(0.84 to 1.26)

(0.81 to 1.20)

(0.81 to 1.23)

MEDICATION GUIDE

Abacavir, Dolutegravir and LamivudineTablets

(a-BAK-a-vir, doe loo teg' ra vir, la miv' ue deen)

defects in live births was 3.1% (95% CI: 2.6% to 3.6%) following first trimester exposure to lamivudine-containing regimens and 2.9% (95% CI: 2.5%, 3.3%) following second/third trimester exposure

Initial U.S. Approval: 2014 What is the most important information I should know about abacavir, dolutegravir and lamivudine tablets? Abacavir, dolutegravir and lamivudine tablets can cause serious side effects, including: a at delivery, median (range) amniotic fluid concentrations of lamivudine were 3.9-fold (1.2- to 12.8-fold) greater compared with paired maternal serum conc ABC = abacavir, DTG = dolutegravir, 3TC = lamivudine (0.54 to 0.77) (0.55 to 0.81) (0.56 to 0.82) WARNING: HYPERSENSITIVITY REACTIONS, AND EXACERBATIONS OF HEPATITIS B Do not substitute abacavir, dolutegravir and lamivudine tablets and TRIUMEQ PD on a milligram-permilligram basis. (2.3) Dolutegravir:

Dolute See full prescribing information for complete boxed warning. · Serious allergic reactions (hypersensitivity reaction) that can cause death have happened with abacavir, dolutegravir and If dosing with certain UGT1A or CYP3A inducers, then the recommended dolutegravir dosage regimen should be adjusted. See Table 2 for complete dosing persensitivity Reactions

Serious and sometimes fatal hypersensitivity reactions have occurred with abacavir-containing products. (b.1)

Hypersensitivity to abacavir is a multi-organ clinical syndrome. (5.1)

Patients who carry the HLA-B*5701 allele are at a higher risk of experiencing a hypersensitivity reaction to abacavir and in HLA-B*5701-positive patients. (4)

Discontinue abacavir, dolutegravir and lamivudine as soon as a hypersensitivity reaction is suspected. Regardless of HLA-B*5701 status, permanently discontinue abacavir, dolutegravir and lamivudine if hypersensitivity cannot be ruled out, even when other diagnoses are possible. 5.1

**Illusion a hypersensitivity reaction to abacavir, dolutegravir and lamivudine, NEVER restart abacavir, dolutegravir and lamivudine, or any other abacavir. lamivudine tablets and other abacavir-containing products. Your risk of this allergic reaction to abacavir is much higher if you have a gene Because abacavir, dolutegravir and lamivudine tablets are fixed-dose tablets and cannot be dose adjusted, abacavir, dolutegravir and lamivudine tablets are not recommended in patients wit variation called HLA-B*5701. Your healthcare provider can determine with a blood test if you have this gene variation atinine clearance < 30 mL/min and pediatric patients with a similar degree of renal impairment based on age-appropriate assessment of renal function, or patients with hepatic impairment (1.06 to 1.28) If you get a symptom from 2 or more of the following groups while taking abacavir, dolutegravir and lamivudine tablets, ----DOSAGE FORMS AND STRENGTHS--call your healthcare provider right away to find out if you should stop taking abacavir, dolutegravir and lamivudine tablets. Abacavir, dolutegravir and lamivudine tablets: 600 mg of abacavir, 50 mg of dolutegravir, and 300 mg of lamivudine. (3)
------CONTRAINDICATIONS-----Presence of HLA-B*5701 allele. (4) Prior hypersensitivity reaction to abacavir, dolutegravir, or lamivudine. (4) Coadministration with dofetilide. (4) Moderate or severe hepatic impairment. (4, 8.7) of lamivudine-resistant HBV variants associated with lamivudine-containing antiretroviral regimens has been reported. If abacavir, dolutegravir and lamivudin is used in patients co-infected with HIV-1 and HBV, additional treatment should be considered for appropriate treatment of chronic HBV, otherwise, consider an Group 2 -----WARNINGSAND PRECAUTIONS-----Hepatotoxicity has been reported in patients receiving a dolutegravir-containing regimen. Monitoring for hepatotoxicity is recommended. (5.3) ^a Comparison is rifampin taken with dolutegravir 50 mg twice daily compared with dolutegravir 50 mg twice da Group 3 attermative regimen.
Severe acute exacerbations of HBV have been reported in patients who are co-infected with HBV and HIV-1 and have discontinued lamivudin
abacavir, dolutegravir and lamivudine. Closely monitor hepatic function in these patients and, if appropriate, initiate anti-HBV treatment. (52) Nausea, vomiting, diarrhea, abdominal (stomach area) pain Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of nucleoside analogues. (5.4) Comparison is rifampin taken with dolutegravir 50 mg twice daily compared with dolutegravir 50 mg once daily. The number of subjects represents the maximum number of subjects that were evaluated. Generally ill feeling, extreme tiredness, or achiness Abacavir, dolutegravir and lamivudine tablets and TRIUMEQ PD tablets for oral suspension are not substitutable. (2.3, 5.7) Abacavir or Lamivudine: The drug interactions described are based on trials conducted with abacavir or lamivudine as single entities -----RECENT MAJOR CHANGES---------ADVERSE REACTIONS-----Effect of Abacavir and Lamivudine on the Pharmacokinetics of Other Agents: In vitro studies have shown that abacavir has potential to inhibit CYP1A1 and limited potential to inhibit metabolisn The most commonly reported adverse reactions of at least moderate intensity and incidence at least 2% (in those receiving abacavir, dolutegravir and lamivudine) were insomnia, headache, and fatigue. Shortness of breath, cough, sore throat by CYP3A4, Lamivudine does not inhibit or induce CYP3A4. Abacavir and lamivudine do not inhibit or induce other CYP enzymes (such as CYP2C9 or CYP2D6), Based on in vitro study results, abacavir and lamivudine at therapeutic drug exposures are not expected to affect the pharmacokinetics of drugs that are substrates of the following transporters: OATP1B1/3, BCRP or P-gp, OCT1, OCT2, OCT3 To report SUSPECTED ADVERSE REACTIONS, contact Hetero Labs Limited at 1-866-495-1995 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch_ A list of these symptoms is on the Warning Card your pharmacist gives you. Carry this Warning Card with you at all times Abacavir, dolutegravir and lamivudine tablets are a combination of dolutegravir (integrase strand transfer inhibitor (INSTII), abacavir, and lamivudine (both nucleoside analogue reverse transcriptase -----DRUG INTERACTIONS-----If you stop abacavir, dolutegravir and lamivudine tablets because of an allergic reaction, never take abacavir, dolutegravir and lamivudine tablets (abacavir, dolutegravir and lamivudine), or any other medicine that contains abacavir or Abacavir, Dolutegravir, and Lamiyudine: Coadministration of a single dose of riociquat (0.5 mg) to HIV-1-infected subjects receiving abacavir, dolutegravir and lamiyudine is reported to in inhibitors) indicated for the treatment of HIV-1 infection in adults and in pediatric patients aged at least 3 months and weighing at least 6 kg. (1) Coadministration of abacavir, dolutegravir and lamivudine with other drugs can alter the concentration of other drugs and other drugs may alter the concentrations of abacavir, dolutegravir and lamivudine. AUC [cc] compared with riociguat AUC [cc] reported in healthy subjects due to CYP1A1 inhibition by abacavir. The exact magnitude of increase in riociguat exposure has not been fully characterized bas mitations of Use:
bacavir, dolutegravir and lamivudine tablets alone are not recommended in patients with resistance-associated integrase substitutions or clinically suspected INSTI resistance because the dose of The potential drug-drug interactions must be considered prior to and during therapy. (4, 7, 12.3)

USE IN SPECIFIC POPULATIONS---dolutegravir (DOVATO, EPZICOM, JULUCA, TIVICAY, TIVICAY PD, TRIZIVIR, or ZIAGEN) again Effect of Other Agents on the Pharmacokinetics of Abacavir or Lamivudine: In vitro, abacavir is not a substrate of OATP1B1, OATP1B3, OCT1, OCT2, OAT1, MATE1, MATE2-K, MRP2 or MRP4; dolutegravir in abacavir, dolutegravir and lamivudine tablets is insufficient in these subpopulations. See the dolutegravir prescribing information. (1)

DOSAGE AND ADMINISTRATION Pediatrics: Not recommended for patients aged < 3 months or weighing < 6 kg. (8.4) therefore, drugs that modulate these transporters are not expected to affect abacavir plasma concentrations. Abacavir is a substrate of BCRP and P-gp in vitro; however, considering its absolute o If you have an allergic reaction, dispose of any unused abacavir, dolutegravir and lamivudine tablets. Ask your pharmacist how to properly Abacavir, dolutegravir and lamivudine is not recommended in patients with creatinine clearance less than 30 mL/min and pediatric patients with a similar degree of renal impairment based on bioavailability (83%), modulators of these transporters are unlikely to result in a clinically relevant impact on abacavir concentrations. age-appropriate assessment of renal function. (8.6) Before initiating abacavir, dolutegravir and lamivudine tablets, screen for the HLA-B*5701 allele because abacavir, dolutegravir and lamivudine tablets contain abacavir. (2.1). dispose of medicines. The safety, pharmacokinetics, and antiviral activity (efficacy) of abacavir, dolutegravir and lamivudine were established through an open-label, multicenter clinical trial (IMPACT 2019), in which HIV-1-infected, treatment-naïve, or treatment-naïve, or treatment-naïve, or treatment-naïve, or greatment-naïve, or treatment-naïve, or treatment-naïv Prior to or when initiating abacavir, dolutegravir and lamivudine tablets, test patients for HBV infection, (2.2) If a dose reduction of abacavir, a component of abacavir, dolutegravir and lamivudine, is required for patients with mild hepatic impairment, then the individual components should be used. (8.7) See 17 for PATIENT COUNSELING INFORMATION and Medication Guide. If you take abacavir, dolutegravir and lamivudine tablets or any other abacavir-containing medicine again after you have had an allergic Abacavir, dolutegravir and lamivudine tablets may be taken with or without food. (2.4, 2.5) reaction, within hours you may get life-threatening symptoms that may include very low blood pressure or death Adults: One tablet of abacavir, dolutegravir and lamivudine tablets daily, (2.4) o If you stop abacavir, dolutegravir and lamivudine tablets for any other reason, even for a few days, and you are not allergic to abacavir, The safety and efficacy of non-daily abacavir and lamivudine were established with a randomized, multicenter trial (ARROW (COL105677)) in HIV-1-infected, treatment-naive subjects aged 3 months to 17 years with a first-line regimen containing abacavir and lamivudine, using either the combination of EPVIR and ZIAGEN or EPZICOM [see Adverse Adversed]. The control of the combination of the control dolutegravir and lamivudine tablets, talk with your healthcare provider before taking it again. Taking abacavir, dolutegravir and lamivudine **FULL PRESCRIBING INFORMATION: CONTENTS*** 7.1 Effect of Dolutegravir on the Pharmacokinetics of Other NING: HYPERSENSITIVITY REACTIONS, AND EXACERBATIONS OF HEPATITIS B Methadone: In a trial of 11 HIV1-infected subjects receiving methadonemaintenance therapy (40 mg and 90 mg daily), with 600 mg of abacavir twice daily (twice the currently recommended dose tablets again can cause a serious allergic or life-threatening reaction, even if you never had an allergic reaction to it before. Reactions (6.1), Clinical Studies (14.2)].
The safety, pharmacokinetics and antiviral activity (efficacy) of TIVICAY PD were established through an ongoing, open-label, multicenter, dose-finding clinical trial of 11 HIV1—infected, treatment-naive or treatment-naive or treatment-experienced, INSTI-naive, pediatric and adolescent subjects aged 4 weeks to <18 years and weighing at least 3 kg were treated with TIVICAY or TIVICAY PD plus optimized background therapy (see Adverse Reactions (6.1), Clinical Studies (14.2)].

Additional pharmacokinetics data were evaluated in 2 pharmacokinetic substudies in ODYSSEY, an orgoing open-label, randomized, non-inferiority trial to evaluate the safety, and efficacy, profile of abacavir, colournel substudies in ODYSSEY, an orgoing open-label, randomized acquaints of the safety, and efficacy profile of abacavir, dolutegravir and lamivudine in pediatric patients with renal impairment (see Obasage and Administration (2.7), Warnings and Precautions (5.3), Adverse Reactions (6.1), Use in Specific Agriculture (14.2).

Methadone: In a trial of 11 HIV1—infected subjects receiving methadonemaintenance therapy (40 mg and 90 mg daily), with 600 mg of abacavir twicz daily (twice the currently twice dabacavir. allowed in the pharmacokinetic active relations) or pharmacokinetic (e.g., loss of HIV1/HIVCAY or TIVICAY PD plus two uncleased 22% (90% Ci-6% to 42%) [see Drug microbine pharmacokinetic (e.g., plasma concentrations or intracellular triphosphorylated or concentrations) or pharmacokinetics data were evaluated in 2 pharmacokinetic subjects very organization of pharmacokinetic (e.g., plasma concentrations or intracellular triphosphorylated (e.g., loss of HIV1/HIVC Vinoffected subjects.

