Patient Information

ATRIPLA® Tablets

ALERT: Find out about medicines that should NOT be taken with ATRIPLA.

Please also read the section **"MEDICINES YOU SHOULD NOT TAKE WITH ATRIPLA".**

Generic name: efavirenz, emtricitabine and tenofovir disoproxil fumarate

Read the Patient Information that comes with ATRIPLA before you start taking it and each time you get a refill since there may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or treatment. You should stay under a healthcare provider's care when taking ATRIPLA. **Do not change or stop your medicine without first talking with your healthcare provider.** Talk to your healthcare provider or pharmacist if you have any questions about ATRIPLA.

What is the most important information I should know about ATRIPLA?

If you also have hepatitis B virus (HBV) infection and you stop taking ATRIPLA, you may get a "flare-up" of your hepatitis. A "flare-up" is when the disease suddenly returns in a worse way than before. Patients with HBV who stop taking ATRIPLA need close medical follow-up for several months, including medical exams and blood tests to check for hepatitis that could be getting worse. ATRIPLA is not approved for the treatment of HBV, so you must discuss your HBV therapy with your healthcare provider.

What is ATRIPLA?

ATRIPLA contains 3 medicines, SUSTIVA® or STOCRIN® (efavirenz), EMTRIVA® (emtricitabine), and VIREAD® (tenofovir disoproxil fumarate also called tenofovir DF) combined in one pill. EMTRIVA and VIREAD are HIV-1 (human immunodeficiency virus) nucleoside analogue reverse transcriptase inhibitors (NRTIs) and SUSTIVA or STOCRIN® is an HIV-1 non-nucleoside analogue reverse transcriptase inhibitor (NNRTI). VIREAD and EMTRIVA are the components of TRUVADA®. ATRIPLA can be used alone as a complete regimen, or in combination with other anti-HIV-1 medicines to treat people with HIV-1 infection. ATRIPLA is for adults and children 12 years of age and older who weigh at least 40 kg (at least 88 lbs). ATRIPLA is not recommended for children younger than 12 years of age. ATRIPLA has not been studied in adults over 65 years of age.

HIV infection destroys CD4+ T cells, which are important to the immune system. The immune system helps fight infection. After a large number of T cells are destroyed, acquired immune deficiency syndrome (AIDS) develops.

ATRIPLA helps block HIV-1 reverse transcriptase, a viral chemical in your body (enzyme) that is needed for HIV-1 to multiply. ATRIPLA lowers the amount of HIV-1 in the blood (viral load). ATRIPLA may also help to increase the number of T cells (CD4+ cells), allowing your immune system to improve. Lowering the amount of HIV-1 in the blood lowers the chance of death or infections that happen when your immune system is weak (opportunistic infections).

Does ATRIPLA cure HIV-1 or AIDS?

ATRIPLA does not cure HIV-1 infection or AIDS and you may continue to experience illnesses associated with HIV-1 infection, including opportunistic infections. You should remain under the care of a doctor when using ATRIPLA.

Who should not take ATRIPLA?

Together with your healthcare provider, you need to decide whether ATRIPLA is right for you.

Do not take ATRIPLA if you are allergic to ATRIPLA or any of its ingredients. The active ingredients of ATRIPLA are efavirenz, emtricitabine, and tenofovir DF. See the end of this leaflet for a complete list of ingredients.

What should I tell my healthcare provider before taking ATRIPLA?

Tell your healthcare provider if you:

- **Are pregnant or planning to become pregnant** (see “What should I avoid while taking ATRIPLA?”).
- **Are breastfeeding** (see “What should I avoid while taking ATRIPLA?”).
- **Have kidney problems or are undergoing kidney dialysis treatment.**
- **Have bone problems.**
- **Have liver problems, including hepatitis B virus infection.** Your healthcare provider may want to do tests to check your liver while you take ATRIPLA or may switch you to another medicine.
- **Have ever had mental illness or are using drugs or alcohol.**
- **Have ever had seizures or are taking medicine for seizures.**

What important information should I know about taking other medicines with ATRIPLA?

ATRIPLA may change the effect of other medicines, including the ones for HIV-1, and may cause serious side effects. Your healthcare provider may change your other medicines or change their doses. Other medicines, including herbal products, may affect ATRIPLA. For this reason, **it is very important to** let all your healthcare providers and pharmacists know

what medications, herbal supplements, or vitamins you are taking.

