

## REYATAZ® (atazanavir) HARD CAPSULES PRESCRIBING INFORMATION

See summary of product characteristics prior to prescribing

**PRESENTATION:** Hard capsules: 150mg, 200mg, 300mg atazanavir (as sulphate). **INDICATION:** Antiretroviral combination treatment of HIV-1 infected adults. **DOSAGE AND ADMINISTRATION:** Oral. 300mg with ritonavir 100mg once-daily with food. If co-administered with didanosine, recommend didanosine to be taken two hours after Reyataz with ritonavir with food. **Hepatic impairment:** use with caution in patients with mild hepatic insufficiency. **Renal impairment:** no dosage adjustment required.

**CONTRAINDICATIONS:** Hypersensitivity to atazanavir or any excipient. Moderate to severe hepatic insufficiency. Do not use in combination with rifampicin or products that are substrates of CYP3A4 and have a narrow therapeutic windows or products containing St. John's wort. Reyataz with ritonavir is contraindicated in patients undergoing haemodialysis. PDE5 inhibitor sildenafil is contraindicated when used for the treatment of pulmonary arterial hypertension (PAH) only.

**SPECIAL WARNINGS AND PRECAUTIONS:** Patients with chronic hepatitis B or C treated with combination antiretroviral therapy are at increased risk of severe and potentially fatal hepatic adverse events. Patients with pre-existing liver dysfunction must be monitored according to practice. In worsening liver disease consider interruption or discontinuation of treatment. Patients should be monitored for Stevens-Johnson syndrome (SJS) erythema multiforme, toxin skin eruptions and drug rash with eosinophilia and systemic symptoms (DRESS) syndrome which have been reported. Reyataz should be discontinued if severe rash develops. Reyataz may induce PR prolongations. Caution with medicines that may increase QT interval. Caution in haemophilic patients. Combination antiretroviral therapy has been associated with lipodystrophy and metabolic abnormalities. Particular caution is required when prescribing PDE5-inhibitors (sildenafil, tadalafil, or vardenafil) for the treatment of erectile dysfunction in patients receiving Reyataz with concomitant low dose of ritonavir. Co-administration of salmeterol and Reyataz is not recommended. In clinical studies, Reyataz (with or without ritonavir) has been shown to induce dyslipidemia to a lesser extent than comparators. Hyperbilirubinaemia has occurred in patients receiving Reyataz; no dose reduction is recommended.

Nephrolithiasis has been reported in patients receiving Reyataz. If signs or symptoms occur, temporary interruption or discontinuation of treatment may be considered. On initiation of combination therapy immune reactivation syndrome may occur.

**DRUG INTERACTIONS:** Co-administration of REYATAZ with the following agents is not recommended: simvastatin, lovastatin, nevirapine efavirenz, proton pump inhibitors or tenofovir & an H2-receptor antagonist.

**Oral contraceptives:** *ethinyloestradiol 25µg & norgestimate coadministered with atazanavir 300mg with ritonavir 100 mg QD:* recommended minimum 30 µg ethinyloestradiol. Remind patient of strict compliance with dosing regimen. Co-administration with other hormonal or oral contraceptives has not been studied - therefore avoid. Alternate reliable methods of contraception recommended. Co-administration of Reyataz/ ritonavir is not recommended for the following unless justified by the benefit/risk ratio; voriconazole fluticasone or other glucocorticoids that are metabolised by CYP3A4.

**PREGNANCY AND LACTATION:** Avoid use in pregnancy and lactation. **UNDESIRABLE EFFECTS:** *Common:* nausea, headache, ocular icterus, vomiting, diarrhoea, dyspepsia, abdominal pain, jaundice, rash, fatigue and lipodystrophy *Uncommon:* insomnia, asthenia, pancreatitis, peripheral neurologic symptoms, hepatitis, nephrolithiasis, erythema multiforme, toxic skin eruptions, drug rash with eosinophilia and systemic symptoms (DRESS) syndrome, *Rare:* Stevens-Johnson syndrome. *Rare:* myopathy,. Consult SPC for other side effects.

