15mg/kg/DOSE, maintenance 10mg/kg/DOSE q12h for neonate < 1 wk, q8h for neonate > 1 wk old, q6h for infant > 1 mth old. Reconstitute 1g with 10ml WFI, further dilute with 100-200mls of D5/NS to give conc 5-10mg/ml, infuse 500mg over 60min or 1g over 100min (max rate 10mg/min).

Cont. next page

COMMENT/CAUTIONS:

- **Clindamycin S/E:** Discontinue immediately if diarrhoea develops.
- **Metronidazole S/E:** avoid alcohol, may cause a disulfiram-like reaction (flushing, palpitations etc). Others: unpleasant taste, furred tongue, dizziness, headache, ataxia, dark urine, leucopenia, rarely peripheral neuropathy.
- **Rifampicin Drug Interactions:** potent hepatic enzyme inducer, may reduce levels of other drugs, e.g. estrogens, corticosteroids, phenytoin, sulphonylureas and anticoagulants.
- **Rifampicin S/E:** transient increase in liver enzymes level (seek urgent medical advice if nausea/vomiting or jaundice; monitor liver function); red discoloration – urine/sputum/tears/soft contact lenses.
- **Vancomycin indications:** 1) Confirmed MRSA infection; 2) MRSA prophylaxis in ICU; 3) septicaemia in IV drug users; 4) bone infections (haematogenous, adult/child/prosthetic joint); 5) gastroenteritis with *clostridium difficile* toxin & positive antibiotic associated colitis.
- **Vancomycin** is not absorbed orally, oral route is only for treating pseudomembranous colitis.
- **Vancomycin S/E:** Monitor renal & auditory function in patients prescribed concurrent drugs that are neurotoxic and/or nephrotoxic e.g. aminoglycosides, amphotericin B and frusemide.
- **Vancomycin Injection:** Avoid rapid IV infusions, may lead to anaphylactoid reactions. If plasma level monitoring is available: target peak level (1 hr after end of an infusion) 29-45mg/l, trough level (just before next dose) 5-10mg/l.

6.10 ANTIFUNGALS

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
*Amphotericin B (as sodium deoxycholate complex) Inj 50mg (Fungizone) °Fridge Item	NF EDL	IV infusion (see Comment for admin details & test dose) 250ug/kg/DAY, gradually increased if tolerated to 1mg/kg/DAY; max 1.5mg/kg given daily or on alternate days.
Clotrimazole Vaginal Tab 500mg (Canesten)		Vulvovaginal candidiasis: Insert 500mg at night as a single dose.
Griseofulvin Tab 500mg (Grivin)	EDL	500mg daily in 1-2 divided doses; child 10mg/kg/DAY in 1-2 divided doses.

Cont. next page

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
Itraconazole Cap 100mg (Sporanox)		Pityriasis versicolor: 200mg daily for 7 days; tinea corporis/cruris 100mg daily x 15 days. Vulvovaginal candidiasis: 200mg twice daily x 1 day.
*Ketoconazole Tab 200mg (Nizoral)	NF	Systemic fungal infection: 200mg daily with food for 14 days. Child: 3mg/kg/DAY.
Nystatin Suspension 100,000 units/ml (Mycostatin)	EDL	Oral candidiasis: 100,000iu q6h (place in mouth after food) usually for 7 days, continue for 48 hours after lesions resolved.

COMMENT/CAUTIONS:

- **Amphotericin** lipid complex (Abelcet), liposomal (Ambisone) and colloidal (Amphotec/Amphocil) formulations have different drug profiles compared to conventional Amphotericin B (Fungizone). Consult individual product information for dosing details.
- **Amphotericin** is toxic when given parenterally. Reconstitute each 50mg vial with 10ml WFI to produce a 5mg/ml solution, then dilute further in 490ml of D5 to a 100ug/ml (1mg/10ml) solution (pH of glucose must not be below 4.2); give initial test dose of 1mg in 10mls over 20-30 min, observe patient, if no adverse reaction after 30min infuse dose as required over 2-4 hours, protect from light, incompatible with saline solutions. Side effects include fever, chills, hypotension, nausea, nephrotoxicity and thrombophlebitis. Monitor for hypokalaemia and weekly blood counts are advisable. Systemic corticosteroids may be needed. Avoid giving other nephrotoxic drugs concomitantly.
- DRUG-INDUCED CANDIDIASIS: oral thrush and other stomatitis are sometimes induced by broad-spectrum antibiotics & cytotoxics (withdraw if possible) or inhaled corticosteroids (reduce by using spacer device, or rinsing/wiping mouth with water after inhalation).
- **Ketoconazole** has been associated with fatal hepatotoxicity, monitor liver function regularly.

