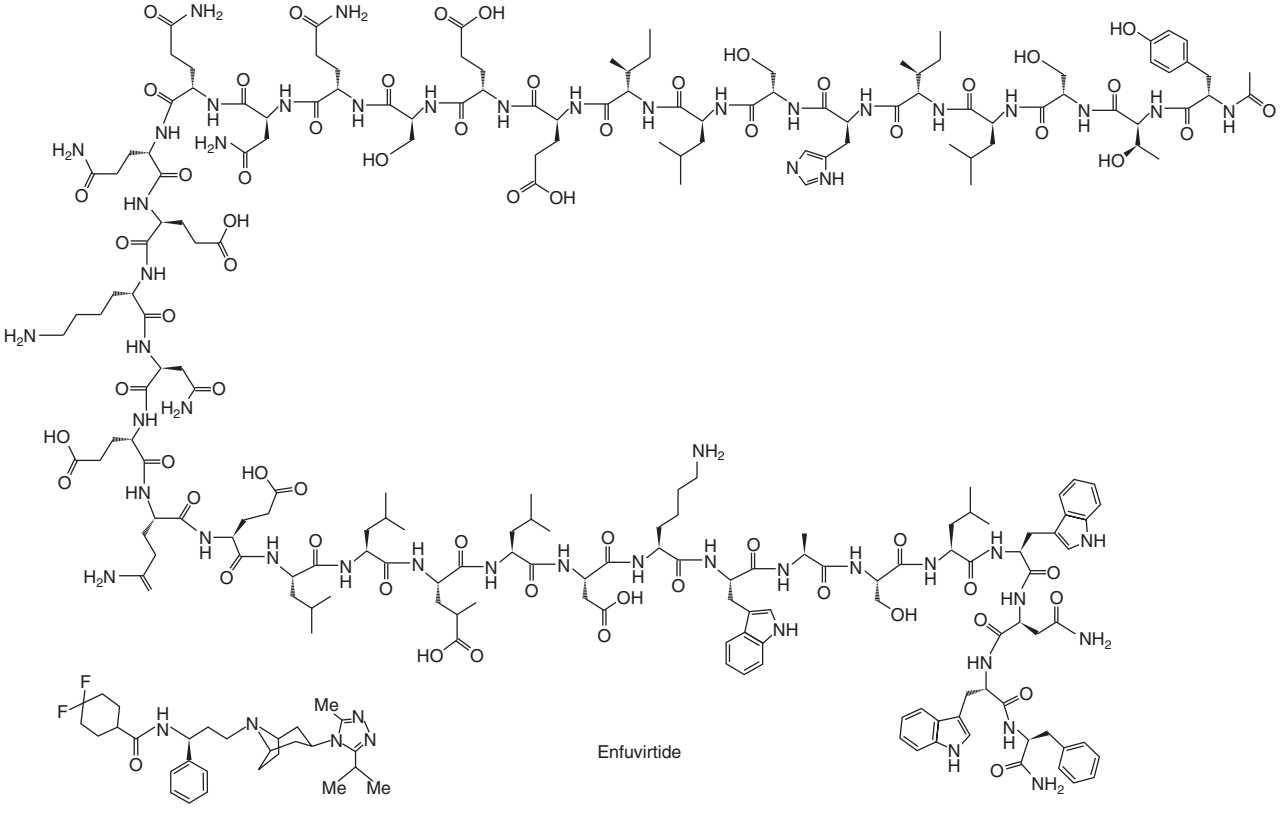
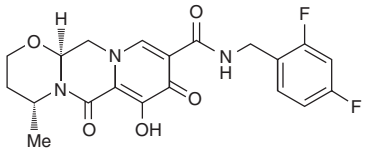


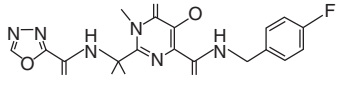
Enfuvirtide

Maraviroc

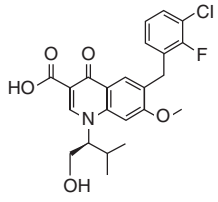
Integrase Inhibitors



Elvitegravir



Raltegravir



Dolutegravir

FIGURE 226-45 (*Continued*)

seen between lamivudine and the other nucleoside analogues may be that strains of HIV resistant to lamivudine (M184V substitution) appear to have enhanced sensitivity to other nucleosides, and thus development of dual resistance is more difficult. In addition, there is a suggestion that 3TC-resistant strains of HIV may be less virulent and are less able to generate new mutants than are strains of HIV that are 3TC-sensitive. Lamivudine is among the best tolerated and least toxic of the nucleoside analogues.

TABLE 226-22 COMBINATION FORMULATIONS OF ANTIRETROVIRAL DRUGS

Name	Combination
Combivir	Zidovudine + lamivudine
Complera	Tenofovir + emtricitabine + rilpivirine
Epzicom	Abacavir + lamivudine
Stribild	Tenofovir + emtricitabine + elvitegravir + cobicistat
Triumeq	Abacavir + lamivudine + dolutegravir
Trizivir	Zidovudine + lamivudine + abacavir
Truvada	Tenofovir + emtricitabine
Atripla	Tenofovir + emtricitabine + efavirenz
Triomune[a]	Stavudine + lamivudine + nevirapine

[a]Not licensed in the United States.

Emtricitabine (FTC; 5-fluoro-1-(2R,5S)-[2-(hydroxymethyl)-1,3-oxathiolan-5-yl]cytosine) is the negative enantiomer of a thio analogue of cytidine with a fluorine in the 5 position. It is licensed for use in combination with other antiretroviral agents for treatment of HIV-1 infection in adults. Compared with lamivudine, it is similar in activity and has a longer half-life. It is available either alone or coformulated with tenofovir or tenofovir and efavirenz (Table 226-22). As with lamivudine, resistance to emtricitabine is associated with the M184V mutation in reverse transcriptase. Viruses showing the K65R mutation in reverse transcriptase may have reduced susceptibility to emtricitabine.

Abacavir {(1*S*,*cis*)-4-[2-amino-6-(cyclopropylamino)-9H-purin-9-yl]-2-cyclopentene-1-methanol sulfate (salt)(2:1)} is a synthetic carbocyclic analogue of the nucleoside guanosine. It is licensed to be used in combination with other antiretroviral agents for the treatment of HIV-1 infection. Hypersensitivity reactions that may occur with initial therapy or rechallenge have been reported in ~4% of patients treated with this drug, and patients developing signs or symptoms of hypersensitivity such as fever, skin rash, fatigue, and GI symptoms should discontinue the drug and not restart it. Fatal hypersensitivity reactions have been reported with rechallenge. Abacavir hypersensitivity occurs with a higher frequency in patients who are HLA-B5701-positive. It is recommended that patients be screened for HLA-B5701 prior to initiation of abacavir and that