

March 26, 1998

Hello to all Network members. I hope everyone has had a good winter, and is looking forward to spring. Thanks to everyone for taking the time to submit contributions for this newsletter. Thanks also to those who responded to the hydroxyurea survey. The responses have been overwhelming. This has resulted in a lengthy, but I think very interesting and valuable newsletter. And without further ado....

## 1. New Resources/Information/Websites, etc.

### a) *Retrovirus Conference Update*

- Nikola prepared an excellent summary of some of the highlights of the retrovirus conference in Chicago. The file is included as an attachment, and will also be distributed in hard copy format with the minutes and materials.

### b) *Drug Interaction website: <http://www.healthcg.com/hiv/treatment/interactions/>*

- includes overview of DIs and also gives opportunity to enter drug regimen and obtain recommendations on handling DI. Recommendations can only be obtained for a short list of medications.

### c) *Role of the Pharmacist article:*

- I came across an article on the Medscape website that I thought was pretty interesting: "Caring for the HIV Patient: Role of the Pharmacist", by JF Flaherty Jr., *New Perspectives in HIV Management* 1997:25-28. The website for this article is:  
[www.medscape.com/scp/monographs/HIVManagement/flaherty/flaherty.html](http://www.medscape.com/scp/monographs/HIVManagement/flaherty/flaherty.html)
- A printed copy will also be distributed.

### d) *Canadian antiretroviral guidelines:*

- New Canadian Guidelines have finally been published in *CMAJ* Feb 1998 158: 496-505.

### e) *Community Pharmacist Newsletter:*

- A pharmacy consulting group called CommuniMed has come up with the idea of creating and distributing a quarterly newsletter to community pharmacists. The main focus of the newsletter is to provide quick updates, tips, and clinical pearls on HIV for pharmacists who may have an interest or see a few patients, but don't have time to keep up to date. Contributions to the newsletter are from an editorial board, consisting of specialized pharmacists and physicians from Quebec and Ontario. Members include Dr. Sharon Walmsley, Alice Tseng, and Roger Daher (from TTH drugstore), Rachel Therrien, Collette Bisailon, and Dr. Emil Toma.
- Glaxo Wellcome & BioChem Pharma have provided an educational grant to fund this endeavour. The newsletter will be provided free of charge to any interested pharmacists. The main target audience will be community pharmacists in Ontario and Quebec, but pharmacists from other provinces may also join if interested. A copy of the advertisement for this is included.
- While the title may be a bit misleading (i.e., "Pharmacist Network for HIV-Infected Patients), this is a very different sort of venture compared to our national network. CommuniMed is aware of the existence of other networks such as ours, and their aim is to fulfill a target niche. In this case, "network" refers to all the pharmacists who will be on the newsletter mailing list.

## 2. Drug Update

### a) *Adefovir, amprenavir, atevirdine, abacavir*

- Michelle had previously distributed files for references on adefovir, amprenavir, and atevirdine, via e-mail. Some further updates on the status of these drugs:
- Atevirdine: apparently Pharmacia has abandoned it, as they did not feel it was as efficacious as delavirdine.

- Adefovir (Preveon®, Gilead Sciences) sounds like a go; there is an expanded access program in the U.S., but currently there is no way to obtain it in Canada.
- Amprenavir may be available as expanded access this summer (company is currently working out the criteria). Glaxo is studying the in vivo cross-resistance patterns with other PIs, in order to identify those patients who may benefit most from the agent. Currently, the 3-4 drug study in naïve patients is starting up in Canada.
- Abacavir: a new expanded access program, effective March 31, will allow physicians to access this drug for select patients. The number to call is 1-800-268-0324.

**b) *New designation for Fortovase®:***

- WASHINGTON, March 12 /PRNewswire/ -- In a video conference broadcast held nationwide last week, a panel of experts convened by the Department of Health and Human Services (HHS) announced its decision to designate FORTOVASE(TM) (saquinavir) as "preferred" therapy in revised federal government AIDS treatment guidelines soon to be released on the world wide web ( <http://www.hivatis.org> ). According to the recommendations, Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents, FORTOVASE, when taken with two nucleoside analogues, demonstrates "strong evidence of clinical benefit and sustained suppression of plasma viral load."

