3 patients. Selected laboratory abnormalities included neutropenia, anaemia, thrombocytopenia, and elevated ALT, AST and amylase levels.

OVERDOSAGE

There is no known antidote for lamivudine. One case of an adult ingesting 6 g of lamivudine was reported; there were no clinical signs or symptoms noted and hematologic tests remained normal. It is not known whether lamivudine can be removed by peritoneal dialysis or hemodialysis.

PRESENTATION

Lamivir-150 Tablets	Blister pack of 10 tablets and Container of 60 tablets
Lamivir Oral Solution (50 mg / 5 ml)	Bottle of 100 ml

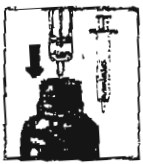
PATIENT INFORMATION FOR *LAMIVIR* ORAL SOLUTION

To facilitate accurate dosing, Lamivir liquid is supplied along with a syringe. Remember each millilitre (ml) of the liquid is equivalent to 10 mg of the drug.

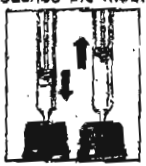
MEASURING THE REQUIRED DOSE USING THE SYRINGE:

1. Remove the cap.

2. Introduce the cannula completely into the bottle till the white cap reaches the mouth of the bottle.



3. Remove the plastic case of the syringe. Insert the syringe into the white cap of the cannula.



4. Draw the required volume of liquid (as prescribed by the doctor) into the syringe ensuring that no large bubbles are present in the syringe. Presence of a few minute bubbles will not adversely affect the dosage.

5. Administer the dose into mouth by pushing the syringe plunger. Swallow the liquid. Rinse the syringe with clean water.

Cipla

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For the use only of a Registered Medical Practitioner or a Hospital or a Laboratory

Lamivir

COMPOSITION

***Lamivir*-150 Tablets**
Each film-coated tablet contains
Lamivudine ..... 150 mg
Colour: Titanium Dioxide
***Lamivir* Oral Solution**
Each 5 ml contains
Lamivudine ..... 50 mg

DESCRIPTION

Lamivudine is a synthetic nucleoside analogue with activity against the human immunodeficiency virus (HIV). Lamivudine is the (-) enantiomer of a dideoxy analogue of cytidine. Lamivudine has also been referred to as (-) 2', 3'- dideoxy, 3'- thiacytidine.

In vitro studies have shown that intracellularly, lamivudine is phosphorylated to its active 5' - triphosphate metabolite, which has an intracellular half-life of 10.5 to 15.5 hours. The principal mode of action of lamivudine triphosphate is inhibition of HIV reverse transcription via viral DNA chain termination. Lamivudine triphosphate also inhibits the RNA- and DNA-dependent polymerase activities of reverse transcriptase. Lamivudine triphosphate is a weak inhibitor of mammalian α-, β- and γ - DNA polymerases.

In vitro studies show that lamivudine in combination with zidovudine has synergistic antiretroviral activity. Combination therapy with lamivudine plus zidovudine delays the emergence of mutations conferring resistance to zidovudine.

INDICATIONS

Lamivir in combination with zidovudine is indicated for the treatment of HIV infection when therapy is warranted.

DOSAGE AND ADMINISTRATION

Adults and Adolescents (12 to 16 years)

The recommended oral dose of Lamivir for adults and adolescents is 150 mg twice daily administered in combination with zidovudine. The complete prescribing information for zidovudine should be consulted for information on its dosage and administration.

For adults with low body weights (less than 50 kg or 110 lb), the recommended oral dose of Lamivir is 2 mg/kg twice daily administered in combination with zidovudine. No data are available to support a dosage recommendation for adolescents with low body weight (less than 50 kg).

Paediatric patients
The recommended oral dose of Lamivir for paediatric patients 3 months to up to 12 years of age is 4 mg/kg twice daily (up to a maximum of 150 mg twice a day) administered in combination with zidovudine. The complete prescribing information for zidovudine should be consulted for information on its dosage and administration.

