Drug Resistance:

Phenotypic analysis of baseline-matched on-therapy HIV-1 isolates from patients (n = 13) receiving lamivudine twice daily showed that isolates from 3/13 patients exhibited a 21- to 342-fold decrease in susceptibility to efavirenz, and isolates from 5/22 contained treatment-emergent lamivudine resistance mutations. The group showed that isolates from 1/22 patients contained treatment-emergent zidovudine resistance mutations (K103N, V108I, or Y181C), and isolates from 8/22 patients contained a treatment-emergent lamivudine resistance mutation (M184V). The genotypic resistance pattern was as follows: 8/22 isolates exhibited an M184V mutation, 4/22 isolates exhibited a K103N mutation, 1/22 isolates exhibited a V108I mutation, and 1/22 isolates exhibited a Y181C mutation. Resistance to zidovudine was confirmed in patients whose isolates exhibited treatment-emergent mutations.

Restoration of Susceptibility:

In a subsequent study, restoration of susceptibility to lamivudine was monitored in patients randomized to receive lamivudine monotherapy or combination therapy with lamivudine plus zidovudine. Combination therapy with lamivudine and zidovudine restored susceptibility to lamivudine and zidovudine by 12 weeks of treatment with lamivudine and zidovudine. Combination therapy with lamivudine and zidovudine was observed to be superior to lamivudine monotherapy in the restoration of susceptibility to lamivudine and zidovudine.

Summary:

Phenotypic analysis of baseline-matched on-therapy HIV-1 isolates from patients (n = 13) receiving lamivudine twice daily showed that isolates from 3/13 patients exhibited a 21- to 342-fold decrease in susceptibility to efavirenz, and isolates from 5/22 contained treatment-emergent lamivudine resistance mutations. The group showed that isolates from 1/22 patients contained treatment-emergent zidovudine resistance mutations (K103N, V108I, or Y181C), and isolates from 8/22 patients contained a treatment-emergent lamivudine resistance mutation (M184V). The genotypic resistance pattern was as follows: 8/22 isolates exhibited an M184V mutation, 4/22 isolates exhibited a K103N mutation, 1/22 isolates exhibited a V108I mutation, and 1/22 isolates exhibited a Y181C mutation. Resistance to zidovudine was confirmed in patients whose isolates exhibited treatment-emergent mutations. Restoration of susceptibility to lamivudine was monitored in patients randomized to receive lamivudine monotherapy or combination therapy with lamivudine plus zidovudine. Combination therapy with lamivudine and zidovudine restored susceptibility to lamivudine and zidovudine by 12 weeks of treatment with lamivudine and zidovudine. Combination therapy with lamivudine and zidovudine was observed to be superior to lamivudine monotherapy in the restoration of susceptibility to lamivudine and zidovudine.
The possibility of interactions with other drugs administered concurrently should be considered, particularly and dosage of lamivudine in EPIVIR (not EPIVIR-HBV) should be used. Lamivudine in the HIV treatment regimen of a patient dually infected with HIV and HBV, the formulation blood contamination.

is unknown.

of lamivudine in combination with zalcitabine is not recommended.

be used during pregnancy only if the potential benefits outweigh the risks.

In 2 clinical studies conducted in South Africa, pharmacokinetic measurements were performed on

ers not breastfeed their infants to avoid risking postnatal transmission of HIV infection.

Diabetic patients should be advised that each 15-mL dose of EPIVIR Oral Solution contains 3 grams

Limited, uncontrolled pharmacokinetic and safety data are available from administra-

Long-term carcinogenicity studies with

Table 5.

Selected clinical adverse events and physical findings with a

ADVERSE REACTIONS

Table 7. Selected Clinical Adverse Events and Physical Findings (5% Frequency) in Four Controlled Clinical Trials

Pregnancy:

Antiretroviral Pregnancy Registry:

In 2 clinical studies conducted in South Africa, pharmacokinetic measurements were performed on

myalgia 8% 6%

Nausea & vomiting 13% 12%

Diabetic patients should be advised that each 15-mL dose of EPIVIR Oral Solution contains 3 grams

Myalgia 8% 6%

Nausea & vomiting 13% 12%

Body as a whole

Lymphadenopathy 9% 11%

Skin rashes 12% 14%

Oral Solution for more information.

with reduced drug susceptibility and diminished treatment response, was also reported (also see WARN-

Table 8. Selected Clinical Adverse Events and Physical Findings (5% Frequency) in Four Controlled Clinical Trials

Paresthesias and peripheral neuropathies were reported in 15 patients (15%) in Study A2002, 6 patients

Hemoglobin (<7.0 g/dL) 4% 2%

Other

Anemia (including pure red cell aplasia and severe anemias progressing on therapy),

Alopecia, rash, pruritus.

Musculoskeletal:

Anaphylaxis, urticaria.

Hemic and Lymphatic:

Platelets (<50,000/mm3)1 % 3%

Endocrine and Metabolic:

Redistribution/accumulation of body fat (see PRECAUTIONS: Fat Redistribution).

Lymphadenopathy 9% 11%

Skin rashes 12% 14%

Platelets (<50,000/mm3)1 % 3%

Hemoglobin (<7.0 g/dL) 4% 2%

Other

Anemia (including pure red cell aplasia and severe anemias progressing on therapy),

Alopecia, rash, pruritus.

Musculoskeletal:

Anaphylaxis, urticaria.

Hemic and Lymphatic:

Lymphadenopathy 9% 11%

Skin rashes 12% 14%

Other

Hemoglobin (<7.0 g/dL) 4% 2%

Other

Alopecia, rash, pruritus.