



HIV s100 Prescribers' Information Sheet

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Prescriber renewals for 2007

Enclosed are your renewal forms. Please take time now to renew your rights for next year. If you need to make up ten points just add any CME activities you have done *or commit to do before 31 March next year*. Ensure you fill in the last section about your links with HIV specialist units in public hospital, check your contact information is correct and sign your name. Also, fill in the survey as the information about your practice is very helpful.

Short Course by distance learning early 2007 *2 CME points per module*

The ASHM/Alfred Hepatitis C and HIV GP Education Program has adapted and successfully trialed the Short Course in HIV Medicine for distance learning and is planning to run another in the new year. Participants receive course materials in advance and interact with specialist facilitators via teleconference.

The last course was run on a Wednesday evening once or twice a month but timing and frequency is influenced by participants' availability. If you'd like to update from the comfort of your home or office, this method is ideal. To register your interest, please email primarycare@ashm.org.au

Mentoring start now! *1 CME point per hour*

The mentoring pilot has been running since August. Surveys returned indicate that many mentoring relationships exist but are yet to be registered with ASHM. The time spent consulting - face-to-face, by phone or email - is cumulative and every 60 minutes earns 1 CME point. Paperwork is minimal!

If you'd like to be mentored or you'd like to mentor a new prescriber or existing low caseload prescriber please contact primarycare@ashm.org.au. A summary document is enclosed for your information.

Case Discussion Evening February 2007 *2 CME points*

The next case discussion evening in February will be on *Substance Use in the Community* - a night no prescriber should miss. Watch this space for further details or visit www.ashm.org.au/courses

Clinical placements *2 CME points*

Many prescribers in GP settings, particularly those from regional areas, find that a clinical placement with a Sydney-based specialist is an efficient way to update. ASHM can arrange a suitable placement, organise your travel and accommodation, plus cover the cost of a locum for r prescribers.

ASHM can organise all the aspects of your placement, including travel, accommodation and the cost of a locum for rural, regional and remote prescribers. To register your interest, contact primarycare@ashm.org.au

Scholarship to ACCRM in Adelaide

One full scholarship is available for a regional prescriber to attend the ACCRM scientific forum in Adelaide from **16-19 November 2006**. Email primarycare@ashm.org.au if you're interested a.s.a.p.

New drugs added to SAS

Special Access Schemes are now open for two new antiretroviral drugs. They are: MK-0518, an integrase inhibitor; and etravirine (TMC125), a non-nucleoside reverse transcriptase inhibitor. Both drugs are currently in Phase III clinical trials.

To be eligible for the SAS for MK-0518 patients must be over 18 and unable to construct a viable alternative combination using currently licensed antiretroviral therapies due to virological failure, toxicity, or intolerance. They must have a CD4 count of <200. Places in this SAS program are initially limited: prescribers are requested to be aware of this, and ensure that only those patients in most need, as per the full inclusion criteria, are registered.

For the full eligibility criteria or to register patients, please contact: Dr. Deepak Gaur at Merck Sharp & Dohme (Australia) Pty Ltd on (02) 9795 9087 or 0414 795 686

To be eligible for the SAS for etravirine (TMC125) patients must be over 18 and unable to construct a viable alternative combination using currently licensed antiretroviral therapies due to virological failure, toxicity or intolerance. In addition, patients must have previous experience of drugs from three classes of the currently available oral antiretroviral therapies. Patients with primary NNRTI resistance can be included if they are experienced with at least 2 other classes of ARVs (PIs, NRTIs, NtRTIs), and meet all other indications.

For the full eligibility criteria or to register patients, please contact: Danae Brown at Tibotec, a division of Janssen-Cilag Australia on (02) 8875 3338 or 0406 754 581

Co-administration of etravirine and MK-0518 will not be permitted until additional drug interaction data are available. You will be notified of any change to this restriction.

300mg atazanavir capsule

On October 16, 2006, the US Food and Drug Administration approved a new 300 mg capsule form of Reyataz (atazanavir). The new 300 mg capsules give treatment-experienced patients the option to take either one 300 mg capsule, or two 150 mg capsules of Reyataz, once daily plus ritonavir 100 mg once daily, with food. The recommended dose for treatment-naïve patients remains unchanged and is two 200mg capsules once daily with food.

New Kaletra formulation

A new, more convenient version of the protease inhibitor Kaletra (lopinavir/ritonavir) has been available for s100 prescription on the PBS since the 1 August 2006. The strength differs from the previous formulation, being 200mg lopinavir and 50mg ritonavir. The new formulation comes in tablet form, requires no refrigeration and reduces the number of pills taken per day from six to four. The older formulation is being phased out and many s100 pharmacies will no longer have supplies. Kaletra paediatric solution (lopinavir 80mg/ritonavir 20 mg per ml) is still available and may be helpful for patients who are on non standard doses of the older formulation.

NSW Policy Directives online

All current NSW Health *Policy Directives* (previously called *circulars*) are available online. The site is simple to navigate and topics are searchable by various criteria. This link will take you to the search results for *infectious diseases*: http://www.health.nsw.gov.au/policies/groups/ps_infdis.html

Advanced Course in HIV Nursing – full

ASHM will pilot the new two-day course in advanced HIV nursing in Sydney on December 8 and 9. Response has been huge so registrations have now closed.

Antiretrovirals in pregnancy

Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States

12 October 2006

http://www.natap.org/2006/HIV/DHHS_PregnancyHIVGuideC.pdf

Safety and Toxicity of Individual Antiretroviral Agents in Pregnancy

http://www.natap.org/2006/HIV/DHHS_PerinatalSafetyD.pdf

Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection

26 October 2006

<http://aidsinfo.nih.gov/ContentFiles/PediatricGuidelines.pdf>

Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States / Safety and Toxicity of Individual Antiretroviral Agents in Pregnancy

20 October 2006

On October 12, the Public Health Service Task Force updated its *Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States*.

Postpartum Hemorrhage, Antiretroviral Drugs, and Methergine Use. Methergine should not be co-administered with drugs that are potent CYP3A4 enzyme inhibitors, including protease inhibitors and the NNRTIs efavirenz and delavirdine.

An Update on Preconception Counseling and Care for HIV-1-Infected Women of Childbearing Age. It is recommended that all women of child-bearing age are offered the opportunity to receive preconception counseling and care as a component of routine primary medical care.

There is an update on **abacavir** showing that pharmacokinetics are not significantly altered in pregnancy and no change in dose is indicated. The Guidelines are updated with information on the use of **Darunavir (TMC114)**. In addition, there is an update on **Kaletra** in which pharmacokinetic studies of standard dose of lopinavir/ritonavir capsules (3 capsules twice daily) during 3rd trimester indicated levels were significantly lower than during postpartum period and in non-pregnant adults; an increased dose of 4 capsules of lopinavir/ritonavir twice daily starting in the 3rd trimester resulted in adequate lopinavir exposure; by 2 weeks postpartum, standard dosing was again appropriate. Pharmacokinetic studies of the new lopinavir/ritonavir tablet formulation are underway, but data are not yet available.

Included with this Information Sheet:

2x Talkabouts – August/September and October/November issues
Support and Understanding – *Multicultural HIV/AIDS and Hepatitis C Service* brochure and order form
Mentoring – ASHM summary document

plus, of course, your ...
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