**LABORATORY ABNORMALITIES** Elevated bilirubin, creatinine kinase **LEGAL STATUS:** POM. **PACKAGE QUANTITIES AND BASIC NHS PRICE:** Carton of 60 hard capsules, 150mg: £303.38, 200mg: £303.38, carton of 30 capsules, 300mg: £303.38

**MARKETING AUTHORISATION NUMBERS:** EU/1/03/267/003 - 150mg Bottle; EU/1/03/267/005 - 200mg Bottle. EU/1/03/267/008 -300mg Bottle

**MARKETING AUTHORISATION HOLDER:** Bristol-Myers Squibb Pharma EEIG, BMS House, Uxbridge Business Park, Sanderson Road, Uxbridge, Middlesex. UB8 1DH. Telephone: 0800-731-1736.

**DATE OF PI PREPARATION:** September 2011  
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**Adverse events should be reported. Reporting forms and information can be found at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk). Adverse events should also be reported to Bristol-Myers Squibb Pharmaceuticals Ltd Medical Information on 0800 731 1736, [medical.information@bms.com](mailto:medical.information@bms.com)**

## SUSTIVA® (efavirenz) 600mg FILM-COATED TABLETS PRESCRIBING INFORMATION

See Summary of Product Characteristics prior to prescribing

**PRESENTATION:** Film-coated tablets: 600mg efavirenz.

**INDICATIONS:** Antiretroviral combination treatment of HIV-1 infected adults, adolescents and children 3 years of age and older. Sustiva has not been adequately studied in advanced HIV disease.

**DOSAGE AND ADMINISTRATION:** Oral. Sustiva must be given in combination with other antiretroviral medications. *Adults and adolescents over 40kg:* 600mg once daily preferably at bedtime and on an empty stomach.

**CONTRAINDICATIONS:** Hypersensitivity to contents. Severe hepatic impairment (Child Pugh Grade C). Do not use in combination with St. John's wort or products that are substrates of CYP3A4. See SPC for details.

**WARNINGS AND PRECAUTIONS:** Not for sole use. Discontinue use if severe rash associated with blistering, desquamation, mucosal involvement or fever develops. Advise immediate contact with doctor if experience severe depression, psychosis or suicidal ideation. Nervous system symptoms generally resolve after the first 2 - 4 weeks. Immune reactivation syndrome may arise with severe immune deficiency. Given lipodystrophy association with combination antiretroviral therapy, consider monitoring fasting serum lipids and blood glucose and manage as appropriate. Patients with hereditary disorders of galactosaemia or glucose/galactose malabsorption syndrome should not take Sustiva tablets. Patients should be advised to seek medical advice if they experience joint aches & pain, joint stiffness or difficulty in movement. Caution needed in mild to moderate liver disease or chronic Hepatitis B or C infection. Where evidence of worsening liver disease, interruption or discontinuation of treatment must be considered. Close safety monitoring is recommended in patients with severe renal failure. Caution if history of seizures. Efavirenz should not be given to patients below 3 years or who weigh less than 13kg.

**DRUG INTERACTIONS:** Efavirenz is an inducer of CYP3A4 and an inhibitor of some CYP isozymes including CYP3A4. Other compounds that are substrates of CYP3A4 may have decreased plasma concentrations when co-administered with efavirenz. Efavirenz exposure may alter when given with medicinal products or foods

(e.g. grapefruit) which affect CYP3A4 activity (see Contraindications above). See SPC for full drug interaction details with antiretrovirals, antimicrobials, anticonvulsants, lipid-lowering agents, antacids, warfarin, opioids, St. John's Wort, antidepressants, hormonal contraceptives, calcium channel blockers, immunosuppressants, the H1-antihistamine cetirizine, lorazepam, and antifungal agents, (efavirenz dose should be reduced when co-administered with voriconazole).

**PREGNANCY AND LACTATION:** Avoid use in pregnancy and lactation. Barrier contraception should always be used in combination with other methods of contraception.

**UNDESIRABLE EFFECTS:** *Very common:* skin rash. *Common:* disturbance in attention, dizziness, headache, somnolence, abdominal pain, diarrhoea, nausea, vomiting, rash, pruritus, fatigue, drowsiness, problems with co-ordination and balance, abnormal dreams, anxiety, depression, insomnia. *Uncommon:* nervousness, confusion, seizures, blurred vision, vertigo, hallucinations, psychiatric adverse reactions, immune reactivation syndrome, lipodystrophy and metabolic abnormalities, osteonecrosis, acute hepatitis, acute pancreatitis. Laboratory abnormalities for liver enzymes, amylase, lipids, and false positive cannabinoid test results. *Rare:* itchy rash caused by sunlight, liver failure. *Other:* tremor, flushing, ringing noises in the ears. See SPC for full details of side effects.

