PACKAGE LEAFLET: INFORMATION FOR THE USER

TRIOMUNE JUNIOR*

Lamivudine 60mg/Nevirapine 100mg/Stavudine 12 mg Dispersible Tablets

Read all of this leaflet carefully before your child starts taking this medicine.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask the prescribing doctor, health care provider or pharmacist.

This medicine has been prescribed for your child. Do not pass it on to others. It may harm them, even if their symptoms are the same as those of your child.

In this leaflet:

1. WHAT TRIOMUNE JUNIOR IS AND WHAT IT IS USED FOR

TRIOMUNE JUNIOR contains lamivudine, nevirapine and stavudine. These medicines are antiviral medicines, also known as antiretrovirals, belonging to the following two groups: nucleoside analogue (NRTIs, lamivudine and stavudine) and non-nucleoside reverse transcriptase inhibitors (NNRTIs, nevirapine). These are used to treat Human Immunodeficiency Virus (HIV) infection.

TRIOMUNE JUNIOR is used as antiretroviral combination therapy for the treatment of HIV infection. The three medicines contained in TRIOMUNE JUNIOR can be used separately with other medicines for combination treatment of HIV infection or can be used together. The dose of each active ingredient in TRIOMUNE JUNIOR is the same as that recommended for the medicines when used separately. Treatment with TRIOMUNE JUNIOR will only be instituted by the doctor or health care provider, when your child has been shown to be stable on the three individual compounds. TRIOMUNE JUNIOR reduces the amount of HIV in the body, and keeps it at a low level. It also increases CD4 cell counts. CD4 cells are a type of white blood cells that plays an important role in maintaining a healthy immune system to help fight infection. Response to treatment with TRIOMUNE JUNIOR varies between patients. Your child's doctor or health care provider will be monitoring the effectiveness of the treatment.

TRIOMUNE JUNIOR may improve your child's condition, but it is not a cure for the HIV infection. HIV infection is a disease spread by contact with blood or sexual contact with an infected individual. Treatment with TRIOMUNE JUNIOR has not been shown to reduce the risk of passing HIV infection on to others by sexual contact or by blood transfer. Therefore, you/your child must continue to take appropriate precautions to avoid giving the virus to others.

This product is intended for use in children. Safety information on use in adults is also provided.

* Trade names are not prequalified by WHO. This is under local DRA responsibility. Throughout this WHOPAR the proprietary name is given as an example only.

BEFORE ONE TAKES TRIOMUNE JUNIOR

Your child should not be given TRIOMUNE JUNIOR:
- if he/she is hypersensitive (allergic) to lamivudine, nevirapine, stavudine or any of the other ingredients of TRIOMUNE JUNIOR (see section 6, What TRIOMUNE JUNIOR contains),
- if he/she has permanent liver disease or marked changes in liver function,
- if he/she previously experienced liver inflammation, severe skin rash or liver injury while on treatment with nevirapine-containing products,
- Patients taking TRIOMUNE JUNIOR must not take products containing rifampicin or a herbal remedy called St. John's wort *(Hypericum perforatum*) as this may stop TRIOMUNE JUNIOR from working properly.

Take special care with TRIOMUNE JUNIOR:

Before using TRIOMUNE JUNIOR, you should have told the doctor or health care provider:
- if your child has ever had or still has a liver disease (such as hepatitis),
- if your child is suffering from or has ever suffered from kidney disease,
- if your child has or has had persistent tingling or numbness or pain in the feet and/or hands (peripheral neuropathy),
- if your child has ever suffered from inflammation of the pancreas,
- if your child has diabetes.

It is important that your doctor or health care provider knows about all your child's symptoms even when you think they are not related to HIV infection. The doctor or health care provider may decide to prescribe lamivudine, nevirapine and/or stavudine as separate medicines instead of TRIOMUNE JUNIOR.

Liver disease:
During the first 10 to 12 weeks of treatment with TRIOMUNE JUNIOR the doctor or health care provider will closely monitor your child for the occurrence of severe and life-threatening skin reactions and serious hepatic injuries.

As TRIOMUNE JUNIOR may cause changes in liver function, the doctor will monitor the function of your child's liver by blood tests before and at regular intervals during treatment with TRIOMUNE JUNIOR. Patients with chronic hepatitis B or C and treated with antiretroviral agents are at increased risk for severe and potentially fatal liver adverse events and may require additional blood tests for control of liver function.

Your child is at higher risk of severe and potentially fatal liver damage:
- if he/she already has raised liver function tests,
- if he/she has Hepatits B or C co-infection,
- if the child is female,

If any of these risk factors applies to your child, the doctor or health care provider will monitor your child more closely.

