

Antiretroviral Drug Dosing Chart for Children (2009)

Target dose	Stavudine (d4T)	Lamivudine (3TC)	Zidovudine (AZT)	Didanosine (ddI)	Abacavir (ABC)	Efavirenz (EFV)	Nevirapine (NVP)	Lopinavir/ritonavir (LPV/r)rtv	Ritonavir boosting (RTV)	Co-trimoxazole	Multi-vitamins	Target dose	
	1mg/kg dose TWICE daily	4-5mg/kg dose TWICE daily	240mg/m ² /dose TWICE daily	90-120mg/m ² /dose TWICE daily	8mg/kg/dose TWICE daily	By wt. band ONCE daily	150mg/m ² /dose * TWICE daily	300/75mg/m ² /dose LPV/rtv TWICE daily	** ONLY as booster for LPV/rtv when on Efavirenz TWICE daily Sol. 80mg/ml	ONCE daily	ONCE daily	Available formulations	
Available formulations:	Sol. 1mg/ml Caps 15,20,30mg	Sol. 10mg/ml Tabs 150mg (scored)	Sol. 10mg/ml Caps 100mg Tabs 300mg (not scored)	Tab 25,50,100mg (dispersible in 30ml water) Caps 250mg EC	Sol. 20mg/ml Tabs 300mg (not scored)	Caps 50, 200mg Tabs 50, 200, 600mg (not scored)	Sol. 10mg/ml Tabs 200mg (scored)	Sol. 80/200mg/ml Tabs 200/50mg, 100/25mg		Sol. 40/200mg/5ml Tabs 80/400mg (scored)	Sol. Tabs (B Co)	Available formulations	
Wt. (kg)												Wt. (kg)	
<3	Consult with a clinician experienced in paediatric ARV prescribing for neonates (<28 days of age) and infants weighing <3kg										2.5ml	2.5ml	<3
3-3.9	6ml	3ml	6ml	avoid	3ml	Dosing <10kg not established	5ml	1ml	**1ml			3-3.9	
4-4.9								1.3ml	**1.2ml	5ml OR ½ tab		4-4.9	
5-5.9	7.5mg: open 15mg capsule into 5ml water; give 2.5ml & discard rest		9ml	2x25mg tabs								5-5.9	
6-6.9	10mg: open 20mg capsule into 5ml water; give 2.5ml & discard rest				4ml		1ml					6-6.9	
7-7.9												7-7.9	
8-8.9												8-8.9	
9-9.9												9-9.9	
10-10.9	15mg: open 15mg capsule into 5ml water	6ml	12ml	1x50mg-1x25mg tabs am; 2x25mg tabs pm	6ml	200mg cap/tab	10ml	2ml twice daily OR 100/25mg tab; 2 tabs am, 1 tab pm	**1.5ml		3ml	10-10.9	
11-11.9												11-11.9	
12-13.9												12-13.9	
14-16.9	20mg: open 20mg capsule into 5ml water	½ tab	1 caps am; 1 cap pm	2x50mg tabs am; 1x50mg-1x25mg tabs pm	7ml	200mg cap/tab + 50mg cap/tab	1 tab am; ¼ tab pm	2.5ml twice daily OR 100/25mg tab; 2 tabs twice daily	**2ml	10ml OR 1 tab		14-16.9	
17-19.9				2x50mg tabs	8ml							17-19.9	
20-24.9	20mg am; 30mg pm	1 tab am; 1/2 tab pm	2 caps	1x100mg tab+ 1x25mg tab twice daily OR 1x250mg EC cap once daily	10ml	200mg cap/tab + 2x50mg caps/tabs		3ml twice daily OR 100/25mg tab; 3 tabs am, 2 tabs pm	**2.5ml			20-24.9	
25-29.9	30mg	1 tab	1 tab		1 tab	200mg cap/tab + 3x50mg caps/tabs	1 tab	3.5ml twice daily OR 200/50mg tabs; 2 tabs am, 1 tab pm	**3ml			25-29.9	
30-34.9						2x200mg caps/tabs		4ml twice daily OR 200/50mg tab; 2 tabs am, 1 tab pm		2 tabs	1 tab	30-34.9	
35-39.9								5ml twice daily OR 200/50mg tab; 2 tabs twice daily	**3ml			35-39.9	
>40						600mg tab						>40	

* A lead-in dose of nevirapine is given for the first 14 days of treatment equivalent to half of maintenance dose i.e. usual maintenance dose but given once-daily. Increase to full maintenance dose after 14 days if no rash develops.

Compiled by J. Nunnall & S. Kaiman for the Paediatric HIV/TB Policy Reference Group, Western Cape. Adapted from World Health Organization guidelines, 2006 & 2009.

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$$\text{Body Surface Area (BSA)} \text{ m}^2 = \sqrt{\frac{\text{Mass (kg)} \times \text{Height (cm)}}{3600}}$$

8.2 TIMING OF DOSING

Fig. 1. Weight-based dosing chart.

There is a common misconception that ARVs need to be given exactly 12 hours or 24 hours apart. This is because older drugs with very short half-lives needed to be dosed exactly on time. However, there is much more flexibility with the drugs in current use. Drugs

with twice-daily doses can generally be given between 10 and 14 hours apart. For drugs that are dosed with meals, the best approach is to give them strictly twice daily with breakfast and supper. It is clearly much more important to fit the drugs into our patients' lifestyles than vice versa.