**LEGAL STATUS:** POM. **PACKAGE QUANTITIES AND BASIC NHS PRICE:** Blister packs of 30 tablets: £200.27. **MARKETING AUTHORISATION NUMBERS:** EU/1/99/110/009. **MARKETING AUTHORISATION HOLDER:** Bristol-Myers Squibb Pharma EEIG, BMS House, Uxbridge Business Park, Sanderson Road, Uxbridge, Middlesex. UB8 1DH Telephone: 0800-731-1736. **DATE OF PI PREPARATION:** December 2010 692UK10PM107

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## VIDEX® EC (didanosine) PRESCRIBING INFORMATION

Please refer to Summary of Product Characteristics prior to prescribing

**PRESENTATION:** Gastro-resistant hard capsules: 125mg, 200mg, 250mg or 400mg didanosine. **INDICATIONS:** Antiretroviral combination treatment of HIV-1 infected adult patients.

**DOSAGE:** Oral use. Administer once or twice daily on an empty stomach (at least 2 hours before or after a meal) with at least 100ml of water. *Adults:* Recommended daily dose: 400mg for patients weighing  $\geq 60$ kg and 250mg for patients weighing  $< 60$ kg. *Children* (over 6 years): recommended daily dose based on body surface area is 240 mg/m<sup>2</sup> (180 mg/m<sup>2</sup> in combination with zidovudine).

Dose adjustment required for patients with renal impairment. Refer to SPC for full details.

**CONTRAINDICATIONS:** Hypersensitivity to contents. Children younger than 6 years (risk of inadvertent aspiration - more appropriate forms available).

**SPECIAL WARNINGS AND PRECAUTIONS:** Not for sole use. Extreme caution in patients with history of pancreatitis. Where possible suspend dosing until pancreatitis diagnosis is excluded. When treating with drugs known to cause pancreatic toxicity, suspend didanosine wherever possible. Consider dose suspension when biochemical markers of pancreatitis have increased, even in symptom absence. Patients on didanosine may develop toxic peripheral neuropathy. Suspend Videx EC until symptoms resolve. Reduced dose may then be tolerated. Liver failure has occurred rarely. Observe for liver enzyme elevations and suspend treatment if enzymes rise  $>5$  times above the upper limit of normal. Re-challenge only if potential benefits clearly outweigh potential risks. Lactic acidosis has been reported with nucleoside analogue use. Retinal or optic nerve changes may occur rarely. Children should have a retinal examination every 6 months or if a change in vision occurs. Given lipodystrophy association with CART, consider monitoring fasting serum lipids & blood glucose; manage as appropriate. Nucleoside and nucleotide analogues have been reported to cause mitochondrial dysfunction in HIV-negative infants exposed in-utero and/or post-natally. Immune reactivation syndrome typically observed in first weeks/month of treatment. Evaluate & treat inflammatory symptoms as necessary. Advise patients to seek medical advice if they experience joint pain/stiffness/aches/ difficulty in movement. Patients should remain under close observation by physicians

experienced in the treatment of HIV associated diseases including opportunist infections or complications.

**DRUG INTERACTIONS:** Co-administration with drugs known to cause peripheral neuropathy or pancreatitis may increase the risk of these toxicities. Co-administration with allopurinol & other xanthine oxidase inhibitors, hydroxyurea, stavudine, & ribavirin not recommended. Closely monitor patients when co-administered with ganciclovir/valganciclovir. Reports of high rate of virological failure and emergence of resistance at early stages when combined with tenofovir disoproxil fumarate & lamivudine as a once daily regimen.

