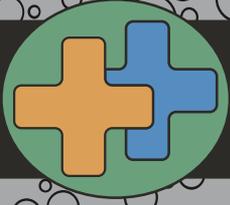


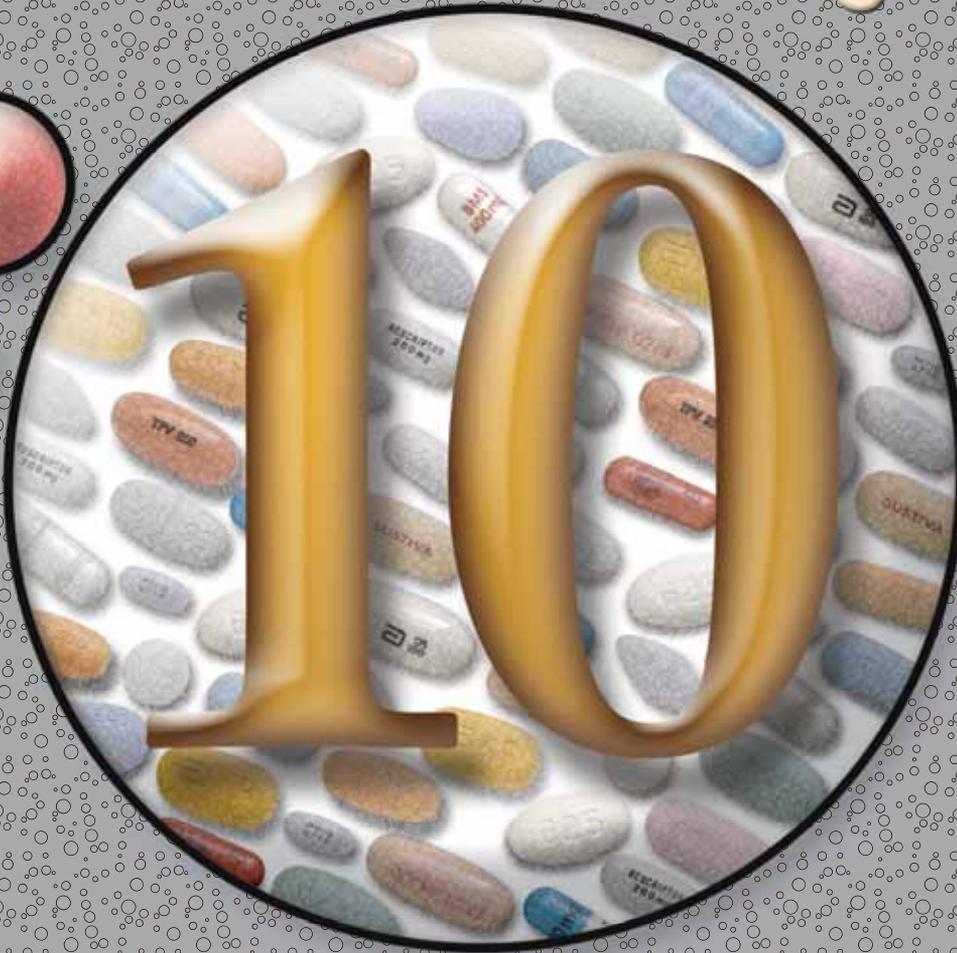
January / February 2006



Positively Aware

The Journal of Test Positive Aware Network

The Tenth Annual HIV Drug Guide



PLUS!

- Misinformation in HIV/AIDS Care
- Pull-out Drug Chart
- 2005 PA Index

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A model, photograph, or author's HIV status should not be assumed based on their appearance in *Positively Aware*.

