fosamprenavir (foe-am-pre-naw-veer)

Lozol, Telzir

Therapeutic Class: Antiretroviral agents, protease inhibitors

Pharmacologic Class: Antiretroviral agents

Pregnancy Category: C

Indications

With other antiretrovirals in the management of HIV infection.

Action

Inhibits the action of HIV protease and prevents the cleavage of viral polyproteins.

Therapeutic Effects:

Increased CD4 cell counts and decreased viral load with subsequent slowed progression of HIV and its sequelae.

Indications

Pregnancy Category: C

Pharmacologic Classification: Antiretroviral agents, protease inhibitors

Lexiva, (fos-amprenavir derivatives)

(younger; dose of itraconazole or ketoconazole should not exceed 200 mg/day when fosamprenavir is used with ritonavir or 400 mg/day when used without),

Interactions:

Drug-Drug:

Amprenavir, the active moiety of fosamprenavir is metabolized by CYP3A4 enzyme system. The action of any other medication that is also handled by or affects this system may be altered by concurrent use. Blood levels and risk of toxicity from flecainide, propafenone, rifabutin, or indinavir and saquinavir may be increased when used together). tacrolimus, cyclosporine, nefazodone, and nefazodone should not exceed 200 mg/day when fosamprenavir is used with ritonavir or 400 mg/day when used without). rifabutin dose by 50%, may be required when additional ritonavir is used together), some benzodiazepines (alprazolam, clorazepate, diazepam, flurazepam,lorazepam, midazolam or triazolam. Histamine H2-receptor antagonists, and proton-pump inhibitors, monitor for immunosuppressants), some anticoagulants (monitor for increased risk of bleeding), and amiodarone, propafenone, and propafenone (dose of itraconazole or ketoconazole should not exceed 200 mg/day when fosamprenavir is used with ritonavir or 400 mg/day when used without). ritonavir may increase the risk of toxicity from sildenafil to 25 mg every 48 hr, for sildenafil single dose should not exceed 100 mg in combination with fosamprenavir.

Adverse Reactions/Side Effects

Drug-Drug: Temporally, the acute toxicity of fosamprenavir is metabolized by CYP3A4. It also inhibits and induces this enzyme system. The action of any other medication that is also handled by or affects this system may be altered by concurrent use; Blood levels and risk of toxicity from flecainide, propafenone, cilostazol, ergot derivatives (dihydroergotamine, ergotamine, ergosine, methylergonovine, ergonovine), opioids, patients, pimozide, sildenafil (Revatio), alfuzosin, midazolam or triazolam. Concurrent use of felbamate, propafenone, rifabutin, ergot derivatives

Drug-Drug: Temporally, the acute toxicity of fosamprenavir is metabolized by CYP3A4. It also inhibits and induces this enzyme system. The action of any other medication that is also handled by or affects this system may be altered by concurrent use.

Contraindications:

Pregnancy Category: C

Contraindications:

Hypersensitivity, sulfonamide/sulfa hypersensitivity; Severe hepatic impairment; Concurrent illness and medications; Hepatic impairment; Concurrent use of felbamate, propafenone, rifabutin, ergot derivatives, St. John's wort, lovastatin, simvastatin, pimozide, delavirdine, sildenafil (Revatio), alfuzosin, midazolam or triazolam. Consider age-related Geri:

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any 7.2 h period, dose of ritonavir should not exceed 2.5 mg every 24 h if used without ritonavir or 5 mg every 7.2 h with ritonavir with monitoring for toxicity and tricyclic antidepressants (blood level monitoring recommended). May limit dose to 150 mg twice daily. May alter the effects of warfarin (monitor INR) or hormonal contraceptives. May exhibit cross-sensitivity.

Hepatic Impairment
PO (Adults): Mild hepatic impairment—700 mg twice daily without ritonavir (therapy-naive) or 700 mg twice daily with ritonavir 100 mg twice daily (therapy-naive or protease inhibitor experienced). Moderate hepatic impairment—700 mg twice daily without ritonavir (therapy-naive) or 450 mg twice daily with ritonavir 100 mg twice daily (therapy-naive or protease inhibitor experienced). Severe hepatic impairment—700 mg twice daily without ritonavir (therapy-naive) or 300 mg twice daily with ritonavir 100 mg once daily (therapy-naive or protease inhibitor experienced).

NURSING IMPLICATIONS
Assessment
• Assess patient for change in severity of HIV symptoms and for symptoms of opportunistic infections throughout therapy.
• Assess patient for allergy to sulfonamides. May exhibit cross-sensitivity.
• Assess patient for skin reactions throughout therapy. Reactions may be severe and life threatening. Discontinue therapy if severe reactions or moderate reactions with systemic symptoms occur.

Implementation
• Do not confuse Lexiva with Pexeva (paroxetine).

Potential Nursing Diagnoses
• Neutropenia (Indications)

Lab Test Considerations:
• Monitor ketamine levels and may lead to myopathy with infections. May exhibit cross-sensitivity.
Patient/Family Teaching

- Emphasize the importance of taking fosamprenavir as directed. Advise patient to
  read the patient information that comes with the prescription prior to initiation
  of therapy and with each prescription refill. Fosamprenavir 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 if within 4 hrs of
  scheduled dose. If more than 4 hrs, skip dose, then return to regular schedule. If a
dose is skipped, do not double the next dose.
- Inform patient that fosamprenavir does not cure AIDS or prevent associated or op-
portunistic infections. Fosamprenavir 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 spread-
ing the AIDS virus to others. Advise patient that the long-term effects of fosampre-
navir are unknown at this time.
- Advise patient to notify health care professional of all Rx or OTC medications, vita-
min, or herbal products being taken and to consult with health care professional
before taking other medications because of potentially serious drug interactions.
- Instruct patient to notify health care professional if nausea, vomiting, diarrhea, or
rash occurs.
- Instruct patient that redistribution and accumulation of body fat may occur, caus-
ing central obesity, dorsocervical fat enlargement (buffalo hump), peripheral
wasting, breast enlargement, and cushingoid appearance. The cause and long-
term effects are not known.
- May decrease effectiveness of hormonal contraceptives; advise patient to use a
nonhormonal form of contraception during therapy.
- Emphasize the importance of regular follow-up exams and blood counts to deter-
mine progress and monitor for side effects.

Evaluation/Desired Outcomes

- Delayed progression of AIDS and decreased opportunistic infections in patients
  with HIV.
- Decrease in viral load and increase in CD4 cell counts.

Why was this drug prescribed for your patient?