**3. Pharmacy-Related HIV Research**

**a) *Kathy (Halifax):***

- The sublingual Vitamin B12 Study is rolling along. Kathy is going to present preliminary data at Infectious Diseases Research day at the QEII.
- We are still waiting to get approval for our compliance study- the protocol has changed drastically.
- Kathy & Dr. WF Schlech have submitted a protocol to the Canadian HIV Trials Network- Discontinuation of primary and secondary prophylaxis for pneumocystis carinii pneumonia after reconstitution of the immune system by antiretroviral therapy. It has been given a conditional acceptance by the CTN. Lets keep our fingers crossed. The protocol was developed in July of 1997 but the US has just come out with a similar protocol & is trying to recruit Canadian Centers so we will have to work out the politics.

**b) *Alice (The Toronto Hospital):***

- We have finally received ethics approval for a pharmacokinetic study that we are doing in conjunction with the Ottawa General Hospital. This study will examine whether rifabutin 300 mg once weekly or 150 mg twice weekly achieves adequate concentrations for MAC prophylaxis in people also on combination ritonavir and saquinavir.
- We are just completing the second phase of a survey of complementary therapy use in our clinic. We will be presenting our results at CAHR, and also hopefully in Geneva.

**4. Professional News Updates**

**a) *Bristol Myers Squibb treatment adherence positions***

- BMS had advertised nationally last fall for nurses to work as treatment adherence counsellors for different HIV clinics (but be paid employees of BMS). This project has been put on hold indefinitely due to concerns raised by physicians, pharmacists, and other health care workers.

**b) *C.E. events (Kathy):***

- Kathy recently gave two HIV talks to community pharmacists in Halifax and in Newfoundland and will be doing a talk on post exposure prophylaxis in May to NS CSHP AGM.

**c) *Linking with CPhA (Alice):***

- Still no word on linking with CPhA. I've tried to contact them a few times, and they are very slow to respond.

**d) CSHP PIN Task Force (Tom):**

- The CSHP has recently struck a Task Force on Specialty Practice Groups as one of its action plans in helping the Society towards fulfilling Vision 2000. The Society recognizes the diversity of practices and specialization of its members. The primary mandate of this Task Force is to develop a proposal for how CSHP could support the various specialty practices of its members. The Task Force's vision is that members would form their respective specialty groups and use the venues and support of the Society for networking on education, practice and research. The Task Force is chaired by Tom Chin with core members from the Ontario Branch (K. Cameron, A. Alleyne, M. Pitre, C. Jackevicius, A. Tseng) and corresponding members from the other branches.

**5. Clinical Pearls (novel ADRs, drug interactions, etc.)****a) *Delavirdine-nelfinavir interaction (Alice):***

- I received some updated information on this interaction from Pharmacia & Upjohn. More specifically, I have received an updated interpretation of this interaction. A summary of the correspondence is enclosed.

**b) *Possible lithium-PI interaction (Kathy):***

- We had a patient who had an increase in his lithium level after starting ritonavir/saquinavir- it is unclear what the possible mechanism may be.
- We also had a patient who was receiving ritonavir with an LDL of 10!!! Apparently this is quite rare unlike hypertriglyceridemia.

**c) *Salvage therapy with amprenavir, abacavir, and efavirenz (Michelle):***

- Has a patient on his 4<sup>th</sup> salvage regimen. He went to Bethesda in order to obtain amprenavir, abacavir, and efavirenz (one of the newer "vowel" regimens!), and is apparently doing extremely well. His viral load is undetectable and his CD4 cells have gone up in the past 3 months. The patient is very excited and feels great. He had failed all other protease inhibitors and combinations of PIs with 3 other drugs.

**6. Upcoming Events of Interest****a) *Time change, aka beepers beware (courtesy of Kathy):***

- NEWS FLASH & WARNING- TO ALL OF YOU BEEPER PROGRAMMERS- THE TIME IS CHANGING ON APRIL 1- aaaagh!!!! PROBABLY BY THE TIME YOU READ THIS YOU WILL HAVE ALREADY BEEN THROUGH THE AGONY.