You can view these
(and other stories from previous issues)
online at
<http://www.tpan.com>

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The Tenth Annual HIV Drug Guide

DRUG CLASS	
Drug	page number
NUCLEOSIDE ANALOGS (ALSO CALLED "NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS," OR NRTIS, OR NUKES)	
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Epivir (lamivudine, 3TC)	19
Epzicom (Epivir/Ziagen)	20
Hivid (ddC)	21
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Norvir (ritonavir)	39
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Viracept (nelfinavir)	42
FUSION INHIBITOR	
Fuzeon (T-20, enfuvirtide)	43

A GUIDE TO USING THIS GUIDE



pay if you did not have insurance—most of the time that amount will be much higher than the AWP.

Finally, brand names, generic names, and abbreviations of drugs are frequently used interchangeably throughout the issue. Try to familiarize yourself with these different names for the same drug (for example, Retrovir, zidovudine and AZT are all different names for one drug). And now that many drugs are beginning to go off patent, generic versions of drugs are becoming available, hopefully translating into lower prices and co-pays for consumers.

Thanks to Nelson Vergel, Andrew Halbur, BSPHarm, Dan Berger, MD, Patrick Clay, PharmD, Enid Vázquez, Matt Sharp and Keith Green for their contributions to this year's guide. And a very special thanks to Chad Zawitz, MD—I bumped into Chad at the gym during the summer, and asked him if he would work with us on this year's drug guide. Soon afterwards, he and his partner, along with a handful of other physicians and providers, found themselves providing care and relief to hundreds of victims in New Orleans, as the nightmare of Katrina unfolded before their eyes. I spoke with Chad shortly after his return, and while noticeably shaken, he insisted on following through on his commitment, and for that we are truly grateful.

Take care of yourself, and each other,

Jeff Berry
Editor
publications@tpan.com

The 10th anniversary issue of the *Positively Aware* HIV Drug Guide gives cause for celebration. Our first guide, in 1996, listed nine antiretroviral drugs in three different drug classes. Today there are over 26 approved therapies for treating HIV, in four different classes. What a difference a decade makes.

So, in an effort to try to help make the information a little less daunting and easier to comprehend, we've made a few changes to this year's guide—while also keeping intact some of the characteristics which have continued to make this our most popular and requested issue, year after year.

Drugs are color-coded by class: nukes, non-nukes, protease inhibitors (PIs), and entry inhibitor (currently there is only one drug in this class, Fuzeon). Drugs are listed alphabetically by brand name (the one exception is TMC-114, an experimental PI).

As always, we've included only those experimental drugs which are due to be approved over the course of the coming year. We've also kept those drugs that are due to be discontinued or are near extinction (due to reformulation or toxicities), for the sake of clarity, and because the individuals taking those drugs, however few they may be, still need to make informed choices regarding treatment, drug interactions and side effects.

Fixed-dose combinations (FDC), or formulations that are made up of two or more drugs, are clearly marked "Combo Drug!" Keep in mind that FDCs are still recommended to be taken in combination with another drug or drugs. (And remember, when switching, it's still recommended that you change more than one drug, or add a second, new drug to your existing regimen.)

One FDC in development will combine Sustiva with Truvada (made up of Viread and Emtriva). Once successfully formulated, this will be the first combo drug utilizing two different classes of drugs (not to mention two different drug companies) and will hopefully be one pill, once a day. My,

how far we've come, since the days of swallowing handfuls of large, chalky horse-pills, and meds that need to be taken every eight hours, on an empty stomach, and downed with jugs of water!

In addition, there are dozens of drugs in the pipeline, including new classes of drugs, such as attachment inhibitors, integrase inhibitors, a maturation inhibitor, and CCR5 entry inhibitors. Entry inhibitors block the virus from entering the CD4 T-cell at different points of entry. CCR5s mark a radical change from existing therapies, which interrupt the replication of the virus at different steps once the cell has already become infected.

You'll also find in the center of the issue our ever-popular, pullout drug chart, which allows you to easily pinpoint dosing information, and food and liquid qualifications for each drug. Many drugs now have more than one possible dose, and the dose can vary sometimes depending on your weight, whether or not a drug is boosted with another drug, or whether or not you are treatment experienced. Almost all of the protease inhibitors now can or must be boosted with a lower dose of Norvir, raising the blood levels of the PI and allowing you to take lower doses—sometimes reducing, while other times increasing side effects. Refer to the standard dose on each drug page for boosting recommendations.