[Note: Please refer to current local and national guidelines for drug and regimen of choice for malaria prophylaxis and treatment, advise on importance of prevention of mosquito bites.]

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
*Chloroquine Suspension 10mg/ml (base)	EDL	Treatment of benign malaria (as above), child initial dose of 10mg/kg followed by 5mg/kg after 6-8 hours, then 5mg/kg on each of the following 2 days. See BNF for detailed prophylactic doses for children.
*Doxycycline Cap 100mg (Vibramycin)	MSL EDL	Treatment of malignant malaria (<i>P. falciparum</i>), with quinine, adult only, 200mg daily for at least 7 days. Prophylaxis, adult or > 12 yo, 100mg daily. [1 wk Before – 4 wks After].
*Mefloquine Tab 250mg (Lariam)	EDL	For severe chloroquine-resistant malignant malaria (<i>P. falciparum</i>), adult 20-25mg/kg as a single dose (max 1.5g) or preferably as 2-3 divided doses given 6-8 hours apart. Prophylaxis: adult or > 13 yo (> 45 kg), 250mg once WEEKLY, child dose see BNF. [2-3 wks Before – 4 wks After].
*Proguanil Tab 100mg	EDL	Prophylaxis, with chloroquine, adult or > 13 yo (> 45 kg), 200mg (2 tabs) DAILY, child dose see BNF. [1 wk Before – 4 wks After].
Quinine Sulphate Tab 300mg [300mg salt = 250mg base]	EDL	Treatment of malignant malaria (<i>P. falciparum</i>), dose as salt , adult 600mg (2 tabs) every 8 hours for 7 days, given with Fansidar single dose or doxycycline for 7 days if quinine resistance suspected.

Cont. next page

[Note: Please refer to current local and national guidelines for drug and regimen of choice for malaria prophylaxis and treatment, advise on importance of prevention of mosquito bites.]

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
Quinine DiHCl Inj 600mg/2ml	EDL	Treatment of malignant malaria in seriously ill patient (<i>P. falciparum</i>), dose as salt , adult, IV (in NS) loading dose 20mg/kg (max 1.4g) over 4 hours, then after 8-12 hours maintenance dose 10mg/kg or max 600mg infused over 4 hours every 8-12 hours until patient can swallow tablets to complete 7 day course, given with Fansidar single dose or doxycycline for 7 days if quinine resistance suspected. For IV infusion further dilute 600mg with 50-100mls of D5/NS and infuse over 4 hours.
Sulfadoxine 500mg, Pyrimethamine 25mg Tab (Fansidar)	EDL	Treatment as single dose with chloroquine for benign malaria (<i>P. vivax, ovale & malariae</i>) or with quinine for malignant malaria (<i>P. falciparum</i>), adult 3 tabs; child < 4 yo half a tablet; 4-8 yo 1 tab; > 8 yo 2 tab, given with first dose of chloroquine/quinine.

COMMENT/CAUTIONS:

- **Chloroquine S/E:** hepatic/renal impairment, avoid concurrent therapy with hepatotoxic drugs. May cause reversible retinal damage (ophthalmic examinations with long term treatment).
- **Proguanil:** If used in pregnancy for prophylaxis, give 5mg folic acid oral supplement daily.
- **Mefloquine & chloroquine:** Avoid in patients with a history of epilepsy.
- **Return from malarial region:** Advise to see doctor and mention possible exposure to malaria if malaria symptoms develop, especially within 3 months of return.
- See section 6.08 Tetracyclines on notes on **Doxycycline** dose & side effects.

