

Table 2. Treatment Recommendations for Disseminated MAC

Duration of treatment	Life-long OR at least 12 months of treatment for MAC in patients who remain asymptomatic, and have a sustained increases (e.g. ≥ 6 months) in their CD4+ cell count to > 100 cells/mL following HAART
First-line treatment	Clarithromycin -- 500 mg po b.i.d. <i>plus</i> Ethambutol -- 15 mg/kg po q/d <i>with or without</i> Rifabutin -- 300 mg po q.d.
Alternatives	Azithromycin -- 500 po q.d. <i>plus</i> Ethambutol -- 15 mg/kg po q/d <i>with or without</i> Rifabutin -- 300 mg po q.d.
Monitoring	Symptomatic assessment of the patient should demonstrate improvement within 4-6 weeks. If failure is suspected, blood cultures should be performed. If cultures are positive, sensitivity testing to the macrolides is recommended to direct future drug selections. Positive clinical response with negative blood cultures is the desired therapeutic outcome; however, therapy must be continued due to the presence of MAC in other extravascular sites (See table 7 regarding protease drug interactions)