

National Paediatric ART Dosing Schedules, January 2010

Table 1a: First-line ART regimens: NVP lead-in period for first 2 weeks

Weight band (kg)	Zidovudine 60 mg containing FDCs		Stavudine 6 mg containing FDCs		Adult FDCs (Stavudine -30)		Adult FDC (Zidovudine- 300)	
	Morning FDC-60 2-drug ZDV 60+Lam 30m	Evening FDC-60 3-drug ZDV 60 + Lam 30 + NVP 50	Morning FDC-6 2-drug Sta 6 + Lam 30	Evening FDC-6 3-drug Sta 6 + Lam 30 + NVP 50	Morning FDC-30 2-drug Sta 30 +Lam 150	Evening FDC-30 3-drug Sta 30+ Lam 150+NVP 200	Morning FDC-300 2-drug ZDV 300 +Lam 150	Evening FDC-300 3-drug ZDV 300+ Lam 150 + NVP 200
3-5.9	1	1	1	1				
6-9.9	1.5	1.5	1.5	1.5				
10-13.9	2	2	2	2				
14-19.9	2.5	2.5	2.5	2.5				
20-24.9	3	3	3	3				
25-29.9					1	1	1	1
30-34.9					1	1	1	1

Table 1b: First-line ART regimens: Subsequent follow-on for NVP, after lead-in period

Weight band (kg)	Zidovudine FDC 3-drug ZDV 60 + Lam 30 + NVP 50			Stavudine 6 mg FDC 3-drug Sta 6 + Lam 30 + NVP 50			Adult FDCs (Stavudine -30) Sta 30 + Lam 150 + NVP 200			Adult FDC (Zidovudine- 300) ZDV 300 + Lam 150 + NVP 200		
	Morning		Evening	Morning		Evening	Morning		Evening	Morning		Evening
3-5.9	1	1	1	1								
6-9.9	1.5	1.5	1.5	1.5								
10-13.9	2	2	2	2								
14-19.9	2.5	2.5	2.5	2.5								
20-24.9	3	3	3	3								
25-29.9					1	1			1	1		
30-34.9					1	1			1	1		

Table 1c: First-line ART regimen based on EFV for children > 10kg on ART & anti-TB treatment

Weight band (kg)	Zidovudine 60 mg containing FDCs			Stavudine 6 mg containing FDCs			Adult FDCs (Stavudine -30)			Adult FDC (Zidovudine- 300)		
	Morning FDC-60 2-drug ZDV 60 + Lam 30	Evening FDC-60 2-drug ZDV 60 + Lam 30	EFV 200 mg tablet	Morning FDC-6 2-drug Sta 6 + Lam 30	Evening FDC-6 2-drug Sta 6 + Lam 30	EFV 200 mg tablet	Morning FDC-30 2-drug	Evening FDC-30 2-drug	EFV 200 mg tablet	Morning FDC-300 2-drug ZDV 300 + Lam 150	Evening FDC-300 2-drug ZDV 300 + Lam 150	EFV 200 mg tablet
10-13.9	2	2	1	2	2	1						
14-19.9	2.5	2.5	1 + one 50mg capsule	2.5	2.5	1 + one 50 mg capsule						
20-24.9	3	3	1.5	3	3	1.5						
25-29.9							1	1	1.5 + one 50 mg capsule	1	1	1.5 + one 50 mg capsule
30-34.9							1	1	2	1	1	2

Table 2: Alternative first-line: Abacavir/Lamivudine + Nevirapine or Efavirenz

Weight band (kg)	Regimen P III			Regimen P III (a)		
	ABC/3TC + NVP (observe 2 weeks NVP lead-in period)					
	Morning *		Evening		Evening	
	ABC/3TC	ABC/3TC	NVP syrup (50 mg / 5 ml)	ABC/3TC	ABC/3TC	EFV tablet (200 mg)
3-5.9	1	1	5 ml	1	1	
6-9.9	1.5	1.5	8 ml	1	1	
10-13.9	2	2	10 ml	2	2	1
14-19.9	2.5	2.5	15 ml	2.5	2.5	1+ one 50 mg capsule
20-24.9	3	3	15 ml	3	3	1.5
25-29.9	4	4	1 adult NVP tab (200 mg)	4	4	1.5+one 50 mg capsule
30-34.9	5	5	1 adult NVP tab (200 mg)	5	5	2

* NVP lead-in period:
- First 2 weeks: NVP once a day (evening dose only)
- After 2 weeks: NVP twice a day (morning and evening doses)

Table 3: Dosing schedules for drugs used in alternative and second line regimens

Drug	Formulation (mg)	3-5.9 kg	6-9.9 kg	10-13.9 kg	14-19.9 kg	20-24.9 kg	25-29.9 kg	30-34.9 kg
ABC/3TC bid	60 / 30	1	1.5	2	2.5	3	4	5
LPV/r tablet bid	100 / 25			Morning - 2 Evening - 1	2	Morning - 3 Evening - 2	3	Use adult tablets #
LPV/r syrup bid	80/20	1 ml	1.5 ml	2 ml				
ddl (EC) OD	125			1			2	
ddl (EC) OD	200				1			