**PREGNANCY & LACTATION:** Avoid use in pregnancy and lactation. Use only when the potential benefit outweighs the possible risk. **UNDESIRABLE EFFECTS:** *Common:*

pancreatitis, peripheral neurologic symptoms, including neuropathy, lipodystrophy and metabolic abnormalities, diarrhoea, nausea, vomiting, abdominal pain, rash, fatigue, allergic reactions, asthenia, headache, neutropenia. Increased uric acid, liver enzymes, bilirubin level. *Post marketing events;* chills and fever, flatulence, parotid gland enlargement, dry mouth, lactic acidosis, anorexia, diabetes mellitus, hypoglycaemia, hyperglycaemia, alopecia, hepatitis, liver failure, hepatic steatosis, sialoadenitis, anaemia, leukopenia, thrombocytopenia, anaphylactic reaction, dry eyes, retinal depigmentation, optic neuritis, myalgia, rhabdomyolysis including acute renal failure & haemodialysis, gynecomastia. **LEGAL STATUS:** POM. **PACK QUANTITY & BASIC NHS PRICE:** Blister packs of 30 capsules: 125mg: £48.18, 200mg: £77.09, 250mg: £96.37, 400mg: £154.19 **MARKETING AUTHORISATION NUMBERS:** 11184/0083 125mg, 11184/0084 200mg, 11184/0085 250mg, 11184/0086 400mg. **MARKETING AUTHORISATION HOLDER:** Bristol-Myers Squibb Pharmaceuticals Limited, Uxbridge Business Park, Sanderson Road, Uxbridge, Middlesex UB8 1DH. **DATE OF PI PREPARATION:** December 2009.

Further information is available on request from Bristol-Myers Squibb Pharmaceuticals Ltd., Bristol-Myers Squibb House, Uxbridge Business Park, Sanderson Road, Uxbridge, Middlesex UB8 1DH. Telephone: 0800-731-1736. VIUK09PM022

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## ZERIT® (stavudine) PRESCRIBING INFORMATION

See Summary of Product Characteristics prior to prescribing

**PRESENTATION:** 20mg, 30mg, 40mg capsules, 200mg powder for oral solution (1mg/ml when reconstituted).

**INDICATIONS:** Antiretroviral combination treatment of HIV infected patients. **DOSAGE:** Oral, at least an hour before a meal, or, if not possible, with a light meal. Adults: <60kg - 30mg twice daily, ≥60kg - 40mg twice daily. Adolescents, children and infants: birth to 13 days old - 0.5 mg/kg twice daily; at least 14 days old and < 30 kg - 1mg/kg twice daily; patients ≥30kg - adult dosing. The powder formulation should be used for infants under 3 months. Patients with renal impairment - see SPC. For elderly patients see SPC.

**CONTRAINDICATIONS:** Hypersensitivity to any of the constituents.

**WARNINGS & PRECAUTIONS:** Patients with a history of peripheral neuropathy, pancreatitis or liver disease should be closely monitored. Lactic acidosis, sometimes fatal, usually associated with hepatomegaly and hepatic steatosis has been reported after a few or several month's treatment and should be closely monitored. Children exposed in-utero or post-natally to nucleoside analogues should be fully investigated for possible mitochondrial dysfunction. Lipodystrophy has been linked with combination antiretroviral therapy. Immune reactivation syndrome may arise in patients with severe immune deficiency at time of institution of combination antiretroviral therapy (see SPC). Unsuitable for individuals with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption.

**DRUG INTERACTIONS:** Other drugs actively secreted by renal tube e.g. trimethoprim. Use of stavudine in combination with zidovudine is not recommended. In vitro studies indicate activation of stavudine is inhibited by doxorubicin and ribavirin.

**PREGNANCY & LACTATION:** Use should be considered only if clearly indicated and only when the potential benefit outweighs the possible risk. Women taking stavudine should not breast feed. Lactic acidosis,

sometimes fatal, has been reported in pregnant women. **UNDESIRABLE EFFECTS:** *Common;* diarrhoea, nausea, abdominal pain, dyspepsia, fatigue, lipoatrophy, lipodystrophy, peripheral neurologic symptoms including peripheral neuropathy, paresthesia & peripheral neuritis, motor weakness (evolution may mime Guillain-Barré syndrome, mostly in setting of symptomatic hyperlactataemia/lactic acidosis syndrome), abnormal thinking, somnolence, dizziness, headache, insomnia, abnormal dreams, depression, rash and pruritus. *Uncommon;* gynaecomastia, pancreatitis, vomiting, hepatitis or jaundice, asthenia, anorexia, arthralgia, myalgia, anxiety, emotional lability and urticaria. *Frequency not known;* anaemia, thrombocytopenia, neutropenia, diabetes mellitus, hyperglycaemia, liver failure, hepatitis and hepatic steatosis, lactic acidosis (in some cases involving motor weakness), immune reactivation syndrome, metabolic abnormalities laboratory abnormalities, osteonecrosis and mitochondrial dysfunction.

