

Fosamprenavir (*Lexiva*)

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Drug Summary

Fosamprenavir is a prodrug of amprenavir, a previously licensed but now discontinued protease inhibitor. Fosamprenavir has largely been replaced by newer antiretroviral anchor drugs that involve fewer pills and lower rates of side effects. For treatment-naïve persons with HIV, fosamprenavir can be administered unboosted twice daily, boosted by ritonavir once daily, or boosted by ritonavir twice daily; for protease inhibitor-experienced individuals, twice-daily dosing with ritonavir boosting is recommended. Virologic failure on a regimen containing fosamprenavir can lead to resistance mutations that decrease the efficacy of darunavir. Fosamprenavir contains a sulfonamide moiety so should be used with caution in patients with a known sulfonamide allergy. In the current treatment era, clinicians should change fosamprenavir to a currently recommended anchor drug in order to lower the risk of adverse events and to reduce pill burden.

Key Clinical Trials

Fosamprenavir has primarily been studied in treatment-naïve individuals. In this setting of initial therapy, when combined with abacavir and lamivudine, both unboosted twice-daily fosamprenavir [[NEAT](#)] and once-daily boosted fosamprenavir [[SOLO](#)] showed similar virologic efficacy as nelfinavir with the same NRTIs; the boosted fosamprenavir regimen was associated with a lower incidence of diarrhea as compared to nelfinavir. Twice-daily boosted fosamprenavir showed similar rates of virologic suppression and tolerability as twice-daily lopinavir-ritonavir, both with abacavir plus lamivudine [[KLEAN](#)]. For treatment-naïve individuals, once-daily ritonavir-boosted fosamprenavir was found to be noninferior in terms of virologic efficacy as compared to twice-daily boosted fosamprenavir (both with abacavir-lamivudine) [[APV109141](#)]. In addition, once-daily fosamprenavir boosted with 100 mg ritonavir was found to be equivalent to 200 mg ritonavir boosting [[LESS](#)].

Adverse Effects

Side effects of fosamprenavir may include rash, nausea, diarrhea, elevated lipid levels, hyperglycemia, and increases in hepatic aminotransferase levels. Fosamprenavir contains a sulfonamide moiety and thus should be used cautiously in individuals with a known sulfonamide allergy.

Use In Pregnancy

In the HHS Perinatal Guidelines section Recommendations for Use of Antiretroviral Drugs During Pregnancy (last updated October 19, 2017), **fosamprenavir** is designated as Not Recommended for Initial ART in Pregnancy.

- For additional information regarding the safety and toxicity of fosamprenavir in pregnancy see the HHS Perinatal Guidelines summary on [Fosamprenavir](#).
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Resistance

For a listing of the most common clinically significant mutations associated with fosamprenavir (FPV) resistance, see the [PI Resistance Notes on the Stanford University HIV Drug Resistance Database](#).

Key Drug Interactions

For complete information on fosamprenavir-related drug interactions, see the [Drug Interactions section in the Fosamprenavir \(Lexiva\) Prescribing Information](#).