**b) *2nd Annual Conference on Compliance in HIV***

- Registration information is now available for the 2nd Annual Conference on Compliance in HIV sponsored by the Pennsylvania AIDS Education and Training Center (PA AIDS ETC). The Conference will be held on April 27, 1998 at The Wildwood Conference Center, Harrisburg, PA, USA. Please contact the PA AIDS ETC for further information and registration material.

E-mail: [paaids@unixs.cis.pitt.edu](mailto:paaids@unixs.cis.pitt.edu)

Phone: 412-624-1895

Mail: PA AIDS ETC

University of Pittsburgh Graduate School of Public Health

Room G-15, Parran Hall

130 DeSoto Street

Pittsburg, PA 15261

**c) *HIV Manager position at Roche:***

- An opening at Roche in the HIV field as medical manager for HIV. If you are interested in more details or can refer the headhunter to another person, please call John Hill at (416)581-1445, ext #28.

d) **CAHR Conference:**

- The 7<sup>th</sup> annual Canadian Conference on HIV/AIDS Research will be held April 30-May 3, in Quebec City. I will be attending to present a few posters. Is anyone else going?

e) **HIV Specialty Residency:**

- The Immunodeficiency Clinic, The Toronto Hospital and The Wellesley Health Centre will be offering a 1 year post-Pharm.D. specialty residency in HIV, to begin in August of this year. Michelle and Alice will be the preceptors. A description of this program is enclosed. Please post or forward this notice to any interested parties.

7. **Update on Group Projects**

a) **ALFRED: Communications**

- Options are still being explored for creating a website, as funding is being clarified. One option is to have Alfred design and maintain our website, since he is the resident computer genius (notice I did not say "computer geek"!).

b) **GLENDAYVONNE: Education**

- Goal is to develop/conduct a survey of what educational modules are currently being done, and to identify needs (ultimate goal is to develop a national continuing education module for pharmacists, and perhaps linking with national pharmacy organizations and pharmacy faculties). The group will be working actively on these issues in the coming months.

c) **SANDY: Publications**

- Current project is working on the Role of the HIV pharmacist paper. To date, first versions of the following sections have been received: compliance, patient counselling, drug interactions and side effects, pediatric needs, and research. She is still awaiting drafts for the following: drug acquisition, special needs populations, drug information resources, and herbal medications.
- In addition, Sandy is awaiting information from people in the research and drug information resources groups about assigned web site evaluation (using the JAMA paper guidelines to evaluate web sites). Members of the publications group will be contacted in mid-April to review an initial draft of the paper and to get their assistance in contacting various journals regarding our concerns about either duplicate publication or placing an "ad" to notify pharmacists of the general concepts of the HIV network publication. The rest of the HIV network group will receive revised copies of their designated sections to review for approval and a later draft of the completed paper. The Ontario HIV Pharmacy Specialty Group has offered to review the document as well - more for a quick overall look rather than for extensive modifications. The goal is to submit the final paper for publication to a selected journal by June.

d) **NIKOLA: Research**

- We have not yet started the report of research ongoing in Canada. This will be in the works shortly, now that the submissions towards the publication are completed.

8. **Clinical Sharing Session: Use of hydroxyurea (HU) as an adjunct to antiretroviral therapy**

I've been overwhelmed by the great response rate on this topic. Thanks so much to everyone for taking the time to reply. I think the very different experiences we have had are very valuable to share. If anyone has any ideas for future topics, please let me know.