**LEGAL STATUS:** POM **PACK QUANTITY & BASIC NHS PRICE:** Packs of 56 capsules, 20mg: £139.46, 30mg: £146.25, 40mg: £150.66.

Powder for Oral Solution 200ml: £22.94 per pack.

**MARKETING AUTHORISATION NUMBERS:** EU/1/96/009/004(20mg),

EU/1/96/009/006 (30mg), EU/1/96/009/008(40mg), EU/1/96/009/009

(Powder for Oral Solution). **MARKETING AUTHORISATION HOLDER:** Bristol-Myers Squibb Pharma EEIG, Uxbridge Business Park, Sanderson Road, Uxbridge, Middlesex UB8 1DH. For further information free-phone: 0800-731-1736.

**DATE OF PI PREPARATION:** October 2010.

Further information is available on request from Bristol-Myers Squibb Pharmaceuticals Ltd., Bristol-Myers Squibb House, Uxbridge Business Park, Sanderson Road, Uxbridge, Middlesex UB8 1DH. Telephone: 0800-731-1736. 692UK10PM094

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## ATRIPLA® PRESCRIBING INFORMATION

**Presentation:** Atripla film-coated tablet. Each tablet contains 600mg of efavirenz, 200mg of emtricitabine and 245mg of tenofovir disoproxil (as fumarate).

**Indications:** For treatment of HIV-1 infected adults aged 18 years and over with virologic suppression to HIV-1 RNA levels of <50 copies/ml on their current combination therapy for more than 3 months. Patients must not have experienced virological failure on prior antiretroviral therapy and must not have resistance to any of the three components of Atripla.

**Dosage & Administration:** Therapy should be initiated by a physician experienced in the management of HIV infection. **Adults:** One tablet once daily taken orally on an empty stomach at bedtime. **Children and adolescents:** The safety and efficacy has not been established. **Elderly:** Insufficient data are available on which to make dose recommendations for patients over the age of 65 years – caution should be exercised. Not recommended in patients with moderate or severe renal impairment (CrCl <50ml/min). No dose modification necessary in patients with mild to moderate liver disease.

**Contraindications:** Hypersensitivity to efavirenz, emtricitabine, tenofovir, tenofovir disoproxil fumarate, or any of the excipients. Atripla must not be used in patients with severe hepatic impairment. It must not be administered concurrently with terfenadine, astemizole, cisapride, midazolam, triazolam, pimozone, bepridil or ergot alkaloids, because competition for CYP3A4 by efavirenz could result in inhibition of metabolism and create the potential for serious and/or life-threatening undesirable effects (e.g. cardiac arrhythmias, prolonged sedation or respiratory depression). Herbal preparations containing St. John's wort must not be used while taking Atripla due to the risk of decreased plasma concentrations and reduced clinical effects of efavirenz. Atripla must not be administered concurrently with voriconazole because efavirenz significantly decreases voriconazole plasma concentrations, while voriconazole significantly increases efavirenz plasma concentrations.

