Canadian HIV/AIDS Pharmacists Network/ Association Canadienne des Pharmaciens en VIH/SIDA

CANADIAN HIV/AIDS PHARMACISTS NETWORK
ANNUAL MEETING

Thursday, April 27, 2000 0900-1730
Downtown Delta
777 University St.
Montreal, Quebec

MINUTES OF MEETING

PRESENT:

Anne Beardsell	Kimberly Montgomery
Deborah Kelly	Laura Park-Wyllie
Glenda Meneilly	Mary Nguyen
Marie Courchesne	Linda Sulz
Tom Chin	Alice Tseng
Christine Hughes (chair)	Rachel Therrien
Natalie Dayneka	Jean Baril (Merck Frosst)

REGRETS:

Kathy Slayter	Yvonne Shevchuk
Michelle Foisy	Collette Bisaillon
Alfred Gin	Sandra Tailor
Yasmin Khaliq	Pierre Giguere
Martin Boule	

1. WELCOME AND HOUSEKEEPING ISSUES

Reimbursement

Merck will provide a travel grant of $500.00 to all participants outside of Montreal, and will reimburse hotel costs for 2 nights (*send in receipts to Ginette)*

2. APPOINTMENT OF SECRETARY AND INCOMING CHAIR

Glenda Meneilly volunteered as the incoming secretary, and chair for 2001

3. REASSIGNMENT OF GROUPS, APPOINTMENT OF NEW GROUP LEADERS

a) Communication: Chair: TBA

Members: Marie, Anne, Alice, Alfred

b) Publications: Chair: Sandy

Members: Natalie, Deborah, Tom, Christine

c) Research: Chair: Laura

Members: Alice, Natalie, Christine, Anne, Deborah

d) Education: Chair: Glenda

Members: Linda, Kim, Glenda, Rachel

4. FOLLOW-UP: ROLE OF THE PHARMACIST PAPER

Our paper has been published !!!

Tailor SAN, Foisy MM, Tseng A, Beardsell A, Ostrop N, Khaliq Y, Shevchuk Y, Chin T, Gin A, Dayneka N, Slayter K, Meneilly G, Hughes C, The Canadian Collaborative HIV/AIDS Pharmacy Network.

The Role of the Pharmacist Caring for Persons Living with HIV/AIDS: a Canadian Position Paper. Canadian Journal of Hospital Pharmacy 2000;53(2):92-103.

- we have 300 reprints of the paper, and would like to distribute them to community pharmacists dispensing HIV meds that may benefit from the information
- we will generate a list- volunteers from each province will put together a list of names to facilitate distribution of the article
- **if you volunteered, please remember to send your list to Sandy**

- suggestions for further distribution/advertising of the article included Pharmacy Practice, CphA, Provincial Bulletins and Pharmacist Association Newsletters, DICE

ACTION: The following volunteers will provide a list of pharmacies dispensing HIV medications to Glenda, so that they can receive reprints:

B.C.	**Anne Beardsell**
Alberta	**Kim/Christine**
Sask.	**Linda**
Manitoba	**Alfred?**
Ontario	**Alice**
Quebec	**Rachel**

5. FOLLOW-UP: GOALS FROM LAST MEETING

a) Education Survey — has not yet been undertaken

ACTION: **Glenda to initiate a survey on HIV education in Canadian Pharmacy Programs**

b) Wastage Study

- doesn't appear to be as important an issue as was previously thought

ACTION: Christine will get data from Tom and Alice, and will work on it this summer (Ann will provide BC data if requested)

6. ADVERSE DRUG REPORTING PROGRAM

Susanne Reid, Project Manager, from Health Canada reported on the Pilot Project: Enhanced Post-Marketing Surveillance of HIV/AIDS Drug Therapies

(Executive Summary was circulated with the agenda for the meeting)

- this project was developed to address the low reporting of HIV/AIDS drugs ADRs, and had 2 foci: Patient centred reports, and patient chart data extraction
- Phase I involved 390 patients at the University of Ottawa Health Centre, who were invited to report ADR's to HIV/AIDS meds. ADR's were also extracted from the health record by a health care professional

- This phase identified a need for educational/information materials for patients
- Phase II will involve sending out education material and a revised reporting form- the Draft Reporting form was circulated for comments which included:
  - Simplify the reporting form
  - Co-ordinate reporting with drug companies for standardized information
  - Clarify appropriate patient identifiers
- the new form will be distributed to Phase II Sentinel sites (not yet identified)

