

<b>DIDANOSINE (DDI)* (Updated January 2010)</b>			
<b>Trade Name</b>	Videx and Videx EC		
<b>Classification</b>	Nucleoside Reverse Transcriptase Inhibitor		
<b>Form</b>	100-, 167-, 250-mg buffered powder for oral solution 125-, 200-, 250-, 400-mg enteric coated (EC) capsules		
<b>Dosing Recommendations</b>	<p>≥60 kg: 250 mg twice daily (buffered powder) <i>or</i> 400 mg once daily (EC capsules)</p> <p>&lt;60 kg: 167 mg twice daily (buffered powder) <i>or</i> 250 mg once daily (EC capsules)</p>		
<b>Hepatic Impairment Dosing</b>	No adjustment. Use with close monitoring		
<b>Renal Impairment Dosing</b>	<b>CrCl (mL/min)</b>	<b>Weight</b>	<b>Dose</b>
	30-59	<60 kg ≥60 kg	125 mg once daily 200 mg once daily
	10-29	<60 kg ≥60 kg	100 mg once daily 125 mg once daily
	<10	<60 kg ≥60 kg	75 mg once daily 125 mg once daily
	CAPD or hemodialysis		Same dose as CrCl <10 mL/min
<b>Food Effect</b>	<p>Take 1 hour before or 2 hours after meals. TDF + ddi EC may be taken on an empty stomach or with a light meal. Food ↓ AUC 55%</p> <p>Alcohol may exacerbate toxicity. Avoid acidic beverages when taking ddi</p>		
<b>Oral Bioavailability</b>	30-40%		
<b>Serum Half-life</b>	1.6 hours		
<b>Intracellular Half-life</b>	25-40 hours		
<b>Elimination</b>	Renal excretion 50%		
<b>Adverse Events</b>	<p>GI intolerance (EC generally better tolerated), nausea, diarrhea</p> <p>Pancreatitis, peripheral neuropathy, lipoatrophy</p> <p>Lactic acidosis with hepatic steatosis is a rare but potentially life-threatening toxicity</p> <p>Non-cirrhotic portal hypertension has been reported. Monitor for signs of portal hypertension and esophageal varices and discontinue use in patients with evidence of portal hypertension</p>		
<b>FDA Pregnancy Category</b>	B (may be at increased risk of lactic acidosis)		
<b>Long-Term Animal Carcinogenicity Studies</b>	Negative (no tumors, lifetime rodent study)		
<b>Animal Teratogen Studies</b>	Negative		

<b>Black Box Warnings</b>	<p>Fatal and nonfatal pancreatitis have occurred with didanosine alone or in combination with other antiretroviral agents.</p> <p>Didanosine should be withheld if pancreatitis is suspected and discontinued if pancreatitis is confirmed.</p> <p>Fatal lactic acidosis has been reported among pregnant women who received a combination of didanosine and stavudine with other antiretroviral combinations. Didanosine and stavudine combination should only be used during pregnancy if the potential benefit clearly outweighs the potential risks.</p> <p>Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of antiretroviral nucleoside analogues alone or in combination.</p>
<b>Drugs to Avoid</b>	<p><b>As part of the ARV regimen:</b>  Stavudine  Tenofovir + lamivudine  Tenofovir + delavirdine  Tenofovir + efavirenz  Tenofovir + nevirapine</p> <p>Aluminum- or magnesium-containing antacids (may ↑ dDI levels; clinical significance unknown)</p> <p><b>Contraindicated:</b>  Allopurinol (dDI ↑ 113%)  Ribavirin</p>
<b>Cautious Use or Dose Adjustment</b>	
<b>Antiretrovirals</b>	<p><b>Atazanavir:</b> ATV AUC ↓ 87% – Take ATV (with food) 2 hours before or 1 hour after buffered dDI</p> <p><b>Darunavir:</b> Administer dDI 1 hour before or 2 hours after DRV</p> <p><b>Delavirdine:</b> DLV AUC ↓ – Take DLV 1 hour before buffered dDI</p> <p><b>Indinavir:</b> IDV AUC ↓ – Take IDV 1 hour before or after buffered dDI on an empty stomach</p> <p><b>Nelfinavir:</b> Administer NFV 1 hour after dDI</p> <p><b>Stavudine:</b> Peripheral neuropathy, lactic acidosis, and pancreatitis have been reported with this combination – Use only if benefits clearly outweigh risks</p> <p><b>Tenofovir:</b> dDI AUC ↑ 44%; C<sub>max</sub> ↑ 28% – Monitor for dDI-associated toxicities; for patients ≥60 kg, ↓ dDI EC dose to 250 mg once daily; for patients &lt;60 kg ↓ dDI EC to 200 mg once daily. Avoid combination in patients with renal failure</p>
<b>Antifungals</b>	<b>Itraconazole, ketoconazole:</b> Take 2 hours before buffered dDI or use dDI EC
<b>Antimicrobials</b>	<b>Fluoroquinolones:</b> Take dDI 2 hours after or 6 hours before fluoroquinolones
<b>Antivirals</b>	<b>Ganciclovir:</b> dDI AUC ↑ 111% with dDI buffered formulation, GCV AUC ↓ 21% – Use dDI EC with ganciclovir only if other antivirals not suitable; Monitor for dDI-associated toxicities
<b>Synthetic Narcotics</b>	<b>Methadone:</b> Buffered dDI AUC ↓ 30% – Do not co-administer with buffered dDI. Use standard dDI EC with close monitoring of viral load.
* Buffered dDI tablets were discontinued in fall of 2006; buffered dDI powder for oral solution and enteric coated capsules (EC) are still available.	