



British Columbia
Centre *for* Excellence
in HIV/AIDS



Drug Treatment Program Update

As of September 2010

 **Providence**
HEALTH CARE

How you want to be treated.



Drug Treatment Program Update

A key component of the Centre’s mandate is to monitor the impact of HIV/AIDS on British Columbia. The Centre provides essential information to local health authorities, treating physicians and the community-at-large on an ongoing basis.

The *Drug Treatment Program Update* is one example of the Centre’s commitment.

In B.C., all anti-HIV medications are distributed at no cost to eligible HIV-infected individuals through the Centre’s Drug Treatment Program (DTP). The *DTP Update* provides an important overview of available anti-HIV drugs, common drug combinations and distribution of active DTP participants throughout the province.

DTP participants are typically followed at three-monthly intervals at which time routine blood sampling is performed. Information from all recipients is entered into a database, providing data for clinical and virological outcome studies of patients receiving antiretroviral therapy. These studies form the basis of ongoing revisions to the Centre’s treatment guidelines.

HIV/AIDS continues to be a pressing concern in B.C. As of September 2010, 5,420 persons were receiving anti-retrovirals or other anti-HIV medications from the DTP.

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HIV/AIDS Drugs available through the Centre *(September 2010)*

The following HIV/AIDS Treatment Program and Special Access Program (SAP) drugs can be requested through the Centre using a drug request prescription form. All requests received will be assessed in terms of how they meet the established HIV/AIDS drug treatment guidelines. Eligible individuals will obtain, at no cost, HIV/AIDS therapies offered by the Centre's Drug Treatment Program.

Antiretroviral Drugs for HIV infection

- Abacavir (Ziagen[®])
- Atazanavir (Reyataz[®])
- Atripla[®] (Efavirenz, Emtricitabine and Tenofovir in one tablet)
- Combivir[®] (Zidovudine and Lamivudine in one tablet)
- § Darunavir (Prezista[®]) — for extended therapy only
- Delavirdine (Rescriptor[®])
- Didanosine (Videx-EC[®])
- Efavirenz (Sustiva[®])
- § Enfuvirtide (Fuzeon[®]) — for extended therapy only
- § Etravirine (Intelence[®]) — for extended therapy only
- § Maraviroc (Celsentri[®]) — for extended therapy only
- Fosamprenavir (Telzir[®])
- Indinavir (Crixivan[®])
- Kaletra[®] (Lopinavir/ritonavir – tablets and liquid)
- Kivexa[®] (Abacavir and Lamivudine in one tablet)
- Lamivudine (3TC[®] – tablets and liquid)
- Nelfinavir (Viracept[®])
- Nevirapine (Viramune[®])
- § Raltegravir (Isentress[®]) — for extended therapy only
- Ritonavir (Norvir[®] – capsules and liquid)
- Saquinavir-HG (Saquinavir hard gelcaps and tablets, Invirase[®])
- Stavudine (Zerit[®])
- Tenofovir (Viread[®])
- § Tipranavir (Aptivus[®]) — for extended therapy only
- Truvada[®] (Emtricitabine and Tenofovir in one tablet)
- Trizivir[®] (Zidovudine, Lamivudine and Abacavir in one tablet)
- Zidovudine (Retrovir[®] – capsules and liquid)

§ Certain restrictions apply to these drugs – please contact St. Paul's Ambulatory Pharmacy for further information.

Drugs for the Indicator Diseases of AIDS covered by the program

- Aerosol Pentamidine (Pneumopent[®]) – Prophylaxis for PCP
- Atovaquone (Mepron[®]) — One-time treatment for PCP, treatment for unresponsive toxoplasmosis, fourth-line PCP prophylaxis
- Azithromycin (Zithromax[®]) — Prophylaxis for MAC, treatment for unresponsive toxoplasmosis
- Ciprofloxacin — For clarithromycin-resistant Mycobacterium avium infections (MAC)
- Clarithromycin (Biaxin[®]) — Mycobacterium avium infections (MAC)
- Ethambutol (Myambutol[®]) — Mycobacterium avium infections (MAC)
- G-CSF (Filgrastim, Neupogen[®]) — Neutropenia
- Ganciclovir, infusion & intravitreal — Cytomegalovirus (CMV) affecting sight or organ systems
- Octreotide (Sandostatin[®]) — HIV-related diarrhea
- Paromomycin (Humatin[®]) — Cryptosporidium
- Rifabutin (Mycobutin[®]) — Mycobacterium avium infections (MAC)
- Valganciclovir (Valcyte[®]) – Cytomegalovirus (CMV) affecting sight or organ systems

Drugs available through Health Canada's Special Access Program

- Albendazole – Microsporidium
- Amphotericin, suspension (Fungilin[®]) — Azole-resistant oral candidiasis
- Didanosine powder for oral solution (Videx[®]) — for children
- Efavirenz liquid (DMP, Sustiva[®]) — for children
- Foscarnet infusion (Foscavir) — Cytomegalovirus (CMV) affecting sight or organ systems
- Nevirapine liquid (Viramune[®]) — for children
- Stavudine liquid (D4T, Zerit[®]) — for children

Program Statistics *(as of September 2010)*

Number of participants

Ever enrolled	9,791
Currently on antiretrovirals	5,420
Newly enrolled in September 2010	6

