TABLE 215e-1 ANTIVIRAL CHEMOTHERAPY AND CHEMOPROPHYLAXIS (*CONTINUED*)

Infection	Drug	Route	Dosage	Comment
Herpes zoster: immunocompromised host	Acyclovir	IV	10 mg/kg q8h × 7 d	Effectiveness in localized zoster is most marked when treatment is given early. Foscarnet may be used for acyclovir-resistant VZV infections.
		Oral	800 mg 5 times daily × 7 d	
	Valacyclovir	Oral	1 g tid × 7 d[c]	
	Famciclovir	Oral	500 mg tid × 10 d[c]	
Herpes zoster ophthalmicus	Acyclovir	Oral	600–800 mg 5 times daily × 10 d	Treatment reduces ocular complications, including ocular keratitis and uveitis.
	Valacyclovir	Oral	1 g tid × 7 d	
	Famciclovir	Oral	500 mg tid × 7 d	
Condyloma acuminatum	IFN-α2b	Intralesional	1 million units per wart (maximum of 5) thrice weekly × 3 weeks	Intralesional treatment frequently results in regression of warts, but lesions often recur. Parenteral administration may be useful if lesions are numerous.
	IFN-αn3	Intralesional	250,000 units per wart (maximum of 10) twice weekly × up to 8 weeks	
Chronic hepatitis B	IFN-α2b	SC	5 million units daily or 10 million units thrice weekly × 16–24 weeks	HBeAg and DNA are eliminated in 33–37% of cases. Histopathologic improvement is also seen.
	Pegylated IFN-α2a	SC	180 μg weekly × 48 weeks	ALT levels return to normal in 39% of patients, and histologic improvement occurs in 38%.
	Lamivudine	Oral	100 mg/d × 12–18 months; 150 mg bid as part of therapy for HIV infection	Lamivudine monotherapy is well tolerated and effective in reduction of HBV DNA levels, normalization of ALT levels, and improvement in histopathology. However, resistance develops in 24% of recipients when lamivudine is used as monotherapy for 1 year.
	Adefovir dipivoxil	Oral	10 mg/d × 48 weeks	A return of ALT levels to normal is documented in 48–72% of recipients and improved liver histopathology in 53–64%. Adefovir is effective in lamivudine-resistant hepatitis B. Renal function should be monitored.
	Entecavir	Oral	0.5 mg/d × 48 weeks (1 mg/d if HBV is resistant to lamivudine)	Normalization of ALT is seen in 68–78% of recipients and loss of HBeAg in 21%. Entecavir is active against lamivudine-resistant HBV.
	Telbivudine	Oral	600 mg/d × 52 weeks	HBV DNA is reduced by >5 $\log_{10}$ copies/mL along with normalization of ALT levels in 74–77% of patients and improved histopathology in 65–67%. Resistance develops in 9–22% of patients after 2 years of therapy. Elevated CPK levels and myopathy may occur.
	Tenofovir	Oral	300 mg/d × 48 weeks	ALT levels return to normal in 68–76% of patients, and liver histopathology improves in 72–74%. Resistance is uncommon with up to 2 years of therapy.
Chronic hepatitis C	IFN-α2a or IFN-α2b	SC	3 million units thrice weekly × 12–24 months	SVRs are noted in 20–30% of patients. Normalization of ALT levels and improvements in liver histopathology are also seen.
	IFN-α2b/ribavirin	SC (IFN)/oral (ribavirin)	3 million units thrice weekly (IFN)/1000–1200 mg daily (ribavirin) × 6–12 months	Combination therapy results in SVR in up to 40–50% of recipients.
	Pegylated IFN-α2b	SC	1.5 μg weekly × 48 weeks	The slower clearance of pegylated IFNs than of standard IFNs permits once-weekly administration. Pegylated formulations appear to be superior to standard IFNs in efficacy, both as monotherapy and in combination with ribavirin, and have largely supplanted standard IFNs in treatment of hepatitis C. SVRs were seen in 42–51% of patients infected with HCV genotype 1 and in 76–82% of those infected with genotype 2 or 3.
	Pegylated IFN-α2a	SC	180 μg weekly × 48 weeks	
	Pegylated IFN-α2b/ribavirin	SC (IFN)/oral (ribavirin)	1.5 μg/kg weekly (IFN)/800–1400 mg daily (ribavirin) × 24–48 weeks	
	Pegylated IFN-α2a/ribavirin	SC (IFN)/oral (ribavirin)	180 μg weekly (IFN)/800–1200 mg daily (ribavirin) × 24–48 weeks	
	IFN-alfacon	SC	9–15 μg thrice weekly × 6–12 months	Doses of 9 and 15 μg are equivalent to IFN-α2a and IFN-α2b doses of 3 million units and 5 million units, respectively.

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