Sorbitol (Excipient): Lamivudine, and sorbitol solutions were coadministered to 16 healthy adult subjects in an open-label, randomized acquaints or coadministered to 16 healthy adult subjects in an open-label, randomized acquaints or coadministered to 16 healthy adult subjects in an open-label, randomized 7.2 Effect of Other Agents on the Pharmacokinetics of If your healthcare provider tells you that you can take abacavir, dolutegravir and lamivudine tablets again, start taking it Dolutegravir
7.3 Established and Other Potentially Significant Drug when you are around medical help or people who can call a healthcare provider if you need one. Worsening of Hepatitis B virus (HBV) infection. Your healthcare provider will test you for HBV infection before you start treatment 8 USE IN SPECIFIC POPULATIONS with abacavir, dolutegravir and lamivudine tablets. If you have HBV infection and take abacavir, dolutegravir and lamivudine tablets, your HBV may get worse (flare-up) if you stop taking abacavir, dolutegravir and lamivudine tablets. A "flare-up" is when your HBV infection suddenly returns in a worse way than before. 3.4 Pediatric Use Do not run out of abacavir, dolutegravir and lamivudine tablets. Refill your prescription or talk to your healthcare provider before your 8.5 Geriatric Use lamivudine and zidovudine. Lamivudine exnosure (AUC decreased 15%) and zidovudine exnosure (AUC increased 10%) did not show clinically relevant changes with concurrent abaca 8.6 Patients with Impaired Renal Function
8.7 Patients with Impaired Hepatic Function abacavir, dolutegravir and lamivudine tablets are all gone. Lamivudine and Zidovudine: No clinically significant alterations in lamivudine or zidovudine pharmacokinetics were observed in 12 asymptomatic HIV1-infected adult patients given a single dose of be exercised in the administration of abacavir, dolutegravir and lamivudine in elderly patients reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of seaso or other drug thereof yes of their coadministered drugs on abacavir or lamivudine and Zidovudine: No clinically significant alterations in lamivudine or zidovudine pl zidovudine; No clinically significant alterations in lamivudine or zidovudine pl zidovudine; No clinically significant alterations in lamivudine or zidovudine pl zidovudine; No clinically significant alterations in lamivudine or zidovudine pl zidovudine; No clinically significant alterations in lamivudine or zidovudine pl zidovudine; No clinically significant alterations in lamivudine or zidovudine pl zidovudine; No clinically significant alterations in lamivudine or zidovudine pl zidovudine; No clinically significant alterations in lamivudine or zidovudine; No clinically significant alterations in lamivudin Do not stop abacavir, dolutegravir and lamivudine tablets without first talking to your healthcare provide 10 OVERDOSAGE 2.7 Not Recommended Due to Lack of Dosage Adjus o If you stop taking abacavir, dolutegravir and lamivudine tablets, your healthcare provider will need to check your health often and do blood DESCRIPTION 3 DOSAGE FORMS AND STRENGTHS Table 11. Effect of Coadministered Drugs on Abacavir or Lamivudine tests regularly for several months to check your liver function and monitor your HBV infection. It may be necessary to give you a medicine 12 CLINICAL PHARMACOLOGY to treat hepatitis B. Tell your healthcare provider about any new or unusual symptoms you may have after you stop taking abacavir, WARNINGS AND PRECAUTIONS component of abacavir, dolutegravir and lamivudine, is required for patients with creatinine clearance < 30 m.l/min and in pediatric patients with a similar degree of renal impairment based on age-ropriate assessment of renal function, then the individual components should be used [see Clinical Pharmacology (12.3)]. tration of Coadministered Dru dolutegravir and lamivudine tablets. Patients Co-infected with HIV-1 and HBV: Emergence of Lamivudine-Resistant HBV and the Risk of Posttreatment Exacerbations of HBV Resistant HBV. If you have human immunodeficiency virus-1 (HIV-1) and HBV, the HBV can change (mutate) during your treatment with ↑41% 90% CI: 35% to 48% Patients with a creatinine clearance between 30 and 49 mL/min receiving abacavir, dolutegravir and lamivudine may experience a 1.6- to 3.3-fold higher lamivudine exposure (AUC) than patients with a 0.7 g/kg abacavir, dolutegravir and lamivudine tablets and become harder to treat (resistant). Your healthcare provider may give you other medicines to treat HBV infection if you have HIV-1 and HBV infections and take abacavir, dolutegravir and lamivudine tablets. actic Acidosis and Severe Henatomenaly with Steatos creatinine clearance >50 mL/min. There are no safety data from randomized, controlled trials comparing abacavir, dolutegravir and lamivudine to the individual components in patients with a creatinine clearance between 30 and 49 mL/min who received dose-adjusted lamivudine. Additionally, there are no data available on the use of lamivudine in pediatric patients with renal impairment. In the original Lactor Actions and overer repartingually with Steations
Risk of Adverse Reactions or Loss of Virologic Response Due to Drug Interactions
Immune Reconstitution Syndrome
Different Formulations Are Not Substitutable 3.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
3.2 Animal Toxicology and/or Pharmacology 95% CI: 1% to 20% als in combination with zidovudine, higher lamivudine exposures were associated with higher rates of hematologic toxicities (neutropenia and anemia), although discon For more information about side effects, see "What are the possible side effects of abacavir, dolutegravir and Single 150 mg 14 CLINICAL STUDIES lamivudine tablets?" ↑43% 90% CI: 32% to 55% What are abacavir, dolutegravir and lamivudine tablets? ADVERSE REACTIONS
6.1 Clinical Trials Experie Single 300 mg receive abacavir, dolutegravir and lamivudine should be monitored for hematologic toxicities. If new or worsening neutropenia or anemia develop, dose adjustment of lamivudine, per lamivudine prescribing information, is recommended. If lamivudine dose adjustment is indicated, abacavir, dolutegravir and lamivudine should be discontinued, and the individual components should be used to construct the 800 mg daily x 5 day Abacavir, dolutegravir and lamivudine tablets are prescription medicines used to treat HIV-1 infection in adults and children who are at least 3 Increase: ←→ = No significant change months of age and weigh at least 13.2 pounds (6 kg). DRUG INTERACTIONS Sections or subsections omitted from the full prescribing information are not lister HIV-1 is the virus that causes Acquired Immune Deficiency Syndrome (AIDS). hacavir doluteoravir and lamivudine is a fixed-dose combination, and the dosage of the individual components cannot be adjusted. If a dose reduction of abacavir, a component of abacavir, dolutegravir Abacavir, dolutegravir and lamivudine tablets contain the prescription medicines abacavir, dolutegravir, and lamivudine and lamivudine, is required for patients with mild hepatic impairment (Child-Pugh Score A), then the individual components should be used (see Clinical Pharm FULL PRESCRIBING INFORMATION Table 4. Selected Laboratory Abnormalities (Grades 2 to 4) inTreatment-Naive Subjects in SINGLE (Week 144 Analysis Mechanism of Action

Dolutergavir: Inhibits HIV integrase by binding to the integrase active site and blocking the strand transfer step of retroviral DNA integration which is essential for the HIV replication cycle.

Strand transfer biochemical assays using purified recombinant HIV1 integrase and pre-processed substrate DNA resulted in IC₁₀ values of 2.7 nM and 12.6 nM.

Abacavir: Abacavir is a carbocyclic synthetic nucleoside analogue. Abacavir is converted by cellular enzymes to the active metabolite, carbovir triphosphate (CBVTP), an analogue of deoxyguanosine5'triphosphate (dGTP). CBVTP inhibits the activity of HIV1 reverse transcriptase (RT) both by competing with the natural substrate GGTP and by its incorporation into viral DNA.

Lamivudine: Lamivudine is a synthetic nucleoside analogue. Intracellularly lamivudine is phosphorylated to its active 5'-triphosphate metabolite, lamivudine triphosphate (3TCTP). The principal mode of action of 3TCTP is inhibition of RT via DNA chain termination after incorporation of the nucleotide analogue. The safety, efficacy, and pharmacokinetic properties of abacavir have not been established in patients with moderate (Child-Pugh Score B) or severe (Child-Pugh Score C) hepatic impairment; therefore • Abacavir, dolutegravir and lamivudine tablets should not be used by itself in people who have resistance to certain types of medicines. Do not take abacavir, dolutegravir and lamivudine tablets if you: 10 OVERDOSAGE Hypersensitivity Reactions
Serious and sometimes fatal hypersensitivity reactions, with multiple organ involvement, have occurred with abacavir, a component of abacavir, dolutegravir and lamivudine. Patients who carry the HLA-B*5701 allele are at a higher risk of a hypersensitivity reaction to abacavir, although hypersensitivity reactions have occurred in patients who do not carry the HLA-B*5701 allele (see Warnings and Precautions (5.1)]. • have a certain type of gene variation called the HLA-B*5701 allele. Your healthcare provider will test you for this before prescribing treatment with abacavir, dolutegravir and lamivudine tablets. action of 3TCTP is inhibition of RT via DNA chain termination after incorporation of the nucleotide analogue.

Antiviry in Cell Culture

Obstragravir: Dobttegravire inhibited antiviral activity against laboratory strains of wild-type HIV1 with mean concentration of drug necessary to affect viral replication by 50% (EC_m) values of 0.5 nM
(0.21 ng/ml.1 to 2.1 mM (0.85 ng/ml.1 in peripheral blood mononuclear cells (PBMCs) and MT-4 cells. Dobttegravire chibited antiviral activity against 13 clinically diverse clade 8 isolates with a median EC_m value of 0.54 nM (range: 0.41 to 0.50 nM), in a viral susceptibility assavs using the integrase coding region from clinical isolates. Dobttegravire demonstrated antiviral activity in cell culture against take dofetilide. Taking abacavir, dolutegravir and lamivudine tablets and dofetilide can cause side efforts a complete list of ingredients in abacavir, dolutegravir and lamivudine tablets and dofetilide can cause side efforts a complete list of ingredients in abacavir, dolutegravir and lamivudine tablets and dofetilide can cause side efforts a complete list of ingredients in abacavir, dolutegravir and lamivudine tablets. Taking abacavir, dolutegravir and lamivudine tablets and dofetilide can cause side efforts a complete list of ingredients in abacavir, dolutegravir and lamivudine tablets. Taking abacavir apace apace and pace apace apac gravir is highly bound to plasma proteins, it is unlikely that it will be significantly removed by dialysis. are allergic to abacavir, dolutegravir, lamivudine, or any of the ingredients in abacavir, dolutegravir and lamivudine tablets. See the end of Abacavir, dolutegravir and lamivudine is contraindicated in patients with a prior hypersensitivity reaction to abacavir and in HLA-B*5701-positive patients (see Contraindications (4), Warnings and Precautions (5.1)]. All patients should be screened for the HLA-B*5701 allele prior to initiating therapy with abacavir, dolutegravir and lamivudine or reinitiation of therapy with abacavir, dolutegravir and lamivudine, unless patients have a previously documented HLA-B*5701 allele assessment. is not known whether abacavir can be removed by peritoneal dialysis or hemodialysis. Grade 3 to 4 (>5.0 x ULN) < 1% • take dofetilide. Taking abacavir, dolutegravir and lamivudine tablets and dofetilide can cause side effects that may be serious or life-Discontinue abacavir, dolutegravir and lamivudine immediately if a hypersensitivity reaction is suspected, regardless of HLA-B*5701 status and even when other diagnoses are possible [see Contraindications (4), Warnings and Precautions (5.1)]. 1 DESCRIPTION Following a hypersensitivity reaction to abacavit, dolutegravir and lamivudine, NEVER restart abacavit, dolutegravir and lamivudine or any other abacavit product because more severe symptoms, including death can occur within hours. Similar severe reactions have also occurred rarely following the reintrabacavir-containing products in patients who have no history of abacavir hypersensitivity [see Warnings and Precautions (5.1)]. bacavir, dolutegravir, and lamivudine tablets
bacavir, dolutegravir, and lamivudine tablets contain an INSTI (dolutegravir) and 2 nucleoside analogues (abacavir and lamivudine) with inhibitory activity against HIV Before you take abacavir, dolutegravir and lamivudine tablets, tell your healthcare provider about all of your medical Grade 3 to 4 (>5.0 x ULN) Each film-coated tablet of abacavir, dolutegravir, and lamivudine, for oral use, contains 600 mg of abacavir (present as 702.762 mg of abacavir sulfate USP). 50 mg of dolutegravir (present as 52.6 mg of dolutegravir (present as 52.6 mg of dolutegravir) sodium), and 300 mg of lamivudine USP. The inactive ingredients of abacavir, dolutegravir, and lamivudine tablets include magnesium stearate, mannitol, microcrystalline cellulose, povidone Creatine kinase Exacerbations of Hepatitis B
All patients with HIV-1 should be tested for the presence of hepatitis B virus (HBV) prior to or when initiating abacavir, dolutegravir and lamivudine. Emergence of lamivudine-essistant HBV variants associated with lamivudine-containing antiretroviral regimens has been reported. If abacavir, dolutegravir and lamivudine is used in patients co-infected with HIV-1 and HBV, additional treatment should be considered for appropriate treatment of chronic HBV; otherwise, consider an alternative Grade 2 (6.0 to 9.9 x ULN) and sodium starch glycolate. The tablet film-coating contains the inactive ingredients black iron oxide, iron oxide red, iron oxide yellow, polyethylene glycol, polyvinyl alcohol, talc and titanium dioxide. bacavir Sulfate
he chemical name of abacavir sulfate is (-)-cis-4-[2-amino-6-(cyclopropylamino)-9H-purin-9-yl|2-cyclopentene-1-methanol sulfate. It has a molecular formula of C_mH_mN_{cl}O_sS and a molecular weight of Grade 3 to 4 (≥10.0 x ULN) (n = 4), ranged from 24 to 490 mM.

