**atazanavir** (a-ta-zan-av-ir)

**Syract**

**Classification**
Therapeutic: antiretrovirals
Pharmacologic: protease inhibitors

**Pregnancy Category:** B

**Indications**
Indicated for the treatment of HIV infection (with other antiretrovirals).

**Action**
Inhibits the action of HIV protease, preventing maturation of virions.

**Adverse Reactions/Side Effects**

**GI:** Nausea, vomiting, diarrhea

**GU:** Hematuria

**CV:** Hypertension

**Hypersensitivity:** Rash

**Misc:** Anemia, neutropenia, eosinophilia

**Contraindications/Precautions**
Contraindicated in:
- Hypersensitivity to atazanavir or any component of the formulation
- Severe hepatic impairment
- Co-administration of atazanavir with ritonavir
- Concurrent use with indinavir

**Interactions**
- **Drug-Drug:**
  - Atazanavir is an inhibitor of CYP3A and UGT1A1 enzyme systems. It is also a substrate of CYP3A and UGT1A. It is metabolized by CYP3A4, including verapamil or diltiazem; Diabetes mellitus; Thrombocytopenia; Risk of bleeding.

**Reyataz**

**Pharmacokinetics**

**Time/Action Profile (blood levels)**
- **ROUTE ONSET PEAK DURATION**
- **Reyataz (a-ta-zanavir)**
- **PO rapid 2.5 hr 24 hr**

**Therapeutic: antiretrovirals**

**Reyataz**

**Indications**
Indicated for the treatment of HIV infection (with other antiretrovirals).

**Acute:** When used in combination with other antiretrovirals, Pneumocystis carinii pneumonia, toxoplasmosis, and cryptosporidium diarrhea may occur.

**Contraindications/Precautions**
Contraindicated in:
- Hypersensitivity to atazanavir or any component of the formulation
- Severe hepatic impairment
- Concurrent use with indinavir

**Interactions**
- **Drug-Drug:**
  - Atazanavir is an inhibitor of CYP3A and UGT1A1 enzyme systems. It is also a substrate of CYP3A.

**Contraindications/Precautions**
Contraindicated in:
- Hypersensitivity to atazanavir or any component of the formulation
- Severe hepatic impairment
- Concurrent use with indinavir

**Interactions**
- **Drug-Drug:**
  - Atazanavir is an inhibitor of CYP3A and UGT1A1 enzyme systems. It is also a substrate of CYP3A.
May not be used when atazanavir used with ritonavir. Concurrent use of atazanavir with tenofovir and lamivudine may result in either [ ] or [ ] tenofovir levels, concurrent use not recommended.

Drug–Natural Products: St. John’s wort significantly [ ] blood levels, concurrent use not recommended.

Route/Dosage
PO (Adults): Therapy-naive — 400 mg once daily or 300 mg once daily with ritonavir 100 mg once daily (must be used with ritonavir in pregnancy). Should be used at a dose of 400 mg once daily with ritonavir 100 mg once daily if used concomitantly with efavirenz, H2 receptor antagonist, or proton pump inhibitor; should be used at a dose of 400 mg once daily with ritonavir 100 mg once daily concomitantly with efavirenz. Therapy-experienced — 300 mg once daily with ritonavir 100 mg once daily; should be used at a dose of 400 mg once daily with ritonavir 100 mg once daily if used concomitantly with efavirenz. Therapy-experienced and lamotrigine — 300 mg once daily with ritonavir 100 mg once daily; should be used at a dose of 400 mg once daily with ritonavir 100 mg once daily if used concomitantly with efavirenz and lamotrigine, or with efavirenz, lamotrigine, and sirolimus; should be used at a dose of 400 mg once daily with ritonavir 100 mg once daily if used concomitantly with efavirenz, lamotrigine, and sirolimus.

