COMPARATIVE DOSE TABLES

The tables below are NEMLC approved recommendations for comparative dosing across therapeutic classes. The recommended doses do not necessarily imply dose equivalence or equipotency (i.e. switching patients from low dose of one medicine to low dose of another medicine may represent an increase or decrease in potency). These tables are intended to serve as a pragmatic guide of comparative doses for different medicine classes, and are informed by best available evidence and local product availability. The aim of this guidance is to support procurement decisions and the switching of patient treatment across various therapeutic alternatives.

HMG-CoA REDUCTASE INHIBITORS (STATINS)

NEMLC approval for STG indications as follows:

- Low intensity statins approved for primary prevention.
- Moderate intensity statins approved for secondary prevention.
- High intensity statin approved for familial hypercholesteraemia.

Comparative Doses for STG Indications				**Drug-drug Interactions**
Statin Intensity	**LOW**	**MODERATE**	**HIGH**	*Co-administration with protease inhibitor (PI) ARVs or Amlodipine* LoE:IVb[1]
STG Indication	**PRIMARY PREVENTION**	***SECONDARY PREVENTION**	**FAMILIAL HYPERCHOLESTERAEMIA**	
Statin	**Recommended dose**			
Atorvastatin		20mg	80mg	PI: Max dose 10mg/day**
Pravastatin	20mg	80mg		PI: Avoid Potential interaction with LPV/r – no data available for recommended dosing.
Simvastatin	10mg	40mg		PI: Contraindicated Amlodipine: Use max 10-20 mg.
Rosuvastatin		10mg	40mg	PI: Max dose 10mg/day**

Notes:
*Reduce dose if myalgia suspected.
**Recommended maximum doses may vary for different protease inhibitors (PIs). NEMLC recommends the lowest recommended statin dose for ease of implementation.

INHALED CORTICOSTEROIDS (ICS)

Adults and adolescents ≥ 12 years

LoE:IVb[2]

Adults and adolescents ≥12 years			
Drug	**Daily dose (mcg)**		
	Low	Medium	High
Beclometasone dipropionate CFC MDI	200–500	>500–1 000	>1 000
Beclometasone dipropionate HFA MDI	100–200	>200–400	>400
Budesonide DPI or HFA	200–400	>400–800	>800
Ciclesonide HFA	80–160	>160–320	>320
Fluticasone furoate DPI	100	n/a	200
Fluticasone propionate DPI	100–250	>250–500	>500
Fluticasone propionate HFA	100–250	>250–500	>500
Mometasone furoate	110–220	220–440	>440
CFC: chlorofluorocarbon propellant HFA: hydrofluoroalkane propellant MDI: metered dose inhaler DPI: dry powder inhaler			

[1] Interaction with PIs: Ansari R, Khalili H, Mohammadi K. Optimizing statin therapy in HIV-infected patients: a review of pharmacotherapy considerations. BMC Cardiovasc Disord. 2025 May 31;25(1):421. doi: 10.1186/s12872-025-04887-2. PMID: 40450213; PMCID: PMC12125728.

[2] Global Initiative for Asthma (GINA). (2024). Global Strategy for Asthma Management and Prevention, 2024. https://ginasthma.org/2024-report/