Lamivudine: The antiviral activity of lamivudine against HIV1 was assessed in a number of cell lines including monocytes and PBMCs using standard susceptibility assays. EC on values were in the range of 3 to 15,000 mM (1 mM = 0.23 ng/mL). The median EC on values of lamivudine were 60 mM (range: 20 to 70 mM), 30 mM (range: 20 to 90 mM), 30 mM (range: 20 to 670.74 g/mol. It has the following structural formula Severe acute exacerbations of hepatitis B have been reported in patients who are coinfected with HBV and HIV-1 and have discontinued lamivudine, a component of abacavir, dolutegravir and lamivudine. Closely monitor hepatic function in these patients and, if appropriate, initiate anti-HBV treatment [see Warnings and Precautions [52]]. Grade 2 (126 to 250 mg/dl Grade 3 (> 250 mg/dL) are pregnant or plan to become pregnant. Talk to your healthcare provider about the benefits and risks of treatment with abacavir, dolutegravir and lamivudine tablets during pregnancy. INDICATIONS AND USAGE Grade 2 (> 1.5 to 3.0 x ULN bacavir, dolutegravir and lamivudine tablets are indicated for the treatment of HIV-1 infection in adults and in pediatric patients aged at least 3 months and weighing at least 6 kg. Pregnancy Registry. There is a pregnancy registry for those who take abacavir, dolutegravir and lamivudine tablets during pregnancy. The resistant viruses were selected in cell culture starting from different wild-type HIV1 strains and clades. Amino acid substitutions E920, G118R, S153F or Y, G193E or R263K purpose of this registry is to collect information about the health of you and your baby. Talk with your healthcare provider about how you can passages and conferred decreased susceptibility to dolutegravir of up to 4-fold.

purpose of this registry is dime: HIV-1 isolates with reduced susceptibility to the combination of abacavir and lamivudine have been selected in cell culture with amino acid substitutions K65R, L74V, Y115F, and take part in this registry. cause the dose of dolutegravir in abacavir, dolutegravir and lamivudine tablets is insufficient in these subpopulations. See full prescribing information for TIVICAY (dolutegrav M184VI in HIV-1 RT. M184V or I substitutions resulted in high-level resistance to lamivudine and approximately 2-fold decrease in susceptibility to abacavir. Substitutions K6SR, 1,74V, or Y115F with
M184V or I conferred a 7- to 8-fold reduction in abacavir susceptibility, and combinations of three substitutions were required to confer more than an 8-fold reduction in susceptibility.

are breastfeeding or plan to breastfeed. Abacavir, dolutegravir and lamivudine tablets passes to your baby in your breast milk. Talk with your breastfeeding or plan to breastfeeding or Abacavir sulfate USP is a white to an off-white powder and is soluble in water. 1 Screening for HLA-B*5701 Allele prior to Initiating Abacavir, Dolutegravir and Lamiyudine Tablets healthcare provider about the following risks to your baby from breastfeeding during treatment with abacavir, dolutegravir and lamivudine Screening for FLX-8"-5701 Allete prior to Intuating Assaciavit, Jourtegravir and Lamivudine labelts. See Boxed Warning, Warnings and Precautions (5.1)].
 Testing prior to or When Initiating Treatment with Abacavir, Dolutegravir and LamivudineTablets.
 Testing prior to or When Initiating indexavir, volutegravir and initiating abacavir, volutegravir and LamivudineTablets. Dolutegravir Sodium
The chemical name of dolutegravir sodium is Sodium (4R, 12as)-9-(12,4-difluorobenzylicarbamoyl)-4-methyl-6,8-dioxo-3,4,6,8,12,12a-hexahydro-2H-pyrido [1',2':4,5] pyrazino [2,1 b] [1,3]oxazin-7-olate. ALT = Alanine aminotransferase, AST = Aspartate aminotransferase, ULN = upper limit of normal. the HIV-1 virus may pass to your baby if your baby does not have HIV-1 infection ent-Naive Subjects in SINGLE (Week 144 An 2.3 Overview of Abacavir, Dolutegravir and Lamivudine Dosage Forms
Do not substitute abacavir, dolutegravir and lamivudine tablets and TRIUMEQ. PD tablets for oral suspension on a milligram-per-milligram basis due to differing pharmacokinetic profiles for the dolutegravir component issue warnings and Precautions (5.7), Clinical Pharmacokogy (12.3). o the HIV-1 virus may become harder to treat if your baby has HIV-1 infection. integrase substitutions at week e-4 and week (10, espectively, and 1 subject with 2/5 copiestims. HIV-1 NNA nad a treatment-emergent 11 or JVI in integrase substitution detected at week 2-4, Nohe of these subjects had a corresponding decrease in dolutegravir susceptibility. No treatment-emergent emorptic resistance to absect and animoufine, components of absective, dolutegravir and animoufine, was observed in the arm receiving dolutegravir - EPZICOM in the SINGLE trial through Week 144. One ART-naïve subject receiving TRIUMED PD in the pediatric IMPAACT 2019 trial experienced confirmed viologic failure at Week 2-4 but subsequently suppressed of 56 copies mit. by Week 4-8 while no continued study treatment. The subject's entry specimen (HIV-1 subtype AE) had the presence of baseline integrase substitution 1/34 polymorphism. Genotypic sequencing and phenotypic analyses failed at the confirmed virologic failure timepoint for this subject. o your baby may get side effects from abacavir, dolutegravir and lamivudine tablets. pharmacokinetic profiles for the dolutegravir component [see Warnings and Precautions (5.7), Clinical Pharmacology (12.3)].

Abacavir, dolutegravir and lamivudine tablets: 600 mg of abacavir, 50 mg of dolutegravir, and 300 mg of lamivudine. Abacavir, dolutegravir and lamivudine tablets are recommended Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. 2.4 Recommended Dosage in Adults etance has been observed among INSTs. The signle INST-resistance substitutions TARK 11511, and S152Y conferred a > 2-fold decrease in doluterravir suscentibility (ranne-Some medicines interact with abacavir, dolutegravir and lamivudine tablets. Keep a list of your medicines to show your healthcare provider and Abacavir. doluteuravir and lamivudine tablets are a fixed-dose combination product containing 600 mg of abacavir. 50 mg of doluteuravir, and 300 mg of lamivudine. The recommended dosage regimen Jobitogravir: Cross-resistance has been observed among INS 1s. The Single INO 1-Tesasance assumed an INO INS 1s. The Single INO 1-Tesasance assumed an INO INS 1s. The Single Ins 1s. The Single INO INS 1s. The Single INS 1s. The Single INO INS 1s. The Single Institution Institu Audicary, Journal of the annual annualment tablets and enterlies committed in proceed containing out in girl advance, or ing or used abacteris, obligation and the annual of abacteris, obligation to a black process and Administration Instructions for Pediatric Patients Weighing at Least 6 kg. The dosage and dosage form recommended for pediatric patients varies by weight as shown in Table 1 below.

Table 1. Recommended Dosage of Abacavir, Dolutegravir and Lamivudine Tablets in Pediatric Patients Abacavir and Lamivudine: Crossresistance has been observed among NRTIs. The combination of abacaviramirudine has demonstrated decreased susceptibility to viruses with a K6SR substitution with or without an M184VI substitution, will substitution, and viruse with 124VI puts the M184VI substitution, and viruses with 124VI puts the M184VI substitution signal representation (TAM) substitutions (M41L, D67N, K70R, L210W, T215Y/F, K219 EIRRIVION) plus M184V. An increasing number of TAMs is associated with a progressive reduction in abacavir susceptibility. HDL = High-density lipoprotein, LDL = Low-density lipoprotein to take abacavir, dolutegravir and lamivudine tablets with other medicines. excluded from these analyses (TIVICAY + EPZICOM: n = 30 and ATRIPLA: n = 27). Seventy-two subjects initiated a lipid of a dideoxy analogue of cytidine. Lamivudine has also been referred to as (-)2',3' dideoxy, 3' thiacytidine. It has a molecular formula of C,H,,N,O,S and a molecular weight of 229.26 g/mol. It has the **Body Weight** Abacavir, Dolutegravir and Lamivudine Tablets **Total Daily Dose** How should I take abacavir, dolutegravir and lamivudine tablets? outpets on inpurviewing genes at oasemire were exclusion from tress analyses (FINOATY ETZ COUNTIES OF A DEATH OF THE A.T. A SEVENTY WO SUDJECTS INTO THE A.T. A SEVENTY WO SUD 6 kg to <10 kg Not recommended 180 mg abacavir, 15 mg dolutegravir, and 90 mg lamivudin Take abacavir, dolutegravir and lamivudine tablets exactly as your healthcare provider tells you to take it. arctinogenicity

arctinogenicity

Journal of the state of e upper limit of normal; subjects with hepatitis B co-infection were excluded. Overall, the safety profile in subjects with hepatitis C virus co-infection was similar to that observed in subjects with . Do not change your dose, switch medicines or stop taking abacavir, dolutegravir and lamivudine tablets without talking with your healthcare 10 kg to <14 kg Not recommended 240 mg abacavir, 20 mg dolutegravir, and 120 mg lamivudin Dolutegravir: Two-year carcinogenicity studies in mice and rats were conducted with dolutegravir. Mice were administered doses of up to 50 mg/kg, In mice, no significant increases in the incidence of drug-related neoplasms were observed at the highest doses tested, resulting in dolutegravir AUC exposures approximately 2-8-10th higher than those in humans at the recommended dose of 50 mg once daily. In rats, no increases in the incidence of drug-related neoplasms were observed at the highest dose tested, resulting in dolutegravir AUC exposures 17-10td and 30-fold higher in males and females, respectively, than those in humans at the recommended dose of 50 mg once daily.

Abacawir: Abacawir was administered orally at 3 dosage levels to separate groups of mice and rats in 2year carcinogenicity studies. Results showed an increase in the incidence of malignant and nonmalignant tumors. Malignant tumors occurred in the few and thyroid gland of females and the citoral gland of females of 50 mg. Stems the human exposure at the recommended dose of 600 mg. Lamivadire: Longterm carcinogenicity studies with lamivudine in mice and rats showed no evidence of carcinogenic potential at exposures up to 12 times (mice) and 57 times (rats) the human exposures hepatitis Co-infection, although the rates of aspartate aminotransferase (AST) and aliania aminotransferase (ALT) abnormalities were higher in the subgroup with hepatitis C virus co-infection for bot treatment groups. Grades 2 to 4 ALT abnormalities where higher in the subgroup with hepatitis C virus co-infection for bot treatment groups. Grades 2 to 4 ALT abnormalities where higher in the subgroup with hepatitis C virus co-infection for bot treatment groups. Grades 2 to 4 ALT abnormalities where higher in the subgroup with hepatitis C virus co-infection for bot with the properties of the properties Abacavir, dolutegravir and lamivudine tablets are not the same asTRIUMEQ PD tablets for oral suspension and cannot 14 kg to <20 kg Not recommended 300 mg abacavir, 25 mg dolutegravir, and 150 mg lamivudine hanges in Serum Creatinine; Dolutegravir has been shown to increase serum creatinine due to inhibition of tubular secretion of creatinine without affecting renal glomerular function [see Clinical be substituted for each other. Check to make sure you receive the correct dosage form each time you or your child's harmacology (12.2)). Increases in serum creatinine occurred within the first 4 weeks of treatment and remained stable through 144 weeks. In SINGLE, a mean change from baseline of 0.14 mg/s 20 kg to <25 kg Not recommended 360 mg abacavir, 30 mg dolutegravir, and 180 mg lamivudine prescription is filled to avoid using the wrong medicine. (range: -0.25 mg/dt to 0.81 mg/dt) was observed after 144 weeks of treatment. Creatinine increases were similar in treatment-experienced subjects. bacavir and Lamivudine: Laboratory abnormalities observed in clinical trials of ZIAGEN (in combination with other antiretroviral treatment) were anemia, neutropenia, liver function test abnormalities Your child's healthcare provider will prescribe abacavir, dolutegravir and lamivudine tablets based on your child's weight. ≥**25** kg 1 tablet once dail 600 mg of abacavir, 50 mg of dolutegravir, and 300 mg of and elevations of creating phosphokinase (CPK), blood plucase, and triplycerides. Additional laboratory abnormalities observed in clinical trials of EPIVIR (in combination with other an Do **not** chew, cut, or crush abacavir, dolutegravir and lamivudine tablets. re thrombocytopenia and elevated levels of bilirubin, amylase, and lipase Lamivudine USP is a white to an off-white solid and is soluble in water Abacavir, dolutegravir and lamivudine tablets may be taken with or without food. Clinical Trials Experience in Pediatric Subjects

