



HIV s100 Prescribers' Information Sheet

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HIV Project Officer joins ASHM

Niamh Lynn has recently joined the ASHM Education Division as a Project Officer working on the HIV Community Prescriber Program. Niamh can be contacted on 02 8204 0723 or Niamh.lynn@ashm.org.au for any HIV prescriber or education enquires.

Prescriber renewals for 2008 – have you returned your renewal form?

Thank you to those that have submitted their renewal forms for 2008. All outstanding forms must be submitted by **31 March 2008** in order for you to renew your HIV s100 prescriber rights for 2008. If you need advice, please contact Niamh Lynn on 02 8204 0723 or Niamh.lynn@ashm.org.au

Upcoming HIV CME activities

NSW	9 April 2008 – HIV GP Study Group Meeting, Sydney	1 CME point
	2 – 4 May 2008 – ASHM Short Course in HIV Medicine, Sydney	2 pts per module
VIC	February – August 2008 – Short Course in HIV Medicine by distance learning	2 pts per module
	18 – 20 April 2008 – Short Course in HIV Medicine, Melbourne	2 pts per module

To register or for further information on HIV CME activities in Victoria, please contact Michelle Wills as follows.
Email: m.wills@gpv.org.au; Phone: (03) 9341 5226; Fax: (03) 9341 5299.

Isentress (Raltegravir, formerly MK-0518) TGA approved & now on EAP

The application to the TGA from Merck Sharp & Dohme to register the integrase inhibitor, ISENTRESS (raltegravir, formerly MK-0518) was approved in January 2008 for the following indication:

- In combination with other antiretroviral agents for the treatment of HIV- 1 infection in treatment-experienced adult patients who have evidence of viral replication and HIV-1 strains resistant to multiple antiretroviral agents. This indication is based on analyses of plasma HIV-1 RNA levels up through 24 weeks in two controlled studies of ISENTRESS. These studies were conducted in clinically advanced, 3-class antiretroviral (NNRTI, NRTI, PI) treatment-experienced adults. The use of other active agents with ISENTRESS is associated with a greater likelihood of treatment response.
- The safety and efficacy of ISENTRESS have not been established in treatment-naïve adult patients or paediatric patients. There are no study results demonstrating the effect of ISENTRESS on clinical progression of HIV-1 infection.
- The recommended dose of raltegravir in adults is 400 mg twice daily.

Please note that the Special Access Scheme for Raltegravir is now changing to an Expanded Access Program. Inclusion and exclusion criteria for patients requiring access to Raltegravir via the program remain unchanged.

Any doctors who were not registered for the SAS program and who wish to find out further information about the program or who want to register for the EAP can contact Dr Deepak Gaur on 02 9795 9087. Registered doctors and patients in the SAS will be automatically switched to the EAP. Should any registered doctors require further information about changes to the program, they can contact Ms Cathy Pasfield on 02 9795 9360.

Please note that:

- 70 tablet clinical trial bottles used in the SAS have now changed to 60 tablet local registration bottles for the EAP.
- All patients will need to be informed of this change to ensure they do not run out of drug. A patient information sheet instructing patients of this change was included in the new EAP package mailed to doctors registered in the program.
- Raltegravir Product Information and Consumer Medicine Information are now available on www.isentress.com.au

Nura Project seeking to survey female HIV positive indigenous patients

The ACON Aboriginal Project in conjunction with the ACON Aboriginal HIV/AIDS Peer Social and Support group Coordinator (Keith Ball) is conducting a research survey of the housing needs of Sydney-based HIV positive Aboriginal and / or Torres Strait Islander people.

If you have any HIV positive patients who are Aboriginal and or Torres Strait Islander, aged 18 years or over and who live in the Sydney metropolitan area, please give them the information on this survey:

www.ashm.org.au/news/287/11/. Keith is especially interested in interviewing women, transgender people and sisters/girls.

The survey will be conducted as a confidential face-to-face interview and will take approximately 45 minutes to 1 hour to complete. Participants will be reimbursed \$30 for their time and knowledge. If you have patients who are interested in participating in this research please ask them to call Keith Ball on 0433 722 627

Prezista (Darunavir) 600mg tablets FDA approved & new toxicity information from Tibotec

On February 25, 2008, FDA approved a new 600 mg tablet strength for Prezista (darunavir), manufactured by Tibotec, Inc., Yardley, PA. The new 600 mg tablet facilitates dosing by reducing pill burden.

The recommended oral dose of Prezista tablets is 600 mg (two 300 mg tablets or one 600 mg tablet) twice daily taken with ritonavir 100 mg twice daily and with food.

- The 600 mg formulation will be available in bottles of 60 tablets.
- The 300 mg tablet will continue to be available.
- Darunavir is a protease inhibitor, which inhibits the formation of mature virus in HIV infected cells.

