Hyperglycaemia: disorders should be managed as clinically appropriate. Not recommended.

For contraindicated co-prescribing, further combinations which should be avoided include, but are not limited to, NNRTIs, Osteonecrosis: reactions may arise and cause serious clinical conditions or aggravation of symptoms. Typically, such reactions occur within the first combination antiretroviral therapy, an inflammatory reaction to asymptomatic or residual opportunistic pathogens may have occurred in patients receiving atazanavir. Hepatic transaminase elevations that occur with transferase (UGT), have occurred in patients receiving atazanavir. Thereby, increasing the risk of serious arrhythmias

Lipodystrophy: the absorption of atazanavir may be reduced in situations where gastric pH is increased otherwise noted. Significantly, some studies were conducted with atazanavir without ritonavir, i.e. unboosted. Also, in products are listed in the table below; the studies presented in Table 1 were conducted in healthy adult subjects unless contraception is recommended.

Adults: The recommended dose of Atazanavir (as sulfate)/Ritonavir 300mg/100mg tablets is one tablet taken once daily. Atazanavir Sulphate IP equivalent to 300mg/100mg Tablets is used due to the risk of adverse effects or loss of efficacy due to drug-drug interactions.

Osteonecrosis: may lead to severe hypotension. Increased plasma concentrations of ergot antagonists may lead to severe hypotension.

Antiarrhythmics Amiodarone, bepridil, encainide, flecanide, propafenone, quinidine, ergotamine, methylergonovine, Vardenafil administered midazolam)

Concomitant medicinal product levels increased from these agents. (For caution on parenterally diazepam, estazolam, flurazepam, oral midazolam and precautions for coadministration of sildenafil in and simvastatin. Thereby, increasing the risk of serious arrhythmias

Rifabutin 150 mg twice daily when co-administered with ritonavir 100 mg QD) Didanosine (enteric coated 400 mg single dose) Abacavir Not studied, but no significant effect on atazanavir AUC

Voriconazole Co-administration of Atzanavir  with atazanavir 400 mg QD

Antifungals trimethoprim

Proton pump inhibitors due to CYP3A4 inhibition..

Digoxin AUC due to CYP3A4 inhibition..
Carbamazepine is an inducer and a

**ANTICONVULSANTS**

atazanavir 300 mg QD with maintenance dose Methadone, stable

Buspirone An increase in the plasma concentration (0.125 mg single dose / Clorazepate, diazepam, increase in adverse events. The that these effects are likely greater for ritonavir may result in increased plasma induction develops.

Corticosteroids metabolized via the substrate of CYP3A.

ritonavir. Because of the inducing effect of 19%

corticosteroids concentrations

Increased concentrations

increased concentrations.

of buspirone is expected due to protease inhibitors suggest a possible based on data for other CYP3A4 effect.

contraindicated

Ritonavir 300 mg/100mg Tablets is therefore increased plasma concentrations of pethidine contraindicated.

In a randomised, open-label, multicenter, prospective trial of treatment-naïve patients, atazanavir/ritonavir (300 mg/100

zolpidem doses)

The most frequently reported laboratory abnormality in patients receiving regimens containing atazanavir+ritonavir

In repeat-dose toxicity studies conducted in mice, rats, and dogs, atazanavir-related findings were generally confined to subjects with mild to moderate hepatic impairment (Child Pugh Class A and B, 400 mg twice daily) exposure to ritonavir

Elimination

products metabolised by CYP3A4).

In these studies renal elimination was not found to be a major route of elimination of ritonavir. This was consistent with

Metabolism

meal for 12 weeks, atazanavir was detected in the cerebrospinal fluid and semen.

relative to the fasting state. To enhance bioavailability and minimise variability, atazanavir is to be taken with food.

Co-administration of atazanavir and ritonavir with food optimises the bioavailability

Averaged difference was 0.13 log10 copies/ml (atazanavir/ritonavir -lopinavir/ritonavir). Treatment response was durable

The primary endpoint was the time-averaged difference in change from baseline in HIV RNA through 48 weeks. At 48

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Mylan Pharmaceuticals Pvt. Ltd.