DOSE ADJUSTMENT
It is recommended that doses of Lamivir be adjusted in accordance with renal function in patients older than age 16 years, as given in the table below:

Creatinine clearance (ml/min)	Recommended dosage of lamivudine
≥ 50	150 mg twice daily
30 – 49	150 mg once daily
15 – 29	150 mg first dose, then 100 mg once daily
5-14	150 mg first dose, then 50 mg once daily
< 5	50 mg first dose, then 25 mg once daily

Insufficient data are available to recommend a dosage of Lamivir in patients undergoing dialysis.

CONTRAINDICATIONS
Lamivir is contraindicated in patients with previously demonstrated clinically significant hypersensitivity to any of the components of the product.

WARNINGS AND PRECAUTIONS
In paediatric patients with a history of pancreatitis or other significant risk factors for the development of pancreatitis, the combination of Lamivir and zidovudine should be used with extreme caution and only if there is no satisfactory alternative therapy. Treatment with Lamivir should be stopped immediately if clinical signs, symptoms, or laboratory abnormalities suggestive of pancreatitis occur.

The complete prescribing information for zidovudine should be consulted before combination therapy with Lamivir and zidovudine is initiated.

Impaired renal function
Reduction of the dose of Lamivir is recommended for patients with impaired renal function (see Dosage and Administration).

Patients with HIV and Hepatitis B Virus Coinfection
In clinical trials, some patients with HIV infection who have chronic liver disease due to hepatitis B virus infection experienced clinical or laboratory evidence of recurrent hepatitis upon discontinuation of lamivudine.

Drug Interactions
Trimethoprim 160 mg and sulfamethoxazole 800 mg once daily has been shown to increase lamivudine exposure (AUC). The effect of higher doses of trimethoprim and sulfamethoxazole on lamivudine pharmacokinetics has not been investigated.

Pregnancy
Pregnancy Category C. There are no adequate and well-controlled studies in pregnant women. Lamivudine should be used during pregnancy only if the potential benefits outweigh the risks.

Lactation
It is recommended that HIV-infected mothers do not breast-feed their infants to avoid risking postnatal transmission of HIV infection. Although it is not known if lamivudine is excreted in human milk, there is the potential for adverse effects from lamivudine in nursing infants. Mothers should be instructed to discontinue nursing if they are receiving lamivudine.

Paediatric use
There are no data on the use of lamivudine in combination with zidovudine in paediatric patients.

ADVERSE REACTIONS

Adults
Selected clinical adverse events with a ≥ 5% frequency during therapy with lamivudine 150 mg b.i.d. plus zidovudine 200 mg t.i.d. compared with zidovudine are: headache, malaise, fatigue, nausea, anorexia and/or decreased appetite, abdominal cramps, neuropathy, insomnia and sleep disorders, dizziness, depressive disorders, nasal signs & symptoms; cough and skin rashes. Pancreatitis was observed in less than 0.5% of patients who received lamivudine in controlled clinical trials.

The incidence of neutropenia (ANC < 750/mm^3) was greater in patients during therapy with lamivudine 150 mg plus zidovudine 200 mg t.i.d. (7.2%) versus zidovudine alone (5.4%). Likewise, anaemia (Hb < 8.0 g/dl) was reported in 2.9% of patients on the combination, as compared to 1.8% of patients on zidovudine alone. Levels of bilirubin > 2.5 times the upper limit of normal (ULN) were observed in 0.8% of patients receiving the combination, versus 0.4% on zidovudine monotherapy. Levels of amylase (>2.0 ULN) were observed in 4.2% of patients receiving the combination versus 1.5% in patients on zidovudine monotherapy.

Paediatric patients
Of 97 paediatric patients enrolled in one open-label, uncontrolled study, 14% developed pancreatitis while receiving monotherapy with Lamivir. Paraesthesias and peripheral neuropathies were reported in 13 patients (13%) in this study and resulted in treatment discontinuation in