

Prescribing Information

Triumeq[▼] dolutegravir 50mg/abacavir 600mg/lamivudine 300mg tablets

See Summary of Product Characteristics (SmPC) before prescribing.

Indication: HIV in over 12 years and $\geq 40\text{kg}$. Screen for HLA-B*5701 prior to use. Do not use if HLA-B*5701 positive. **Dose:** one tablet once daily with or without food. *Elderly:* Limited data in 65+ yrs. *Creatinine clearance* $<50\text{ml/min}$ or *moderate/severe hepatic impairment:* Not recommended. Monitor closely in mild hepatic impairment.

Contraindications: Hypersensitivity to any ingredient. Co-administration with dofetilide.

Warnings/precautions: Both abacavir and dolutegravir are associated with risk of hypersensitivity reactions (HSR). Do not initiate in HLA-B*5701+ or previous suspected abacavir HSR. Stop Triumeq without delay if HSR suspected. Never reintroduce any dolutegravir- or abacavir-containing product after suspected HSR. Risks of immune reactivation syndrome, osteonecrosis, increased weight, lipids, glucose. Monitor LFTs in Hepatitis B/C co-infection. Inconclusive data on relationship between abacavir and MI; minimise all modifiable CV risk factors (e.g. smoking, hypertension, hyperlipidaemia). Not recommended if dolutegravir required b.d. (with etravirine [without boosted PI], efavirenz, nevirapine, rifampicin, boosted tipranavir, carbamazepine, oxcarbazepine, phenytoin, phenobarbital and St John's Wort). Use with cladribine not recommended. Use with Mg/Al-containing antacids, calcium, multivitamins or iron requires dosage separation. Caution with

metformin: monitor renal function and consider metformin dose adjustment. When possible, avoid chronic co-administration of sorbitol or other osmotic acting alcohols (see SmPC section 4.5). If unavoidable, consider more frequent viral load monitoring.

Pregnancy/lactation: Before initiating Triumeq, women of childbearing potential (WOCBP) should undergo pregnancy testing. WOCBP who are taking Triumeq should use effective contraception. Triumeq should not be used during the first trimester due to the potential risk of neural tube defects, unless there is no alternative. Triumeq should only be used during the second and third trimester of pregnancy when the expected benefit justifies the potential risk to the foetus. Avoid breast-feeding. **Side effects:** See SmPC for details. Headache, insomnia, sleep/dream disorders, GI disturbance, fatigue, hypersensitivity, anorexia, depression, anxiety, dizziness, somnolence, lethargy, malaise, cough, nasal symptoms, rash, pruritus, alopecia, arthralgia, myalgia, asthenia, fever, elevations of ALT, AST and CPK, blood dyscrasias, suicidal ideation or suicide attempt, rhabdomyolysis, acute hepatic failure, lactic acidosis, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis. **Basic NHS costs:** 30 tablets: £798.16 EU/1/14/940/001. MA holder: ViiV Healthcare BV, Huis ter Heideweg 62, 3705 LZ Zeist, Netherlands. Further information is available from Customer Contact Centre, GlaxoSmithKline UK Ltd, Stockley Park West, Uxbridge, Middlesex UB11 1BT.

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Adverse events should be reported. For the UK, reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for **MHRA Yellowcard** in the **Google Play or Apple App store**. Adverse events should also be reported to GlaxoSmithKline on 0800 221441.

Adverse events should be reported. For Ireland, adverse events should be reported directly to the HPRA; Freepost, Pharmacovigilance Section, Health Products Regulatory Authority, Earlsfort Terrace, Dublin 2, Tel: +353 1 676 4971, medsafety@hpra.ie. Adverse events should also be reported to GlaxoSmithKline on 1800 244 255.