**Warnings and Precautions:** Atripla should not be administered concomitantly with other medicinal products containing any of the same active components, with other cytidine analogues such as lamivudine or with adefovir dipivoxil. Patients switched to Atripla from a PI-based regimen may have a reduced response to therapy – monitor viral load and adverse reactions. Appropriate precautions must be used to prevent the risk of transmission of HIV to others through sexual contact or contamination with blood. **Hepatic:** Discontinue Atripla in patients developing symptomatic hyperlactataemia, metabolic/lactic acidosis, progressive hepatomegaly or rapidly elevating aminotransferase levels. Use with caution in patients with hepatomegaly, hepatitis, other risk factors for liver disease and hepatic steatosis, co-infection with HCV and treatment with alpha interferon and ribavirin – monitor closely. Caution in administering Atripla to patients with mild hepatic impairment. Atripla is not recommended in patients with moderate hepatic impairment. Patients with pre-existing liver dysfunction should be monitored; interruption or discontinuation of treatment must be considered if evidence of worsening liver disease or persistent elevations of serum transaminases >5 times ULN. Liver enzyme monitoring should be considered for all patients. **HBV Co-infection:** Patients with HIV co-infected with either HBV or HCV treated with combination antiretroviral therapy are at increased risk of severe and potentially fatal hepatic adverse reactions. Discontinuation of therapy may be associated with severe acute exacerbations of hepatitis. Co-infected HIV/HBV patients should be closely monitored for at least four months following discontinuation of Atripla for symptoms of severe acute exacerbations of hepatitis. **Psychiatric:** Advise patients to contact their doctor immediately if they experience psychiatric symptoms such as severe depression, psychosis or suicidal ideation. **Nervous system:** Symptoms such as dizziness, insomnia, somnolence, impaired concentration and abnormal dreams may begin during the first 1 or 2 days of therapy and generally resolve after the first 2 - 4 weeks. Exercise caution in any patient with a history of seizures. **Renal:** Atripla is not recommended for patients with moderate or severe renal impairment. Avoid use of Atripla with concurrent or recent use of nephrotoxic medicinal product. If concomitant use of Atripla with a nephrotoxic agent is unavoidable, monitor renal function weekly. Renal failure and impairment, elevated creatinine, hypophosphataemia and proximal tubulopathy (including Fanconi syndrome) have been reported with use of tenofovir disoproxil fumarate in clinical practice. It is recommended that CrCl is calculated in all patients prior to therapy initiation and renal

function monitored every 4 weeks for the first year and every 3 months thereafter. In patients at risk of renal impairment, consideration should be given to more frequent monitoring of renal function. If CrCl is decreased to <50ml/min or serum phosphate is decreased to <1.5mg/dl, renal function should be re-evaluated within one week. Treatment with Atripla should be interrupted if CrCl is confirmed to be <50ml/min or if serum phosphate is decreased to <1mg/dl. Refer to SPC for further recommendations regarding monitoring, dose adjustment and discontinuation of therapy. **Skin reactions:** Discontinue Atripla in patients who develop severe rash associated with blistering, desquamation, mucosal involvement or fever. Atripla is not recommended for patients who have had a life threatening cutaneous reaction while taking an NNRTI. **Lipodystrophy and metabolic:** Combination antiretroviral therapy has been associated with lipodystrophy in HIV patients. Consider monitoring fasting serum lipids and blood glucose and manage lipid disorders as appropriate. **Other:** Administration of Atripla with food may increase efavirenz exposure. Mitochondrial dysfunction. Immune Reactivation Syndrome. Osteonecrosis. Decreased bone mineral density and bone abnormalities (infrequently contributing to fractures), which may be associated with proximal renal tubulopathy. Co-administration of Atripla and didanosine is not recommended as exposure to didanosine is significantly increased following co-administration with tenofovir disoproxil fumarate that may increase the risk of didanosine-related adverse reactions. Avoid in antiretroviral experienced patients with strains harbouring K65R, M184V/I or K103N mutations. Contains sodium – consider in patients on sodium-restricted diet.

**Interactions:** Efavirenz is an inducer of CYP3A4 and an inhibitor of some CYP450 isoenzymes including CYP3A4. Other compounds that are substrates of CYP3A4 may have decreased plasma concentrations when co-administered with efavirenz. Efavirenz exposure may also be altered when given with medicinal products or foods (e.g. grapefruit juice) which affect CYP3A4 activity – see contraindications above. Atripla should not be co-administered with adefovir dipivoxil, lamivudine, atazanavir/ritonavir or didanosine. Avoid co-administration of Atripla with medicinal products that reduce renal function or compete for active tubular secretion (e.g. cidofovir). Avoid use of Atripla with concurrent or recent use of nephrotoxic medicinal product. Refer to SPC for drug interaction details for antiretrovirals, antimicrobial and antifungal agents, anticonvulsants, anticoagulants, antidepressants, cardiovascular agents, lipid-lowering agents, hormonal contraceptives, immunosuppressants, opioids and herbal products.

