Drugs 2003; 63 (11): 1099-1100
0012-6667/03/0011-1099/$33.00/0

Lamivudine/Zidovudine/Abacavir

A Viewpoint by David Haas

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There are many factors that influence decisions regarding when to initiate antiretroviral therapy, as well as which agents to prescribe. The situation becomes increasingly challenging in individuals with prior antiretroviral exposure. Fortunately, there are an increasing number of therapeutic options for persons with HIV infection. In addition to the ongoing development of new compounds by the pharmaceutical industry, an important parallel strategy has been to reformulate and combine available agents with the goal of improving overall efficacy. The lamivudine/zidovudine/abacavir combination tablet, Trizivir™, a fixed combination tablet containing zidovudine, lamivudine and abacavir, offers distinct advantages to the patient. Its antiviral potency is very good, especially against HIV strains that lack resistance mutations, although in patients with very high plasma HIV-1 RNA levels it may not control viral replication as well as some other multidrug regimens. Importantly, the co-formulation of several agents may improve adherence and overall patient satisfaction, and not allow the opportunity for patients to selectively stop taking only certain drugs in a multidrug regimen. The lamivudine/zidovudine/abacavir triple combination tablet is also generally well tolerated. The most important major adverse effect is the abacavir hypersensitivity reaction, which can be fatal. This demands considerable judgment on the part of the prescriber, and appropriate patient counselling. Overall, the lamivudine/zidovudine/abacavir triple combination tablet has assumed an important role in HIV therapy. At present, this combination is most often used for the treatment of antiretroviral naïve patients, or in multidrug regimens in patients with prior antiretroviral experience. ▲