a) **Kathy (Halifax):**

- We currently have no experience using HU. A lot of patients who want to use this have pretty much burnt all of their other choices including ddI. It is unclear how well it works when someone has been on ddI for a prolonged period and then they are put back on it with hydroxyurea ( and other agents of course). I am also unclear on potential drug interactions ( I assume that the risk is minimal except for pharmacodynamic interactions with other immunosuppressive agents). HU costs approximately \$100.00/month and is currently not covered by the provincial AIDS program; therefore any patient who wants to use it must unfortunately pay for it themselves.
- b) Tom Chin (Toronto, St. Michael's Hospital):**
- Not much interest from patients, but some interest from physicians and the pharmacist. Not currently being used. Was going to start in 1 patient as salvage therapy, while awaiting for the new compassionate-use agents . But held off as patient was anemic & leukopenic. In Ontario, hydroxyurea is covered by the Ontario Drug Benefit plan.
- c) Alice Tseng (Toronto, Toronto Hospital):**
- There has been some interest in HU from patients and family physicians, but the clinic specialists don't seem to be that interested, due to scarcity of data and potential cytotoxicity. We have 2 patients on HU 500 mg BID: one as total salvage therapy, and another as 2<sup>nd</sup> line HAART (patient was breaking through on AZT/3TC, decided to switch to ddI/d4T/efavirenz/HU, since he was hesitant about proteases). Responses to HU hard to determine, due to other medications. We had a very hard-working pharmacy resident in the clinic, who looked into HU into a bit more detail; copies of her summary information and patient fact sheet are included in this package.
- d) Michelle Foisy (Toronto, Wellesley Health Centre):**
- There has been some interest in patients who are up on the latest HIV information. There are a few patients who are on ddI/d4T and HU rather than a PI-containing regimen. Also a few patients who are using it as a 4<sup>th</sup> or 5<sup>th</sup> drug in a salvage regimen. A few physicians (1 specialist, 2 GP's) have also asked about HU, but it is rarely used in practice at this point. People are trying to avoid use of HU in patients with low ANC's (e.g., 1.0) at baseline. In terms of dosing, 1 patient with renal failure has been started on 500 mg daily post-dialysis, since HU is renally cleared. An even lower dose could be considered since there are no firm recommendations. However, since it is only available as 500 mg capsules, using a lower dose could be difficult. Toxicity is being monitored via ANC and hemoglobin. At this point, it is too early to comment on efficacy or side effects.
- e) Nikola Ostrop (Calgary, SAC):**
- We are currently not using it; no patients have shown interest; the physicians are interested to some extent and we have provided a summary of the information presented at Chicago. So at this point I cannot share any further experience with hydroxyurea use.
- f) Ann Beardsell (Vancouver, St. Paul's):**
- Quite a lot of interest from both patients and physicians on hydroxyurea use. A number of physicians were involved in a hydroxyurea study a few years ago, and a number also attended the Chicago conference. Hydroxyurea is being used frequently at St. Paul's; not for first-line HAART, but for salvage with a number of drugs (had 1 patient on combination of d4T, 3TC, zalcitabine, saquinavir, ddI, and hydroxyurea). It is not being given to neutropenic patients.
  - The usual dose being used is 500 mg BID or 1000 mg once daily, depending on what other medications the patient is on; one person is on 500 mg daily due to neutropenia. Side effects noted with HU include neutropenia, hair loss (severe in 1 patient), and oral ulcers. According to a dermatologist who used HU frequently several years ago for psoriasis, these toxicities are similar to those noted in the past. Generally, their patients are doing well clinically, with decreased viral loads, increased CD4s, and not too many side effects. However, many of their patients have only been started on HU in the last month or so, so it may be a bit early to report.

- In BC, HU is covered by the provincial drug plan (Pharmacare). “Regular” patients have to pay an annual deduction of \$600, then they pay 30% of each prescription until a total of \$2000 has been paid out. At that point, Pharmacare will pay 100%. With the Pharmanet system, patients only pay what they owe (not the total amount), and then wait for a refund. If the patient is covered by social services (e.g., welfare, disability, etc.), then Pharmacare will pay 100%. This is all adjudicated on-line.

**g) Marie Courchesne (Montreal):**

- There has not been much interest from patients, but some from physicians. HU has been used rarely, as part of salvage regimens. The usual dose of 500 mg BID is prescribed. It is still too early to comment on side effects and response. Hydroxyurea is covered by the provincial drug plan.