- if your child's CD4 cell counts are higher at the start of treatment with any nevirapine-containing product.

Therapy with any nevirapine-containing product should not be started in women with CD4 cell counts greater than 250cells/mm^3 or in men with CD4 cell counts greater than 400 cells/mm^3, unless the benefit outweighs the risk.

If your child develops clinical symptoms suggesting an injury of the liver, such as loss of appetite, nausea, jaundice (yellowing of the skin and eye white), dark urine, discoloured stools, pain and tenderness in the upper right abdomen, you should stop giving TRIOMUNE JUNIOR to him/her immediately and must contact the doctor or health care provider immediately.

If your child has a chronic hepatitis B infection, you should not stop his/her treatment without instructions from the doctor or health care provider, as your child's hepatitis may recur. This recurrence may be more severe if your child has serious liver disease.

Skin reactions
TRIOMUNE JUNIOR may cause skin reactions and allergic reactions, which in the worst case can be serious and life-threatening. Fatalities have been reported. Such reactions may appear in form of rash accompanied by other side effects such as fever, blistering, mouth sores, eye inflammation, facial swelling, general swelling, muscle or joint aches, a reduction in white blood cells (granulocytopenia), general feelings of illness or severe problems with liver or kidneys.

If your child experiences a severe rash or any rash associated with other side effects of a hypersensitivity reaction, you should stop giving TRIOMUNE JUNIOR right away and and must contact his/her doctor immediately.

If your child develops severe liver, skin or allergic reactions while taking TRIOMUNE JUNIOR, he/she should never take TRIOMUNE JUNIOR or any other nevirapine-containing product again without asking the doctor or health care provider.

Lactic acidosis:
Females, particularly if very overweight, and patients with liver disease may be more at risk of getting a rare, but serious side effect called lactic acidosis, a build up of lactic acid in the body. If lactic acidosis occurs, it usually develops after a few months of treatment. Deep rapid breathing, drowsiness, and non specific symptoms such as nausea, vomiting and stomach pain, might indicate the development of this condition (see section 3). While your child is being treated with TRIOMUNE JUNIOR the doctor or health care provider will monitor him/her for any signs that he/she may be developing lactic acidosis.

Immune reactivation syndrome:
In some patients with advanced HIV infection (AIDS) and a history of opportunistic infection, 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 in your child, inform the doctor or health care provider immediately.

Peripheral neuropathy:
If your child develops numbness, tingling, or pain in the feet or hands, contact the doctor or health care provider.

Bone problems:
Some patients taking combination antiretroviral therapy may develop a bone disease called osteonecrosis (death of bone tissue). The risk of developing this disease may be higher, e.g. when the immune system is severely compromised or when drinking alcohol regularly.
If your child notices joint stiffness, aches and pains (especially of the hip, knee and shoulder) and difficulty in movement, inform the doctor or health care provider.

Your child will need to take TRIOMUNE JUNIOR every day. This medicine helps to control his/her condition, but it is not a cure for HIV infection. Your child may continue to develop other infections and other illnesses associated with HIV disease (e.g. opportunistic infections). These will require specific and sometimes preventive treatment. You should keep in regular contact with the doctor or health care provider. Do not stop giving the medicine to your child without first talking to the doctor or health care provider.

Taking other medicines

Please tell the doctor, health care provider or pharmacist if your child is taking or has recently taken any other medicines, including medicines obtained without a prescription. These may affect the action of TRIOMUNE JUNIOR, or TRIOMUNE JUNIOR may affect their action.

TRIOMUNE JUNIOR must not be taken with rifampicin.
TRIOMUNE JUNIOR must not be taken with herbal preparations containing St. John's Wort.

TRIOMUNE JUNIOR should not be taken with the following agents:
- zidovudine, emtricitabine, didanosine, efavirenz, several protease inhibitors (e.g. tipranavir/rtv, atazanavir/rtv, fosamprenavir, indinavir), ribavirin (antiviral agents),
- ketoconazole, itraconazole (antifungals).

TRIOMUNE JUNIOR may also interact with the following medicines and may make any side effects worse or may impact on the either agent's efficacy:
- oral contraceptives ("the pill"). Therefore, one should employ an alternative contraceptive method such as barrier contraception (e.g. condoms), while taking TRIOMUNE JUNIOR.
- fluconazole (antifungal medicine),
- clarithromycin, rifabutin (antibiotics),
- artemisinines, amodiaquine/artesunate, quinine, lumefantrine, halofantrine, atovaquone (antimalarials),
- phenytoin, valproic acid (anticonvulsants),
- warfarin (medicine for prophylaxis of blot clots),
- doxorubicin (anti-cancer medicine).