Gender

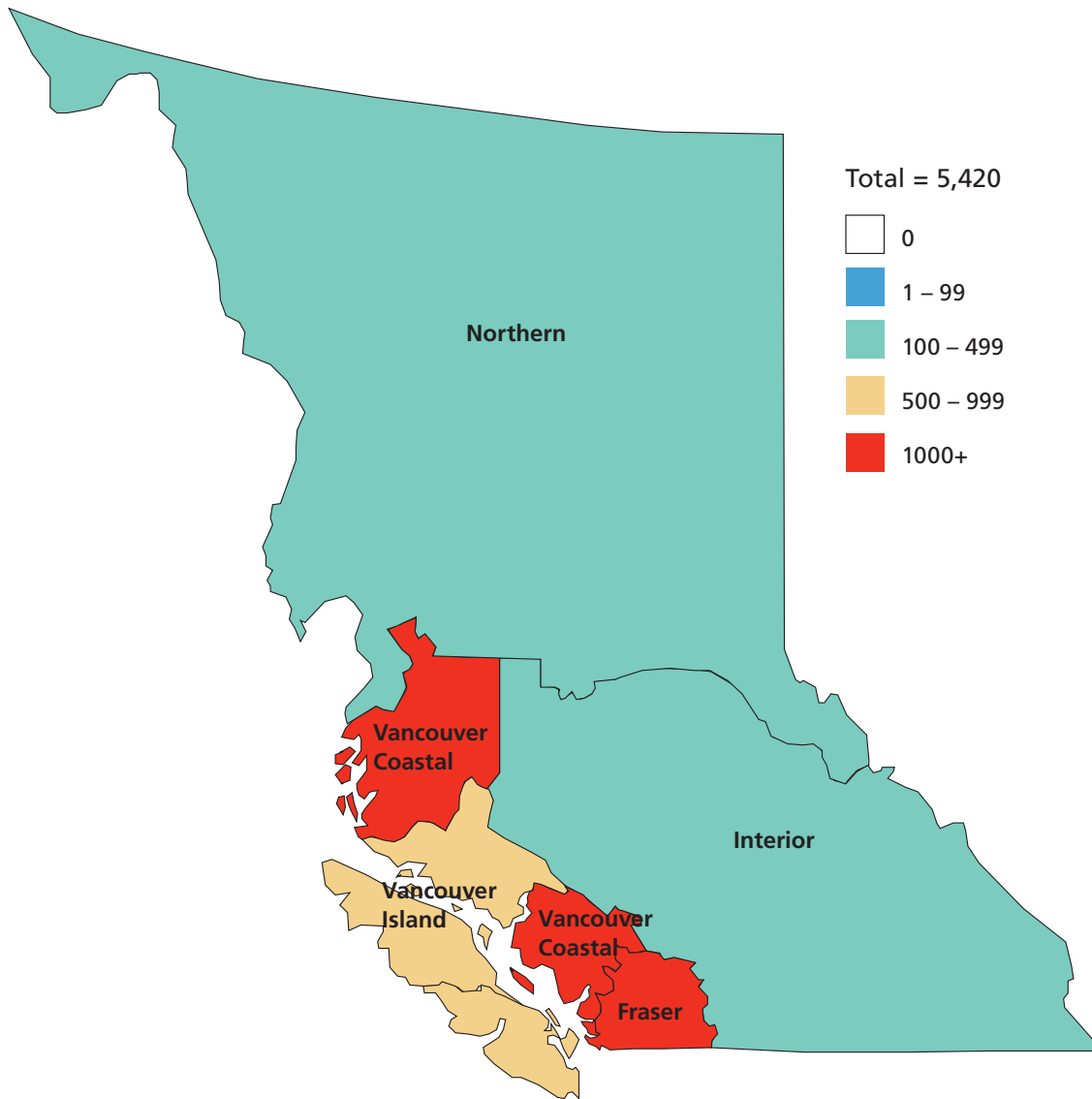
Men	84%
Women	15%

Health Authorities

Vancouver Coastal	58%
Fraser	21%
Vancouver Island	11%
Interior	5%
Northern	2%

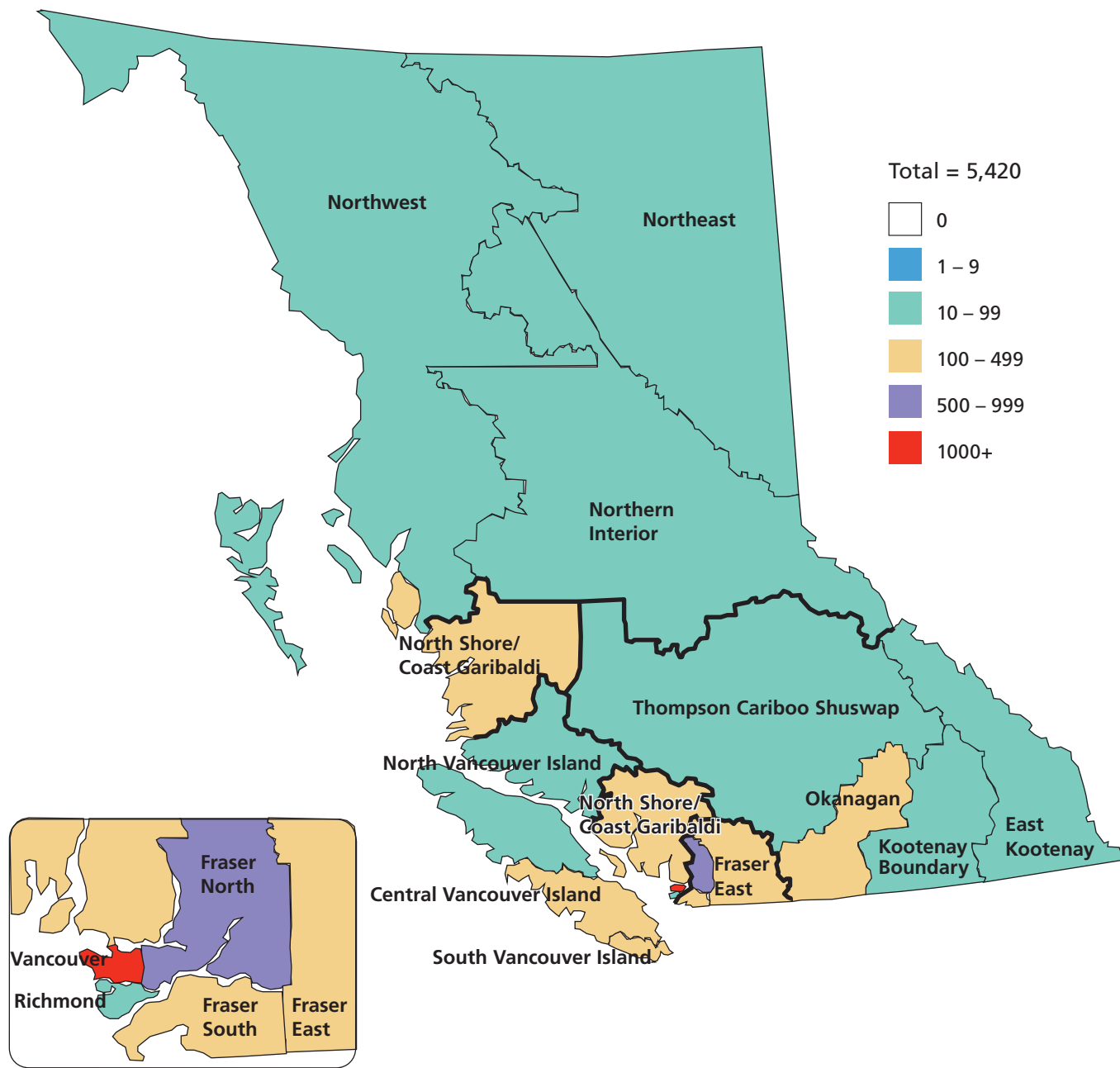


Distribution of active DTP participants by health authority (September 2010)



