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# SERVICE PROVIDER NEWSLETTER

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## New AfA Guidelines for Initiating Antiretroviral Therapy (ART):

Timing of antiretroviral therapy is not a simple decision. Recently published international guidelines promote starting ART later in the disease than was formerly the case. These changes were made because of increasing recognition that long-term toxicity of ART is a problem, that multiple therapeutic options are limited, and virological resistance is increasing. Furthermore, studies show that provided ART is started before the CD4 count is less than 200, outcome is excellent and immune reconstitution occurs in most cases. The new guidelines have also moved away from using viral load as an indication to start therapy, but this may be used as a guide in some cases. A high viral load is associated with a more rapid decline in the CD4 count, and such patients should have their CD4 count monitored 3 monthly. There is general agreement that once a decision to treat has been made, the most potent combination that can be afforded should be utilised.

The updated AfA guidelines for initiating ART are as follows:

| | |
|---|---|
| CD4 > 350, any viral load | DEFER THERAPY |
| CD4 < 350 (x2), viral load > 55 000<br>CD4 decreasing > 80 cells / year | START ART IF PATIENT READY |
| CD4 200 - 350, viral load < 55000<br>CD4 decreasing < 80 cells / year | DEFER AND START ART WHEN CD4 CLOSE TO 200. |
| CD4 < 200, any viral load | START ART |
| Severe symptoms*, any CD4 / viral load | START ART |

** This will generally have to be objective confirmation of an AIDS-defining illness.*

**Please remember:**

- The HIV infected person's willingness to accept and adhere to a complex and costly regimen of drugs is essential before embarking on therapy. Without this commitment, there is little chance of success.
- The baseline CD4 count should always be repeated before considering therapy, except in advanced disease.
- Short-term ART (6-12 months) at seroconversion is controversial and should only be considered by experienced treaters. Please contact AfA to discuss.

**NB:** It is not necessary to measure the viral load with each CD4 count. The viral load is a very expensive test. In patients not yet on antiretroviral therapy it is only necessary to do an initial viral load and another one just prior to starting therapy.

## Correction to the 4th edition of the AfA Clinical Guidelines:

The correct dose of nelfinavir (Vira-cept®) for children is:

> 55mg/kg twice a day. (Adolescents 750mg tds or 1250mg bd.)
>
> Some experts use 35 - 45 mg/kg/dose tds > 2 years of age and 45 - 55 mg/kg/dose tds < 2 years of age.

Vira-cept® is also available in a powder formulation. The strength of the powder is 50mg/1g spoon and 200mg per teaspoon.

We apologise for any inconvenience caused by this error.

### Drug interaction OF THE MONTH

Antiretroviral therapy and oral contraceptives

Nelfinavir, ritonavir and nevirapine all decrease the oestrogen component in oral contraceptives. In patients on these antiretrovirals a stronger contraceptive pill should be used or a 2 or 3 monthly contraceptive injection or an IUD with progesterone implant. Efavirenz appears to cause an increase in oestrogen levels in healthy volunteers, but the clinical significance of this finding is not known.

All HIV positive patients should be advised to use condoms (in addition to other methods of contraception).

## Patients who should be tested for HIV:

Please remember that ALL patients who fall into ANY of the categories listed below should be offered HIV testing:

- Pregnant women
- Patients with tuberculosis
- Adults with oral candidiasis
- Patients with a sexually transmitted infection
- Patients with significant, unexplained weight loss
- Patients less than 40 years of age with shingles
- Patients with diarrhoea for more than one month
- Patients with an AIDS defining condition

**NB:** An HIV test should only be done with the patient's consent and after the patient has been counselled.

## Scheme Changes for 2003:

The following changes will all take place on the 1 January 2003.

New schemes contracted to Aid for AIDS:

- Liberty
  - Platinum option - AfA benefit of R20 000 per beneficiary per year, R6 600 for MTCT* prophylaxis or PEP*.
  - Gold option - AfA benefit of R15 000 per beneficiary per year, R5 500 for MTCT* prophylaxis or PEP*.
  - Gold cap option - AfA benefit or R10 000 per beneficiary per year, R5 500 for MTCT* prophylaxis or PEP*.
  - Silver option - AfA benefit of R10 000 per beneficiary per year, R2 640 for MTCT* prophylaxis or PEP*.
- UDIPA - AfA benefit of R20 000 per beneficiary per year.
- Namibia Health Plan
  - Gold option - AfA benefit of R25 000 per beneficiary per year.
  - Corporate option - AfA benefit of R25 000 per beneficiary per year.
  - Executive option - AfA benefit of R25 000 per beneficiary per year.
  - Silver option - AfA benefit for MTCT* prophylaxis, PEP* and pathology.
  - Economy option - AfA benefit for MTCT* prophylaxis, PEP* and pathology.