Taking TRIOMUNE JUNIOR with food and drink

TRIOMUNE JUNIOR may be taken with or without food.

Pregnancy and breast-feeding

If one becomes pregnant, or is planning to become pregnant, the doctor or health care provider must be contacted to discuss the potential benefits and risks of the antiretroviral therapy to her and her child.
If one has taken TRIOMUNE JUNIOR during the pregnancy, the doctor or health care provider may request regular visits to monitor the development of the child. Such visits may include blood tests and other diagnostic tests.
In children whose mothers took nucleoside and nucleotide analogues during pregnancy, the benefit of the reduced risk of being infected with HIV is greater than the risk of suffering from side effects.

Since lamivudine, nevirapine and probably also stavudine, as well as the virus (HIV), pass into breast milk it is recommended that HIV infected women taking TRIOMUNE JUNIOR do not breast-feed their infants under any circumstances in order to avoid transmission of HIV.

Driving and using machines

TRIOMUNE JUNIOR may cause side effects such as drowsiness or headache, that can impair one's ability to drive and to use machines.

HOW TO TAKE TRIOMUNE JUNIOR

TRIOMUNE JUNIOR should always be taken exactly as described by the doctor or health care provider. You should check with the prescribing doctor, health care provider or pharmacist if you are not sure.
The dose of TRIOMUNE JUNIOR is decided on the basis of your child's body weight.

The number of tablets by weight band to be taken twice daily (approximately 12 hours apart) is detailed in the table below.

Child's weight	Number of tablets	
	morning	evening
10 kg to less than 14 kg	1	1
14 kg to less than 20 kg	1.5	1
20 kg to less than 25 kg	1.5	1.5

In children weighing 20 kg or more, alternatively the daily dose can be given as 2 tablets in the morning and 1 tablet in the evening.

For children weighing less than 10 kg other products with lower amounts of the active substances are available.

For children weighing 25 kg or more, adolescents and adults other products with higher amounts of the active substances are available. Please see the patient information leaflets of the respective products.

Method of administration
TRIOMUNE JUNIOR is a dispersible tablet and should be taken by mouth.
Children, who can reliably swallow, should swallow the tablet.
For very young children who cannot swallow the tablet whole,

1. Disperse each tablet in 2 teaspoons (10 ml) of drinking water.
2. Carefully shake remaining soft mass, if any and let the child drink the entire dispersion immediately.

The tablets can be taken with or without food.

Dose adjustments:
If one's dose of TRIOMUNE JUNIOR needs to be reduced, for example if one has kidney problems, or stopping of therapy with one of the active substances of TRIOMUNE JUNIOR is necessary, then the medicine may be changed to separate preparations of lamivudine, nevirapine and stavudine.

If one takes more TRIOMUNE JUNIOR than one should

If your child has taken too many tablets or if someone accidentally swallows some, there is no immediate danger. However, you should contact the doctor, health care provider or the nearest hospital emergency department for further advice.

If one forgets to take TRIOMUNE JUNIOR

If you accidentally miss to give a dose and notice within 6 hours give the missed dose as soon as possible. Give the next regular dose as scheduled. If you notice later, then simply give the normal dose to your child when the next one is due. Do not give a double dose to make up for forgotten individual doses.

If one stops taking TRIOMUNE JUNIOR

Because this medicine controls and does not cure your child's condition, your child will normally need to take it continuously. You should not stop treatment unless the doctor or health care provider tells you to.

If you have any further questions on the use of this product, ask the prescribing doctor, health care provider or pharmacist.

4. POSSIBLE SIDE EFFECTS

Like all medicines, TRIOMUNE JUNIOR can cause side effects, although not everybody gets them. When treating HIV infection, it is not always possible to differentiate between unwanted effects caused by TRIOMUNE JUNIOR, and those caused by any other medicines your child may be taking at the same time, and by the HIV disease. For this reason, it is important that you inform the doctor or health care provider of any change in your child's health.

The following list of side effects in mainly based on data from adult patients.
Short-term adverse reactions to combination antiretroviral therapy are common. After one starts taking TRIOMUNE JUNIOR headache, nausea and vomiting, abdominal pain, diarrhoea and fatigue may occur. These reactions are usually mild and disappear within a few weeks even if treatment is continued.

The major side effects of TRIOMUNE JUNIOR are severe and life-threatening cutaneous reactions and serious hepatic injuries. These occur mainly in the first 10 to 12 weeks of treatment with TRIOMUNE JUNIOR. This is therefore an important period which requires close surveillance (see "Take special care with TRIOMUNE JUNIOR").

The *most commonly* reported side effects (greater than 1 in 10 patients treated) are headache and nausea.