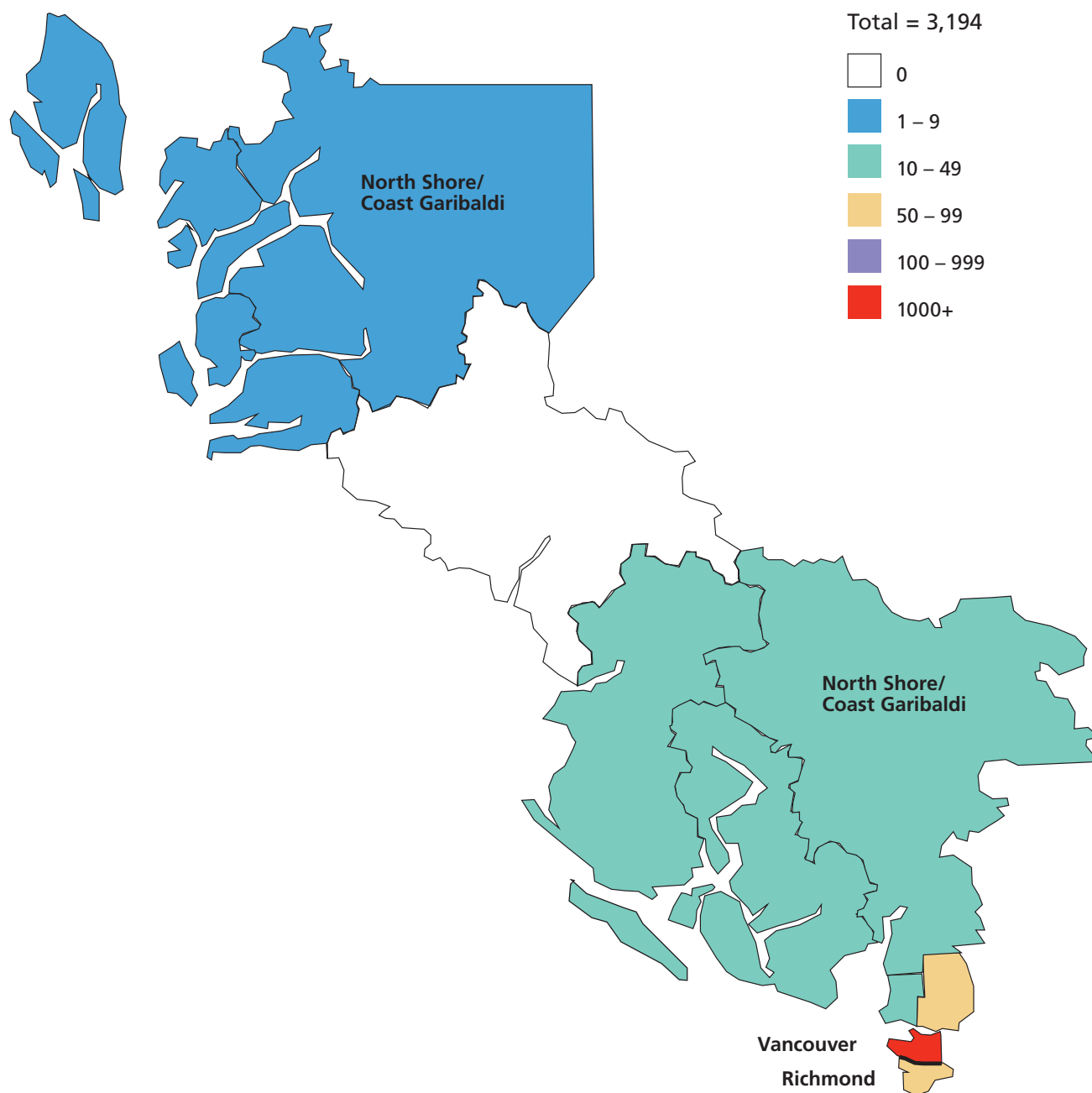


Distribution of active DTP participants by health services delivery areas (September 2010)





Active DTP participants within health authorities: Vancouver Coastal Health (September 2010)



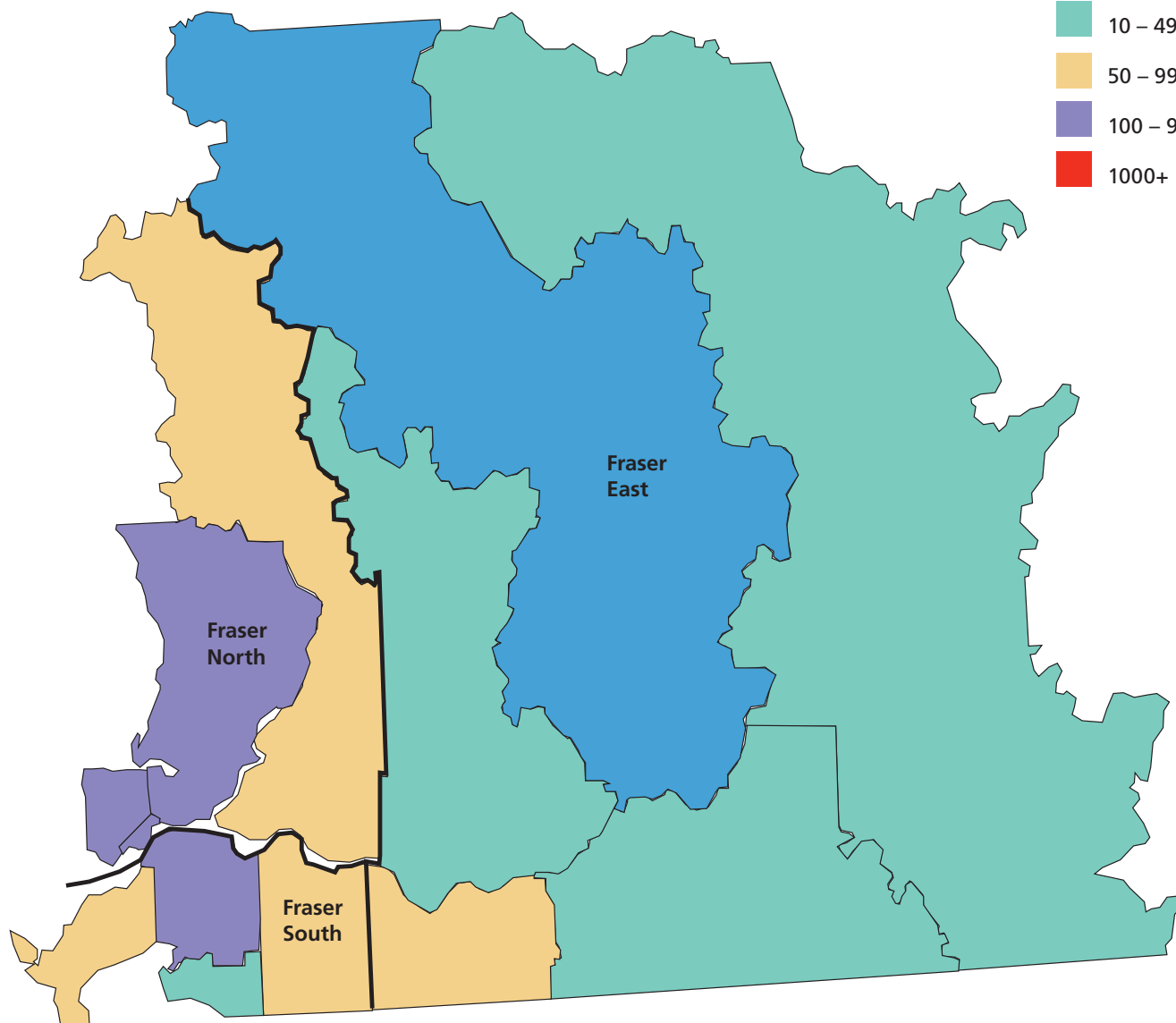
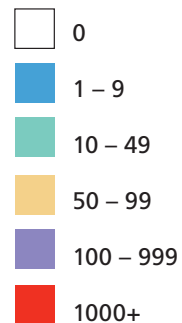


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Active DTP participants within health authorities: Fraser Health (September 2010)