Abacavir. Doluteoravir and Lamivudine: The safety of abacavir. dolutegravir and lamivudine in pediatric subjects with HIV-1 infection weighing at least 6 kg was evaluated in the IMPAACT 2019 trial. This 12 CLINICAL PHARMACOLOGY Dolutegravir: Dolutegravir was not genotoxic in the bacterial reverse mutation assay, mouse lymphoma assay, or in the in vivo rodent micronocules assay. Abacavir was not genotoxic in the bacterial reverse mutation assay, mouse lymphoma assay, or in the in vivo rodent micronocules assay. Abacavir was mutagenic in the absence of metabolic activation in an in vitro rydenetic study in human lymphocytes. Abacavir was mutagenic in the absence of metabolic activation, although it was not mutagenic in the presence of metabolic activation in an L5178Y mouse lymphoma assay. Abacavir was clastogenic in females in an in vivo mouse bone marrow micronoculeus assay. Abacavir was not mutagenic in bacterial mutagenicity assays in the presence and absence of metabolic activation. Lamivudine vas mutagenic in an an in vivo mouse lymphoma assay and catsorogenic in a cytogenetic assay using cultural brunan lymphocytes. Lamivudine was not mutagenic in an an in vitro cell transformation assay, in a rat micronoculeus test, in a rat bloe marrow cytogenetic assay, and in an assay for unscheduled DNA synthesis in rat liver. . If you take antacids, laxatives, or other medicines that contain aluminum, magnesium, or buffered medicines, abacavir, dolutegravir and 12.1 Mechanism of Action was a multicenter, open-label, non-comparative trial of pediatric subjects with HIV-1 infection, younger than 12 years of age. Fifty-seven subjects weighing at least 6 kg to less than 40 kg were enrolled in this trial [see Use in Specific Populations (8.4), Clinical Pharmacology (12.3), Clinical Studies (14.2)]. Overall, the safety data in this pediatric study was similar to that seen in adults. lamivudine tablets should be taken at least 2 hours before or 6 hours after you take these medicines. Abacavir, dolutegravir and lamivudine is a fixed-dose combination of the HIV1 antiretroviral agents abacavir, dolutegravir, and lamivudine [see Microbiology (12.4)] 12.2 Pharmacodynamic If you need to take iron or calcium supplements, or multivitamin supplements that contain iron or calcium, by mouth during treatment with e safety analysis through Week 48 included 57 subjects weighing at least 6 kg at enrollment who received the recommended dose (determined by weight) and formulation. This analysis showed that Effects on Electrocardiogram

A thorough QT trial has been conducted for dolutegravir. Neither the effects of abacavir nor laminudine as single entities or the combination of abacavir, dolutegravir, and laminudine on the QT interval llowing dolutegravir dosage regimen is recon 26% of subjects experienced clinical adverse reactions. The most common adverse reactions were classified as laboratory abnormalities and included decreased glomerular filtration rate (n = 13, 23%), increased blood creatinine (n = 10, 18%), and increased ALT (n = 3, 5%). All other adverse reactions occurred at a rate of < 2% of participants. Two subjects reported Grade 3 or 4 adverse reactions. abacavir, dolutegravir and lamivudine tablets: Table 2. Dosing Recommendations for Abacavir. Dolutegravir and Lamivudine tablets with Coadministered Medication o If you take abacavir, dolutegravir and lamivudine tablets with food, you may take these supplements at the same time that you take have been evaluated.

In a randomized, placebo controlled, cross-over trial, 42 healthy subjects received single-dose oral administrations of placebo, dolutegravir 250 mg suspension (exposures approximately 3-fold of the 50 blottegravir, or laminudine did not affect male or female fertility in rats at doses associated with exposures approximately 44, 9, or 112 times (respectively) higher than the ex e subject, an 8-year-old female who weighed 22 kg at baseline, experienced Grade 3 increased blood creatinine and Grade 3 decreased glomerular filtration rate. By Week 48, the glomerular filtration to text improving, and the events did not lead to drug discontinuation. Another subject, a 7-year-old male who weighed 20 kg at baseline, experienced drug-induced liver injury with Grade 4 increased abacavir, dolutegravir and lamivudine tablets. Doublegraw, advacery, or intervalence on the artext make it cannot be the act the doses of 50 mg, 600 mg, and 300 mg (respectively).

13.2 Animal Toxicology and/or Pharmacology

Mvocardial degeneration was found in mice and rats following administration of abacavir for 2 years. The systemic exposures were equivalent to 7 to 21 times the expected systemic In adults and in pediatric patients **weighing at least 25 kg**, the recommended dolutegravir dosage regimen is 50 mg twice daily. Thus, an additional TIVICAY 50-mg tablet, separated by 12 hours from abacavir, dolutegravir and lamivudine tablets, should be taken. mg once-daily dose at steady state), and moxifloxacin 400 mg (active control) in random sequence. After baseline and placebo adjustment, the maximum mean QTc change based on Fridericia correction method (QTcF) for dolutegravir was 2.4 msec (1-sided 95% upper Cl: 4.9 msec). Dolutegravir did not prolong the QTc interval over 24 hours postdose. o If you do not take abacavir, dolutegravir and lamivudine tablets with food, take abacavir, dolutegravir and lamivudine tablets at least 2 hours ALT and AST following 36 weeks of treatment with TRIUMEQ PD. Clinical signs or symptoms of hepatitis were not reported, and ALT and AST values normalized after TRIUMEQ PD was discontinued. Abacavir and Lamivudine: The safety of once-daily compared with twice-daily dosing of abacavir and lamivudine, administered as either single products or as EPZICOM, was assessed in the ARROW before or 6 hours after you take these supplements. Effects on Renal Function
The effect of dolutegravir on renal function was evaluated in an open-label, randomized, 3-arm, parallel, placebo-controlled trial in healthy subjects (n = 37) who received dolutegravir 50 mg once daily trial (n = 336). Primary safety assessment in the ARROW (COL105677) trial was based on Grade 3 and Grade 4 adverse events. One event of Grade 4 hepatitis in the once daily cohort was considered as uncertain causality by the investigator and all other Grade 3 or 4 adverse events were considered not related by the investigator. No additional safety issues were identified in pediatric subjects • If you miss a dose of abacavir, dolutegravir and lamivudine tablets, take it as soon as you remember. Do not take 2 doses at the same time (n = 12), dolutegravir 50 mg twice daily (n = 13), or placebo once daily (n = 13), or placebo once daily (n = 13), or placebo once daily (n = 12) for 14 days. A decrease in creatinine clearance, as determined by 24-hour urine collection, was observed with both doses of dolutegravir after 14 days of treatment in subjects who received 50 mg once daily (9% decrease) and 50 mg twice daily (13% decrease). Neither dose of dolutegravir had a significant effect on the actual glomerular filtration rate (determined by the clearance of probe drug, para-amino hippurate) compared on the actual glomerular filtration rate (determined by the clearance of probe drug, para-amino hippurate) compared on the actual glomerular filtration rate (determined by the clearance of probe drug, para-amino hippurate) compared on the actual glomerular filtration rate (determined by the clearance of probe drug, para-amino hippurate) compared on the actual glomerular filtration rate (determined by the clearance of probe drug, para-amino hippurate) compared on the actual glomerular filtration rate (determined by the clearance of probe drug, para-amino hippurate) compared on the actual glomerular filtration rate (determined by the clearance of probe drug, para-amino hippurate) compared on the actual glomerular filtration rate (determined by the clearance of probe drug, para-amino hippurate) compared on the actual glomerular filtration rate (determined by the clearance of probe drug, para-amino hippurate) compared on the actual glomerular filtration rate (determined by the clearance of probe drug, para-amino hippurate) compared on the actual glomerular filtration rate (determined by the clearance of probe drug, para-amino hippurate) compared on the actual glomerular filtration rate (determined by the clearance of probe drug, para-amino hippurate) compared on the actual glomerular filtration rate (determined by the clearance of probe drug, para-amino hippurate) compared on the actual glomerular filtration rate (determined by the clearance of probe d 2.7 Not Recommended Due to Lack of Dosage Adjustment or take more than your healthcare provider tells you to take. Because abacavir, dolutegravir and lamivudine tablets are fixed-dose tablets and cannot be dose adjusted, abacavir, dolutegravir and lamivudine tablets are not recommended in: Stay under the care of a healthcare provider during treatment with abacavir, dolutegravir and lamivudine tablets. Doluteoravir: The safety of doluteoravir in pediatric subjects with HIV-1 infection weighing at least 6 kg was evaluated in the IMPAACT P1093 trial [see Use in Specific Populations (8.4). Clinical patients with creatinine clearance < 30 mL/min and pediatric patients with a similar degree of renal impairment based on age-appropriate renal function assessment. There are no satment-naive subjects, SINGLE (ING114467, NCT01263015) and other trials in treatment-naive subjects. See full prescribing information for TIVICAY. The efficacy of dolutegravir, in combination that least two active background regimens in treatment-experienced, INSTI-naive subjects is supported by data from SAILING (ING111762, NCT01231516) (refer to the prescribing information Do not run out of abacavir, dolutegravir and lamivudine tablets. The virus in your blood may increase and the virus may become harder to data available on the use of lamivudine, a component of abacavir, dolutegravir and lamivudine tablets, in pediatric patients with renal impairment [see Use in Specific Populations Pharmacology (12.3)]. Overall, the safety data in this pediatric study was similar to that seen in adults. 12.3 Pharmacokinetics 12.3 Prantmacounnetucs
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In TIVICAY.

Treatment Naive Subjects
In SINGLE, 833 subjects were randomized and received at least 1 dose of either TIVICAY 50 mg once daily with fixed-dose abacavir and lamivudine (EPZICOM) or fixed-dose efavirent.

SINGLE, 833 subjects were randomized and received at least 1 dose of either TIVICAY 50 mg once daily with fixed-dose abacavir and lamivudine (EPZICOM) or fixed-dose efavirent.

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SINGLE, 833 subjects were randomized and received at least 1 dose of either TIVICAY 50 mg once daily with fixed-dose abacavir and lamivudine (EPZICOM) or fixed-dose efavirent. treat. When your supply starts to run low, get more from your healthcare provider or pharmacy. IMPAACT P1093 is an ongoing multicenter, open-label, non-comparative trial of pediatric subjects with HIV-1 infection, aged < 18 years. One hundred and forty-two subjects weighing at least 6 kg were enrolled in this trial [see Use in Specific Populations (8.4), Clinical Pharmacology (12.3), Clinical Studies (14.2)]. patients with mild hepatic impairment. Abacavir, dolutegravir and lamivudine tablets are contraindicated in patients with moderate or severe hepatic impairment [see • If you take too much abacavir, dolutegravir and lamivudine, call your healthcare provider or go to the nearest hospital emergency room right raindications (4), Use in Specific Populations (8.7)]. The safety analysis through Week 24 included 60 subjects weighing at least 6 kg at enrollment who received the recommended dose (determined by weight and age) and formulation. This analysis showed 3 DOSAGE FORMS AND STRENGTHS Communities in relating subjects of the United States and TRILUMEQ PD tablets for oral suspension are bioequivalent for the abacavir and laminudine components, but not for the dolutegravir component. The in Sirvice, 2-33 solipeus weet Faitbolisted and receivers at teast of use of when YITCHA to be uniquine using visit interest used solicative and interest teast of the teast of the property o Abacavir, dolutegravir and lamivudine tablets are beige colored, oval shaped, biconvex, film coated tablets debossed with 'H' on one side and 'A60' on the other side. Each film-coated tablet contain phacavir sulfate equivalent to 600 mg of abacavir, dolutegravir sodium equivalent to 50 mg of dolutegravir, and 300 mg of lamivudine (see Description (11)).

CONTRAINDICATIONS nat 13% of subjects experienced adverse reactions. Grade 1 to 2 adverse reactions reported by more than one subject was immune reconstitution inflammatory syndrome (n = 2). There were no Grade Abacavir, doubleyard in loan/builty of TRIUMED 19 is approximately 1.7-fillod higher than abacavir, doubleyard in loan/builty of TRIUMED 19 is approximately 1.7-fillod higher than abacavir, doubleyard wind abacaviry and animivating of 2-basage forms are not substitutable on a milligram hasis [see Dosage and Administration (2.3), Warnings and Precautions (5.7)]. The relative dolutegravir inboavailability is expected to be similar between TRIUMED 19 and TRIUCAY PD.