Other *common* side effects (greater than 1 in every 100 patients treated) are fatigue, vomiting, stomach pain, dyspepsia, diarrhoea, fever, rash (red, raised or itchy), increased blood concentrations of fats and lactic acid, of certain liver and pancreatic enzymes, tingling in the limbs, joint pain, muscle pain and other muscle disorders, general aches and pains, dizziness, drowsiness, difficulty sleeping, depression, abnormal thinking, hair loss, anaemia (low red blood cell count), and neutropenia (low white blood cell count). If the number of red blood cells is reduced one may have symptoms of tiredness or breathlessness, and a reduction in the white blood cell count can make one more prone to infections.

Changes in body shape due to changes in fat distribution have been reported commonly. These may include loss of fat from legs, arms and face, increased fat in the belly (abdomen) and other internal organs, breast enlargement and fatty lumps on the back of the neck ('buffalo hump'). The cause and long-term health effects of these conditions are not known at this time (see "Take special care with TRIOMUNE JUNIOR").

The following side effects are *uncommon* (between 1 in 1,000 and 1 in 100 patients treated): loss of appetite, flatulence, inflammation of the pancreas, inflammation of the liver (hepatitis), yellowing of the skin, urticaria, cough, feeling anxious, emotional lability, general weakness, and decrease of platelets (blood cells important for blood clotting). If your child has a low platelet count you may notice that he/she bruises more easily.

Also, a build up of lactic acid in the body, known as lactic acidosis, possibly involving fatty liver, liver failure and/or motor weakness (see " Before one takes TRIOMUNE JUNIOR") has been reported uncommonly.

There are *rare* reports (between 1 in 10,000 and 1 in 1000 patients treated) of breakdown of muscle tissue and breast enlargement in male patients.

Very rarely (in less than 1 in 10,000 patients treated) a blood disorder called pure red cell aplasia has been reported.

Frequency *not known*:

Combination antiretroviral therapy may also cause raised sugar in the blood, and resistance to insulin and diabetes (see "Before one takes TRIOMUNE JUNIOR").

In some patients with advanced HIV infection (AIDS) and a history of opportunistic infection, signs and symptoms of inflammation from previous infections may occur soon after anti-HIV treatment is started (see "Take special care with TRIOMUNE JUNIOR").

Some patients taking combination antiretroviral therapy may develop a bone disease called osteonecrosis (the death of bone tissue caused by loss of blood supply to the bone). Signs of osteonecrosis are joint stiffness, aches and pains (especially of the hip, knee and shoulder) and difficulty in moving (see "Take special care with TRIOMUNE JUNIOR").

If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell the prescribing doctor, health care provider or pharmacist as soon as possible.

5. HOW TO STORE TRIOMUNE JUNIOR

Keep out of the reach and sight of children.

Do not store above 30°C. Store in the original container.

Do not use TRIOMUNE JUNIOR after the expiry date which is stated on the label of the bottle after {exp}. The expiry date refers to the last day of that month.

Do not use TRIOMUNE JUNIOR if you notice any visible sign of deterioration.

Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

6. FURTHER INFORMATION

What TRIOMUNE JUNIOR contains

- The active ingredients are lamivudine, stavudine and nevirapine.
- The other ingredients are: Colloidal silicon dioxide, Colour FD&C Blue #1 (Brilliant Blue FCF, soluble), corn starch, low-substituted hydroxypropyl cellulose, magnesium stearate, mannitol, microcrystalline cellulose, sodium starch glycolate and talc.

What TRIOMUNE JUNIOR looks like and contents of the pack

TRIOMUNE JUNIOR are capsule shaped, biconvex, uncoated, bilayered dispersible tablet with one layer blue coloured and the other layer white having a central break-line on one side and 'J' debossed on the other side.

The tablets can be divided into equal halves.

Round, white opaque, induction-sealed 65ml HDPE bottle fitted with 45mm polypropylene screw cap or 85cc HDPE bottles fitted with polypropylene child-resistant closures or screw caps. Pack size: 60 tablets.

Supplier and Manufacturer

Supplier	**Manufacturer**
Cipla Limited Mumbai Central Mumbai 400 008, India Phone: +91 22 23082891, 23095521 Fax: 9122-23070013, 23070939	M/s Cipla Ltd. Unit IV, III, VII Plot No: L-139 to L-146 & L147 - L147-1 Verna Industrial Estate, Goa - 403722 India

For any information about this medicinal product, please contact the supplier.

This leaflet was last approved in

September 2010. Section 6 updated in May 2011.

Detailed information on this medicine is available on the World Health Organization (WHO) web site: http://www.who.int/prequal .