Note: For children > 35kg, use adult regimens # Use LPV/r (200/50) adult tablets - 2 bid OD: once a day. bid: twice a day at 12 hours interval

Table 4: Second-line ART dosing schedule: ABC/3TC + ddl + LPV/r

Weight (kg)	Timing of doses	If Super-boosting in TB-HIV (LPV/r+r) Ritonavir tab 100 mg	
10 - 13.9	Morning	ABC/3TC (60/30) 2 tabs LPV/r (100/25) 2 tabs	Add ritonavir 1 tab
	Evening	ABC/3TC (60/30) 2 tabs LPV/r (100/25) 1 tab ddl EC (125mg) 1 tab	Add ritonavir 1 tab
14 - 19.9	Morning	ABC/3TC (60/30) 2.5 tabs LPV/r (100/25) 2 tabs	Add ritonavir 2 tab
	Evening	ABC/3TC (60/30) 2.5 tabs LPV/r (100/25) 2 tabs ddl EC (200mg) 1 tab	Add ritonavir 1 tab
20 - 24.9	Morning	ABC/3TC (60/30) 3 tabs LPV/r (100/25) 3 tabs	Add ritonavir 2 tab
	Evening	ABC/3TC (60/30) 3 tabs LPV/r (100/25) 2 tabs ddl EC (125mg) 2 tabs	Add ritonavir 1 tab
25 - 29.9	Morning	ABC/3TC (60/30) 4 tabs LPV/r (100/25) 3 tabs	Add ritonavir 2 tab
	Evening	ABC/3TC (60/30) 4 tabs LPV/r (100/25) 3 tabs ddl EC (125mg) 2 tabs	Add ritonavir 2 tab
30 - 34.9	Morning	ABC/3TC (60/30) 5 tabs LPV/r (200/50) adult dose 2 tabs	Add ritonavir 2 tab
	Evening	ABC/3TC (60/30) 4 tabs ddl EC (125mg) 2 tabs LPV/r (200/50) adult dose 2 tabs	Add ritonavir 2 tab

Table 5: Paediatric cotrimoxazole dosing

Weight (kg)	Cotrimoxazole once a day			
	Syrup 5ml (40 TMP/ 200 SMX)	Child tablet (20 TMP / 100 SMX)	Single strength adult tablet (80 TMP/400 SMX)	Double strength adult tablet (160 TMP/800 SMX)
< 5	2.5 ml	1 tablet	-	-
5-10	5 ml	2 tablet	½ tablet	-
10-15	7.5 ml	3 tablet	½ tablet	-
15-22	10 ml	4 tablet	1 tablet	½ tablet
> 22	15 ml	-	1½ tablet	½ to 1 tablet depending on weight

Table 6: National paediatric ART regimens

Regimen	Type of Regimen	Regimen	Remarks	Available at
Regimen P I	First-line regimen	Zidovudine + Lamivudine + Nevirapine	Preferred paediatric regimen for new initiation	All ART centers
Regimen P I (a)		Stavudine + Lamivudine + Nevirapine	For children with Hb ≤9 g/dL	
Regimen P II		Zidovudine + Lamivudine + Efavirenz	Preferred for children on anti-tuberculosis treatment; Hb >9 g/dL, age > 3 yrs and weight > 10 kg	
Regimen P II (a)		Stavudine + Lamivudine + Efavirenz	For children on anti-tuberculosis treatment; Hb ≤9 g/dL, age > 3 yrs and weight > 10 kg	
Regimen P III	Alternative first-line regimen	Abacavir + Lamivudine + Nevirapine	For children not tolerating AZT or d4T on a NVP-based regimen	Centers of Excellence and as determined by NACO
Regimen P III (a)		Abacavir + Lamivudine + Efavirenz	For children not tolerating AZT or d4T on a EFV-based regimen	
Regimen P III (b)		Abacavir + Lamivudine + Lopinavir/ Ritonavir	For children not tolerating AZT or d4T on a LPV/r based regimen, eg. infants and children < 18 months started on LPV/r due to prior exposure to PPTCT regimens containing NNRTI (NVP or EFV)	
Regimen P IV		Zidovudine + Lamivudine + Lopinavir/ Ritonavir	For children not tolerating both NVP and EFV, and Hb >9 g/dL, Also infants and children < 18 months with prior exposure to PPTCT regimens containing NNRTI (NVP or EFV)	
Regimen P IV (a)		Stavudine + Lamivudine + Lopinavir/ Ritonavir		
Regimen P V	Second-line regimen	Abacavir + Lamivudine + Didanosine + Lopinavir/ Ritonavir	For treatment failure	

* All HIV-infected infants and children < 18 months must be initiated with LPV/r- based regimen if prior exposure to NVP or EFV during PPTCT

All HIV-infected infants < 12 months of age are to be initiated on ART irrespective of clinical stage or CD4 %/count

Desk reference