Tibotec Therapeutics, in cooperation with the U.S. Food and Drug Administration, issued a Dear Healthcare Professional letter to relay important, updated prescribing information for PREZISTA (darunavir) tablets that includes a warning about Hepatotoxicity. The letter provides, in addition to other information, the following, which has been added to the WARNINGS section of the Prezista label:

"Drug-induced hepatitis (e.g., acute hepatitis, cytolytic hepatitis) has been reported with PREZISTA/rtv. During the clinical development program (N=3063), hepatitis has been reported in 0.5% of patients receiving combination therapy with PREZISTA/rtv. Patients with preexisting liver dysfunction, including chronic active hepatitis B or C, have an increased risk for liver function abnormalities including severe hepatic adverse events.

Postmarketing cases of liver injury, including some fatalities, have been reported. These have generally occurred in patients with advanced HIV1 disease taking multiple concomitant medications, having comorbidities including hepatitis B or C coinfection, and/or developing immune reconstitution syndrome. A causal relationship with PREZISTA/rtv therapy has not been established.

Appropriate laboratory testing should be conducted prior to initiating therapy with PREZISTA/rtv and patients should be monitored during treatment. Increased AST/ALT monitoring should be considered in patients with underlying chronic hepatitis, cirrhosis, or in patients who have pretreatment elevations of transaminases, especially during the first several months of PREZISTA/rtv treatment.

If there is evidence of new or worsening liver dysfunction (including clinically significant elevation of liver enzymes and/or symptoms such as fatigue, anorexia, nausea, jaundice, dark urine, liver tenderness, hepatomegaly) in patients on PREZISTA/rtv, interruption or discontinuation of treatment must be considered."

For the full text of the letter and the new amended package insert from Tibotec, please access these links:

<http://www.tibotectherapeutics.com/tibotectherapeutics/documents/dhcpletter.pdf>

http://www.tibotectherapeutics.com/tibotectherapeutics/documents/us_package_insert.pdf

TGA approves Maraviroc

The TGA approved in January 2008 the submission from Pfizer Australia Pty Ltd to register CELSENTRI tablets containing the new chemical entity maraviroc 150 mg & 300 mg for the indication:

- In combination with other antiretrovirals, for treatment-experienced adult patients infected with only CCR5-tropic HIV-1. The indication is based on analyses of plasma HIV-1 RNA levels and CD4 counts at 24 weeks in two double-blind, placebo controlled trials of 24 weeks duration in treatment experienced patients with clinically advanced disease resistant to three or four classes of antiretrovirals.
- The use of other active agents with CELSENTRI is associated with a greater likelihood of treatment response.
- The recommended dose of maraviroc is 300mg twice daily.

Maraviroc is currently being made available in Australia through an early access clinical trial program by Pfizer Australia. This has been a site limited investigator program, and has been designed to collect additional safety data outside of the existing Phase 2b and Phase 3 clinical trials.

For patients who are unable to satisfy the requirements for this EAP, a restricted SAS program is being offered under a compassionate access criterion. The eligibility criteria and details of this program can be discussed directly with the Pfizer Australia Associate Medical Director - Dr Alan Paul on 02 9850 3851 or Mobile 0409 392 688.

FDA approves Etravirine (TMC – 125)

The Food and Drug Administration (FDA), on January 18, 2007, granted accelerated approval for etravirine 100 mg tablets, a non-nucleoside reverse transcriptase inhibitor (NNRTI), an antiviral drug that helps to block reverse transcriptase, an enzyme necessary for HIV virus replication. It is the first NNRTI to demonstrate antiviral activity in patients with NNRTI-resistant virus. Etravirine will be sold under the trade name Intelence.

Etravirine is indicated for use in combination with other antiretroviral agents for the treatment of human immunodeficiency virus type 1 (HIV -1) infection in antiretroviral treatment-experienced adult patients who have evidence of viral replication and HIV-1 strains resistant to a non-nucleoside reverse transcriptase inhibitor (NNRTI) and other antiretroviral agents.

Accelerated approval is a regulatory mechanism that allows earlier approval of drugs used to treat serious or life-threatening conditions, based on surrogate endpoints that demonstrate meaningful therapeutic advantage over existing treatment. Accelerated approval is based on evidence of a drug's effect on a surrogate endpoint that reasonably suggests clinical benefit. Accelerated approval requires any necessary studies to establish and define the degree of clinical benefit to patients be completed before traditional approval can be granted.

FDA granted this accelerated approval based on 24 week viral load and CD4 data from 1,203 adults in two randomized, double-blind, placebo-controlled trials (DUET-1 and -2 studies) conducted in clinically advanced, antiretroviral treatment-experienced adults with evidence of resistance to NNRTI(s) and protease inhibitors (PIs). The studies compared 599 patients receiving etravirine 200 mg twice daily plus optimized background regimen with 604 patients receiving optimized background regimen plus placebo. All patients received darunavir/rtv (DRV/rtv) as part of their optimized background regimen.

The 24 week pooled analysis of the DUET studies showed significantly more patients in the etravirine arm as compared to the placebo arm achieved undetectable viral load (less than 50 copies/mL); 59.8 percent vs. 40.2 percent ($p < 0.0001$), and significantly greater mean increase in CD4+ cell count from baseline of 81 vs. 64 cells/mm³ ($p < 0.0022$).

The most common adverse events reported were rash (16.9 percent) and nausea (13.9 percent).