Total = 1,162

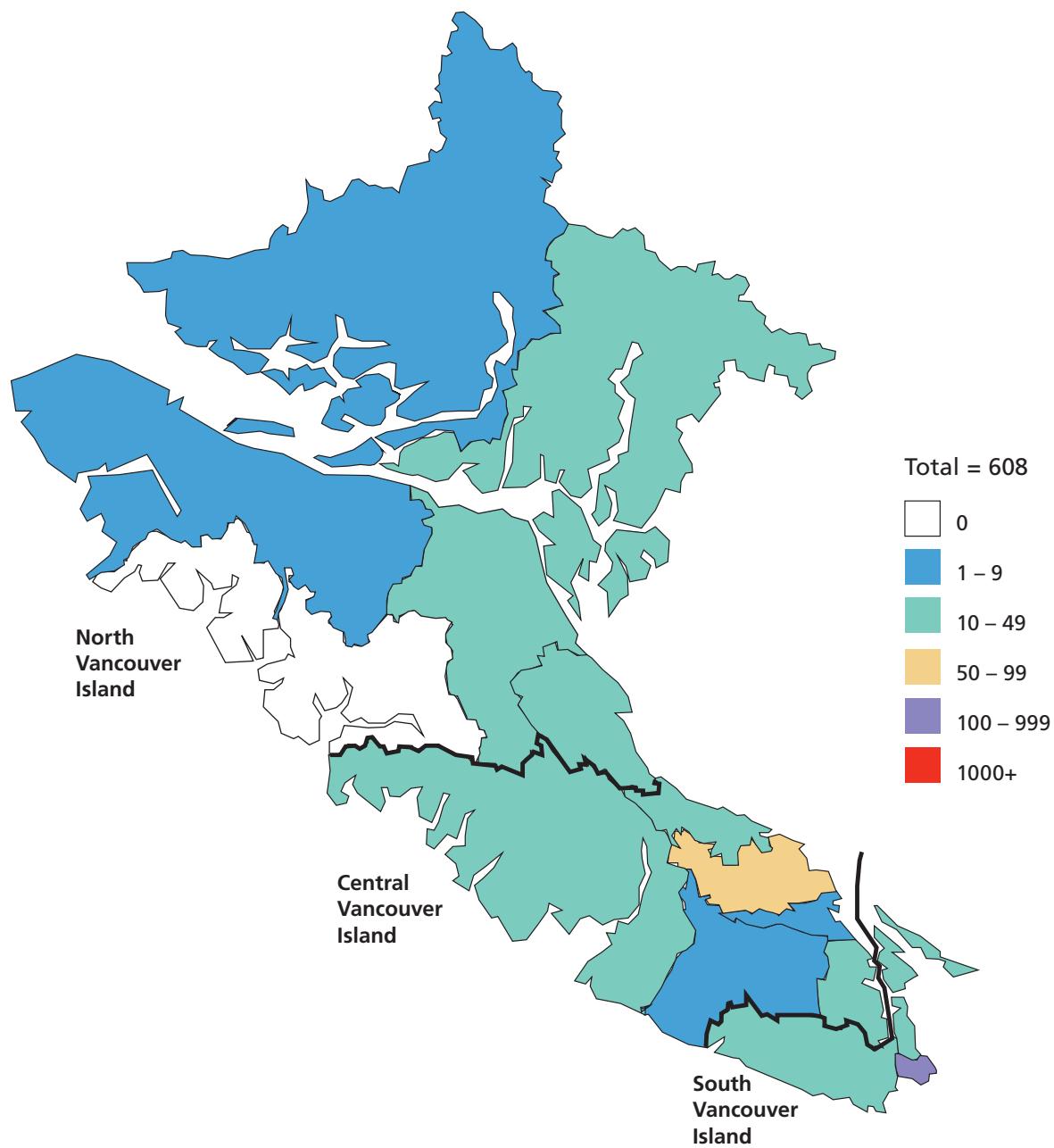




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Active DTP participants within health authorities: Vancouver Island Health (September 2010)



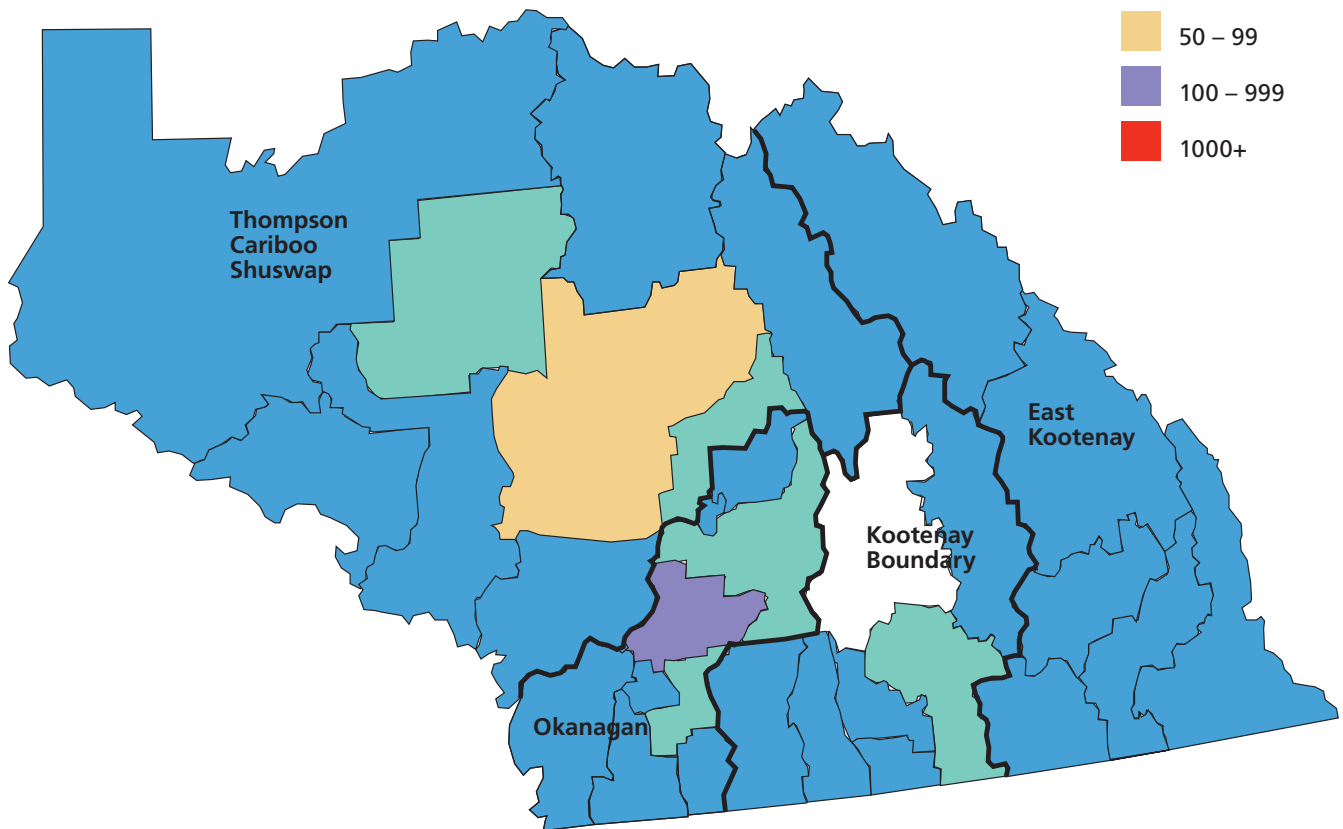
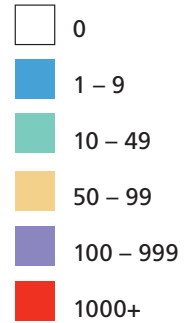