Abacavir: Following oral administration, abacavir is rapidly absorbed and extensively distributed. After oral administration of a single dose of 600 mg of abacavir in 20 subjects, C was a 4.26 ± 1.19 mcglmL (mean ± SD) and AUC was 11.95 ± 2.51 mcg+hourimL. Binding of abacavir to human plasma proteins is approximately 50% and was independent of concentration. Total blood and plasma drugrelated radioactivity concentrations are identical, demonstrating that abacavir to human plasma proteins is approximately 50% and was independent of concentration. Total blood and plasma drugrelated radioactivity concentrations are identical, demonstrating that abacavir to human plasma proteins is approximately 50% and was independent of concentration. Total blood and plasma drugrelated radioactivity concentrations are identical, demonstrating that abacavir to human plasma proteins is approximately 50% and was independent of concentration. Total blood and plasma drugrelated radioactivity concentrations are identical, demonstrating that abacavir readily distributes into erythrocytes. The primary routes of elimination of abacavir are metabolism by alcohol delivery concentrations are identical, demonstrating that abacavir readily distributes into erythrocytes. The primary routes of elimination of abacavir are metabolism by alcohol delivery carried and glucuroup transfers so form the 5 'glucuroup's caid and glucuroup's transfers so form the 5 'glucuroup's transfers to form the 5 'glucuroup's transfers to form the 5 'glucuroup's transfers to form the 5 'glucuroup's transfers What are the possible side effects of abacavir, dolutegravir and lamivudine tablets? 3 or 4 adverse reactions reported. No adverse reactions led to discontinuation Abacavir, dolutegravir and lamivudine tablets can cause serious side effects, including: The Grade 3 or 4 laboratory abnormalities reported in more than one subject weighing at least 6 kg at enrollment were decreased neutrophil count (n = 5), decreased blood bicarbonate (n = 3), increased See "What is the most important information I should know about abacavir, dolutegravir and lamivudine tablets?"
 Liver problems. People with a history of hepatitis B or C virus may have an increased risk of developing new or worsening changes in lipase (n = 2), and increased blood potassium (n = 2). These laboratory events were not considered to be drug related. Changes in median serum creatinine were similar to those observed in adults. who have the HLA-B*5701 allele [see Warnings and Precautions (5.1)]. TIVICAY + EPZICOM Once Daily with prior hypersensitivity reaction to abacavir, dolutegravir [see Warnings and Precautions (5.1)], or lamivudine. Once Daily (n = 419) certain liver function tests during treatment with abacavir, dolutegravir and lamivudine tablets. Liver problems including liver failure have receiving do letilide due to the potential for increased dofetilide plasma concentrations and the risk for serious and/or life-threatening events with concomitant use of dolutegravir [see Drug In addition to adverse reactions reported from clinical trials, the following adverse reactions have been identified during postmarketing use with one or more of the components of abacavir, dolutegran intravenous administration, total clearance was 0.80 ± 0.24 Lihikg (mean \pm SD).

Dolutegravir: Following oral administration of dolutegravir, peak plasma concentrations were observed 2 to 3 hours postdose. With once-daily dosing, pharmacokinetic steady state is achieved within approximately 6 days with average accumulation ratios for AUC, \mathbb{C}_m and \mathbb{C}_m ranging from 1.2 to 1.5. Dolutegravir is a P-gp substrate in vitro. The absolute bioavailability of dolutegravir has not been established. Dolutegravir is highly bound (2-89.5%) to human plasma proteins based on in vivo data and binding is independent of plasma concentration of dolutegravir. The apparent volume of distribution (VdIF) following 50-mg once-daily administration is estimated at 17.4 Leased on a population pharmacokinetic analysis.

Dolutegravir is primarily metabolized via UGT1A1 with some contribution from CYP3A. After a single oral dose of [\frac{11}{2}] dolutegravir, 53% of the total oral dose is excreted unchanged in the feces. Thirtyand lamivudine. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship t also happened with abacavir, dolutegravir and lamivudine tablets in people without a history of liver disease or other risk factors. Liver with moderate or severe hepatic impairment [see Use in Specific Populations (8.7)]. HIV1 RNA <50 copies/mL failure resulting in liver transplant has also been reported with abacavir, dolutegravir and lamivudine tablets. Your healthcare provider may Blood and Lymphatic Systems Treatment difference 8.3% (95% CI: 2.0%, 14.6%)^d do blood tests to check your liver. Call your healthcare provider right away if you develop any of the signs or symptoms of liver problems listed below. Hypersensitivity reactions have been reported with the use of abacavir or dolutegravir, components of abacavir, dolutegravir and lamivudine. Abacavir
Serious and sometimes fatal hypersensitivity reactions have occurred with abacavir-containing regimens. See full prescribing information for ZIAGEN (abacavir). one percent of the total oral dose is excreted in the urine, represented by an ether glucuronide of dolutegravir (18.9% of total dose), a metabolite formed by oxidation at the benzylic carbon (3.0% of total dose), and its hydrolytic N-dealkylation product (3.6% of total dose). Renal elimination of unchanged drug was < 1% of the dose. Dolutegravir has a terminal half-life of approximately 14 hours and an your skin or the white part of your eyes turns yellow (jaundice) loss of appetite Serious and sometimes fatal hypersensitivity reactions have occurred with abacavir containing regimens. See full prescribing information for ZIAGEN (abacavir, hardward) and analysis and applyatis and typically occurred within the first 6 weeks of treatment with abacavir (median time to onset was 9 days); although abacavir hypersensitivity reactions have occurred any time during treatment [see Adverse Reactions (6.1)]. Patients who carry the HLA B*5701 allele are at a higher risk of abacavir hypersensitivity reactions; although, patients who do not carry the HLA B*5701 allele have developed hypersensitivity reactions. Hypersensitivity to abacavir was reported in approximately 206 (8%) of 2,670 patients in 9 clinical trials with abacavir containing products where HLA B*5701 screening was not performed. The incidence of suspected abacavir hypersensitivity reactions with abacavir containing products where HLA B*5701 allele were excluded. In any patient treated with abacavir, the clinical diagnosis of hypersensitivity reactions with abacavir that the patients of the patients apparent clearance (CLIF) of 1.0 L/h based on population pharmacokinetic analyses.
The pharmacokinetic properties of dolutegravir have been evaluated in healthy adult subjects and HIV1-infected adult subjects. Exposure to dolutegravir was generally similar between healthy subjects o nausea or vomiting and HIV1-infected subjects o pain, aching, or tenderness on the right side of your stomach area Table 7. Dolutegravir Steady-State Pharmacokinetic Parameter Estimates in HIV-1-Infected Adult • Too much lactic acid in your blood (lactic acidosis). Too much lactic acid is a serious medical emergency that can lead to 50 mg Once Daily death. Call your healthcare provider right away if you get any of the following symptoms that could be signs of lactic An inherital singular to exclude the in-R2-6-907 latelle assessment.

Abacavir, dolutegravir and lamivudine is contraindicated in patients with a prior hypersensitivity reaction to abacavir and in HLAB-*5701 positive patients.

Alamivudine or any other abacavir-containing product. NEVER restart abacavir, dolutegravir and lamivudine is contraindicated in patients with a prior hypersensitivity reaction to abacavir-containing product. NEVER restart abacavir, dolutegravir and lamivudine or any other abacavir-containing product following a hypersensitivity reaction to abacavir, regardless of HLAB-*5701 status.

To reduce the risk of all fetheratening hypersensitivity reaction to abacavir, dolutegravir and lamivudine immediately if a hypersensitivity reaction is suspected, even when other diagnoses are possible (e.g., acute onset respiratory diseases such as pneumonia, bronchitis, pharyngitis, or influenza; gastroenteritis; or reaction is suspected, even when other diagnoses are possible (e.g., acute onset respiratory diseases such as pneumonia, bronchitis, pharyngitis, or influenza; gastroenteritis; or reaction is suspected. acidosis: 53.6 (27) o feel cold, especially in your arms and legs feel very weak or tired (mcg/mL) o unusual (not normal) muscle pain o feel dizzy or lightheaded C_{min} (mcg/mL) 1.11 (46) o have a fast or irregular heartbeat o trouble breathing Cerebrospinal Fluid (CSF): In 11 treatment-naive subjects on dolutegravir 50 mg daily plus abacavir/lamivudine, the median dolutegravir concentration in CSF was 18 ngimL (range: 4 ngimL to 23.2 ng/ mL) 2 to 6 hours postdose after 2 weeks of treatment. The clinical relevance of this finding has not been established. Nervous
Paresthesia, peripheral neuropathy, seizures. reactions to other medications). Clinical status, including liver chemistries, should be monitored and appropriate therapy initiated.

If a hypersensitivity reaction cannot be ruled out, do not restart abacavir, dolutegravir and lamivudine or any other abacavir-containing products because more severe symptoms, o stomach pain with nausea and vomiting suspects, steady-state C_w (C_w) was 2.04 ± 0.54 mcg/ml. (mean ± SD) and the 24hour steady-state AUC (AUC_w) was 8.87 ± 1.83 mcg/mbu/ml. Binding to plasma protein is low. Approximately 70% of an intravenous dose of laminvudine is recovered as unchanged fung in the urine. Metabolism of laminvudine is a minor route, the only known metabolitis is the transsulfoxid. netabolite (approximately 5% of an oral dose after 12 hours). In most single-dose trials with plasma sampling up to 48 or 72 hours after dosing, the observed mean elimination half-life (1%) ranged from 3 to 19 hours. In HIV-1 infected subjects, total clearance was 398.5 ± 69.1 ml.lmin (mean ± SD). l amivudine: Following oral administration. Lamivudine is rapidly absorbed and extensively distributed. After multipledose oral administration of lamivudine 300 mg once daily for 7 days to 60 healthy which may include life-threatening hypotension and death, can occur within hours.

Clinically, it is not possible to determine whether a hypersensitivity reaction with abacavir, dolutegravir and lamivudine would be caused by abacavir or dolutegravir. Therefore, never restart abacavir, dolutegravir and lamivudine or any other abacavir, dolutegravir-containing product in patients who have stopped therapy with abacavir, dolutegravir and 69% Lactic acidosis can also lead to severe liver problems, which can lead to death. Your liver may become large (hepatomegaly), and you may develop fat in your liver (steatosis). Call your healthcare provider right away if you get any of the signs or symptoms of liver problems which are listed above under "Liver problems." ffect of Food on Oral Absorption

bacavir, dolutegravir and lamivudine may be taken with or without food. Overall, when compared with fasted conditions, administration of abacavir, dolutegravir and lamivudine may be taken with or without food. Overall, when compared with fasted conditions, administration of abacavir, dolutegravir and lamivudine may be taken without food. Overall, when compared with fasted conditions, administration of abacavir, dolutegravir and lamivudine may be taken without food. Overall, when compared with fasted conditions, administration of abacavir, dolutegravir and lamivudine may be taken with or without food. Overall, when compared with fasted conditions, administration of abacavir, dolutegravir and lamivudine may be taken with or without food. Overall, when compared with fasted conditions, administration of abacavir, dolutegravir and lamivudine may be taken with or without food. Overall, when compared with fasted conditions, administration of abacavir, dolutegravir and lamivudine may be taken with or without food. Overall, when compared with fasted conditions, administration of abacavir, dolutegravir and lamivudine may be taken with or without food. Overall, when compared with fasted conditions, administration of abacavir, dolutegravir and lamivudine may be taken with the conditions of the condition of You may be more likely to get lactic acidosis or severe liver problems if you are female or very overweight (obese). of hypersensitivity have also experienced life-threatening reactions within hours of reinitiating abacavir therapy. Therefore, reintroduction of abacavir, dolutegravir and lamivudine, or any other abacavic containing product, is recommended only if medical care can be readily accessed.

A Medication Guide and Warning Card that provide information about recognition of abacavir hypersensitivity reactions should be dispensed with each new prescription and refill. 69% medications known to be associated with SJS and TEN, respectively. Because of the overlap of clinical signs and symptoms between hypersensitivity to abacavir and SJS and TEN, and the possibility of multiple drug sensitivities in some patients, abacavir should be discontinued and not restarted in such cases (see Adverse Reactions (6.1)). Changes in your immune system (Immune Reconstitution Syndrome) can happen when you start taking HIV-1 medicines. Your immune system may get stronger and begin to fight infections that have been hidden in your body for a long time. Tell your healthcare Auditory, quotiegravia and antivorum empty clearly write to death write in winnion rough. Overall, when compared write hashes commission count or adversing country and increased C_{max} and AUC for dispersion with a high-fat meal (55% fat, 889 calories) resulted in decreased C_{max} and and the C_{max} of abacavir decreased 23% and the C_{max} and AUC of dolutegravir increased 37% and 48%, respectively. When compared with fasted conditions, administration of TRIUMEQ PD to healthy adult subjects with a high-fat meal (50% fat, 917 calories) resulted in decreased C_{max} for abacavir (55%), dolutegravir (29%) and laminutine (36%). AUCs for all 3 components were not affected by food DRUG INTERACTIONS Dolutegravir
Hypersensitivity reactions have been reported and were characterized by rash, constitutional findings, and sometimes organ dysfunction, including liver injury. The events were reported in < 1% of Hypersensitivity reactions have been reported and were characterized by rash, constitutional findings, and sometimes organ dysfunction, including liver injury. The events were reported in < 1% of Hypersensitivity reactions develop fincularly in Phase 3 clinical trials. Discontinue abacavir, dolutegravir and lamivudine and other suspect agents mediately if signs or symptoms of hypersensitivity reactions develop including, but not limited to, severe rash or rash accompanied by fever, general malaise, fatigue, muscle or joint aches, bitsers or lesions, conjunctivits, facial edems, hepatitis, eosinophilia, angioedema, difficulty breathing). Clinical status, including liver aminotransferases, should be monitored and appropriate therapy initiated. Delay in stopping treatment exhacing in account of the subject agents after the onset of hypersensitivity may result in a life-threatening reaction.