6.12 ANTHELMINTICS/ANTIPARASITICS

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
Albendazole Tab Chewable 400mg	EDL	Strongyloidiasis: 400mg twice daily for 3 days, repeat after 3 weeks if necessary.
Diethylcarbamazine Tab 50mg (Hetrazan)	EDL	Effective against microfilariae and adults of <i>Loa loa</i> , <i>Wuchereria bancrofti</i> and <i>Brugia malayi</i> : initially 1mg/kg/DAY on day 1, increase gradually over 3 days to 6mg/kg/DAY, given in divided doses; maintain dose for 21 days.
Levamisole Tab 50mg (Decaris, Ergamisol)		Ascariasis (roundworm), hookworm and mixed ascariasis & hookworm infections: adult & child > 2 mth 2.5mg/kg as a single dose (adult max 150mg); severe hookworm infections, give a second dose after 7 days.
Mebendazole Tab Chewable 100mg (Vermox)	MSL EDL	Threadworms/pinworms (<i>Enterobius vermicularis</i>), adult & child > 2 yo, 100mg single dose, repeat after 2-3 weeks if reinfection occurs. Whipworm, hookworm (ancylostomiasis, necatoriasis), roundworm (<i>Ascaris lumbricoides</i>), adult & child > 2 yo, 100mg q12h for 3 days.
Metronidazole Tab 200mg, Suspension 200mg/5ml	MSL EDL	Invasive intestinal amoebiasis: in 3-4 divided doses, adult 2.4g/DAY x 5 days, child 1-3 yo 600mg/DAY, 3-7 yo 800mg/DAY, 7-10 yo 1.2g/DAY. Giardiasis (<i>Giardia lamblia</i>): 250mg q8h, child 15mg/kg/DAY given q8h, for 5 days.

Cont. next page

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
Praziquantel Tab 600mg (Cysticide)	EDL	Tapeworm (<i>Taenia solium</i>): Taenicide, single dose 10-20mg/kg after light breakfast. <i>Hymenolepis nana</i> , single dose 25mg/kg. Bilharziasis (<i>Schistosoma haematobium</i> or <i>S. mansoni</i>): schistosomicide, 40mg/kg/DAY in 2 divided doses 4-6 hours apart on one day. <i>S. japonicum</i> : 60mg/kg/DAY in 3 divided doses for one day.

COMMENT/CAUTIONS:

- Anthelmintics should be combined with hygienic measures to break the autoinfection cycle – advise patients to wash hands and scrub fingernails before meals and after visits to the toilet and to bath/shower daily. If patient has normal bowel movements a purgative is not needed. All members of the family require treatment.

6.13 ANTIVIRALS

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
Aciclovir Tab 200mg (Zovirax)	EDL	Herpes simplex infection, adult/child > 2 yo 200mg (400mg in immunocompromised) 5 times daily for 5 days; child < 2 yo half adult dose, 5 times daily for 5 days. Varicella/herpes zoster, adult 800mg 5 times a day for 7 days; child 20mg/kg max 800mg 4 times daily for 5 days or child < 2 yo 200mg 4 times daily, 2-5 yo 400mg 4 times daily, > 6 yo 800mg 4 times daily.
Aciclovir Cream 5% (Zovirax)		Herpes simplex infections: begin treatment as early as possible (intact blisters); apply to lesions 4 hourly (5 times daily) for 5 days.

Cont. next page

GENERIC (TRADE) NAME	CAT.	INDICATION/DOSE
Indinavir Cap 400mg (Crixivan) Specified indication only.	EDL	ONLY for post-exposure prophylaxis among health workers in high risk HIV occupational exposure: 800mg every 8 hrly, before food with plenty of water (~1.5 litre every day).
Lamivudine Tab 150mg (Zeffix) Specified indication only.	EDL	ONLY for post-exposure prophylaxis among health workers in high risk HIV occupational exposure: 150mg every 12 hourly.
Zidovudine Cap 100mg (Retrovir) [Azidothymidine/AZT] Specified indication only.	EDL	ONLY for post-exposure prophylaxis among health workers in high risk HIV occupational exposure: 300mg every 12 hourly, or 200mg every 8 hourly to minimize side effects.

COMMENT/CAUTIONS:

- **Aciclovir:** higher doses may be required in immunocompromised patients. To reduce risk of nephrotoxicity with IV route it is essential to give infusion over 60 minutes, maintaining adequate hydration and avoiding concurrent administration of other nephrotoxic drugs.
- **Post-Exposure Prophylaxis (PEP)** – please refer to current guidelines.