New corporates contracted to Aid for AIDS:

- BP Africa
- Coca-Cola
- Namdeb

The AfA programme is available to employees of these companies. Employees may only be registered by contracted doctors. In some cases the medical scheme HIV benefit (if available) must be exhausted, before the AfA benefit is available.

New scheme options contracted to Aid for AIDS:

- AECI Basic Carecross option. (Member number prefix 460.)
- Bonitas Boncap option. (Member number prefix 470.) Aid for AIDS benefits of R7 500 per beneficiary per year. Limited to mother-to-child transmission prophylaxis + post-exposure prophylaxis.
- Medshield Medivalue option. (Member number prefix 450.) Aid for AIDS benefit for prophylaxis only.
- OmniHealth OmniSave option. (Member number prefix 192.) Aid for AIDS benefit of R25 000 per family per year.

### Practice point
OF THE MONTH

Patients on nevirapine may experience an increase in liver enzymes and in rare cases severe hepatitis (usually in the first 8 weeks of therapy). After a full baseline LFT, ALT should be monitored regularly - after two weeks, four weeks and 2 months on nevirapine. Thereafter 3 monthly if there are no problems.

**NB:** ALT on its own is adequate for monitoring liver function in most cases. It is not necessary to request full LFTs.

Schemes changing administrators from Medscheme to Sovereign Health:

**NB:** These schemes are all still contracted to Aid for AIDS.

- Alliance - Midmed
- SA Breweries (including Castellion option)
- Topmed

Benefit Changes:

| Scheme | Option | Change |
|---|---|---|
| Aacmed | Standard Care | AfA benefit increased to R12 000 per beneficiary per year. |
| Benmed | | AfA benefit reduced to R25 000 per family per year. |
| Bonitas | Primary (Mem no prefix = 277) | AfA benefit reduced to R7 500 per beneficiary per year. Limited to MTCT* prophylaxis + PEP* |
| Bonitas | Standard (Mem no prefix = 020) | AfA benefit reduced to R15 000 per beneficiary per year. |
| Bonitas | Bonsave (Mem no prefix = 240) | AfA benefit reduced to R15 000 per beneficiary per year. |
| G5MED | Both options (Mem no prefix = 116 + 117) | AfA benefit reduced to R25 000 per beneficiary per year. |
| Med-shield | Mediplus (Mem no prefix = 143) | AfA benefit reduced to R25 000 per family per year. |
| Med-shield | Medielite (Mem no prefix = 144) | AfA benefit reduced to R25 000 per family per year. |
| Med-shield | Medibase (Mem no prefix = 147) | AfA benefit reduced to R25 000 per family per year. |
| Med-shield | Medibonus (Mem no prefix = 251) | AfA benefit reduced to R25 000 per family per year. |
| Nimas | Quantum | AfA benefit reduced to R10 000 per beneficiary per year. |
| Omni-Health | Omnitop (Mem no prefix = 134) | AfA benefit reduced to R25 000 per family per year. |
| SABC | Mem no prefix = 009 | AfA benefit reduced to R25 000 per beneficiary per year. |
| Wits | | AfA benefit increased to R44 000 per beneficiary per year (includes pathology). |

Schemes / scheme options to be discontinued:

- Fedhealth Ultimax with Xtracare (member number prefix 333) is merging with Fedhealth Ultimax with Xtracare and OHEB (member number prefix 334).
- Fedhealth Maxima Medium High funding (member number prefix 367) is merging with Fedhealth Maxima Medium Low (member number prefix 352).
- Independent Newspapers (INMAS, member number prefix 078) is merging with Bonitas.
- Medshield Maxi-Elite option (member number prefix 237).
- OmniHealth OmniCore option (member number prefix 138).

Schemes leaving Aid for AIDS:

- NBS-BoE Group
- Quantum

** MTCT = mother-to-child transmission*
** PEP = post-exposure prophylaxis*

**Please note:**
Not all of the scheme changes for 2003 have been finalized yet. There may be further changes to the above information before the end of the year. Please contact AfA in 2003 for an updated copy of the list of contracted schemes and benefits.