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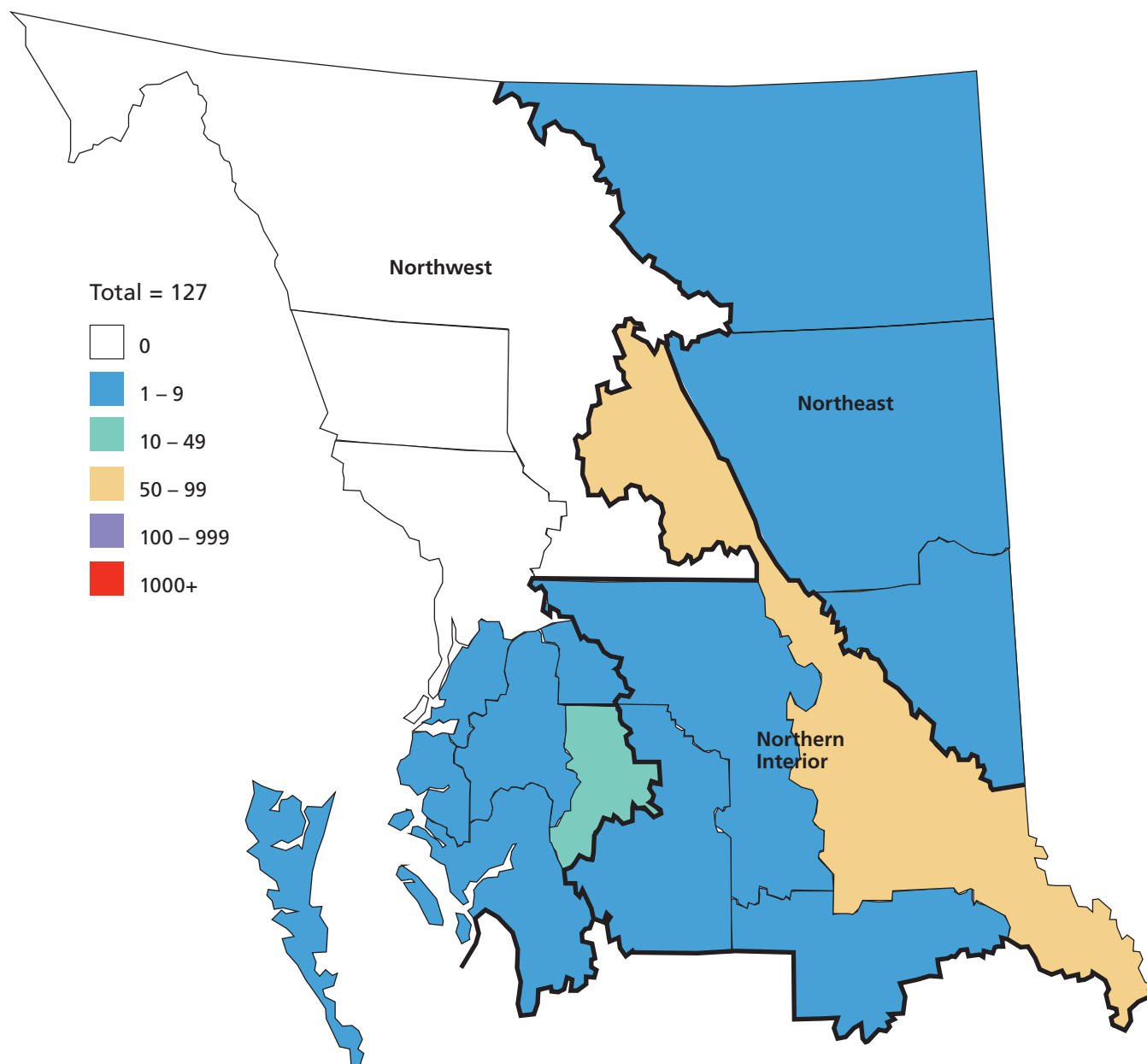
Active DTP participants within health authorities: Interior Health (September 2010)

Total = 323





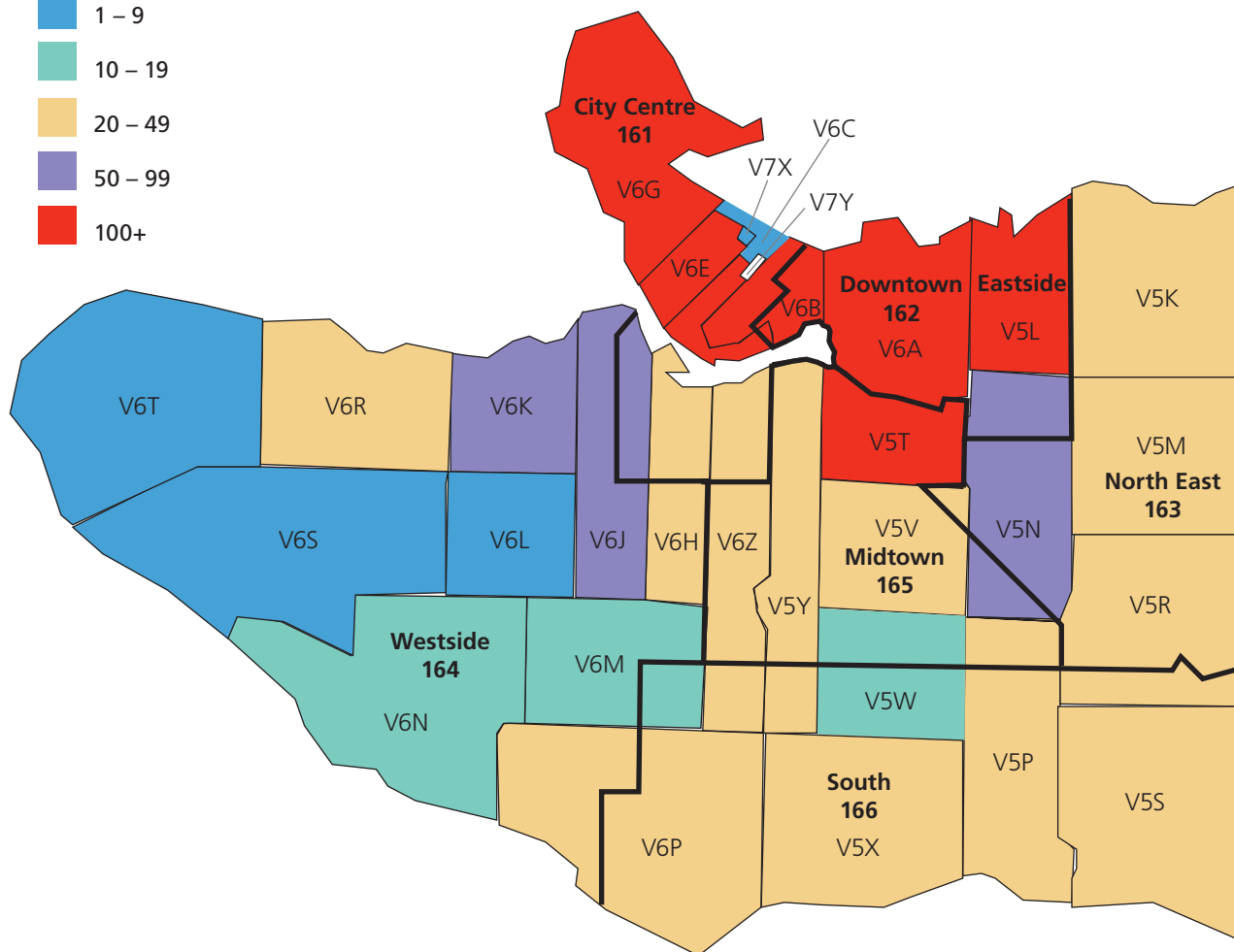
Active DTP participants within health authorities: Northern Health (September 2010)