Linical status, including liver aminotransferases, should be monitored and appropriate therapy initiated. Delay in stopping treatment exhacing in the patition of the suspect agents after the onset of hypersensitivity may result in a life-threatening reaction.

Linical status, including liver aminotransferases, should be monitored and appropriate therapy initiated. Delay in stopping treatment exhacing in the state of contraindications (4), Drug Interaction of treatinine by inhibiting (DCT2 and potentially MATE1. Dolutegravir may increase plasma concentrations of drugs eliminated via OCT2 or MATE1 (dofetilide, dalfampridine, entertion of creatinine by inhibiting (DCT2 and potentially MATE1. Dolutegravir may increase plasma concentrations of drugs eliminated via OCT2 and potentially MATE1. Dolutegravir may result in a life-threatening reaction of treating the part of the presence of the hypersensitivity reactions of tendoria Dolutegravir
Hypersensitivity reactions have been reported and were characterized by rash, constitutional findings, and sometimes organ dysfunction, including liver injury. The events were reported in <1% of provider right away if you start having new symptoms after you start taking abacavir, dolutegravir and lamivudine tablets. Specific Populations
Patients with Renal Impairment: The pharmacokinetics for the individual components of abacavir, dolutegravir and lamivudine have been evaluated in patients with renal impairment (see the U.S. Heart attack. Some HIV-1 medicines including abacavir, dolutegravir and lamivudine tablets may increase your risk of heart attack. Patients with Renal Impairment: The pharmacokinetics for the individual abacavir, dolutegravir, and lamivudine components or assexum, goutegravir, and lamivudine components of abacavir, dolutegravir, and lamivudine components of abacavir and lamivudine have been evaluated in patients with varying degrees of hepatic impairment (see the U.S. prescribing information for the individual abacavir, dolutegravir, and lamivudine components).

Pregnant women: Abacavir pharmacokinetics were studied in 25 pregnant women during the last trimester of pregnancy receiving abacavir 300 mg twice daily. Abacavir exposure (AUC) during 11 the primary endoint was assessed at Week 48 and the virologic success rate was 88% in the group receiving abacavir. • The most common side effects of abacavir, dolutegravir and lamivudine tablets include: o headache o trouble sleeping These are not all the possible side effects of abacavir, dolutegravir and lamivudine tablets. The primary endpoint was assessed at Week 48 and the virologic success rate was 88% in the group receiving TIVICAY and 81% in the ATRIPLA group, with a treatment difference of 7.4% and 95% Cl of (2.5%, 12.3%). Call your doctor for medical advice about side effects. You may report side effects to FDA at 1800FDA1088. plasma cord samples at birth were essentially equal to those in maternal plasma at delivery.

Lamivudine: Lamivudine pharmacokinetics were studied in 36 pregnant women during 2 clinical trials conducted in South Africa. Lamivudine pharmacokinetics in pregnant women were similar to those seen in non-pregnant adults and in postpartum women. Lamivudine concentrations were generally similar in maternal, neonatal, and umbilical cord serum samples.

Pediatric Patients: The pharmacokinetics of abacavir, dolutegravir and lamivudine and their individual components have been evaluated in pediatric subjects.

Abacavir, Dolutegravir and Lamivudine: The pharmacokinetics of abacavir, dolutegravir and lamivudine were evaluated in the IMPAACT 2019 trial. Steady-state plasma exposure at doses by weight band are summarized in Table 8 [seu Esie in Specific Populations (8.4), Clinical Studies (14.2).

Overall, exposures of abacavir, dolutegravir and lamivudine at the recommended doses of individual products in adults and pediatrics. Refer to the prescribing information for EPIVIR, TIVICAY, and ZIAGEN for pharmacokinetic information on lamivudine, dolutegravir, and abacavir, respectively, in endiatric autients. Treatment differences were maintained across baseline characteristics including baseline viral load, CD4+ cell count, age, gender, and race. The adjusted mean changes in CD4+ cell counts from baseline were 378 cells/mm² in the group receiving TIVICAY + EPZICOM and 332 cells/mm² for the ATRIPLA group at 144 weeks. The adjusted difference between treatment arms and 95% Cl was 48.9 cells/mm² (15.6 cells/mm², 78.2 cells/mm²) (adjusted for pre-specified stratification factors: baseline HIVI RNA, and baseline CD4+ cell count).

How should I store abacavir, dolutegravir and lamivudine tablets?

Store abacavir, dolutegravir and lamivudine tablets at Store below 30°C in the original bottle. Keep the bottle tightly closed and protect it from moisture. Emergence of Lamivudine Resistant HBV expected to affect the pharmacokinetics of drugs that are substrates of these enzymes or transporters.

Safety and efficacy of lamivudine have not been established for treatment of chronic HBV in subjects dually infected with HIV-1 and HBV. Emergence of HBV variants associated with resistance in drug interaction trials, dolutegravir did not have a clinically relevant effect on the pharmacokinetics of the following drugs: tenofovir, methadone, midazolam, rilgivirine, and oral contracegtives Safety and efficacy of lamivudine have not been established for treatment of chronic HBV in subjects what have a clinically reference of HBV in subject with HBV. In a decision is made to administer abacavir, dolutegravir and lamivudine and parameter received annivudine containing names in the presence of administer abacavir, dolutegravir and lamivudine and lamivudine. Patients Hbw are co-infected with HIV-1 and HBV and HBV and HBV and lamivudine and la it from moisture. Treatment Experienced
In SAILING, there were 715 subjects included in the efficacy and safety analyses (see full prescribing information for TIVICAY). At Week 48, 71% of subjects randomized to TIVICAY plus background regimen versus 45% of subjects randomized to raftegravir plus background regimen versus 45% of subjects randomized to raftegravir plus background regimen had HIV1 RNA < 50 copies/int. (treatment difference and 95% Ct. 7.4% [0.7%, 14.2%]).

14.2 Pediatric Subjects • The bottle of abacavir, dolutegravir and lamivudine tablets contains a desiccant packet to help keep your medicine dry (protect it from moisture). Do not remove the desiccant packet from the bottle. The efficacy of abacavir, dolutegravir and lamivudine and their individual components for the treatment of HIV-1 infection was evaluated in pediatric patients enrolled in the IMPACT 2019 trial (NCT03760458), ARROW trial (NCT037604587) and IMPACT 2019s trial (NCT01302647), as summarized below.

• Abacavir, dolutegravir and lamivudine were evaluated in treatment-naive or treatment-sperienced, HIV-1-infected subjects younger than 12 years in an open-label, multicenter clinical trial (IMPACT 2019s). Subjects were stratified of the groups. Fifty evens subjects, with a median age of 6.4 years (range: 1 to 11.3) and median weight of 17 kg (range: 8.2 to 39.3), received the recommended dose (determined by weight) and dormulation, and contributed to the efficacy analysis at Week 48. At this timepoint, 79% of subjects achieved HIV-1 RNA less than 50 copieshml. (Snapshot algorithm).

• Abacavir, and lamivudine once daily in combination with a trial materization and lamivudine once daily in combination with a third antiretroviral drug, were evaluated in a randomized, multicenter trial (ARROW) in treatment-naive pediatric subjects with HIV-1 infected subjects randomized to once-daily obsing (n - 336) and who weighed at least 25 kg received abacavir 600 mg and lamivudine 200 mg, as either the single entities or as EPZICOM. At least 4 weeks to 18 years in an ongoing open-label, multicenter trial (ARROW) in treatment-naive or treatment-speciatoric subjects were stratified by age from 4 weeks to younger than 18 years and enrolled in one of five age-cohorts. Thirty-six subjects weighing at least 6 kg who received dose (determined by weight and age) and formulation contributed to the efficacy analysis at Medicines are sometiment specially and the same prescribed for purposes other than those listed in a children. Medicines are sometiment specially and information of the was not prescribed. Do not give abacavir, dolutegravir and lamivudine tablets for a condition for which it was not prescribed. Do not give abacavir and lamivudine Abacavir, dolutegravir and lamivudine tablets come in a child-resistant package. Hepatic adverse events have been reported in patients receiving a dolutegravir containing regimen [see Adverse Reactions (6.1, 6.2)]. Patients with underlying hepatitis B or C may be at increased risk for worsening or development of transaminase elevations with use of abacavir, dolutegravir and lamivudine [see Adverse Reactions (6.1)]. In some cases, the elevations in transaminases were consistent with immune reconstitution syndrome or hepatitis B reactivation particularly in the setting where anti-hepatitis therapy was without a containing regimen who had no pre-existing hepatic disease or other identifiable risk factors. Drug-induced liver injury leading to liver transplant has been reported in patients receiving a dolutegravir and lamivudine. Monitoring for hepatotoxicity is recommended.

5.4 Lactic Acidosis and Severe Hepatomegaly with Steatosis
Lactic acidosis and severe hepatomegaly with steatosis in patients treated with antirevoir and lamivudine. A majority of these cases have been in women. Female sex and obesity may be risk factors for the development of latic acidosis or pronounced hepatotoxicity, which may include hepatomegaly and steatosis even in the absence of marked transaminase elevations.

5.5 Risk of Adverse Reactions or Loss of Virelogic Reseases Due to Development of laboratory findings suggestive of lactic acidosis or pronounced hepatotoxicity, which may include hepatomegaly and steatosis even in the absence of marked transaminase elevations.

5.5 Risk of Adverse Reactions or Loss of Virelogic Reseases Due to Development of Development of Loss of Potentially Significant Drug Interactions (12.3).

In vitro, dolutegravir and lamivudine propriety, prediscione, riflautin, and omerprazole had no clinically significant effect on the pharmacology (12.3).

In vitro, dolutegravir and lamivudine propriety, prediscione, riflautin, and omerprazole had no clinically significant prug drug interactions.

In vitro, dolutegravir and lamivudine propriety, predisciones, riflautin, and omerprazole had no clin Weight Band Dose^a of single entities in abacavir, dolutegravir and n Pharmacokinetic Parameter AUC_{0-24h} C_{26h} C_{max} (mcg/mL) (mcg·h/mL) 25 to < 40 kg 600 mg once daily abacavir, dolutegra 9.04 (22) 25.7 (15) 11 (229) Abacavir, dolutegravir and lamivudine tablets: magnesium stearate, mannitol, microcrystalline cellulose, povidone and sodium starch glycolate. of marked transaminase elevations.

5.5 Risk of Adverse Reactions or Loss of Virologic Response Due to Drug Interactions
The concomitant use of abacavir, doluteravir and lamivudine and other drugs may result in known or potentially significant drug interactions, some of which may lead to [see Contraindications (4), Tablet filmcoating contains: black iron oxide, iron oxide red, iron oxide vellow, polyethylene glycol, polyvinyl alcohol, talc and titanium dioxide Abacavir, dolutegravir and lamivudine tablets
Abacavir, dolutegravir and lamivudine tablets are beige colored, oval shaped, biconvex, film coated tablets debossed with "H" on one side and "A60" on the other side and contain 600 mg of abacavir (as Dolutegravir 25 to < 40 kg 50 mg once daily 6.25 (21) abacavir sulfate), 50 mg of dolutegravir (as dolutegravir sodium), and 300 mg lamivudine. Bottles of 30 with child-resistant closure NDC 68554-5295-04.15 (29) HETERO LABS LIMITED 21.7 (26) Loss of therapeutic effect of abacavir, dolutegravir and lamivudine and possible development of resistance. Lamivudine 25 to < 40 kg 300 mg once daily abacavir, dolutegravir and lamivudir In adults and in pediatric patients weighing at least 25 kg, adjust dolutegravir dose to 50 mg twice daily. An additional 50 mg dose of TIVICAY should be taken, separated by 12 hours from abacavir, Bottles of 90 with child-resistant closure NDC 68554-5295-1 HETEROUNIT-V, TSIIC Formulation SEZ, Possible clinically significant adverse reactions from greater exposures of concomitant drugs.

Possible clinically significant adverse reactions from greater exposures of concomitant drugs.

Sable 6 for steps to prevent or manage these possible and known significant drug interactions, including dosing recommendations. Consider the potential for drug interactions prior to and during the possible and scale of the steps to prevent or manage these possible and known significant drug interactions, including dosing recommendations. Consider the potential for drug interactions prior to and during the possible and scale of the s Store and dispense in the original package, protect from moisture, and keep the bottle tightly closed. Do not remove desiccant. %CV coefficient of variation expressed as a percentage Store below 30°C

17 PATIENT COUNSELING INFORMATION Polepally Village, Jadcherla Mandal, Gerlatific Patients: Population analyses using process parameterizations continued to the continued of abacavir or laminudine bave not been studied in subjects didder than 65 years.