PO (Children ≥12 yr): 15–29 kg — 150 mg once daily with ritonavir 100 mg once daily. 20–39 kg — 200 mg once daily with ritonavir 100 mg once daily; 40 kg and receiving concurrent tenofovir, H2 receptor antagonist, or proton pump inhibitor; should be used at a dose of 400 mg once daily with ritonavir 100 mg once daily; 40 kg and unable to tolerate tenofovir — 400 mg once daily with ritonavir 100 mg once daily; <12 kg and <44 kg and unable to tolerate tenofovir — 400 mg once daily. <12 kg and <44 kg and receiving concomitant tenofovir; if, receptor antagonist, or proton pump inhibitors — Needs to be administered with ritonavir.

Renal Impairment
PO (Adults): Therapy-naive and HD — 300 mg once daily with ritonavir 100 mg once daily, Therapy-experienced and HD — concomitantly.

Hepatic Impairment
PO (Adults): Moderate hepatic impairment — 500 mg once daily (do not use with efavirenz).

NURSING IMPLICATIONS

Assessment
● Assess for change in severity of HIV symptoms and for symptoms of opportunistic infections throughout therapy.
● Assess for rash which can occur within initial 8 wk of therapy. Usually resolves within 2 weeks without altering therapy. Discontinue therapy if rash becomes severe.

Continued
atazanavir

Lab Test Considerations: Monitor viral load and CD4 cell count regularly during therapy.
- May cause: serum amylase, lipase, and hyperglycemia.
- May cause: liver enzymes.
- May cause: creatine kinase.
- May cause: hemoglobin, neutrophils, and platelets.
- May cause: increased bilirubin, reversible on discontinuation.

Potential Nursing Diagnoses
Risk for infection
Noncompliance
Implementation
- PO: Administer daily with food to enhance absorption. Capsules should be swallowed whole; do not open.

Patient/Family Teaching
- Emphasize the importance of taking atazanavir with food as directed. Advise patient to read the Patient Information before taking and with each Rx refill; may be updated. Atazanavir must always be used in combination with other antiretroviral drugs. Do not take more than prescribed amount and do not stop taking without consulting health care professional. Take missed doses as soon as remembered, then return to regular dose schedule. If within 6 hr of next dose, omit dose and take next dose at regular time. Do not double doses.
- Instruct patient that atazanavir should not be shared with others.
- Inform patient that atazanavir does not cure HIV or prevent associated opportunistic infections. Atazanavir does not reduce the risk of transmission of HIV to others through sexual contact or blood contamination. Caution patient to use a condom and to avoid sharing needles or donating blood to prevent spreading the HIV virus to others. Advice patient that atazanavir may cause lipodystrophy (redistribution or accumulation of body fat) and the long-term effects of atazanavir are unknown at this time.
- Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and consult health care professional before taking any new medications, especially St. John’s wort; interactions may be fatal.
- May cause: dizziness. Caution patient to notify health care professional if this occurs and to avoid driving and other activities requiring alertness until response to medication is known.
- Notify health care professional immediately if yellowing of eyes, change in heart function, or high blood sugar occur.
- Instruct patient to notify health care professional immediately if signs and symptoms of hepatitis (flu-like symptoms, tiredness, nausea, loss of appetite, yellow skin or eyes, dark urin, pale stools, pain or sensitivity to touch on right side below ribs), skin reactions with symptoms (flu-like symptoms, fever, muscle aches, conjunctivitis, blisters, mouth sores, swelling of face, rash), gallbladder disorder (right or middle upper abdominal pain, nausea, vomiting, or yellowing of skin and whites of eyes), kidney stones (side pain, blood in urin, pain upon urination), or signs of immune reconstitution syndrome (signs and symptoms of an infection) occur.
- Instruct patient that redistribution and accumulation of body fat may occur, causing central obesity, dorsocervical fat enlargement (buffalo hump), peripheral wasting, breast enlargement, and cushingoid appearance. The cause and long-term effects are not known.
- Instruct females using hormonal contraceptives to use an alternative nonhormonal method of contraception. Advise patient to read the Patient Information before taking and with each Rx refill; may be updated. Atazanavir must always be used in combination with other antiretroviral drugs. Do not take more than prescribed amount and do not stop taking without consulting health care professional. Take missed doses as soon as remembered, then return to regular dose schedule. If within 6 hr of next dose, omit dose and take next dose at regular time. Do not double doses.
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