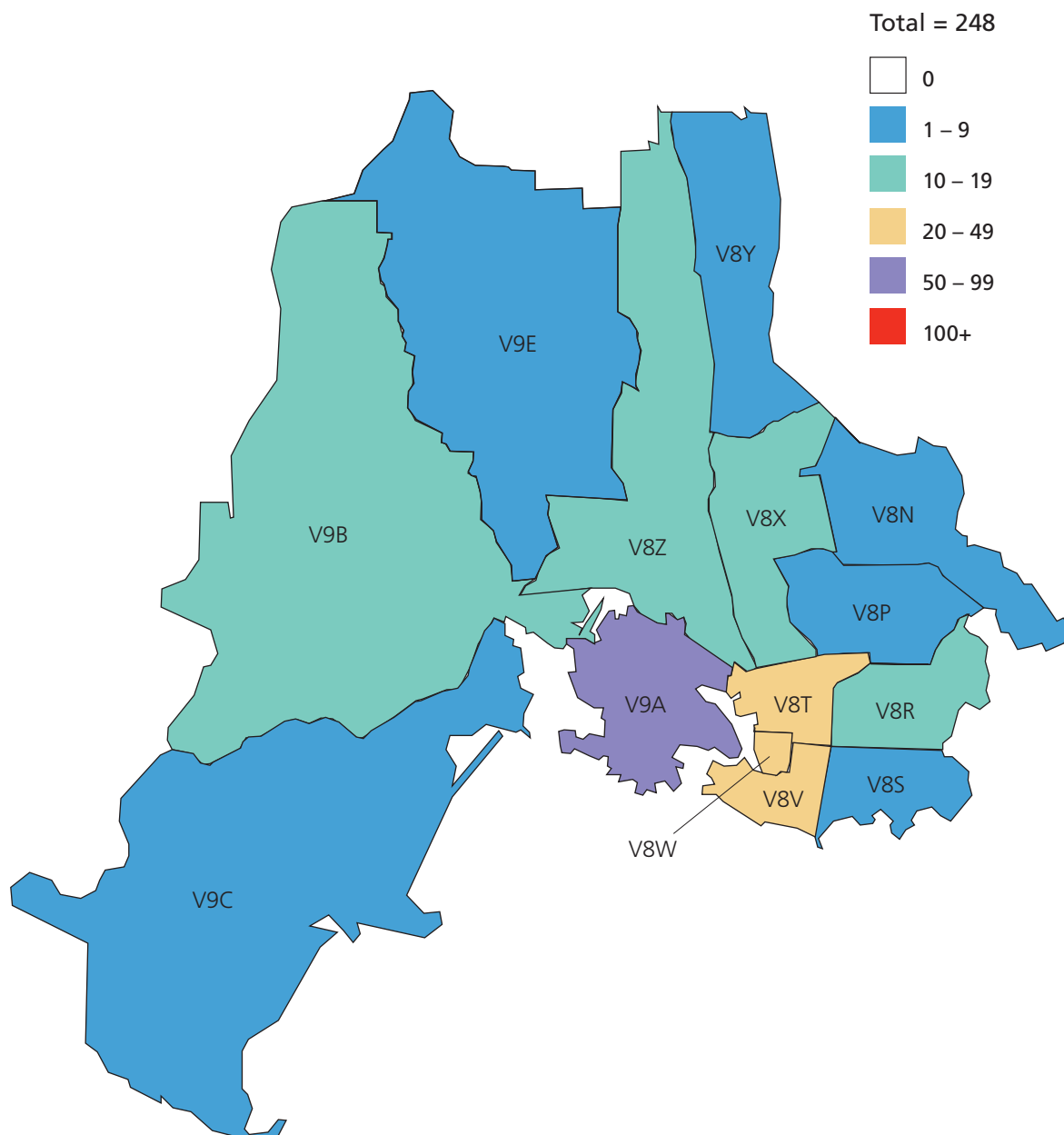
Active DTP participants within select cities: Vancouver (September 2010)

Total = 2,628



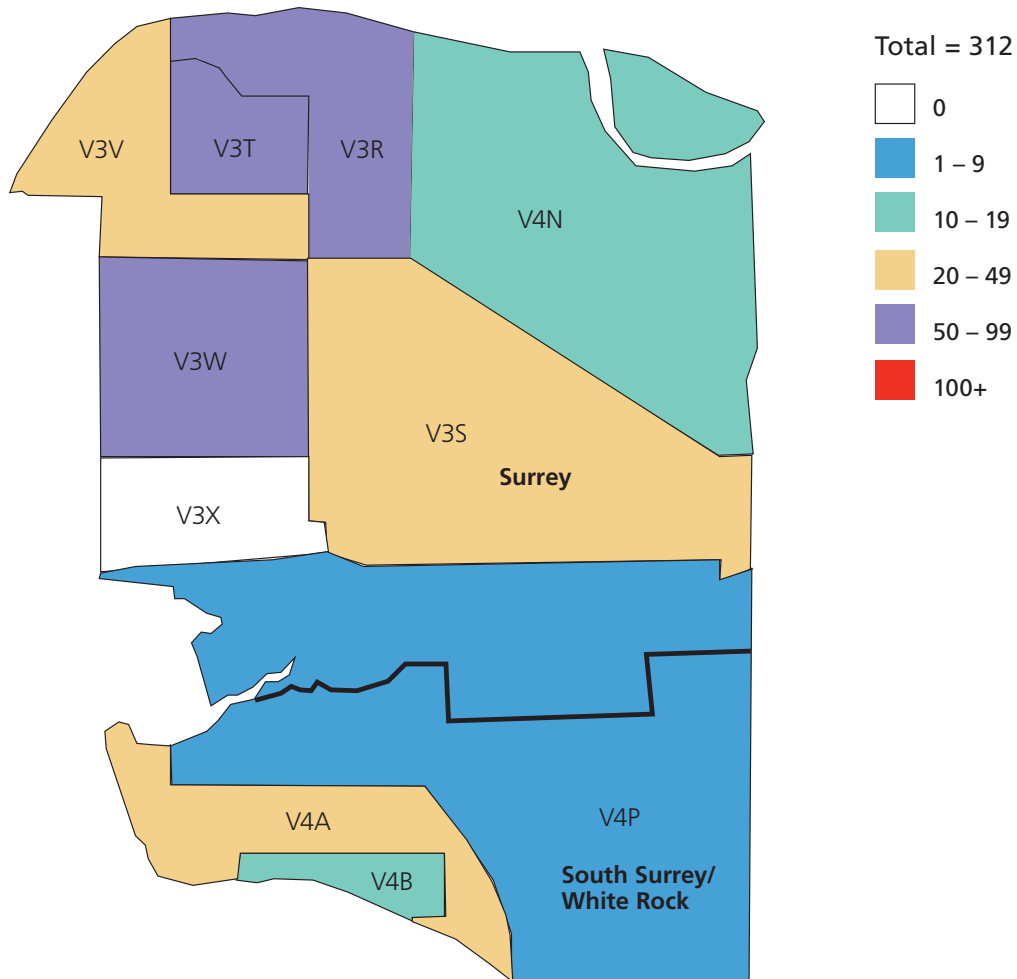


Active DTP participants within select cities: Victoria (September 2010)





Active DTP participants within select cities: Surrey (September 2010)