Male and Female Patients: There are no significant or clinically relevant gender differences in the pharmacokinetics of the individual components (dolutegravir, abacavir, or lamivudine) based on the Avoid coadministration with abacavir, dolutegravir and lamivudine because there are insufficient dat dvise the patient to read the FDA-approved patient labeling (Medication Guide) Mahaboobnagar Dist., Telangana, India the concomitant drugs.
5.6 Immune Reconstitution Syndrome ↓Dolutegravir Drug Interactions Drug interactions.

Abacavir, dolutegravir and lamivudine tablets may interact with many drugs; therefore, advise patients to report to their healthcare provider the use of any other prescription or nonprescription medicat or herbal products, including St. John's wort [see Contraindications (4), Warnings and Precautions (5.5), Drug Interactions (7)]. DOVATO. EPZICOM, JULUCA, TIVICAY, TIVICAY PD. TRIUMEO PD. TRIZIVIR, and ZIAGEN are trademarks owned by or licensed to the ViiV In adults and in pediatric patients weighing at least 25 kg, adjust dolutegravir dose to 50 mg inflammatory response in public with the company of twice daily. An additional TIVICAY 50 mg dose should be taken, separated by 12 hours from abacavi Hypersensitivity Reaction Healthcare group of companies. lat Was anaryce to each or the second of the For more information call Hetero Labs Limited at 1-866-495-1995. that a Medication Guide and Warning Card summarizing the symptoms of the abacavir hypersensitivity reaction and other product information will be dispensed by the pharmacist with each new prescription and refill of abacavir, dolutegravir and laminutine tablets, and instruct the patient to read the Medication Guide and Warning Card every time to obtain any new information that may be present about abacavir, dolutegravir and laminutine tablets. The complete text of the Medication Guide is reprinted at the end of this document.

This Medication Guide has been approved by the U.S. Food and Drug Administration. Revised: 03/2025 to onset is more variable, and can occur many months after initiation of treatment.

5.7 Different Formulations Are Not Substitutable

Abacavir, dolutegravir and lamivudine tablets and TRIUMEQ PD are not bioequivalent and are not substitutable on a milligram-per-milligram basis [see Clinical Pharmacology (12.3)]. If a pediatric patient Other Agents Coadministration is contraindicated with abacavir, dolutegravir and lamivudine [see Contraindication switches from the tablets for oral suspension to the tablets, the dosage must be adjusted [see Dosage and Administration [2.3, 2.5]]. Incorrect dosing of a given formulation may result in underdosing and loss of therapeutic effect and possible development of resistance or possible clinically significant adverse reactions from greater exposure to the individual components.

5.8 Myocardial Infarction to carry use warming care with the many the warmings and Precautions (6.1), Medication Guide).

that if they develop symptoms consistent with a hypersensitivity reaction they should call their healthcare provider right away to determine if they should stop taking abacavir, Flevated levels of dalfamoridine increase the risk of seizures. The notential benefits of taking Several prospective, observational, epidemiological studies have reported an association with the use of abacavir and the risk of myocardial infarction (MI). Meta-analyses of randomized, controlled Geometric Mean Ratio (90% CI) of Pharmacokinetic Param dolutegravir and lamivutine tablets.

In that a hypersensitivity reaction can worsen and lead to hospitalization or death if abacavir, dolutegravir and lamivudine tablets are not immediately discontinued.

In ont restart abacavir, dolutegravir and lamivudine tablets or any other abacavircontaining product following a hypersensitivity reaction because more severe symptoms can occur clinical trials have observed no excess risk of MI in abacavirtreated subjects as compared with control subjects. To date, there is no established biological mechanism to explain a potential increase in risk. In totality, the available data from the observational studies and from controlled clinical trials show inconsistency; therefore, evidence for a causal relationship between abacavir and the risk of In adults and in pediatric patients **weighing at least 25 kg**, adjust dolutegravir dose to 50 mg twice daily. An additional TIVICAY 50 mg dose should be taken, separated by 12 hours from abacavir, No Effect = 1.00 Dose of Dolutegray within hours and may include lifethreatening hypotension and death. that if they have a hypersensitivity reaction, they should dispose of any unused abacavir, dolutegravir and lamivudine tablets to avoid restarting abacavir. MI is inconclusive.

As a precaution, the underlying risk of coronary heart disease should be considered when prescribing antiretroviral therapies, including abacavir, and action taken to minimize all modifiable risk factors C_{τ} or C_{24} e.g., hypertension, hyperlipidemia, diabetes mellitus, smoking).

ADVERSE REACTIONS that a hypersensitivity reaction is usually reversible if it is detected promptly and abacavir, dolutegravir and lamivudine tablets are stopped right away.

that if they have interrupted abacavir, dolutegravir and lamivudine tablets for reasons other than symptoms of hypersensitivity (for example, those who have an interruption in drug (0.91 to 1.08) (0.96 to 1.11) (0.93 to 1.11) the following adverse reactions are discussed in other sections of the labeling: supply), a serious or fatal hypersensitivity reaction may occur with reintroduction of abacavir.
to not restart abacavir, dolutegravir and lamivudine tablets or any other abacavircontaining product without medical consultation and only if medical care can be readily accessed 1.79 (1.65 to 1.93) Serious and sometimes fatal hypersensitivity reaction (see Boxed Warning, Warnings and Precautions (5.1)]. Exacerbations of hepatitis B (see Boxed Warning, Warnings and Precautions (5.3)]. Hepatotoxicity (see Warnings and Precautions (5.3)]. uy use patient or unies. 2.11 (1.91 to 2.33) 2.45 (2.25 to 2.66) Hepatotoxicity (see Warnings and Precautions (5.3)). Lactic acidosis and severe hepatomegaly with steatosis (see Warnings and Precautions (5.4)). Immune reconstitution syndrome (see Warnings and Precautions (5.8)). Myocardial infarction (see Warnings and Precautions (5.8)). Administer abacavir, dolutegravir and lamivudine 2 hours before or 6 hours after taking medication Hepatotoxicity
Inform patients that hepatotoxicity has been reported with dolutegravir, a component of abacavir, dolutegravir and lamivudine tablets [see Warnings and Precautions [5.3], Adverse Reactions [6.1]). 1.00 (0.94 to 1.06) 50 mg twice daily 0.98 (0.91 to 1.06) Inform patients that monitoring for hepatotoxicity during therapy with abacavir, dolutegravir and lamivudine tablets are recommended Severe Acute Exacerbations of Hepatitis in Patients with HBV Co-infection

Advise all patients with HPV 1 to be tested for the presence of HBV prior to or when initiating abacavir, dolutegravir and lamivudine tablets. Advise patients coinfected with HIV1 and HBV that worsening of liver disease has occurred in some cases when treatment with lamivudine was discontinued. Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of a Market of the conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of a drug cannot be directly compared with rates of a drug cannot be directly compared with rates of a drug cannot be directly compared with rates of a drug cannot be directly compared with rates of a drug cannot be directly compared with rates of a drug cannot be directly compared with rates of a drug cannot be directly compared with rates of a drug cannot be directly compared with rates of a drug cannot be directly compared with rates of a drug cannot be directly compared with rates of a drug cannot be directly compared with rates of a drug cannot be directly compared with rates of a drug cannot be directly compared with rates of a drug cannot be directly compared with rates of a drug cannot be directly compared with rates of a drug cannot be directly compared with rates of a drug c drug and may not reflect the rates observed in clinical practice. 0.98 (0.91 to 1.04) Clinical Trials in Adults dvise patients to discuss any changes in regimen with their physician [see Warnings and Precautions (5.2)]. arious and Eatal Abacavir-Associated Hypersensitivity Reactions: In clinical trials, serious and sometimes fatal hypersensitivity reactions have occurred with abacavir, a component of abacavir, Lactic Acidosis/Hepatomegaly
Inform patients that some HIV medicines, including abacavir, dolutegravir and lamivudine tablets, can cause a rare, but serious condition called lactic acidosis with liver enlargement dolutegravir and lamivudine [see Boxed Warning, Warnings and Precautions (5.1)]. These reactions have been characterized by 2 or more of the following signs or symptoms: (1) fever; (2) rash; (3) (1.07 to 1.38) stinal symptoms (including nausea, vomiting, diarrhea, or abdominal pain); (4) constitutional symptoms (including generalized malaise, fatigue, or achiness); (5) respiratory symptoms (including patomegaly) [see Boxed Warning, Warnings and Precautions (5.4)]. yspnea, cough, or pharyngitis). Almost all abacavir hypersensitivity reactions include fever and/or rash as part of the syndrome. Refer to the prescribing information for metformin for assessing the benefit and risk of concomitant use of abacavir, dolutegravir and lamivudine and metformin. Immune Reconstitution Syndrome
Advise patients to inform their healthcare provider immediately of any signs and symptoms of infection as inflammation from previous infection may occur soon after combination antiretroviral therapy, Other signs and symptoms have included lethargy, headache, myalgia, edema, arthralgia, and paresthesia. Anaphylaxis, liver failure, renal failure, hypotension, adult respiratory distress syndrome. 50 mg once daily 1.19 (1.04 to 1.35) 1.12 (1.01 to 1.24) respiratory failure, myolysis, and death have occurred in association with these hypersensitivity reactions. Physical findings have included lymphadenopathy, mucous membrane lesions (conjunctivitis and mouth ulcerations), and maculopapular or urticarial rash (although some patients had other types of rashes and others did not have a rash). There were reports of erythema multiforme. Laboratory including when abacavir, dolutegravir and lamivudine tablets are started [see Warnings and Precautions (5.6)]. In adults and in pediatric patients **weighing at least 25 kg**, adjust dolutegravir dose to 50 mg twice daily. An additional 50 mg dose of TIVICAY should be taken, separated by 12 hours from abacavir, ^a The number of subjects represents the maximum number of subjects that were evaluated. Abacavir, Dolutegravir and Lamivudine Tablets and TRIUMEQ PD Tablets for Oral Suspension Are Not Bioequivalent
Advise patients that abacavir, dolutegravir and lamivudine tablets and TRIUMEQ PD are not bioequivalent and are not substitutable on a milligram-per-milligram basis. Advise patients or their care provider abnormalities included elevated liver chemistries, elevated creatine phosphokinase, elevated creatinine, and lymphopenia and abnormal chest xray findings (predominantly infiltrates, which were localize Serious Dolutegravir Hypersensitivity Reactions: In clinical trials, hypersensitivity reactions have occurred with dolutegravir, a component of abacavir, dolutegravir and lamivudine [see Warnings and Table 10. Summary of Effect of Coadministered Drugs on the Pharmacokinetics of Dolutegravio nat patients switching from the tablets for oral suspension to the tablets must adjust the dose [see Dosage and Administration (2.3) and Warnings and Precautions (5.7)]. recautions (5.1)]. These hypersensitivity reactions have been characterized by rash, constitutional findings, and sometimes organ dysfunction, including liver injury. See Clinical Pharmacology (12.3) Table 8 or Table 10 for magnitude of interaction. Pregnancy Registry
Inform patients that there is an antiretroviral pregnancy registry to monitor fetal outcomes in those exposed to abacavir, dolutegravir and lamivudine tablets during pregnancy [see Use in Specific Geometric Mean Ratio (90% CI) of Dolutegravir Pharmaco Additional Treatment-Emergent Adverse Drug Reactions (ADRs) with Use of Abacavir, Dolutegravir and Lamivudine: The safety assessment of abacavir, dolutegravir and lamiv Methadone
Abacavir: In a trial of 11 HIV-1-infected subjects receiving methadone-maintenance therapy with 600 mg of abacavir twice daily (twice the currently recommended dose), oral methadone clearance of the commendation of the maintriv of nations: however, an increased methadone dose may be required in a the analyses of data from a randomized, international, multicenter, double-blind, active-controlled trial, SINGLE (ING114467) and supported by data in treatment-experienced, INSTI-naive subjects from Populations (8.1)]. SAILING (ING111762) and by data from other treatment-naive trials. See full prescribing information for TIVICAY creased [see Clinical Pharmacology (12.3)]. This alteration will not result in a methadone dose modification in the majority of patients; however, an increased methadone dose may be required in a Dose of Lactation reatment-Naive Subjects: In SINGLE, 833 adult subjects were randomized and received at least one dose of either dolutegravir (TIVICAY) 50 mg with fixed-dose abacavir and la form individuals with HIV-1 infection that the potential risks of breastfeeding include: (1) HIV-1 transmission (in HIV-1—negative infants), (2) developing viral resistance (in HIV-1—positive infants), and small number of patients. C, or C, daily (n = 414) or fixed-dose efavirenz/emtricitabine/tenofovir (ATRIPLA) once daily (n = 419) (study treatment was blinded through Week 96 and open-label from Week 96 through Week 144). Through Sorbitol