ACTION: Susanne to keep us updated on changes in the reporting form/procedures via the Network email list

7. EXPANDING E-MAIL MEMBERS

ACTION: Communications Group to look into expanding our email memberships ie) listserv

8. ALTERNATE FUNDING

- the cardiology pharmacy network organizes and seeks sponsorship for educational sessions on topics in cardiology at various venues around the country
- perhaps we could take a similar approach as a means of disseminating information on the treatment of HIV

ACTION: The Education Committee will investigate acquiring funding for educational sessions- regional vs provincial, CphA vs CSHP, and how best to disseminate information across the country

9. LETTER TO RETROVIRUS ORG RE CONFERENCE

- letters expressing concern regarding the cancellation of registrations for pharmacists to this meeting have already been sent by a number of other organizations (copies were circulated with the agenda)
- a draft letter from our organization was distributed by Christine, and will be sent with minor modifications

ACTION: Christine to modify letter to Retrovirus Conference Organizers and send

10. MEMBERSHIP

- a discussion was held regarding membership in our organization- limited funding does not allow unlimited membership with respect to reimbursement of travel to annual meetings
- initial members constitute the core group — as they leave he group they may be replaced
- current representation is regional to some extent— if a representative from one region cannot attend a meeting, they may send an alternate
- subcommittees could include non core-group members
- the mission statement of our organization is as follows:

MISSION STATEMENT:

To bring together pharmacists with a clinical and research focus in HIV/AIDS to optimize patient outcomes and promote the profession of pharmacy through communications, education, research and clinical practice.

11. LOGO

Alice suggested that the group adopt a logo for use on an organization letterhead etc. Several different designs were offered and the group unanimously decided on one, which Alice will have a medical illustrator colleague draw, and will circulate to the group.

Thanks to Alice for following up on this so quickly- the logo has been completed and is on the letterhead of these minutes, and has been emailed to each group member.

A bilingual name and acronym for the group was discussed and decided upon, which is:

Canadian HIV/AIDS Pharmacist Network/ Association Canadienne des Pharmaciens en VIH/SIDA
CHAP Network/ACPVS

12. GUEST SPEAKER: DR. DAVID BURGER

Clinical Pharmacokinetics of : Indinavir/Ritonavir Combinations

Indinavir monotherapy- desired trough > .15 ug/ml

- peak 10 ug/ml @ 1 hr
- MEC 0.1 mg/L (approx 150 nM)
- Concentration ratio 0.75
    - 75% of average population trough: 25% of pts have trough < MEC

Athena study- IDV concentration ratios :0.85- adherent patients 0.57 non-adherent

- odds ratio of having VL < 500 @ wk 24 in patients who were not fully adherent 0.28

Indinavir 800 mg/Ritonavir 100 mg

- peak 7.3mg/L
- trough @ 12 hour > 1 mg/L (still > 800 mg TID trough @ 13-14 h, ie) more forgiving)

Merck 078 study

IDV 800mg/RTV 100mg — without food: higher peaks but same trough

IDV 400mg/RTV 400mg — lower peak, but same or > trough

Less well tolerated

Toxicity of 800/100

800/100 may be more toxic than 800 TID ie) no need to switch if 800 TID working

- consider dose reduction to 600/100 or even 400/100 in those who suffer from toxicity (if TDM available)
- less toxic than 400/400
- Switching 800TID to : 800/100 26% D/C due to ADR
: 400/400 70% D/C due to ADR (small N)
- Nephrotoxicity
- similar expected levels (same relative to peak)
- other renal dysfunction (increased SCr) same as any other IND containing regimen
- Lipid abnormalities — increased cholesterol, TG related to dose of RTV (small numbers, non-comparative data)

Drug Interactions:

- same as for higher doses
- low-dose RTV is still potent inhibitor

IDV 800mg/RTV 200 mg

- in treatment-experienced patients may need higher IND levels

Will RTV resistance occur?