MEDICINES YOU SHOULD NOT TAKE WITH ATRIPLA

- ATRIPLA also should not be used with Combivir (lamivudine/zidovudine), COMPLERA®, DESCOVY®, EMTRIVA, Epivir, Epivir-HBV (lamivudine), Epzicom (abacavir sulphate/lamivudine), GENVOYA®, ODEFSEY®, STRIBILD®, Trizivir (abacavir sulphate/lamivudine/zidovudine), TRUVADA, VEMLIDY®, or VIREAD.
  ATRIPLA also should not be used with SUSTIVA or STOCRIN unless recommended by your healthcare provider.
- Vfend (voriconazole) should not be taken with ATRIPLA since it may lose its effect or may increase the chance of having side effects from ATRIPLA.
- ATRIPLA should not be used with HEPSERA® (adefovir dipivoxil).

It is also important to tell your healthcare provider if you are taking any of the following:

- Fortovase, Invirase (saquinavir), Biaxin (clarithromycin), Noxafil (posaconazole), Sporanox (itraconazole), Victrelis (boceprevir), Olysio (simeprevir), or EPCLUSA (sofosbuvir/velpatasvir); **these medicines may need to be replaced with another medicine when taken with ATRIPLA.**
- Calcium channel blockers such as Cardizem or Tiazac (diltiazem), Covera HS or Isoptin (verapamil) and others; Crixivan (indinavir), Selzentry (maraviroc); the immunosuppressant medicines cyclosporine (Gengraf, Neoral, Sandimmune, and others), Prograf (tacrolimus), or Rapamune (sirolimus); Methadone; Mycobutin (rifabutin); Rifampin; cholesterol-lowering medicines such as Lipitor (atorvastatin), Pravachol (pravastatin sodium), and Zocor (simvastatin); or the anti-depressant medications bupropion (Wellbutrin, Wellbutrin SR, Wellbutrin XL, and Zyban) or Zoloft (sertraline); **dose changes may be needed when**

these drugs are taken with ATRIPLA.

- Videx, Videx EC (didanosine); tenofovir DF (a component of ATRIPLA) may increase the amount of didanosine in your blood, which could result in more side effects. **You may need to be monitored more carefully** if you are taking ATRIPLA and didanosine together. Also, the dose of didanosine may need to be changed.
- Reyataz (atazanavir sulphate), Prezista (darunavir) with Norvir (ritonavir), Kaletra (lopinavir/ritonavir), EPCLUSA® (sofosbuvir/velpatasvir) or HARVONI® (ledipasvir/sofosbuvir); these medicines may increase the amount of tenofovir DF (a component of ATRIPLA) in your blood, which could result in more side effects. EPCLUSA and Reyataz are not recommended with ATRIPLA. **You may need to be monitored more carefully** if you are taking ATRIPLA, Prezista, and Norvir together, or if you are taking ATRIPLA and Kaletra together. The dose of Kaletra should be increased when taken with efavirenz.
- Medicine for seizures [for example, Dilantin (phenytoin), Tegretol (carbamazepine), or phenobarbital]; your healthcare provider may want to switch you to another medicine or check drug levels in your blood from time to time.

These are not all the medicines that may cause problems if you take ATRIPLA. Be sure to tell your healthcare provider about all medicines that you take.

Keep a complete list of all the prescription and non-prescription medicines as well as any herbal remedies that you are taking, how much you take, and how often you take them. Make a new list when medicines or herbal remedies are added or stopped, or if the dose changes. Give copies of this list to all of your healthcare providers and pharmacists **every** time you visit your healthcare provider or fill a prescription. This will give your healthcare provider a complete picture of the medicines you use. Then he or she can decide the best approach for your

situation.

How should I take ATRIPLA?

- Take the exact amount of ATRIPLA your healthcare provider prescribes. Never change the dose on your own. Do not stop this medicine unless your healthcare provider tells you to stop.
- You should take ATRIPLA on an empty stomach.
- Swallow ATRIPLA with water.
- Taking ATRIPLA at bedtime may make some side effects less bothersome.
- Do not miss a dose of ATRIPLA. If you forget to take ATRIPLA, take the missed dose right away, unless it is almost time for your next dose. Do not double the next dose. Carry on with your regular dosing schedule. If you need help in planning the best times to take your medicine, ask your healthcare provider or pharmacist.
- If you believe you took more than the prescribed amount of ATRIPLA, contact your local poison control centre or emergency room right away.
- Tell your healthcare provider if you start any new medicine or change how you take old ones. Your doses may need adjustment.
- When your ATRIPLA supply starts to run low, get more from your healthcare provider or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to ATRIPLA and become harder to treat.
- Your healthcare provider may want to do blood tests to check for certain side effects while you take ATRIPLA.

What should I avoid while taking ATRIPLA?

