

LOPINAVIR/RITONAVIR (LPV/r) (40MG/10MG PER CAPSULE) ORAL PELLETS

INFORMATION FOR HEALTHCARE WORKERS AND CAREGIVERS

INTRODUCTION



LPV/r oral pellets are a better tasting alternative to LPV/r syrup for the treatment of HIV in children who cannot tolerate the LPV/r syrup. The pellets are used in combination with other ARVs

- They have an improved taste, are easy to swallow and don't need to be stored in the fridge (they can be stored at room temperature)
- As this is a new product, healthcare workers must demonstrate how to administer oral pellets to caregivers (instructions are given below)

ELIGIBILITY



Children have to be eligible to take LPV/r oral pellets

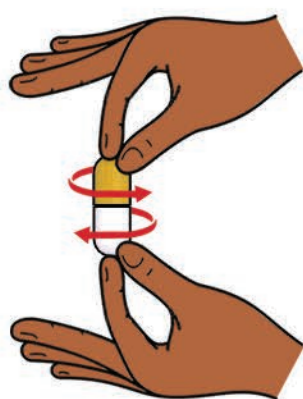
- Children are only eligible if they meet all the following criteria: are older than 6 months, can swallow foods, cannot tolerate the LPV/r syrup and cannot swallow whole LPV/r tablets
- Children who don't fulfil the above criteria can take the LPV/r syrup or the LPV/r tablets

OPENING THE CAPSULE



Pellets are white in colour & are stored inside a capsule. Do not swallow the capsule whole, throw away the capsule once emptied. To open the capsule, follow the steps:

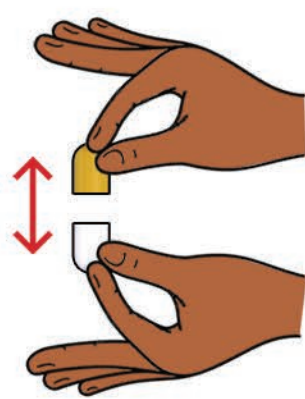
1



TWIST

Hold the capsule with the yellow side up, and twist until it is loose

2



LIFT

Lift the yellow half of the capsule

3



POUR

Pour all the pellets into a teaspoon

ADMINISTRATION



Administer the LPV/r oral pellets to the child with a small amount of soft food that can be swallowed without chewing (e.g. porridge, yoghurt or mashed potato)

- The pellets cannot be stirred, crushed or dissolved in soft food prior to administration
- The pellets must not be chewed as they will develop a bad taste
- If the child cannot finish the pellets within 2 hours, do not store it for later use: throw the food away
- Teach the caregiver to look out for the following signs of aspiration: coughing, choking, gagging and eye reddening
- Give 1 or 2 capsules of pellets at a time so that the amount of pellets to swallow is not too much.

1

PREPARE FOOD TO GIVE WITH PELLETS



1. Pour pellets onto a teaspoon, then pour food over pellets.

OR



2. Pour food onto a teaspoon, then sprinkle pellets over food.

DO NOT STIR THE PELLETS WITH THE FOOD, MAKE SURE YOU CAN STILL SEE THEM!

2

FEED THE MIXTURE TO THE CHILD



3. Feed the mixture immediately to the child. Do not let the pellets dissolve in the food. Feed the rest of the food to the child or give him/her water/milk to make sure the pellets have been swallowed.

DOSING AND SIDE EFFECTS



FOR EXAMPLE
 7 AM
 7 PM

PELLETS SHOULD BE GIVEN TWICE A DAY (APPROXIMATELY EVERY 12 HOURS)

Decide two times that you will give the pellets to your child. There should be approximately 12 hours in between the two times.

- LPV/r oral pellets are safe, but like the LPV/r syrup & tablets, they can have adverse reactions
- Any adverse reactions (side-effects) must be reported to the health facility

POSSIBLE ADVERSE REACTIONS:

- Nausea
- Vomiting
- Diarrhea
- Abdominal pain
- Yellowing of the eyes and skin
- Dark coloured urine
- Light coloured bowel movements
- Loss of appetite
- Itchy skin



DOSING CHART AND FORMULATION CONSIDERATIONS

ADVICE ON THE DOSING OF LPV/r ORAL PELLETS AND WHEN TO SWITCH TO LPV/r TABLETS

- As demonstrated on the dosing chart below, the more the child grows, the more pellets they need to take.
- Far fewer LPV/r tablets (paediatric 100/25mg or adult 200/50mg) need to be taken than LPV/r oral pellets.
- Check the child's ability to swallow tablets. As soon as a child is able to swallow the tablets, they **SHOULD SWITCH TO THE LPV/r TABLETS** as this will significantly ease the pill burden.
- The tablets need to be swallowed whole without crushing, chewing or biting of the tablets.
- For weight based dosing using LPV/r tablets refer to the 2019 ART Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates, October 2019.¹

CHILD'S WEIGHT IN KG	NUMBER OF CAPSULES OF ORAL PELLETS TO GIVE		NOTE
	MORNING	EVENING	
3 – 4.9	2	2	n/a
5 – 5.9	2	2	
6 – 9.9	3	3	
10 – 13.9	4	4	As soon as a child is able to swallow the tablets, and is at least 10kg, they should switch to LPV/r 100/25mg tablets as it will significantly ease the pill burden
14 – 19.9	5	5	
20 - 24.9	6	6	
25 – 29.9	7	7	
30-34.9	10	10	
≥ 35kg	10	10	

ALWAYS FOLLOW THE DOSING CHART BASED ON THE CHILD'S LATEST WEIGHT.

DISCUSS ANY CONCERNS ABOUT DOSING WITH A CLINICIAN EXPERIENCED IN PAEDIATRIC ARV FORMULATIONS.

NOTE: LPV/R ORAL PELLETS CAN BE PRESCRIBED BY A DOCTOR OR A PROFESSIONAL NURSE.

FOR FURTHER ASSISTANCE ON HOW AND WHEN TO USE THIS FORMULATION PLEASE CONTACT THE FOLLOWING:

National HIV and TB Care Worker Hotline: 0800 212 506 or 021 406 6782

National HIV and TB Care Worker Hotline: 071 840 157

- This helpline can be contacted via SMS / Please Call Me / WhatsApp

Right To Care Paediatric and Adolescent HIV Helpline: 082 352 6642

Right To Care Adult HIV Helpline: 082 957 6698

- These helplines can be contacted via SMS / Please Call Me / WhatsApp

KZN Paediatric Hotline: 0800 006 603

¹<https://www.knowledgehub.org.za/elibrary/2019-art-clinical-guidelines-management-hiv-adults-pregnancy-adolescents-children-infants>