New with this issue: at-a-glance side effects and drug interactions charts, making it easier to quickly find some of the more common side effects and as well as drug interactions associated with each drug. Always refer to the individual drug pages, the manufacturer's package insert, or your physician or pharmacist for a complete listing of drug side effects and drug-drug interactions.

Average wholesale price (AWP) is basically the "industry standard", the price which everyone goes by and the one that pharmacies will use to negotiate the amount they pay for the drugs. It is not what your insurance company will pay for the drug, or even what you would have to

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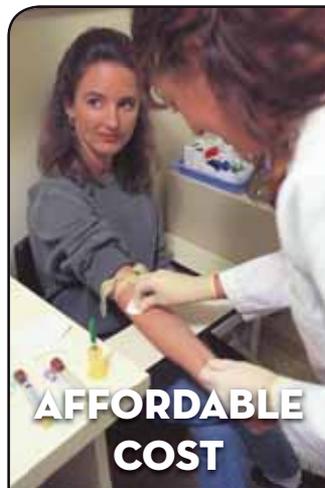
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TPAN recommends that all medical treatments or products be discussed thoroughly and frankly with a licensed and fully HIV-informed medical practitioner, preferably a personal physician.

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CONDOMS

I've just finished reading the article on the U.S. government-run HIV prevention conference where a safety manual (not on safe sex, though), instead of condoms, was the "star" item in the tote bag distributed among the participants, and I must admit I couldn't avoid roaring with laughter (Pickett Fences, September/October 2005).

I'm a citizen and a resident of Brazil, where the Catholic Church tried hard, and unsuccessfully, thank God, to limit or dismantle government action regarding AIDS prevention and treatment (and birth control, since it's in the same sex-related field some religions insist on keeping control of). Treatment is available universally, free of charge, at Brazilian public hospitals for every HIV-positive person. There's also a publicly run and funded program for positive pregnant women to provide treatment for preventing transmission.

This reality leaves me wondering why the president and a considerable percentage of the people of the wealthiest nation on earth can be so shortsighted and narrow-minded as to oppose so strongly the broadening of the use of condoms, in lieu of the utopic and almost childish expectation of a sudden contagious practice of sexual abstinence. All of this in a country that has historically been proud of the separation between church and state, where people go to court to remove the least bits of religion-related things from taxpayer-funded whatevers, and even to have God out of the Pledge of Allegiance (I'll refrain from commenting on the ludicrous century-old judicial battle about the teaching of evolution vs. creationism in public schools).

I'll try to find time to read more of Mr. Pickett's articles.

Name withheld,
via the Internet

Thanks for a great article written so well with humor and truth. I was actually

the vendor who had sent 3,000 safer sex kits, including both condoms and lubes, to the conference for bag inserts, and they ended up sitting in front of my booth at the start of the conference to be handed out for the next three days. Thanks for all of your hard work and keep up the good fight.

Don Nelson,
Total Access Group, Inc.,
via the Internet

I am an HIV/AIDS educator in Olympia, Washington. In this position I distribute condoms and other risk reduction supplies. I am also forbidden from distributing condoms to some groups. These are often the groups that may most benefit from their distribution, especially youths, including those in drug rehab centers. Another difficult reality is the increasing focus on abstinence only education that is exclusionary of other risk reduction methods. I was recently asked to address a local high school for a World AIDS Day assembly. I was also asked not to mention condom use with out first stressing abstinence. At least I can mention condoms but making them available to youth is another story. No way in this school. Thank you for addressing these difficult topics in such a comical way.