- **Women should not become pregnant while taking ATRIPLA and for 12 weeks after stopping it.** Serious birth defects have been seen in the babies of animals and women treated with efavirenz (a component of ATRIPLA) during pregnancy. It is not known whether efavirenz caused these defects. **Tell your healthcare provider right away if you are pregnant.** Also talk with your healthcare provider if you want to become pregnant.
- Women should not rely only on hormone-based birth control, such as pills, injections, or implants, because ATRIPLA may make these contraceptives ineffective. Women must use a reliable form of barrier contraception, such as a condom or diaphragm, even if they also use other methods of birth control. Efavirenz, a component of ATRIPLA, may remain in your blood for a time after therapy is stopped. Therefore, you should continue to use contraceptive measures for 12 weeks after you stop taking ATRIPLA.
- **Do not breastfeed if you are taking ATRIPLA.** Some of the medicines in ATRIPLA can be passed to your baby in your breast milk. We do not know whether it could harm your baby. Also, mothers with HIV-1 should not breastfeed because HIV-1 can be passed to the baby in the breast milk. Talk with your healthcare provider if you are breastfeeding. You should stop breastfeeding or may need to use a different medicine.
- Taking ATRIPLA with alcohol or other medicines causing similar side effects as ATRIPLA, such as drowsiness, may increase those side effects.
- Do not take any other medicines, including prescription and non-prescription medicines and herbal products, without checking with your healthcare provider.
- Avoid doing things that can spread HIV-1 to others.
    - **Do not share needles or other injection equipment.**
    - **Do not share personal items that can have blood or body fluids on them, like toothbrushes and razor blades.**
    - **Do not have any kind of sex without protection.** Always practice safe sex by using a latex or polyurethane condom to lower the chance of sexual contact with

semen, vaginal secretions, or blood.

What are the possible side effects of ATRIPLA?

ATRIPLA may cause the following serious side effects:

- **"Flare-ups" of hepatitis B virus (HBV) infection,** in which the disease suddenly returns in a worse way than before, can occur if you have HBV and you stop taking ATRIPLA. Your healthcare provider will monitor your condition for several months after stopping ATRIPLA if you have both HIV-1 and HBV infection and may recommend treatment for your HBV. ATRIPLA is not approved for the treatment of hepatitis B virus infection. If you have advanced liver disease and stop treatment with ATRIPLA, the "flare-up" of hepatitis B may cause your liver function to decline.(See **"What is the most important information I should know about ATRIPLA?"**)
- **Too much lactic acid in your blood (lactic acidosis).** Too much lactic acid is a serious but rare medical emergency that can lead to death. Tell your healthcare provider right away if you get these symptoms: weakness or being more tired than usual, unusual muscle pain, being short of breath or fast breathing, stomach pain with nausea and vomiting, cold or blue hands and feet, feel dizzy or lightheaded, or a fast or abnormal heartbeat.
- **Severe liver problems.** In rare cases, severe liver problems can happen that can lead to death. Tell your healthcare provider right away if you get these symptoms: skin or the white part of your eyes turns yellow, dark "tea-coloured" urine, light-coloured stools, loss of appetite for several days or longer, nausea, or stomach-area pain.
- **Serious psychiatric problems.** A small number of patients may experience severe depression, strange thoughts, or angry behaviour while taking ATRIPLA. Some patients have thoughts of suicide and a few have actually committed suicide. These problems may

occur more often in patients who have had mental illness. Contact your healthcare provider right away if you think you are having these psychiatric symptoms, so your healthcare provider can decide if you should continue to take ATRIPLA.

- **Kidney problems** (including decline or failure of kidney function). If you have had kidney problems in the past or take other medicines that can cause kidney problems, your healthcare provider should do regular blood tests to check your kidneys. Symptoms that may be related to kidney problems include a high volume of urine, thirst, muscle pain, and muscle weakness.
- **Serious liver problems.** Some patients have experienced serious liver problems including liver failure resulting in transplantation or death. Most of these serious side effects occurred in patients with a chronic liver disease such as hepatitis infection, but there have also been a few reports in patients without any existing liver disease.
- **Changes in bone mineral density (thinning bones).** Laboratory tests show changes in the bones of patients treated with tenofovir DF, a component of ATRIPLA. Some HIV patients treated with tenofovir DF developed thinning of the bones (osteopenia) which could lead to fractures. If you have had bone problems in the past, your healthcare provider may need to do tests to check your bone mineral density or may prescribe medicines to help your bone mineral density. Additionally, bone pain and softening of the bone (which may contribute to fractures) may occur as a consequence of kidney problems.

Common side effects

Patients may have dizziness, headache, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams during treatment with ATRIPLA. These side effects may be reduced if you take ATRIPLA at bedtime on an empty stomach. They also tend to go away after you have taken the medicine for a few weeks. If you have these common side effects, such as dizziness,

it does not mean that you will also have serious psychiatric problems, such as severe depression, strange thoughts, or angry behaviour. Tell your healthcare provider right away if any of these side effects continue or if they bother you. It is possible that these symptoms may be more severe if ATRIPLA is used with alcohol or mood altering (street) drugs.

