TABLE 2
Treatment and Prophylaxis of AIDS associated *Mycobacterium avium* complex disease

	Preferred Therapy	Alternate Therapy	Duration	Special Considerations
Initial therapy (at least two drugs)	Clarithromycin 500 mg PO BID + Ethambutol 15 mg/kg PO QD	Alternative to Clarithromycin Azithromycin 500 - 600 mg PO QD	Chronic Maintenance Therapy should be continued lifelong, unless there is a sustained immune response with ARV	Symptomatic assessment should demonstrate improvement in 4 - 6 weeks. If failure is suspected, repeat blood cultures. Consider evaluating sensitivity to macrolides if cultures are positive.
Third Agent	Rifabutin 300 mg PO QD (dose adjust based on drug interactions as necessary) Consider adding third agent if ARV is not initiated, or evidence of high mycobacterial loads	Alternative third or fourth agent for patients with severe symptoms or disseminated disease Ciprofloxacin 500-750 mg PO BID; or Levofloxacin 500 mg PO QD; or Amikacin 10 - 15 mg/kg IV QD		NSAIDs may be used for patients who experience moderate to sever symptoms attributed to ARV - associated immune reconstitution syndrome. If symptoms of IRIS persist, a short term (4 – 8 week) course of systemic corticosteroid (prednisone QD 20 - 40 mg PO QD) can be used.
Chronic Maintenance Therapy (secondary prophylaxis)	Clarithromycin 500 mg PO BID + Ethambutol 15 mg/kg PO QD with or without rifabutin 300 mg PO QD	Azithromycin 500 mg PO BID + Ethambutol 15 mg/kg PO QD with or without rifabutin 300 mg PO QD	Maintenance therapy can be discontinued in patients who complete at least 12 months of therapy, remain asymptomatic and have sustained CD4 count > 100 cells/mm3 for at least 6 months	
Primary Prophylaxis	Azithromycin 1200 mg PO q week or Clarithromycin 1000 mg PO QD (extended release) or 500 mg PO BID	Rifabutin 300 mg PO QD		