**h) Christine Hughes (Edmonton):**

- There has been no interest in HU from either patients or physicians in Edmonton, and (consequently), it is not being used at all. If HU were to be used, it would probably be as part of salvage therapy, in patients that do not have existing bone marrow suppression.
- Currently, HU is covered by the province for specific cancer indications. Since it is not approved for use in HIV, there is probably not any provincial funding available.

**i) Helene Bourget-Letarte (Ottawa):**

- At OGH, there has been really no interest in HU from patients, but some physicians have expressed interest. Their experience has been to use hydroxyurea in combination with ddI + nelfinavir + delavirdine for salvage therapy in patients who have failed or are intolerant to other PIs and NRTIs. The dosage used is 500 mg BID. Myelosuppression (mainly neutropenia) has been the primary side effect, and a temporary decrease in viral load (lasting about 2 months) has been observed.

**Final Thoughts:**

Spring has sprung (or is about to, except for you folks in the prairies) - with spring fever abounding and all our creative juices flowing, what better time than to perhaps come up with ..... **a catchy acronym for our group!** (OK, I admit I've seen the flashy shoulder bags that the cardiology network members have, complete with a spiffy logo.) Currently, we are the CCHPN, or the CCHAPN. Some suggestions to get us started (all tongue-in-cheek, of course!):

- CHAPs - Canadian HIV/AIDS Pharmacists group (somewhat misleading, since we only have 2 male members!)
- CHEAP group - Canadian HIV Excellent and Able Pharmacists group
- SAPs - Specialty AIDS Pharmacists group
- CANTELOPE - Canadian AIDS NeTwork of intrEpid and Organized Pharmacist(E)s

Be creative!!! More importantly, be irreverent!! For inspiration, I leave you all with the following..... **“Lesser Known Foreign Expressions”**

The following were winners in a New York Magazine contest in which contestants were to take a well-known expression in a foreign language, change a single letter, and provide a definition for the new expression.

HARLEZ-VOUS FRANCAIS? - Can you drive a French motorcycle?

EX POST FUCTO - Lost in the mail

IDIOS AMIGOS - We're wild and crazy guys!

VENI, VIPI, VICI - I came, I'm a very important person, I conquered.

COGITO EGGO SUUM - I think; therefore I am a waffle.

RIGOR MORRIS - The cat is dead.

RESPONDEZ S'IL VOUS PLAID - Honk if you're Scottish.  
QUE SERA SERF - Life is feudal  
LE ROI EST MORT. JIVE LE ROI -- The king is dead. No kidding.  
POSH MORTEM -- Death styles of the rich and famous  
PRO BOZO PUBLICO - Support your local clown.  
MONAGE A TROIS - I am three years old.  
FELIX NAVIDAD - Our cat has a boat.  
HASTE CUISINE - Fast French food  
VENI, VIDI, VICE - I came, I saw, I partied.  
QUIP PRO QUO - A fast retort  
MAZEL TON - tons of luck  
APRES MOE LE DELUGE - Larry and Curly got wet.  
PORTE-KOCHERE - Sacramental wine  
ICH LIEBE RICH - I'm really crazy about having dough.  
FUI GENERIS - What's mine is mine.  
VISA LA FRANCE - Don't leave your chateau without it.  
CA VA SANS DIRT -- And that's not gossip.  
MERCRIEN - Thanks for nothin'!  
AMICUS PURIAE - Platonic friend  
L'ETAT, C'EST MOO - I'm bossy around here.  
COGITO, ERGO SPUD - I think, therefore I Yam  
VENI, VIDI, VELCRO - I came, I saw, I stuck around.

Encl.

- "Caring for the HIV Patient: Role of the Pharmacist" article
- hydroxyurea handout and patient fact sheet
- AmFAR's antiretroviral trials summaries
- network roster - still missing Colette, Glenda & Billi Jo
- Nikola's Summary of the Meeting
- Michelle's Drug Records Report
- adefovir chart, updated NNRTI chart, NNRTI rash handout
- drug interactions reprint, updated interaction chart
- updated information on nelfinavir-delavirdine interaction
- HIV specialty residency notice
- community pharmacist newsletter