If you are dizzy, have trouble concentrating, or are drowsy, avoid activities that may be dangerous, such as driving or operating machinery.

Rash may be common. Rashes usually go away without any change in treatment. In a small number of patients, rash may be serious. If you develop a rash, call your healthcare provider right away. **Rash may be a serious problem in some children.** Tell your child's healthcare provider right away if you notice rash or any other side effects while your child is taking ATRIPLA.

Other common side effects include tiredness, upset stomach, vomiting, gas, and diarrhoea.

Other possible side effects with ATRIPLA

- Changes in body fat. Changes in body fat develop in some patients taking anti HIV-1 medicine. These changes may include an increased amount of fat in the upper back and neck ("buffalo hump"), in the breasts, and around the trunk. Loss of fat from the legs, arms, and face may also happen. The cause and long-term health effects of these fat changes are not known.
- Skin discolouration (small spots or freckles) may also happen with ATRIPLA.
- In some patients with advanced HIV infection (AIDS), signs and symptoms of inflammation from previous infections may occur soon after anti-HIV treatment is started. It is believed

that these symptoms are due to an improvement in the body's immune response, enabling the body to fight infections that may have been present with no obvious symptoms. If you notice any symptoms of infection, please inform your doctor immediately.

- Additional side effects are inflammation of the pancreas, allergic reaction (including swelling of the face, lips, tongue, or throat), shortness of breath, pain, stomach pain, weakness and indigestion.

Tell your healthcare provider or pharmacist if you notice any side effects while taking ATRIPLA.

Contact your healthcare provider before stopping ATRIPLA because of side effects or for any other reason.

This is not a complete list of side effects possible with ATRIPLA. Ask your healthcare provider or pharmacist for a more complete list of side effects of ATRIPLA and all the medicines you will take.

How do I store ATRIPLA?

- **Keep ATRIPLA and all other medicines out of the sight and reach of children.**
- Store ATRIPLA at or below 30 °C.
- Keep ATRIPLA in its original container and keep the container tightly closed.
- Do not keep medicine that is out of date or that you no longer need. If you throw any medicines away make sure that children will not find them.

General information about ATRIPLA

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use ATRIPLA for a condition for which it was not prescribed. Do not give ATRIPLA to other people, even if they have the same symptoms you have. It may harm them.

This leaflet summarizes the most important information about ATRIPLA. If you would like more information, talk with your healthcare provider. You can ask your healthcare provider or pharmacist for information about ATRIPLA that is written for health professionals.

Do not use ATRIPLA if the seal over bottle opening is broken or missing.

What are the ingredients of ATRIPLA?

Active Ingredients: efavirenz, emtricitabine, and tenofovir disoproxil fumarate.
Inactive Ingredients: croscarmellose sodium, hydroxypropyl cellulose, microcrystalline cellulose, magnesium stearate, and sodium lauryl sulphate. The film coating contains polyethylene glycol, polyvinyl alcohol, talc, and titanium dioxide.

Marketing Authorisation Holder

For Burkina Faso, Cameroon, Central African Republic, Chad, Republic of Congo, Democratic Republic of Congo, Cote d'Ivoire, Gabon, Guinea, Senegal and Togo:
Gilead Sciences Inc.
650 Cliffside Drive
San Dimas, California 91773 USA

For Botswana, Ethiopia, Ghana, Kenya, Malawi, Namibia, Nigeria, Tanzania, Uganda, Zambia

and Zimbabwe:

MSD (Pty) Ltd, 117 16th Road, Halfway House 1685, South Africa

Manufactured by

Patheon, Inc., Mississauga, L5N 7K9 Canada

Released by

Merck Sharp & Dohme B.V, Haarlem - The Netherlands

Marketing Authorisation number(s)

COUNTRY	
BOTSWANA	BOT0701024
ETHIOPIA	04034/06789/REN/2018
KENYA	H2008/18314/654
MALAWI	PMPB/PL28/28
NAMIBIA	10/20.2.8/0108
NIGERIA (NAFDAC Reg No.)	A4-0923
TANZANIA	TAN07, 204 J05A MSD
UGANDA	6137/06/08
ZAMBIA	105/007
ZIMBABWE	TBA

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NAMIBIA SCHEDULING: NS2
ZIMBABWE SCHEDULING: TBA

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BOTSWANA	22/10/2007
ETHIOPIA	22/03/2007
KENYA	07/04/2009
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NAMIBIA	21/01/2010
NIGERIA	31/10/2007
TANZANIA	10/05/2007
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