Amanda Milholland,
United Communities AIDS Network
(UCAN)

HMO HELL

When I read Carlos Perez's article on his experience with his new HMO (My Kind of Life, September/October 2005), it was *deja vu* all over again. I had the misfortune of being covered by an HMO when I was first diagnosed back in 1988. The first doctor I went to was very sweet. She sat down next to me in the examining room, took my hand and said, "You will be only my second HIV-positive patient. My other patient is in the hospital right now and I

will tell you what I told him. This is going to be a learning experience for both of us. We will make some mistakes along the way, but we will get through this together." I was touched by her compassion but wasn't quite sold on her "crash-test dummy" approach to HIV care. I don't remember anything she said after that because I had already mentally crossed her off the list! I thought, if I have to deal with this HIV bullshit, I am going to find a goddamned expert. Practice on somebody else, bitch!

Believing my experience with this "HIV inexperienced" doctor was due to location (Burbank), I decided to switch to a new doctor with an office closer to West Hollywood. Certainly they will have seen a lot more HIV on the other side of the Hollywood Hills. So I opened up my HMO directory and selected an MD in Beverly Hills. During my first visit he said to me, "You know, Dan, if this whole gay thing is a choice for you, I would say it's proven itself to be a pretty bad choice." Striiiiike two!

Okay, so proximity to fabulousness doesn't seem to work either. Let's try another approach. Open the HMO directory and there he is almost jumping off the page at me, Ted Hak, MD, in Santa Monica. It may be counterintuitive, but anyone who would go through seven years of med school and keep the last name Hak must be a fucking miracle worker. Off we go to see Dr. Hak and as it turns out, he was an excellent, compassionate physician who provided me with excellent care without any personal judgments or the lab rat bedside manner. I stayed with Dr. Hak for the rest of the year until I had the chance to jump onto the PPO at open enrollment.

Once on the PPO, I used my tried-and-true method for finding a good physician. Funny name = quality care. Hmmm, let's see, here we go... Peter Wolfe, MD, in Beverly Hills, cum laude, Harvard Medical School, member of the amfAR Scientific Advisory Committee. You're hired! All kidding aside, Dr. Wolfe managed to keep me

and many of my friends and acquaintances alive and healthy through those dark days in the late '80s and early '90s. In fact, my immune system is stronger today than when I started this little journey more than 17 years ago.

Name withheld,
via the Internet

I used to live in Chicago. I had a great doctor, Dr. Andrew Pavlatos. I had an HMO too, and I had no problems. The problems started when my partner and I moved to central Florida six years ago. I had a lot of doctors. I would tell them, "I'm HIV-positive" and they would tell me they aren't familiar with the disease. My HMO referred me to other doctors, and I went to five different ones. Then I finally got a specialist. Weeks later he went out of business. I got another doctor. After two years, he went out of business too. I finally have one and he referred me to an infectious disease specialist. He's got a four month waiting list. It's like Hooterville down here. No one needs to go through the hell I went through.

Name withheld,
via the Internet

TIM'M WEST

The recent article with Tim'm West resonates with my spirit. He's most def an inspiring brother. I identified creatively, culturally, emotionally, physically and sexually with his amazing journey. As a filmmaker, poet, writer and African descended SGL [same-gender-loving] man living with AIDS—while struggling with depression—it helps to know brothers are challenged and charged, learning and loving, striving and surviving the complexities of being human. Thank you.

Name withheld,
via the Internet

I just wanted to say how much I enjoyed the interview with Tim'm West. He says so much in so few words. It was brief, but a pleasure to read, and took me back in time as well as reminded me of my own values and beliefs. It is easy to see why he is a writer, because indeed even his spoken words are poetry. Thank you.

Name withheld,
via the Internet

MEDICARE PART D

I am writing regarding the article "Medicare's New Drug Program Creates Challenges," written by David Munar and dated September/October 2005. I read this article online at http://thebody.com/tpan/septoct_05/medicare.html.