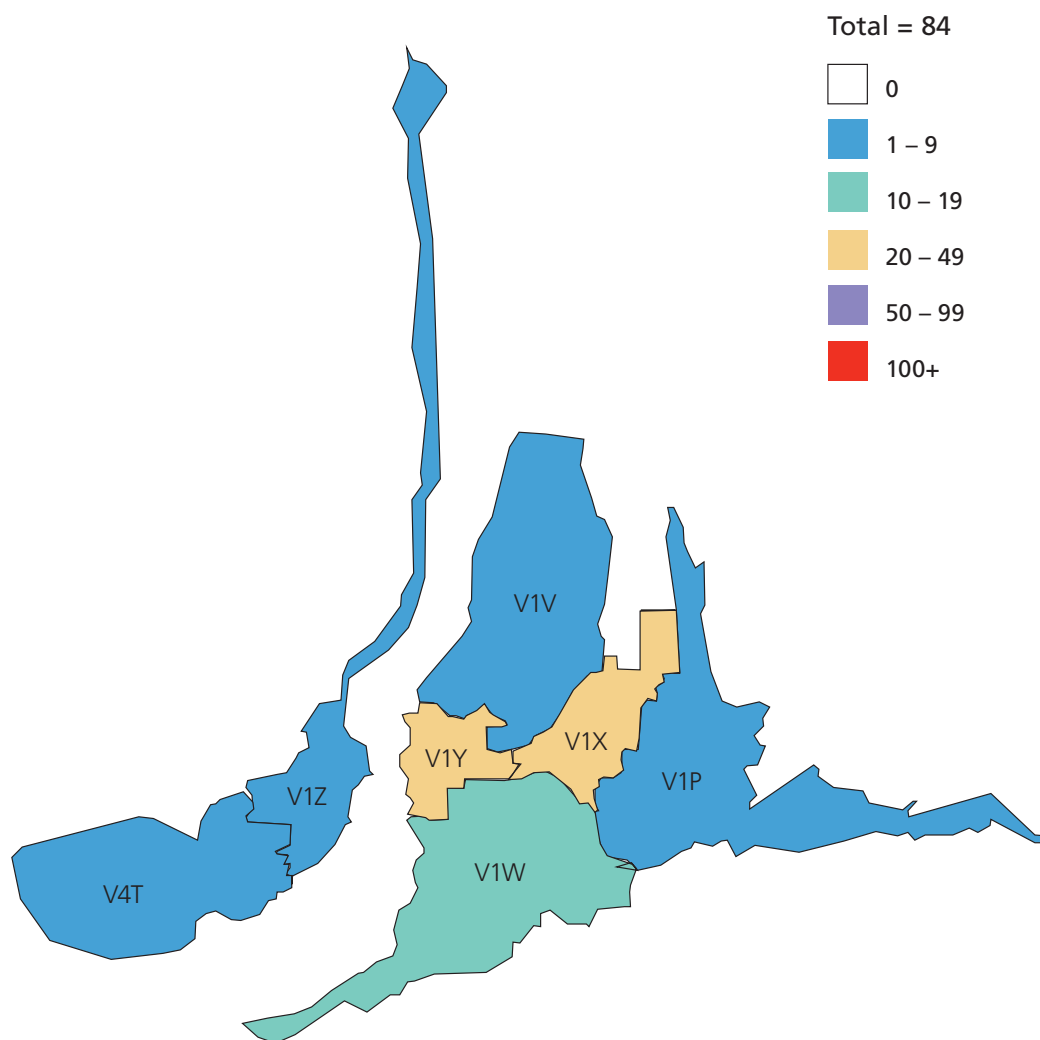




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Active DTP participants within select cities: Kelowna (September 2010)

