Abacavir, Lamivudine, and Zidovudine
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Brand Names: U.S. Trizivir®
Index Terms 3TC, Abacavir, and Zidovudine; Azidothymidine, Abacavir, and Lamivudine; AZT, Abacavir, and Lamivudine; Compound S, Abacavir, and Lamivudine; Lamivudine, Abacavir, and Zidovudine; ZDV, Abacavir, and Lamivudine; Zidovudine, Abacavir, and Lamivudine
Pharmacologic Category Antiretroviral Agent, Reverse Transcriptase Inhibitor (Nucleoside)
Medication Guide Available Yes
Pregnancy Risk Factor C
Lactation See individual agents.
Use Treatment of HIV infection (either alone or in combination with other antiretroviral agents) in patients whose regimen would otherwise contain the components of Trizivir®
Available Dosage Forms Tablet, oral:
Trizivir®: Abacavir 300 mg, lamivudine 150 mg, and zidovudine 300 mg
General Dosage Range Oral: Adolescents ≥40 kg and Adults: 1 tablet twice daily
Administration Oral Administer without regard to food.
Nursing Actions Physical Assessment See individual agents.
Patient Education See individual agents.
Related Information Abacavir on page 18 Lamivudine on page 664 Zidovudine on page 1197

Abatacept (ab a TA sept)

Brand Names: U.S. Orencia®
Index Terms BMS-188667; CTLA-4Ig
Pharmacologic Category Antirheumatic, Disease Modifying; Selective T-Cell Costimulation Blocker
Medication Safety Issues Sound-alike/look-alike issues: Orencia® may be confused with Oracea®
Pregnancy Risk Factor C
Lactation Excretion in breast milk unknown/not recommended
Breast-Feeding Considerations Due to the potential for adverse reactions and possible effects on the developing immune system, breast-feeding is not recommended.
Use Treatment of moderately- to severely-active adult rheumatoid arthritis (RA); may be used as monotherapy or in combination with other DMARDs
Note: Abatacept should not be used in combination with anakinra or TNF-blocking agents
Mechanism of Action/Effect Prevents activation of T cells
Contraindications There are no contraindications listed within the FDA-approved labeling.
Warnings/Precautions Serious and potentially fatal infections (including tuberculosis and sepsis) have been reported, particularly in patients receiving concomitant immunosuppressive therapy. RA patients receiving a concomitant TNF antagonist experienced an even higher rate of serious infection. Caution should be exercised when considering the use of abatacept in any patient with a history of recurrent infections, with conditions that predispose them to infections, or with chronic, latent, or localized infections. Patients who develop a new infection while undergoing treatment should be monitored closely. If a patient develops a serious infection, abatacept should be discontinued. Screen patients for latent tuberculosis infection prior to initiating abatacept; safety in tuberculosis-positive patients has not been established. Treat patients testing positive according to standard therapy prior to initiating abatacept. Adult patients receiving abatacept in combination with TNF-blocking agents had higher rates of infections (including serious infections) than patients on TNF-blocking agents alone. The manufacturer does not recommend concurrent use with anakinra or TNF-blocking agents. Monitor for signs and symptoms of infection when transitioning from TNF-blocking agents to abatacept. Due to the effect of T-cell inhibition on host defenses, abatacept may affect immune responses against infections and malignancies; impact on the development and course of malignancies is not fully defined.

Use caution with chronic obstructive pulmonary disease (COPD), higher incidences of adverse effects (COPD exacerbation, cough, rhonchi, dyspnea) have been observed; monitor closely. Rare cases of hypersensitivity, anaphylaxis, or anaphylactoid reactions have been reported; medications for the treatment of hypersensitivity reactions should be available for immediate use. Patients should be screened for viral hepatitis prior to use; antirheumatic therapy may cause reactivation of hepatitis B. Patients should be brought up to date with all immunizations before initiating therapy. Live vaccines should not be given concurrently or within 3 months of discontinuation of therapy; there is no data available concerning secondary transmission of live vaccines in patients receiving therapy. Powder for injection may contain maltose, which may result in falsely-elevated serum glucose readings on the day of infusion. Higher incidences of infection and malignancy were observed in the elderly; use with caution.