This is, by far, the clearest and most concise summary of the new Medicare Part D program and how it will impact people with HIV. It was cleverly written (I like the "D"-themed titles appearing throughout), easy to read, and highly informative. Thank you for writing and publishing such a fantastic article.

I work on Minnesota's statewide HIV hotline, and this article will help me assist our callers better when they inquire about these new changes in Medicare.

Great work, and thank you!
Rick Sutherland
Community Educator, MAP AIDSLINE
Minnesota AIDS Project

THE POWER OF IMAGINATION

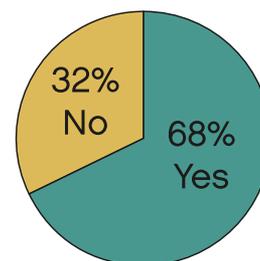
I really loved your Editor's Note (September/October 2005). It went to the heart of so many issues. Well done!

Name withheld,
via the Internet ☒

November/December PA Online Poll Results

**Do you believe that HIV,
the virus that causes
AIDS, is a conspiracy
against marginalized
populations?**

No 68%
Yes 32%



Comment:

Please—it's a disease, not a conspiracy.



**November / December
PA Online Poll:**

**What, in your opinion,
is the most important
issue regarding HIV/AIDS
treatment today?**

**Give your answer at
www.tpan.com**



Misinformation in HIV/AIDS Care

There's more than one way
to skin a virus

by Matt Sharp

The advances made in HIV therapy have obviously saved thousands of lives.

But now, almost 20 years since the first HIV medication came on the market, the number of possible drug combinations can be overwhelming. The intricacy of treating HIV cannot be overstated, causing overall care to be problematic and sometimes substandard.

Few HIV practitioners have the time or wherewithal to keep up with the latest cache of information. People with HIV themselves cannot possibly stay completely informed. Pitfalls abound.

DOCTOR PROBLEMS

Docs often practice by their clinical experience or lack of experience, rather than following the latest treatment information based on large randomized controlled clinical trials. Rural doctors have much less access to other HIV providers and treatment forums. Obviously, some doctors are better at keeping up with the information than others. The best HIV treater has been in practice a long time and gets continuing HIV provider education.

Doctors are also rushed, locked into the time constraints of managed care. They also have more patients, since the field of HIV medicine is getting smaller due to competition and market forces.

In some cases, unfortunately, there is complacency and less concern for the whole person that results in a lack of optimal care. There is such a focus on the virus that sometimes the host is forgotten. STD infection, re-infection, depression, substance use and co-infection are some pressing concerns and issues with HIV-positive people.

MYTHS AND COMPLACENCY

Some people with HIV today are less informed because the desperation around illness and death may not be an issue anymore. They also may have become apathetic and not want the latest treatment information, or they may not have access to it, or know how to access it. They also may ask for a medication they have heard about through an urban myth or advertisement, or want to stop a medication, not understanding that there may be effective ways to deal with side effects. On the other hand, some want a drug simply because they have seen positive effects with it out in the community.

GUIDELINES

The Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents (aidsinfo.nih.gov) can help providers. But treatment guidelines are only that, a guide for treating, not a prescription.

Nevertheless, the guidelines are the best amalgam of HIV treatment information we have and can be helpful, especially for the inexperienced medical provider. They are continually updated to keep up with the current information.

DRUG ADS

The HIV drug market is big and getting bigger, and competition is fierce. New regulations have allowed for less restrictive pharmaceutical advertising, so we are now bombarded with ads and aggressive visits from pharmaceutical sales representatives, sometimes prejudicing our overall treatment opinions. It's easier to remember a subliminal new drug ad campaign rather than read up on its side effects in the latest medical journal or treatment newsletter.

Balance must be weighed by staying current with the actual research and staying unbiased despite the aggressive marketing.

TREATMENT STORIES

As a treatment activist and educator, I have heard many stories about mistakes in care and treatment. Some of the stories I hear would make your hair curl. Others are just common misunderstandings or mistakes.

