


symposium

Boehringer Ingelheim Satellite Symposium

Aiming for the long-term: focus on the individual

Monday, November 10th, 2008
17:00 h–18:30 h, Clyde Auditorium

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| 17:00 h | Chair's welcome and introduction
<i>Prof. José Gatell, Barcelona (Spain)</i> |
| 17:05 h | Considering the individual –
principles of treatment choice
<i>Dr. Laura Waters, London (UK)</i> |
| 17:25 h | Initiating and maintaining HAART –
aiming for the long term in treatment-
naïve patients
<i>Prof. Georg Behrens, Hannover (Germany)</i> |
| 17:50 h | Understanding PI resistance –
aiming for the long term in treatment-
experienced patients
<i>Dr. Anna Maria Geretti, London (UK)</i> |
| 18:20 h | Panel discussion |



There's a quiet evolution happening in HIV treatment

- > **Long-term tolerability:** Viramune® is a potent ARV with a favourable long-term tolerability profile that fits well into patients' lives¹⁻⁴
- > **Potent efficacy in the NNRTI class:** Viramune® provides patients with the proven potency needed to achieve and sustain undetectable viral loads²⁻⁵

1. Hartmann M, et al. *International Journal of STD & AIDS* 2005; 404-409. 2. Benzie A, et al. Long and strong: experience of first line therapy with nevirapine (NVP) in a cohort of antiretroviral (ART) naïve HIV positive patients. BHIVA Dublin 20-23rd April, 2005. Abstract P25. 3. Mackie N, et al. Durability and tolerability of nevirapine-containing regimens in a cohort of antiretroviral-naïve HIV-positive patients. XIV International AIDS Conference, Barcelona 2002. Abstract no. TuPeB4443. 4. Wit F, et al. Presented at 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2007); Sydney, Australia; 22-25 July 2007. Abstract Number WEPEB032. 5. van Leth F, et al. *Lancet* 2004; 363: 1253-1263.

Prescribing Information (UK) Tablets & Suspension

VIRAMUNE Tablets containing 200 mg nevirapine, oral suspension containing 10 mg/ml. **Action:** Non-nucleoside reverse transcriptase inhibitor (NNRTI) of HIV-1. **Indication:** Combination therapy for the antiretroviral treatment of HIV-1 infected patients. **Dose & administration:** **Adult:** 200 mg daily for 14 days, then 200 mg twice daily. **Paediatric; By body surface area:** 150 mg/m² once daily for 14 days, then 150 mg/m² twice daily. **By body weight:** below 8 years (suspension): 4 mg/kg once daily for 14 days, then 7 mg/kg twice daily. 8-16 years (suspension): 4 mg/kg once daily for 14 days, then 4 mg/kg twice daily. The dosage must be strictly adhered to, especially the 14-day lead-in period. If rash occurs during lead-in period do not increase dose until rash has resolved. Maximum daily dose 400 mg. Combine with at least two other antiretroviral agents to which the patient has not previously been exposed. After treatment interruption > 7 days start with lead-in dose for 14 days. **Contraindications:** Hypersensitivity to any component. Previous Viramune-associated severe rash, rash with constitutional symptoms, hypersensitivity reactions, or clinical hepatitis. Severe hepatic impairment (Child-Pugh C) or pre-treatment ASAT or ALAT > 5 ULN. Recurrence of liver function abnormalities on re-administration after previous increases in ASAT or ALAT > 5 ULN. **Co-administration with St John's Wort.** **Warnings & precautions:** Monitor for skin and/or hepatic reactions during the first 18 weeks. The greatest risk is in the first 6 weeks. Unless the benefit outweighs the risk, Viramune should not be initiated in adult females with CD4+ cell count > 250 cells/mm³ or adult males with CD4+ cell counts > 400 cells/mm³. Monitor liver function every 2 weeks during the first 8 weeks of treatment, at 12 weeks, and then regularly. Perform LFTs if patients present with a Viramune-associated rash. Discontinue Viramune permanently if ASAT or ALAT > 5 ULN. Pre-existing increased ASAT or ALAT levels > 2.5 ULN and/or co-infection with hepatitis B or C increases risk of hepatic adverse reactions and require more frequent monitoring. Advise patients to promptly notify their physician

of any rash; those developing signs or symptoms of hepatitis, severe skin reaction or hypersensitivity should discontinue Viramune and seek medical evaluation immediately. Viramune must not be restarted following severe hepatic, skin or hypersensitivity reaction. Hormonal methods of birth control should not be used alone. Advise patients to seek medical advice if they experience joint aches and pain, joint stiffness or difficulty in movement; osteonecrosis has been reported, particularly in patients with advanced HIV-disease and/or long-term exposure to CART. **Interactions:** See SPC. Plasma levels of substances metabolised by CYP3A4 or 2B6 may be reduced. Plasma levels of Viramune may be reduced by strong CYP inducers. Concomitant use of rifampicin not recommended. **Pregnancy and lactation:** Not recommended. **Undesirable effects:** Most serious (rarely, fatal) are SJS/TEN (0.1%) or serious hepatitis/hepatic failure (isolated or associated with rash & constitutional symptoms e fever, arthralgia, myalgia, lymphadenopathy, plus visceral involvement such as hepatitis, eosinophilia, granulocytopenia and renal dysfunction). Common: headache; vomiting, diarrhoea, abdominal pain, nausea; rash (13.6%); myalgia; fever, fatigue; hypersensitivity; hepatitis (1.4%), abnormal liver function tests; granulocytopenia. An inflammatory reaction to asymptomatic or residual opportunistic infections may arise on initiation of CART. Granulocytopenia and anaemia more common in children than adults. See SPC for other side effects. **Pack sizes and NHS price:** 60 tablets £160.00. 240 ml suspension £50.40. POM. **Marketing Authorisation Holder:** Boehringer Ingelheim International GmbH, D-55216 Ingelheim am Rhein, Germany. **MA numbers:** Tablets: EU/1/97/055/001. Suspension: EU/1/97/055/002. Prescribers should consult the Summary of Product Characteristics for full prescribing information. Prepared in June 2008. **Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Boehringer Ingelheim Drug Safety on 0800 328 1627 (freephone).**



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