- In general, rash was mild to moderate, occurred primarily in the second week of therapy, and was infrequent after Week 4. Rash generally resolved within 1-2 weeks on continued therapy. Patients developing a rash while taking etravirine should contact their doctor.
- Rare cases of serious skin reactions such as Stevens-Johnson syndrome and erythema multiforme have been reported. Treatment with etravirine should be discontinued if severe rash develops.
- Elevations in total cholesterol and low density lipoprotein (LDL) and initiation of lipid lowering therapy were more common in etravirine-treated subjects compared with those in the placebo arm.
- Etravirine should be used with caution in patients with severe hepatic impairment (Child-Pugh class C) as pharmacokinetics of etravirine have not been studied in these patients.
- To avoid drug interactions, patients starting etravirine treatment should tell their doctors about all the medications they take. Information about drug interactions is contained in the etravirine package insert. The long-term effects of etravirine are not known, and its safety and effectiveness in children ages 16 years and younger has not been studied.
- Etravirine also has not been studied in pregnant women. Women who are taking HIV medications when they get pregnant are advised to consult their physician or other health care professional about use of etravirine during pregnancy and about registering with the Antiviral Pregnancy Registry.

Copies of the product label and patient information can be accessed in pdf format from:

Etravirine label: <http://www.ashm.org.au/uploads/Etravirinelabel.pdf>

Etravirine patient information: <http://www.ashm.org.au/uploads/EtravirinePatientInfo.pdf>

Revision of the 'Guidelines for the use of Antiretroviral Agents in Pediatric HIV Infection

The [Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection](#) have been revised. The new version includes updated information on:

- When to initiate therapy, including
- Change in treatment recommendations for when to initiate therapy in HIV-infected children <12 months of age
- Reduction from 4 to 3 age bands for recommendations on when to initiate therapy (<12 months, 1 to <5 years, and 5 years and older)
- Changes in immunologic thresholds for when to start in children 1 year or older
- Timing of diagnostic testing in HIV-exposed infants

- Pediatric drug appendix and hyperlink on drug preparations, new dosage formulations, and Pediatric studies
- Recently approved antiretrovirals: maraviroc (plus new coreceptor tropism assay section), raltegravir & etravirine
- Revised antiretroviral toxicity hyperlink with new tables detailing toxicity management
- Changes are highlighted in yellow throughout the text and tables.

The updated guidelines are available for download from the [Pediatric Guidelines](#) section of the AIDSinfo Web site. You can also request to receive them by mail or email from the AIDSinfo [Order Publications](#) section.

HIV community groups call for clarification regarding new federal dental scheme

On 2 March 2008 Federal Health Minister Nicola Roxon announced the discontinuation of the Enhanced Primary Care Dental Access Scheme that provided subsidised dental care for people with chronic and complex conditions, such as HIV. Instead, the money will be used to help finance a new Commonwealth Dental Health Program.

No details have been provided as to how people who benefited under the previous scheme will access assistance under the new program. The Government has only provided details of how the existing scheme will be wound up. Patients who have received services between 1 Nov 2007 and 30 March 2008 will be able to continue to receive Medicare benefits for dental services provided up to and including **30 June 2008**. A G.P referral dated before 30 March 2008 is not, by itself, sufficient for a patient to be considered to have commenced treatment. The Medicare dental items will be closed to new patients after **30 March 2008**. This means that no Medicare benefits will be payable for dental services to new patients after 30 March 2008.

The Department of Health and Ageing issued an EPC Notice to Dentists that said: "GPs are being encouraged not to refer new patients to dentists or dental prosthetics if the patient is not able to commence the dental treatment by 30 March 2008."

ACON is advising clients who have already been referred to a dentist by their GP to ask their dentist for a first treatment by 30 March 2008, so that they will be covered for treatment under the existing scheme until the end of June.

Patients who have not yet received a referral from their GP will probably not have time to receive a referral, get the Medicare paperwork processed, have a dental appointment and receive their first treatment, all before the end March.

Having once achieved all this, the patient would then be covered by this EPC scheme for treatments received up to 30th June 2008.

If you need help finding a dentist phone ACON on 9206 2000 - and remember - not all dentists will bulk bill. ACON's HIV Health Maintenance Team have developed new content on the ACON website providing referral advice and general dental care information: www.acon.org.au/living_with_hiv **Dental - Dental Care.**

Efavirenz (Stocrin) 200mg capsules discontinued

Commonwealth DoHA has advised that Efavirenz 200mg capsules will be deleted from the PBS s100 drug list from 1 March 2008 and not 1 April as stated in the last HIV info sheet. Thereafter, only 200mg tablets will be available.

Syphilis Campaign Survey

The syphilis campaign survey for GP's has been uploaded onto survey monkey. The cut-off date for completion of this survey is **28 March 2008**.

Link: http://www.surveymonkey.com/s.aspx?sm=2u1ruTM39n1Gd9MWvvspHg_3d_3d

Included with this Information Sheet:

Talkabout – Feb/March issue

Swiss Report – flyer

HIV GP Study Group -flyer