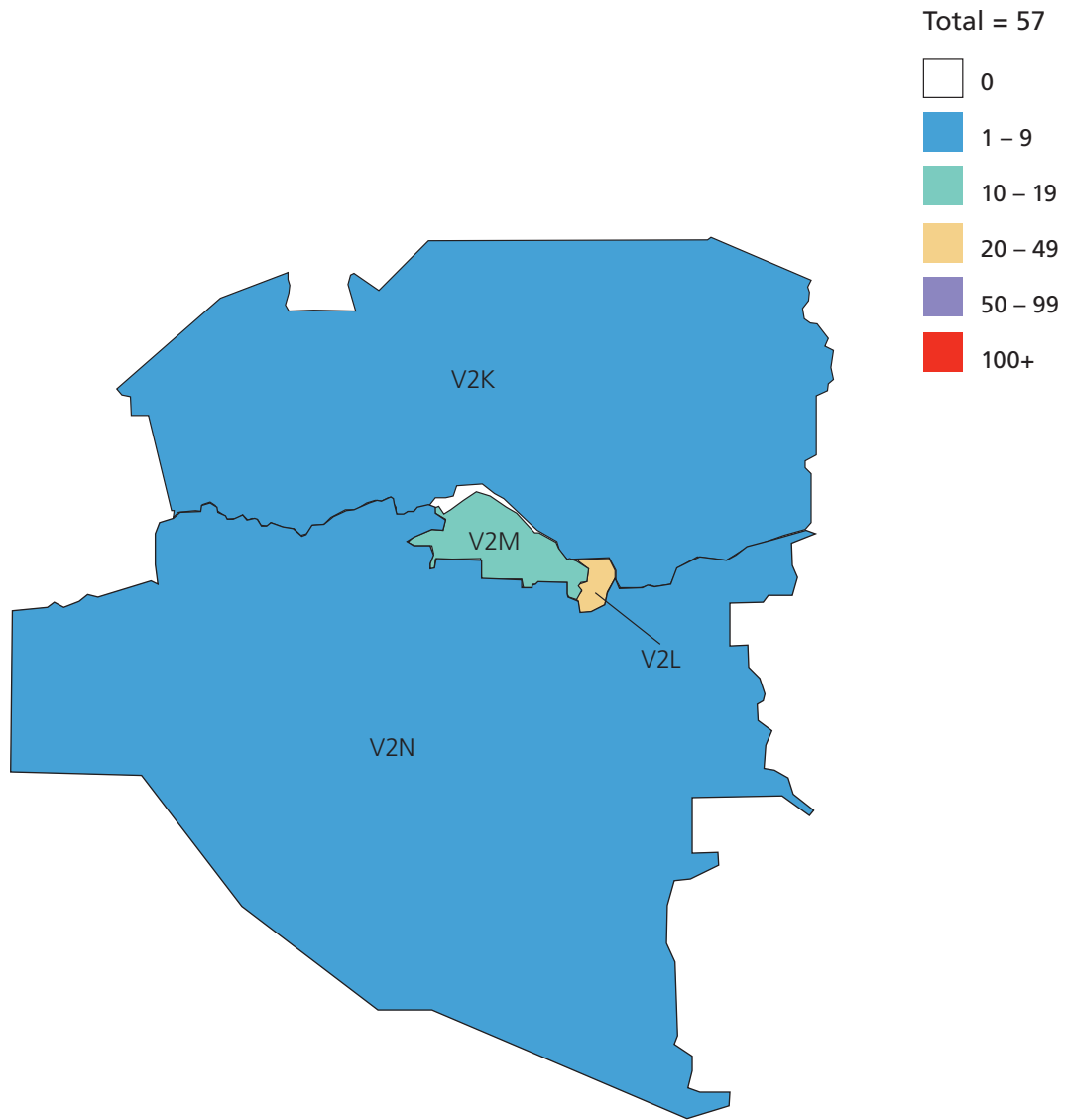




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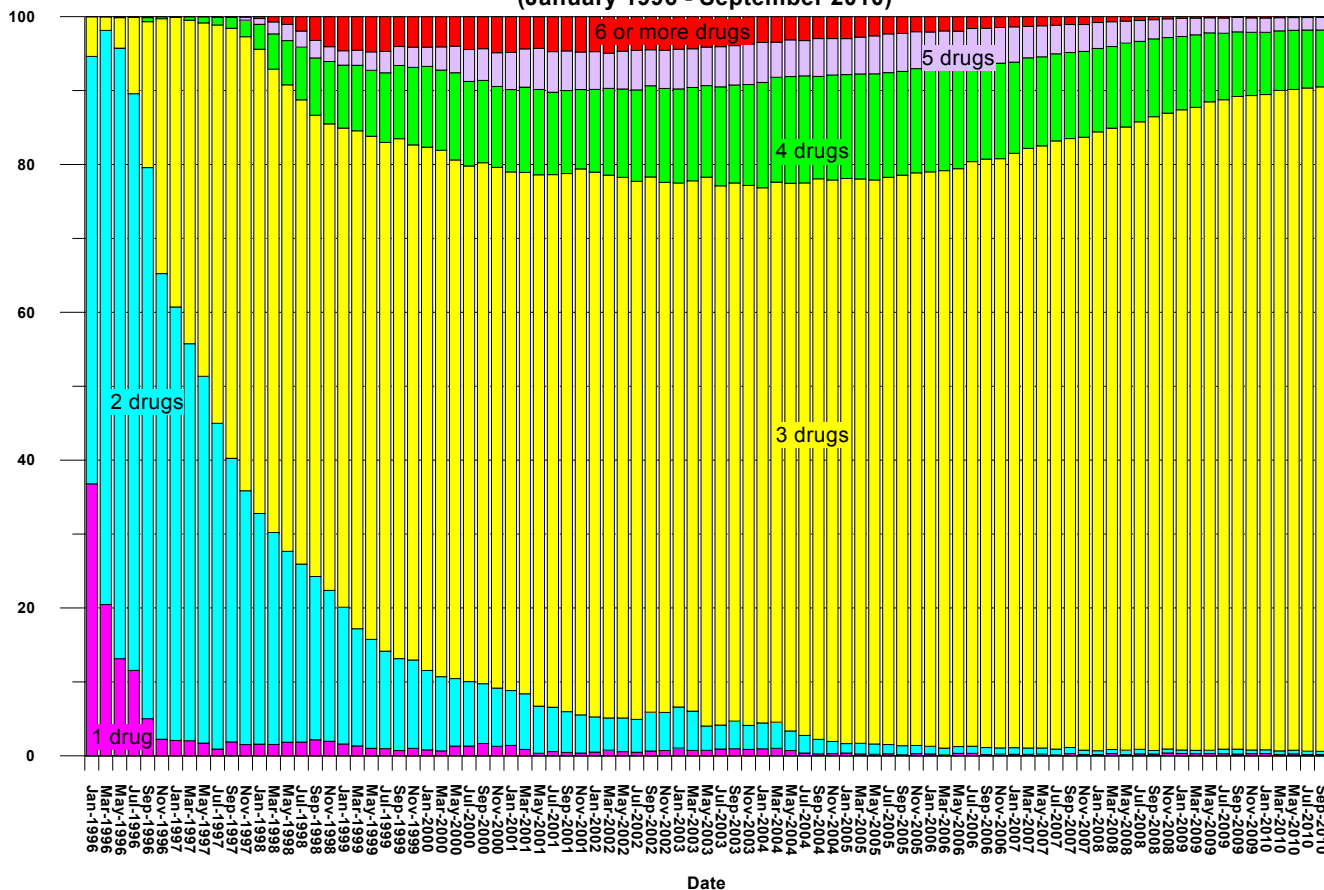
Active DTP participants within select cities: Prince George (September 2010)





Percent Distribution of Participants on ARV Therapies by Number of Drugs (January 1996 – September 2010)

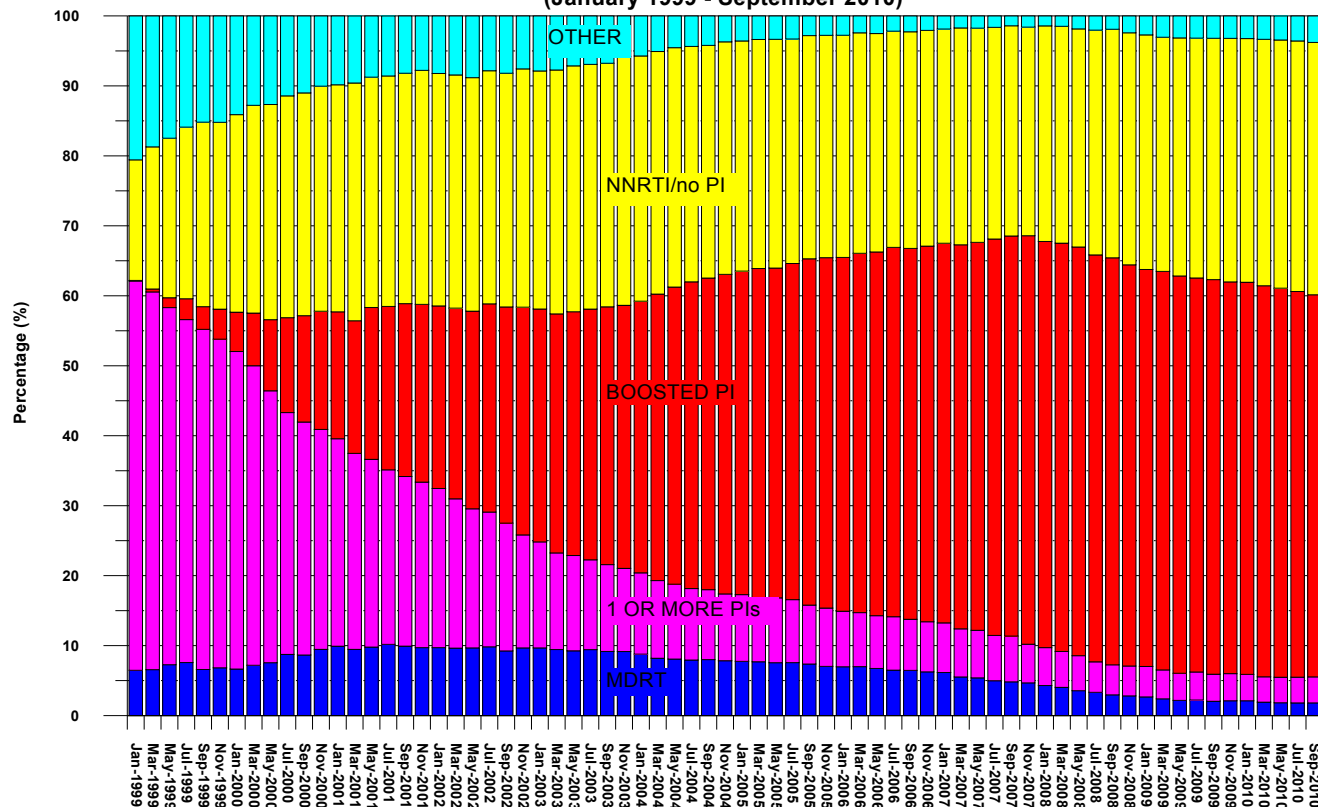
Percent Distribution of Participants on ARV Therapies
by Number of Drugs
(January 1996 - September 2010)





Drug Combination: Distribution of DTP Participants (January 1999 – September 2010)

Distribution of Participants in HIV/AIDS Drug Treatment Program by Drug Combination
(January 1999 - September 2010)



Definitions:

NNRTI (Non-Nucleoside Reverse Transcriptase Inhibitor): an antiretroviral drug that binds to and disables reverse transcriptase, an enzyme that HIV needs to make copies of itself.

PI (Protease Inhibitor): an antiretroviral drug that binds to and blocks HIV protease from working, thus preventing the production of new functional viral particles.

MDRT (Multiple Drug Rescue Therapy, Mega-HAART): the use of five or more antiretroviral drugs to treat HIV, typically some or all of which have been used previously by the individual.

1 or more PI: a combination therapy regimen of four or fewer antiretroviral drugs, including one unboosted PI or two or more PIs with or without a small (less than 800mg daily) additional dose of ritonavir.

Boosted PI: a combination therapy regimen of four or fewer antiretroviral drugs, including one PI and a small (less than 800mg daily) additional dose of ritonavir. The addition of ritonavir inhibits metabolism of other PIs and improves their exposure. This may allow for decreased dosing frequency or pill burden and may improve adherence and antiretroviral activity.

NNRTI/no PI: a combination therapy regimen of four or fewer antiretroviral drugs, including an NNRTI, but no PIs.

Other: a combination therapy regimen of four or fewer antiretroviral drugs, other than MDRT, 1 or more PI, Boosted PI, NNRTI/no PI (e.g. Triple NRTI regimen).



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BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

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