**Use in pregnancy and lactation:** Atripla should not be used in pregnancy unless clearly necessary. Barrier contraception should always be used in combination with other methods of contraception. Avoid breast-feeding.

**Side effects:** **Very commonly reported adverse events (≥1/10):** Dizziness, headache, diarrhoea, nausea, vomiting, elevated creatine kinase, rash (all grades), hypophosphataemia\* and asthenia. **Commonly reported adverse events (1/100, <1/10):** Anorexia, cerebellar coordination and balance disturbances, neutropenia, disturbance of attention, somnolence, dyspepsia, abdominal pain and distension, flatulence, elevated serum lipase, elevated amylase including elevated pancreatic amylase, increased transaminases, allergic reaction, pruritus, maculopapular rash, urticaria, vesiculobullous rash, pustular rash, skin hyperpigmentation, hypertriglyceridaemia, hyperglycaemia, fatigue, pain, hyperbilirubinaemia, increased AST and ALT, anxiety, depression (including severe) abnormal dreams insomnia. **Uncommonly reported adverse events ≥1/1,000, <1/100):** Dry mouth, incoherent speech, increased appetite, libido decreased, myalgia, anaemia, hypersensitivity, hypokalaemia\*, rhabdomyolysis\*, muscular weakness\*, increased creatinine proteinuria, gynaecomastia, Stevens-Johnson syndrome, erythema multiforme, angioedema, suicide ideation (except in patients with a history of psychiatric disorders), suicide attempt, psychosis, mania, paranoia, hallucination, euphoric mood, affect lability, confusional state, aggression, convulsions, amnesia, thinking abnormal, ataxia, coordination abnormal, agitation, tremor, vision blurred, tinnitus, vertigo, flushing, pancreatitis and acute hepatitis. **Rarely reported adverse events (≥1/10,000, <1/1000):** Lactic acidosis, completed suicide, delusion, neurosis, hepatic failure, hepatic steatosis, photoallergic dermatitis, osteomalacia\* (manifested as bone pain and infrequently contributing to fractures), myopathy\*, renal failure (acute & chronic), acute tubular necrosis, proximal renal tubulopathy including Fanconi syndrome,

nephritis (including acute interstitial nephritis) and nephrogenic diabetes insipidus. The side effects marked \* may occur as a consequence of proximal renal tubulopathy. Combination antiretroviral therapy has been associated with metabolic abnormalities including hypercholesterolaemia, insulin-resistance and hyperlactataemia as well as lipodystrophy. HIV patients with severe immunodeficiency at the time of initiation of CART may experience Immune Reactivation Syndrome. Refer to SPC for further information on adverse events.

**Overdosage:** If overdosage occurs, monitor for evidence of toxicity. Apply standard supportive treatment if necessary. Emtricitabine and tenofovir, but not efavirenz, can be removed by haemodialysis. Administration of activated charcoal may be used to aid removal of unabsorbed efavirenz.

**Pharmaceutical Precautions:** No special requirements for use and handling. Store in the original package in order to protect from moisture. Keep the bottle tightly closed.

**Legal Category:** POM.

**Package Quantities:** Bottle of 30 film-coated tablets.

**Price:** UK NHS £ 626.90

**Marketing Authorisation Number:** EU/1/07/430/001.

The Marketing Authorisation Holder is Bristol-Myers Squibb and Gilead Sciences Limited, IDA Business & Technology Park, Carrigtohill, Co. Cork, Ireland. Further information is available from the local representative of the Marketing Authorisation Holder: Gilead Sciences International Ltd, Flowers Building, Granta Park, Abington, Cambs, CB21 6GT.

Telephone: 01223 897555. E-mail: [ukmedinfo@gilead.com](mailto:ukmedinfo@gilead.com)

CONSULT THE SUMMARY OF PRODUCT CHARACTERISTICS BEFORE PRESCRIBING PARTICULARLY IN RELATION TO SIDE EFFECTS, PRECAUTIONS AND CONTRAINDICATIONS.

Atripla is a registered trademark

**Date of PI Preparation:** September 2011.

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Adverse events should be reported. Reporting forms and information can be found at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk). Adverse events should also be reported to Gilead Sciences Limited Medical Information on 01223 897555 or by e-mail to [ukmedinfo@gilead.com](mailto:ukmedinfo@gilead.com)