New Meds On The Shelf

October 1, 2003 By Marissa Pareles

Reyataz (atazanavir)
Bristol-Myers Squibb

Class: protease inhibitor (PI)
Task: HIV suppression
Ticket: About $860 a month
Pros: The first once-daily PI, Reyataz seems not to raise lipids (cholesterol and triglycerides) as other PIs do, and it may avoid cross-resistance with other PIs, preserving future med choices when it's used in a first-line combo.
Cons: Reyataz frequently caused jaundice (as many as 20 percent of cases in one trial), and may worsen hepatitis. You can't combine it with many other drugs, including Viagra and indinavir (Crixivan). In rare cases, it causes heartbeat changes and lactic acid build-up in the blood.
An HIV vetern weighs in: Treatment activist Mike Barr: "The FDA data looked less promising than BMS' claims. The longer we know Reyataz, the more it looks like other PIs—and it needs a ritonavir (Norvir) boost. Once you add this other PI, you may get the same old PI problems—heightened lipids."

Emtriva (emtricitabine)
Gilead Sciences

Class: nucleoside reverse transcriptase inhibitor (nuke, or NRTI)
Task: HIV suppression
Ticket: About $340 a month
Pros: Can stand in for 3TC (Epivir), but you only need one dose a day. Gilead is currently testing a one-pill combo of Emtriva and tenofovir (Viread) for a two-nukes-in-one rival to Combivir. Fights hepatitis B, too.
Cons: Emtriva may not pack much punch for folks resistant to 3TC, since the resistance profiles are similar. Those with kidney problems need monitoring and dosing adjustments. Like other nukes, it may cause serious liver problems and lactic acid build-up in the blood.
An HIV Veteran weighs in: Barr: "The interesting thing here is that now Gilead has two one-a-days [Viread is the other] to reformulate together as one one-a-day."

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