

Table 20. Adverse Drug Reactions and Related “Black Box Warnings” in Product Labeling for Antiretroviral Agents (Updated January 29, 2008)

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Below is a list of antiretroviral drugs with “black box warnings” in their current product labels.

The Food and Drug Administration can require that warnings regarding special problems associated with a prescription drug, including those that might lead to death or serious injury, be placed in a prominently displayed box, commonly known as a “black box.” Please note that other serious toxicities associated with antiretroviral agents are not listed in this table.

Antiretroviral Drug	Pertinent Black Box Warning Information
Abacavir (ZIAGEN [®] , or as combination products in EPZICOM and TRIZIVIR)	<ul style="list-style-type: none"> • Serious and sometimes fatal hypersensitivity reactions have been associated with abacavir: <ul style="list-style-type: none"> – This is a multi-organ clinical syndrome, characterized by two or more groups of the following signs or symptoms including (1) fever, (2) rash, (3) gastrointestinal (e.g., nausea, vomiting, diarrhea, or abdominal pain), (4) constitutional (including generalized malaise, fatigue, or achiness), and (5) respiratory symptoms (including dyspnea, cough, or pharyngitis). – Abacavir should be discontinued as soon as hypersensitivity reaction is suspected. – Any product containing abacavir should be permanently discontinued if hypersensitivity cannot be ruled out, even when other diagnoses are possible – because more severe symptoms can occur within hours after restarting abacavir and may include life-threatening hypotension and death. • Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of antiretroviral nucleoside analogues alone or in combination.
Didanosine (VIDEX-EC)	<ul style="list-style-type: none"> • Fatal and nonfatal pancreatitis have occurred with didanosine alone or in combination with other antiretroviral agents. <ul style="list-style-type: none"> – Didanosine should be withheld if pancreatitis is suspected. – Didanosine should be discontinued if pancreatitis is confirmed. • Fatal lactic acidosis has been reported among pregnant women who received a combination of didanosine and stavudine with other antiretroviral combinations. <ul style="list-style-type: none"> – Didanosine and stavudine combination should only be used during pregnancy if the potential benefit clearly outweighs the potential risks. • Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of antiretroviral nucleoside analogues alone or in combination.
Emtricitabine (EMTRIVA); or in combination product with tenofovir DF (TRUVADA) or with tenofovir DF and efavirenz (ATRIPLA)	<ul style="list-style-type: none"> • Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of nucleoside analogues alone or in combination with other antiretrovirals. • Emtricitabine is not indicated for the treatment of hepatitis B infection (HBV); the safety and efficacy have not been established in patients with HIV/HBV coinfection. • Severe acute exacerbations of hepatitis B have been reported in patients who discontinued emtricitabine – hepatic function should be monitored closely with both clinical and laboratory follow-up for at least several months after discontinuation of tenofovir in HIV/HBV coinfecting patients. • If appropriate, initiation of anti-HBV therapy may be warranted after discontinuation of tenofovir.
Lamivudine (EPIVIR), or in combination products COMBIVIR, EPZICOM, and TRIZIVIR)	<ul style="list-style-type: none"> • Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of antiretroviral nucleoside analogues alone or in combination. • Epivir tablets and oral solution (used to treat HIV infection) contain a higher dose of lamivudine than Epivir-HBV tablets and oral solution (used to treat chronic hepatitis B). Patients with HIV infection should receive only dosage and formulations appropriate for treatment of HIV. • Severe acute exacerbations of hepatitis B infection have been reported in HBV/HIV coinfecting patients upon discontinuation of lamivudine-containing products. Hepatic function should be monitored closely with both clinical and laboratory follow-up for at least several months after discontinuation of lamivudine in patients with HIV/HBV coinfection. • If appropriate, initiation of anti-hepatitis B therapy may be warranted.