

# ANTIRETROVIRAL PREGNANCY REGISTRY ANTIVIRAL THERAPY DURING PREGNANCY

*(Initiated at registration and completed at follow-up)*

FOR OFFICE USE ONLY

(2)

Registry ID \_\_\_\_\_

Update

Patient (Log) ID: \_\_\_\_\_ *The Registry assigned, non-patient identifying patient ID number or Sponsor MCN*

Complete as much of this page as applicable at Registration. A copy of this form will be sent to you in the expected month of delivery for completion.

## 4. ANTIVIRAL THERAPY DURING PREGNANCY

1. Use the med. codes below for antiviral medication taken during pregnancy. If not coded, **Specify Medication**.

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| <ul style="list-style-type: none"> <li>1. Abacavir (ZIAGEN<sup>®</sup>, ABC)</li> <li>2. Didanosine (VIDEX<sup>®</sup>, VIDEX<sup>®</sup> EC, ddl)</li> <li>2.1 Didanosine generic – Teva Pharmaceuticals</li> <li>2.2 Didanosine generic – Aurobindo</li> <li>2.3 Didanosine generic - Mylan</li> <li>2.99 Didanosine (unknown manufacturer)</li> <li>3. Efavirenz (SUSTIVA<sup>®</sup>, EFV)</li> <li>3.1 Efavirenz (STOCRIN<sup>®</sup>, EFV)</li> <li>3.2 Efavirenz generic - Hetero</li> <li>3.99 Efavirenz (unknown manufacturer)</li> <li>4. Lamivudine (EPIVIR<sup>®</sup>, 3TC)</li> <li>4.1 Lamivudine generic - Hetero</li> <li>4.2 Lamivudine+tenofovir df generic - Hetero</li> <li>4.99 Lamivudine (unknown manufacturer)</li> <li>5. Lamivudine+zidovudine (COMBIVIR<sup>®</sup>, ZDV+3TC)</li> <li>5.1 Lamivudine+zidovudine generic - Hetero</li> <li>5.99 Lamivudine+zidovudine (unknown manufacturer)</li> <li>6. Nelfinavir (VIRACEPT<sup>®</sup>, NFV)</li> <li>7. Nevirapine (VIRAMUNE<sup>®</sup>, NVP)</li> <li>7.1 Nevirapine generic - Hetero</li> <li>7.99 Nevirapine (unknown manufacturer)</li> <li>8. Ritonavir (NORVIR<sup>®</sup>, RTV)</li> <li>9. Saquinavir (FORTOVASE<sup>®</sup>, SQV-SGC)</li> <li>10. Saquinavir mesylate (INVIRASE<sup>®</sup>, SQV-HGC)</li> <li>11. Stavudine (ZERIT<sup>®</sup>, d4T)</li> <li>11.1 Stavudine generic – Mylan</li> <li>11.2 Stavudine generic – Aurobindo</li> <li>11.3 Stavudine generic – Cipla</li> <li>11.4 Stavudine generic - Hetero</li> <li>11.99 Stavudine generic – unknown manufacturer</li> <li>12. Zalcitabine (HIVID<sup>®</sup>, ddC)</li> <li>13. Zidovudine (RETROVIR<sup>®</sup>, ZDV)</li> </ul> | <ul style="list-style-type: none"> <li>13.1 Zidovudine generic - Ranbaxy</li> <li>13.2 Zidovudine generic – Teva/GSK</li> <li>13.3 Zidovudine generic – Roxane/BI</li> <li>13.4 Zidovudine generic – Aurobindo</li> <li>13.5 Zidovudine generic – Cipla</li> <li>13.6 Zidovudine generic – Mylan</li> <li>13.7 Zidovudine generic – Hetero</li> <li>13.99 Zidovudine (unknown manufacturer)</li> <li>14. Amprenavir (AGENERASE<sup>®</sup>, APV)</li> <li>15. Indinavir (CRIXIVAN<sup>®</sup>, IDV)</li> <li>16. Delavirdine mesylate (RESCRIPTOR<sup>®</sup>, DLV)</li> <li>17. Lopinavir+ritonavir (KALETRA<sup>®</sup>, ALUVIA<sup>®</sup>, LPV/r)</li> <li>18. Abacavir+lamivudine+zidovudine (TRIZIVIR<sup>®</sup>, TZV)</li> <li>19. Tenofovir disoproxil fumarate (VIREAD<sup>®</sup>, TDF)</li> <li>19.1 Tenofovir disoproxil fumarate generic - Hetero</li> <li>20. Adefovir dipivoxil (HEPSERA<sup>®</sup>, ADV)</li> <li>21. Enfuvirtide (FUZEON<sup>®</sup>, T-20)</li> <li>22. Atazanavir sulfate (REYATAZ<sup>®</sup>, ATV)</li> <li>23. Emtricitabine (EMTRIVA<sup>®</sup>, FTC)</li> <li>24. Fosamprenavir calcium (LEXIVA<sup>®</sup>, FOS)</li> <li>25. Abacavir+lamivudine (EPZICOM<sup>®</sup>, EPZ)</li> <li>26. Tenofovir disoproxil fumarate+emtricitabine (TRUVADA<sup>®</sup>, TVD)</li> <li>27. Entecavir (BARACLUDE<sup>®</sup>, ETV)</li> <li>28. Tipranavir (APTIVUS<sup>®</sup>, TPV)</li> <li>29. Efavirenz+tenofovir disoproxil fumarate+emtricitabine (ATRIPLA<sup>™</sup>, ATR)</li> <li>30. Telbivudine (TYZEKA<sup>®</sup>, SEBIVO<sup>®</sup>, LdT)</li> <li>31. Darunavir (PREZISTA<sup>™</sup>, DRV)</li> <li>32. Raltegravir (ISENTRESS<sup>™</sup>, RAL)</li> <li>33. Maraviroc (SELZENTRY<sup>™</sup>, CELSENTRI<sup>™</sup>, MVC)</li> <li>34. Etravirine (INTELENCE<sup>™</sup>, ETR)</li> </ul> |
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2. In the following table, describe each course or change in route for each applicable therapy.

Med. Code (1-34) or if no code indicated, please write medication name and indicate if generic	Total Daily Dose (mg/day or mg/kg/hr)	Route (enter code) 1 = oral 2 = IV 3 = sub-Q	Pt Taking Med. at Conception? 1 = Yes 2 = No 3 = Unknown	Date Treatment Course Began (M/D/Y) <b>OR</b> Gestational Age Course Began (0 weeks = prior to conception) If gestational age, calculation source: <input type="checkbox"/> (LMP) <input type="checkbox"/> (corrected EDD)	Date Treatment Stopped (M/D/Y) <b>OR</b> Ongoing? (Note: Ongoing = ongoing Following delivery)
Course					
					or <input type="checkbox"/> ongoing
					or <input type="checkbox"/> ongoing
					or <input type="checkbox"/> ongoing
					or <input type="checkbox"/> ongoing
					or <input type="checkbox"/> ongoing
					or <input type="checkbox"/> ongoing

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