

CRITICAL REVIEW: CHIVA CONFERENCE May 12th 2017

Drugs Update Professor Saye Khoo

Professor Khoo's session covered three main topics: new things happening with HIV drugs and strategies, drug-drug interactions and emerging data on pregnancy. He presented commonly used antiretrovirals, whether there was a different strength pill for children and/or formulation and showed bands of indications.

There are different generic formulations of drugs, really new formulations (LAC/Rilviripine) and interest in nano-formulating (getting the volume of drugs down to be implanted). Merck has a new drug EFda which is very potent in just a tiny amount (one 10mg tablet has a half-life of weeks).

A yellow category of drug interactions is being introduced, indicating a possible interaction that could be ignored. Additional resources exist with information on PrEP in adults, gender transitioning for adults, people with swallowing difficulties etc.

Prof Khoo then discussed the following topics:

- There is a big drive to reduce vertical transmission
 - Considerations of drug disposition in the mother in the 3rd trimester and how much drug the baby sees in pregnancy (cord blood ratios) are needed
- Impact on pharmacokinetics across drug categories
 - PIs show a 30% drop – as a class, they are affected in the 3rd trimester with reduced drug exposure
- Debate on darunavir in the 3d trimester and talked about cord blood and how much drug gets across through to baby (protein binding impacts this)
- Ratio of cord to maternal plasma and ratio of amniotic fluid to maternal plasma across drug classes were presented
- Loading the babies with drugs, half-life and wash out
- Reduction of MTCT in developing countries but residual transmission
 - A lot of resistant viruses are being transmitted (almost 1/3 of HIV infected infants have multi-class resistance)
- Late initiation of HAART and its association with significant morbidity and mortality in SSA (strong case for use of integrase inhibitors)
- Raltegravir is the only one with evidence base for safety
- Dolutegravir is a concern re: congenital anomaly rates
- Pregnancy studies planned and will have much more data from ongoing studies soon
- ART and breastfeeding in pregnancy are generally safe, should be registering patients on the Antiviral Pregnancy Registry before they deliver
 - FDA have changed the way they label drugs for pregnancy.

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