

## [Abacavir + lamivudine](#)

Essential medicine status

Section:

[6. Anti-infective medicines](#) [6.4. Antiviral medicines](#) [6.4.2. Antiretrovirals](#) [6.4.2.5. Fixed-dose combinations of antiretrovirals](#)

ATC codes: [J05AR02](#)

EMLc

Indication

Human immunodeficiency virus disease without mention of associated disease or condition, clinical stage unspecified

ICD11 code: [1C62.Z](#)

INN

Abacavir + lamivudine

Medicine type

Chemical agent

List type

Core

Formulations

**Oral > Solid:** 120 mg (as sulfate) + 60 mg tablet (dispersible, scored)

EML status history

First added in 2015 ([TRS 994](#))

Changed in 2017 ([TRS 1006](#))

Changed in 2019 ([TRS 1021](#))

Sex

All

Age

Also recommended for children

Therapeutic alternatives

The recommendation is for this specific medicine

Patent information

Main patent is active in several jurisdictions. For more information on specific patents and license status for developing countries visit [www.MedsPal.org](http://www.MedsPal.org)

Read more [about patents](#).

Wikipedia

[Abacavir + lamivudine](#)

DrugBank

[Abacavir](#),

[Lamivudine](#)

Summary of evidence and Expert Committee recommendations

The Committee recommended deletion of abacavir + lamivudine 60 mg + 30 mg dispersible scored tablet from the EML and EMLc, noting that this formulation is no longer included in the current WHO guidelines for paediatric HIV treatment, and that suitable alternatives are already included on the Model Lists and available for use. Abacavir + lamivudine 120 mg + 60 mg scored dispersible tablets remain included on the Model Lists. Recommendations were made by the WHO HIV Department to delete the antiretroviral formulations from the EML and EMLc in order to achieve alignment between the 2018 WHO interim guidelines for antiretroviral regimens (1), and The 2018 optimal formulary and limited-use list for paediatric ARVs (2). Abacavir + lamivudine (ABC/3TC) 60 mg + 30 mg dispersible scored tablet was removed from the latest optimal formulary. It has been replaced with ABC/3TC 120 mg + 60 mg dispersible scored tablet to minimize market fragmentation while decreasing pill burden for older children. The double strength formulation was included on the EML and EMLc in 2017. References: 1. Updated recommendations on first-line and second-line antiretroviral regimens and post-exposure prophylaxis and recommendations on early infant diagnosis of HIV: interim guidelines, supplement to the 2016 consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. World Health Organization, Geneva. December, 2018. Available from <https://apps.who.int/iris/bitstream/handle/10665/277395/WHO-CDS-HIV-18.51-eng.pdf?ua=1>, accessed 26 September 2019. 2. The 2018 optimal formulary and limited-use list for paediatric ARVs. Geneva, Switzerland: World Health Organization; 2018. Available from <http://apps.who.int/iris/bitstream/handle/10665/273153/WHO-CDS-HIV-18.15-eng.pdf?ua=1>, accessed 26 September 2019.