- if effective will not have viral replication, so no concern with RTV resistance
- if active viral replication, maybe
- no clinical endpoints, no comparative studies underway of 800/100 vs 400/400

-penetration of IND into sanctuary sites better when lowdose RTV added

- increased CSF/semen conc. Related to indinavir exposure in plasma
- AUC 800 TID< 800/100 = 400/400

-pediatrics

- BID dosing of IND/RTV in children: Van Rossum 7th ECCAT, Lisbon Abst 235
- IDV solution- stable x 14 days made from capsules
- Working on stable solution from pure compound not capsules

TDM comments:

- quality control is an issue- only 1 of 4 labs are within 20% limits
- lower limit of detection of assay varies from lab to lab
- can use population based kinetics to evaluate single sample

13. SMALL GROUP PRESENTATIONS

A) EDUCATION GROUP — (Linda)

-4 possible roles discussed by the group:

1) **Survey Canadian Universities** to identify the type/amount of HIV/AIDS education in the pharmacy curriculum
   - this would include undergraduate programs, graduate programs, residencies and Pharm.D. programs
   - both clinical and didactic programs will be surveyed
2) **Catalogue available CPE programs** on HIV/AIDS
   - programs would be evaluated and deficiencies identified

3) **Catalogue and evaluate patient information pamphlets** and education programs
   - information and links could be included in website

4) **Co-ordinate CE programs for pharmacists** with an interest in HIV/AIDS

   -identify sponsors
   - develop speaker's bureau
   - encourage annual updates of educational material at conferences
   - lobby provincial and national pharmacy organizations to target hospital and community pharmacists (including chains) to provide continuing education to interested pharmacists

-it was suggested that we encourage organizers of HIV material directed towards pharmacists to consult our network to assist with establishing their program

-should we target CPhA/CSHP to include HIV in their next program?

- The consensus of the group was that we first need to identify what is out there, and then develop strategies to address the identified issues, so the focus over the next year should be on points 1 and 2

B) <u>COMMUNICATION GROUP</u> – (Anne)

1) Alfred Gin will be contacted by the network to clarify his role on the committee

2) **Website-** we think that Merck will sponsor our expenses such as the server and required software eg) Frontpage
   - possible content of the website would be to describe our Canadian HIV pharmacist network
   - we would include our recently published paper on the role of the pharmacist in HIV/AIDS

3) We discussed the possibility of developing **a "list server" program** where anyone (Non network members) could join
   - a website could possibly include drug interaction tables, patient information sheets, specialized programs and recent list of references and state of the art articles

4) Should our email list include a rotating triage for response of question? It could

include upcoming events and CE programs, case studies and speakers bureau

C) <u>RESEARCH GROUP</u> – (Laura)

1) **A proposal was made to survey GP's and ID physicians**. This survey will include hypothetical scenarios where questions will be asked concerning prescribing patterns during pregnancy and labor. The aimed completion date is the end of summer.

2) **Another proposal is a pharmacokinetic study of PI's and carbamazepine or phenytoin**. Health volunteers will be stabilized on carbamazepine or phenytoin
   - one dose of antiretroviral agent will be given and blood samples taken to establish pharmacokinetic profile. This study will require ethics approval and informed consent
   - should healthy volunteer or HIV patients be used?
   - Subjects would need to be on anticonvulsants for some time to fully induce enzymes
   - A proposed timeline is to research funding and ethics committee approval in the next couple of months. Recruitment and sample analysis would then take another couple of months.

D) <u>PUBLICATIONS GROUP</u> – (Christine)

1) A suggested publication is a website review. A first step would be to **send your bookmarks to Sandy. Please let Sandy know if you are interested in this project.** Once all the websites are collected, they will be collated, divided by topic and assessed using Lancet criteria.
2) Another possible publication is a **review of HIV medications and drug interactions, as well as herbal interactions.** Level of evidence should be included. Christine will have a summer student do a literature search on the topics of herbal drug interactions and HIV.
3)

14. <u>DISCUSSION OF CLINICAL ISSUES</u>

The meeting wrapped up with a discussion of a variety of clinical issues:

1) The Canadian Pediatric AIDS Research Group is spearheading the formation of a

Canadian working group to prospectively follow antiretroviral drug exposure to pregnant women and their infants

2) The issue of receiving consistent drug information from drug companies was raised
3) The choice on antiretroviral agents in labour was discussed.
   - **Glenda will circulate the BC guidelines when the final version is available.**
4) Some pharmacists are recommending that efavirenz not be taken by women of child-bearing potential
5) The issue of manufacturer's recommending the original container storage of antiretroviral agents. Pharmacists are receiving recommendations that differ. Some Receive verbal communications, which differ from written material.
6) The guidelines for staff exposure and needlestick injuries were discussed.

The meeting was adjourned at 5 p.m.

Attachments:

1. Network Roster
2. Spring Newsletter
3. CHAP Network Logo
4. Chap Network/ APCVS Letterhead

To follow separately via email:
BC Pregnancy Guidelines

Respectfully submitted,

Glenda Meneilly