

The Ontario Network of Sexual
Assault / Domestic Violence
Treatment Centres (SATC)

In partnership with
Women's College
Research Institute (WCRI)

Funding provided by
The Canadian Institutes of
Health Research (CIHR)

Knowledge-to-Action

December 2006

HIV PEP Program UPDATE

NEW Kaletra® Formulation

Abbott (maker of Kaletra®) has come up with a new formulation – Kaletra® tablets will eventually replace the soft-gel capsules currently used as part of your SATC's HIV PEP regimen. The daily dose (400 mg lopinavir and 100 mg ritonavir) and the cost of the new tablet formulation will remain the same as for the current formulation. Side effects and drug interactions are also expected to be similar. Advantages of the new tablet formulation include:

* **Fewer pills** – 2 tablets, taken twice per day (4 tablets daily).

* **No food requirement** – Tablets can be taken with *or without* food.

* **Simplified storage** – The new tablet formulation does not require refrigeration.

Drug Supply Information * DIN 022285533

* **Bottle Size:** 120 tablets (30 day supply)

* **Per Tablet:** 200 mg lopinavir and 50 mg ritonavir.

Reimbursement * Now until March 31st 2007, SATCs process reimbursement

claims through the Provincial Network Coordinator, Sheila Macdonald. * Starting April 1st 2007, each SATC will be allotted an annual HIV PEP budget. Pharmacy Departments will be able to bill HIV PEP directly to their SATC Cost Centre – following the same procedure as that laid out for cost recovery of other SATC medications.

Transition to New Formulation * Currently in Ontario, the new Kaletra® tablets are not yet on the provincial formulary, but are already being covered by some private insurance plans. * Kaletra® soft-gel capsules will soon be discontinued and no longer available for purchase. * The Ontario HIV PEP program Advisory Committee recommends that your Pharmacy dispense the remaining supply of soft-gel capsules, then switch to the new Kaletra® tablets when placing your next order of Kaletra®.

All HIV PEP program Knowledge Transfer Tools (client & Health Care Provider materials) and training will be based on the new Kaletra® tablet formulation.

KNOWLEDGE-TO-ACTION

Community Partner:

Ontario Network of Sexual
Assault / Domestic Violence
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Knowledge Transfer Tools: Update

HIV PEP Knowledge Transfer (KT) Tools were circulated to the KTA Advisory Committee for review and comment on December 1st. Following integration of their feedback, KT Tools will be piloted and evaluated with the assistance of a few SATC teams affiliated with select Advisory Committee members.

If your team would like to assist in piloting and evaluating the KT Tools,

please contact Heather Husson (heather.husson@wchospital.ca) to coordinate your participation.

Piloting involves reviewing the KT Tools with your team (possibly at a focused team meeting), providing feedback, such as identifying gaps/missing information and/or suggesting revisions, and providing suggestions regarding how the KT Tools could be integrated into training.

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*Wishing you a
safe & happy
holiday season*

**HAPPY
NEW YEAR!**

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Common HIV PEP Questions



Q Why does HIV PEP therapy last 28-days?

A 28-day course of HIV PEP therapy to reduce the risk of HIV transmission is recommended by the Centers for Disease Control and Prevention (CDC). This recommendation is based on evidence from animal studies, which demonstrate that a 28-day course of therapy is more effective at reducing the possibility of HIV infection than a 3-day or 10-day course. Ontario HIV Experts fully endorse this recommendation.

Q Are there any benefits to taking HIV PEP for less than 28-days?

Benefits of shorter courses of HIV PEP therapy are unknown. Data from animal studies indicate that even with early initiation of medications (within 24 hours post-exposure), taking a 3-day course of HIV PEP is not effective in preventing HIV, and taking a 10-day course of HIV PEP is only partially effective some of the time. Ontario HIV Experts agree that efficacy increases between 10-28 days of therapy, but this potential increase is theoretical and the extent of the increased efficacy is unknown. Therefore if possible, 28 days of treatment is ideal. Tips and strategies for managing side effects may help to support your clients through the full cycle of medication (or as long as possible).

Q What HIV care is offered to those presenting more than 72-hours post-assault?

Where the assailant is known to be HIV-positive and penetration has occurred, immediate referral to an HIV Expert for further consultation and possible initiation of early HIV treatment for acute HIV infection is recommended. In all other cases where the assailant's HIV status is unknown and penetration has occurred, an immediate HIV test and follow-up HIV testing at 4-6 weeks and 3, 6, and 12 months after the Initial Visit is

recommended. Most HIV infections will be picked up by the 3-month test.

Q Is it okay to give the 1st dose of HIV PEP if there is concern about health and/or drug contraindications, and an HIV Expert is unavailable for consultation?

If you cannot reach an HIV Expert – it is okay to dispense the 1st dose of Combivir® ONLY. Ontario HIV Experts agree that a single dose of Combivir® will not have any negative impacts, regardless of pre-existing health and/or drug contraindications, and is safe to give immediately to at-risk clients. Following consultation with an HIV Expert, Kaletra® (or an alternate drug regimen, should ongoing use of Combivir® be contraindicated®) may be introduced.

Q Is it okay to prescribe HIV PEP when a client is taking common antidepressants or antipsychotics, like Celexa®, Effexor®, Paxil® or Zyprexa®? What do the experts recommend?

Certain antidepressants including Celexa®, Effexor® and Paxil® and certain antipsychotics like Zyprexa® are commonly used among the SATC client population. HIV PEP is not absolutely contraindicated if a client is taking one of these medications. However, the antidepressant levels may be increased by Kaletra® so they may have more of an effect. This should be discussed with the client. As long as the client is aware of the potential to experience effects of higher doses of antidepressants and agrees to come for their regular follow-up visits, it is fine to start the HIV PEP medications. If the Sexual Assault Nurse Examiner feels that the client is emotionally unstable and at risk of overdosing, it is recommended to use Combivir® alone or to consult with an HIV Expert regarding alternate HIV PEP regimens.

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