Lamivudine: Coadministration of single doses of lamivudine and sorbitol resulted in a sorbitol dose-dependent reduction in lamivudine exposures. When possible, avoid use of sorbitol-containing medicines (3) adverse reactions in a breastfed infant similar to those seen in adults [see Use in Specific Populations (8.2)]. 144 weeks, the rate of adverse events leading to discontinuation was 4% in subjects receiving TIVICAY + EPZICOM and 14% in subjects receiving ATRIPLA once daily. 1.91 (1.80 to 2.03) (1.40 to 1.59) (2.52 to 3.11) 400 mg once daily a varied activation to account using the wrong formulation of abacavir, dolutegravir and lamivudine tablets, strongly advise patients and caregivers to visually inspect the tablets to verify the correct with lamivudine-containing medicines [see Clinical Pharmacology (12.3)]. Table 3.Treatment-Emergent Adverse Drug Reactions of at Least Moderate Intensity (Grades 2 to 4) and at Least 2% Frequency in Treatment-Naive Subjects in SINGLE formulation each time the prescription is filled (see Dosage and Administration (2), Warnings and Precautions (5.7), How Supplied/Storage and Handling (16)].
Instruct patients and caregivers that if a dose of abacavir, dolutegravir and lamivudine tablets are missed, to take it as soon as they remember. Advise patients and caregivers not to double the next dose 30 mg : Coadministration with abacavir, dolutegravir and lamivudine resulted in increased rigoriquat exposure, which may increase the risk of rigoriquat adverse reactions (see Clinical Pharmacology (12.3)]. The riociquat dose may need to be reduced. See full prescribing information for ADEMPAS (riociquat TIVICAY + EPZICOM or take more than the prescribed dose [see Dosage and Administration (2)]. 30 mg once daily 0.78 (0.72 to 0.85) Once Daily (n = 414) Once Daily (n = 419) Availability of Medication Guide (0.83 to 0.97) B USE IN SPECIFIC POPULATIONS (0.56 to 0.69) 600/100 mg twice daily variability or insulacion indusers. State the Medication Guide before starting abacavir, dolutegravir and lamivudine tablets and to re-read it each time the prescription is renewed. Instruct patients to struct patients and caregivers to read the Medication Guide before starting abacavir, dolutegravir and lamivudine tablets and to re-read it each time the prescription is renewed. Instruct patients to **Adverse Reactio** inform their physician or pharmacist if they develop any unusual symptom, or if any known symptom persists or worse 50 mg once daily (0.51 to 0.73) 600 mg once daily (0.35 to 0.54) (0.18 to 0.34) egistry that monitors pregnancy outcomes in individuals exposed to abacavir. dolutegravir and lamivudine during pregnancy. Healthcare providers are encouraged to register et patients and caregivers to store abacavir, dolutegravir and lamivudine tablets in the original package, protect from moisture, and keep the bottle tightly closed. Do not remove desiccant. atients by calling the Antiretroviral Pregnancy Registry (APR) at 18002584263. 50 mg once daily 0.29 (0.26 to 0.34) EPIVIR, EPZICOM, TIVICAY, TIVICAY PD, TRIUMEQ PD, and ZIAGEN are trademarks owned by or licensed to the ViiV Healthcare group of compani Risk Summary

Data from two, ongoing birth outcome surveillance studies in Botswana and Eswatini which together include over 14,000 individuals evaluated during pregnancy show similar prevalence of neural tube

The state of th (0.43 to 0.54) 200 mg twice daily (0.09 to 0.16) EPIVIR-HBV is a trademark owned by or licensed to the GSK group of companies. The other brands listed are trademarks of their respective owners and are not trademarks of Hetero Labs Limited. 50 mg once daily defects among infants born to individuals taking dolutegravir at the time of conception compared to those born to individuals taking non-dolutegravir-containing regimens at conception or infants bor (0.78 to 1.00) 200 mg + 600/100 mg twice (0.69 to 0.81) (0.52 to 0.76) to HIV-negative individuals (see Data) ere are insufficient human data on the use of abacavir. doluteoravir and lamivudine during pregnancy to definitively assess a druo-associated risk for birth defects and miscarriage. However, available Pharmacological classification: 7.13 Antivirals Zimbabwe Reg. No.: 2022/7.13/6279 numan data from the APR with the individual components of abacavir, doluterravir and lamivudine do not indicate an increased risk of birth defects (see Data). The background risk for major birth efects for the indicated population is unknown. In the U.S. general population, the estimated background rate for major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% (1.02 to 1.13) (1.02 to 1.20) (1.13 to 1.45) Date of publication: 07/04/2022 This product has been produced under a licence from the Medicines Patent Pool. 50 mg once daily 0.76 In animal reproduction studies, no evidence of adverse developmental outcomes (including neural tube defects) was observed with doluteoravir at systemic exposures (AUC) less than (rabbits) and (0.63 to 0.92) 700 mg/100 mg twice daily (0.54 to 0.78) (0.41 to 0.63) Any other use is not authorised. pproximately 50 times (rats) the exposure in humans at the recommended human dose (RHD) (see Data). Oral administration of abacavir to pregnant rats during organogenesis resulted in fetal Manufactured by:
HETERO LABS LIMITED
UNIT-V, TSIIC Formulation SEZ,
Polepally Village, Jadicherla Mandal,
Mahaboobnagar Dist., Telangana, India. afformations and other embryonic and fetal toxicities at exposures 35 times the human exposure (AUC) at the RHD. No adverse developmental effects were observed following oral administration o < 1% abacavir to prepoant rabbits during organogenesis at exposures approximately 9 times the human exposure (AUC) at the BHD. Oral administration of lamiyudine to prepoant rabbits during organic (0.94 to 1.07) (0.91 to 1.04) (0.85 to 1.05) resulted in embryolethality at a human exposure (AUC) similar to the RHD; however, no adverse development effects were observed with oral administration of lamivudine to pregnant rats durin **General Disorders** 50 mg once daily rganogenesis at plasma concentrations (C___) 35 times the RHD (see Data 25 mg once daily (1.06 to 1.21) (1.05 to 1.19) (1.15 to 1.30) 50 mg once daily 0.92 (0.82 to 1.04) Skin and Subcutaneous Tissue (0.87 to 1.08) (0.91 to 1.11) < 1% Observational studies: The first interim analysis from an ongoing birth outcome surveillance study in Botswana identified an association between dolutegravir and an increased risk of neural tube defects when doluteoravir was administered at the time of concention and in early prepnancy. A subsequent analysis was conducted based on a larger cohort from the birth outcome surveillance study in Ear and Labyrinth (0.38 to 0.44) tswana and included over 9.460 individuals exposed to dolutegravir at conception, 23.664 individuals exposed to non-dolutegravir-containing regimens, and 170,723 HIV-negative gregnant individuals he prevalence of neural tube defects in infants delivered to individuals taking dolutegravir at conception was 0.11% (95% Cl: 0.05 to 0.19%). The observed prevalence rate did not differ significant om that of infants delivered to individuals taking non-dolutegravir-containing regimens (0.11%, 95% CI: 0.07-0.16%), or to HIV-negative individuals (0.06%, 95% CI: 0.05 to 0.08% Includes pooled terms: rash, rash generalized, rash macular, rash maculo-papular, rash pruritic, and drug eruption. The Eswatini hirth outcome surveillance study includes 9.743 individuals exposed to doluteoravir at concention 1.838 individuals exposed to non-doluteoravir-containing regimens, and 32.259 HIVment-Experienced Subjects: SAILING is an international, double-blind trial in INSTI-naive, antiretroviral treatmer negative mennant individuals. The newalence of neural tube defects in infants delivered to individuals taking deluterayir at conception was 0.08% (95% C.F.0.04 to 0.16%). The observed (0.69 to 0.98) 50 mg once daily or raltegravir 400 mg twice daily with investigator-selected background regimen consisting of up to 2 agents, including at least one fully active agent. At 48 weeks, the rate of adverse rate did not differ significantly from that of infants delivered to individuals taking non-dolutegravir-containing regimens (0.22%, 95% CI: 0.06 to 0.56%) or to HIV-negative individuals (0.08%, 95% CI: uation was consistent with that seen in the overall treatment-naive patient population. See full prescribing information for TIVICAY 0.06 to 0.12%). The observed prevalence of neural tube defects in infants delivered to individuals taking non-dolutegravir-containing regimens had a wide confidence interval due to low sample size The ADRs observed in the subset of subjects who received TIVICAY + EPZICOM were generally consistent with those seen in the overall treatment-naive patient pop nitations of these birth outcome surveillance studies include insufficient data to determine if baseline characteristics were balanced between the study groups or to assess other factors such as the

(0.47 to 0.80)

(0.47 to 0.80)

	ARTWORK SPECIFICATION			
Product Name	ADL 4 Launguage (Eng)			
Component	Leaflet			
Color	01, Black			
Dimensions	620x760mm			
Initiator	Reviewer	Marketing	RA	RP
Somashekar Goud. N	Balram.N			
14-10-2025	14-10-2025			
Version No.	Artwork Change History	Date		
00	New Artwork Preparation	23-08-2025		
01	As per RA Comment 28-08-2025 Text Matter Updated	28-08-2025		
02	As per RA Comment 28-08-2025 Text Matter Updated	29-08-2025		
03	As per RA Comment 01-09-2025 Text Matter Updated	01-09-2025		
04	As per RA Comment 03-09-2025 Text Matter Updated	03-09-2025		
05	As per RA Comment 18-09-2025 Text Matter Updated	18-09-2025		
06	As per RA Comment 19-09-2025 Text Matter Updated	20-09-2025		
07	As per RA Comment 14-10-2025 Text Matter Updated	14-10-2025		

use of folic acid during the preconception or first trimester periods.

Antiretroviral Pregnancy Registry: Based on prospective reports to the APR, of over 1,300 exposures to dolutegravir during pregnancy resulting in live births (including 874 exposed in the first trimester),

Abacavir: Based on prospective reports to the APR of over 2.800 exposures to abacavir during preparator resulting in live births (including 1.455 exposed in the first trimester), there was no difference

was 3.2% (95% Cl: 2.4% to 4.3%) following first trimester exposure to abacavir-containing regimens and 3.0% (95% Cl: 2.2% to 4.1%) following second(third trimester exposure to abacavir-containing regimens.

Abacavir has been shown to cross the placenta and concentrations in neonatal plasma at birth were essentially equal to those in maternal plasma at delivery (see Clinical Pharmacology (12.3)).

Laminufine. Based on prospective reports to the APR of over 13.000 exposures to laminufine during preparation in five births (including 5.613 exposed in the first trimester), there was no

difference between the overall risk of birth defects for lamivudine compared with the background birth defect rate of 2.7% in the U.S. reference population of the MACDP. The prevalence of birth

ween the overall risk of birth defects for abacavir compared with the background birth defect rate of 2.7% in the U.S. reference nonulation of the MACDP. The prevalence of defects in live births

the prevalence of defects in live births was 3.3% [95% CI: 2.2% to 4.7%) following first trimester exposure to dolutegravir-containing regimens and 5.0% [95% CI: 3.2% to 7.3%) following second-lithind-trimester exposure to dolutegravir-containing regimens. In the U.S. reference population of the Metropolitan Atlanta Congenital Defects Program (MACDP), the background birth defect rate was 2.7%. Dolutegravir has been shown to cross the placenta. In a clinical trial in Uganda and South Africa in women during the last triver of pregnancy receiving dolutegravirs from genor cellarly, the ratio of

redian dolutegravir concentration in fetal umbilical cord to that in maternal peripheral plasma was 1.21 (range 0.51 to 2.11) (n = 15).

Less Common Adverse Reactions Observed in Clinical Trials: The following adverse reactions occurred in < 2% of treatment-naive or treatment-experienced subjects in any one trial. These events have

sychiatric Disorders: Suicidal ideation, attempt, behavior, or completion. These events were observed primarily in subjects with a pre-existing history of depression or other psychiatric illness. Nightmare

Laboratory Abnormalities: Treatment-Naive Subjects: Selected laboratory abnormalities (Grades 2 to 4) with a worsening grade from baseline and representing the worst-grade toxicity in at least 2% of

astrointestinal Disorders: Abdominal pain, abdominal distention, abdominal discomfort, dyspepsia, flatulence, gastroesophageal reflux disease, upper abdominal pain, vomiting.

subjects in SINGLE are presented in Table 4. The mean change from baseline observed for selected lipid values is presented in Table 5.

Metabolism and Nutrition Disorders: Anorexia, hypertriplyceridemia.

usculoskeletal Disorders: Arthralgia, myositis

POM Schedule: S2 NS2 PP

Body Weight

Recommended Daily Dose

HIGHLIGHTS OF PRESCRIBING INFORMATION

ABACAVIR, DOLUTEGRAVIR, and LAMIVUDINE tablets, for oral use

These highlights do not include all the information needed to use ABACAVIR, DOLUTEGRAVIR AND LAMIVUDINE TABLETS safely and effectively. See full prescribing