



FREQUENTLY ASKED QUESTIONS

Find answers to frequently asked questions including questions about appropriate ages/weights of children, dosages and switching between formulations and regimens.

General Questions About LPV/r Pellets

Q: Can you give LPV/r pellets to young babies?

A: LPV/r pellets should not be given to infants under 3 months old. LPV/r pellets should be given to children 3 months or older, who weigh 5 kilograms or more, and are able to swallow pellets. Check the [Decide LPV/r Formulation Tool](#) to determine if the baby meets the criteria for pellets.

Q: How can you determine if a baby is able to swallow the pellets?

A: Watch closely when first giving pellets to a baby who is younger than 6 months. Babies may be ready to try age-appropriate soft foods when they can sit up without assistance and support their own head and neck; have an interest in food; and can swallow a small amount of food placed on their tongue without pushing it out of their mouth. If the baby is not able to swallow the pellets, prescribe the solution instead.

Q: How many bottles of pellets are needed per month?

A: The number of bottles of pellets a child will need per month depends on the child's weight. There are 120 capsules in each bottle. For example, assuming no capsules are lost, a child who weighs between 5.0 and 5.9 kilograms needs 1 bottle per month, but heavier babies will need more bottles per month. [See the Weight Dosing Tool for specific dosing.](#)

Q: What do you do if the baby is unable to swallow LPV/r tablets or pellets and LPV/r solution is unavailable?

A: If a baby is unable to swallow LPV/r tablets or pellets and LPV/r solution is unavailable, discuss other possible treatments with the prescribing health care provider.

Q: When can a child switch from LPV/r pellets to LPV/r tablets?

A: Children who weigh more than 10 kilograms and are able to swallow LPV/r 100mg/25 mg tablets whole may switch from LPV/r pellets to tablets. LPV/r tablets should NEVER be broken, crushed or dissolved. It is recommended to consult an antiretroviral therapy (ART) provider before switching LPV/r formulations.

Q: Can a child switch from LPV/r solution to LPV/r pellets?

A: Yes, you may switch a child from the LPV/r solution to LPV/r pellets if he/she meets the [eligibility criteria for pellets](#). Ensure that appropriate doses of LPV/r is prescribed because of the difference between dosing with LPV/r solution and LPV/r pellets. It is recommended to consult an ARV provider prior to switching LPV/r formulations.

Q: What other drugs are needed in a LPV/r-containing regimen?

A: Health care workers should prescribe LPV/r pellets to children together with other required medicines to treat HIV. See [About LPV/r Pellets](#).

Special Situations

Q: What will happen if there is an overdose of pellets; for example, if the entire day of pellets is given in the morning session?

A: Human experience of acute overdosage with LPV/r is limited. Treatment of overdose with LPV/r should consist of general supportive measures, including monitoring vital signs and observing the patient's clinical status. Overdosage could lead to abnormal heart rhythm, acute renal and/or liver failure, and loss of consciousness. There is no specific antidote for overdose with LPV/r.

Q: What should the caregiver do if the child misses a dose of LPV/r pellets?

A: If the child misses a dose of LPV/r pellets, the caregiver should give the dose as soon as possible; but if it is more than 6 hours later, tell the caregiver to skip the missed dose and just give the next dose at the regular time. Do not tell the caregiver to give two doses at the same time to make up for a missed dose. If the caregiver is unsure whether or not to administer the dose, tell them to call a health care worker.

Q: What should the caregiver do if the child keeps spitting out pellets?

A: If it is within 15 minutes of the dose, tell the caregiver to readminister the same pellets if they have come back out of the baby's mouth. The caregiver must do so immediately or the LPV/r pellets will turn bitter. Advise the caregiver to readminister fewer pellets at a time so the baby does not spit them out again.

Q: What should the caregiver do if the baby or child vomits?

A: At ART initiation, children may experience temporary side effects such as nausea and vomiting. All children who present with nausea and vomiting should be assessed using national guidelines. If the vomiting is not related to LPV/r pellets, tell the caregiver to take the child to

the treating health care worker for investigation. If vomiting is due to the LPV/r pellets: advise the caregiver to cover LPV/r pellets with food and administer fewer pellets at a time until the complete dose is administered.

Q: What are common side effects of LPV/r pellets?

A: Commonly reported side effects of LPV/r (not specific to pellets) include skin rashes, diarrhea, nausea, vomiting, hypertriglyceridemia, and hypercholesterolemia.

Administering LPV/r Pellets to Babies or Children

Q: How do the LPV/r pellets taste?

A: The pellets have a tasteless coating. However, once they become moist (such as in soft food or liquid), they can become bitter within a few seconds—thus, they should be administered immediately after mixing with age-appropriate soft food or liquid.

Q: How many pellets can a child swallow at one time?

A: Most children can swallow the pellets from 1 or 2 capsules at a time, dependent upon age.

Q: Can the capsules be swallowed without opening them?

A: No, caregivers must open the capsules to take out the pellets. Capsules should NOT be swallowed; only the pellets should be swallowed.

Q: Can the LPV/r pellets be dissolved into liquid and then given?

A: No, the pellets should not be dissolved into liquid. They can be added to formula or breast milk immediately prior to giving the dose, but should not be allowed to dissolve. Doing so may make the medication no longer work.

Q: Do the pellets have to be mixed with food?

A: The pellets may be mixed with age-appropriate soft food, liquid, breast milk, or infant formula. Children should take the pellets with liquid or soft food that they don't need to chew. Babies should take the pellets with liquids, such as breast milk or formula. It is important that