Among the questions I get asked are the following: What is the best drug combination for starting initial therapy? Which drugs are less likely to cause lipodystrophy? What drugs are safest and which will interact and be cross-resistant? Should I take a newer once-daily drug or stick to my old twice-daily regimen? Should I boost my protease inhibitor? Are the new drugs necessarily better? Safer? Can I stop my treatments now that I am doing so well?

SWITCHING DRUGS

One common story I hear is about switching therapies. Lou is a long-term treatment experienced man who approached me about his concern over his low CD4 count and his high viral load. Knowing he had a few options, he had asked his Chicago doctor to switch drugs, to no avail.

I asked if the doctor had spoken to him about Fuzeon or the new protease inhibitors he had not tried yet. My concern was that there may have been reluctance in prescribing the twice-daily injectable Fuzeon. Whatever the case, I saw that Lou had lost a lot of weight and with all I knew, was willing and ready to switch to some new options that would most likely benefit him.

There has been great impact in treating late stage HIV in the past years with new classes and drugs that are not cross-resistant with each other. It is worrisome that less aggressive doctors would hold off these new options for someone like Lou unless there is some other medical condition or drug interaction issue. I urged him to force the issue with his doctor.

On the other hand I have heard from people that doctors have wanted to switch to a new drug when according to them, it appeared there was no need to. Most of the time these people were very stable and doing well, with undetectable viral loads, stable CD4 levels and no sign of side effects. They had no indication of why their docs wanted them to switch. Many patients for various reasons will not refuse a doctor's wishes.

As a treatment activist and educator, I have heard many stories about mistakes in care and treatment. Some of the stories I hear would make your hair curl. Others are just common misunderstandings or mistakes.

REYATAZ AND LIPIDS

Many docs are unnecessarily prescribing Reyataz as a switch therapy. It has shown benefit in not raising lipid levels, but no proof in reducing fat redistribution. Unless there is clear benefit to switching a drug, rocking the boat may actually do harm. We need more head-to-head comparison studies to show one drug is superior to another before switching. As the old adage goes, "If it ain't broke, don't fix it."

On the other hand, with rising lipids that haven't been brought under control, and especially with other cardiac risk factors, switching to Reyataz might be a good strategy to try.

DRUG DATA, ADHERENCE, AND TRIZIVIR

Prescribing an initial regimen should be based on the individual with back-up information from clinical trials. One would hope that doctors understand that the first regimen is the most important and that the patient's understanding of adherence is crucial to maintaining effectiveness.

Providers also must not assume that because a patient is a substance user or person of color that they are any less likely to adhere to their medications.

One e-mail response I received was about a doctor incorrectly prescribing Trizivir for a treatment-experienced person with documented drug resistance. While I understand the need and desire for treatment simplification, at what expense should that be done? Are doctors at ease knowing that their patients are on a sub-optimal regimen simply because they are comfortable that they can adhere to it? Are treaters too busy to work with their patients on treatment adherence? Or again, do they just not have time?

VIDEX/VIREAD—AND OTHER DRUG INTERACTIONS

Drug interactions discovered shortly after drug approval have become an important treatment issue.

The Videx/Viread interaction was discovered after this backbone combination was in widespread use, the thrill being that they are both once-a-day drugs. I heard about these interactions through the grapevine before the news was out. Even today I hear of some doctors not warning of potential problems with Videx/Viread.

ZERIT AND RETROVIR, AND SIDE EFFECTS

What do people know about potential side effects with prescribed drugs? Today there is a better understanding of metabolic issues and lipodystrophy.

It baffles me that there are people still using Zerit even though we know it is one of the causes behind lipodystrophy. Even Retrovir has been correlated with lipoatrophy, but docs are used to prescribing it rather than newer, safer, less toxic drugs.

There are also ways to manage elevated lipids besides use of statins, but once again docs rely upon a pharmaceutical intervention rather than having a discussion about exercise, nutrition, and complementary therapies.

NORVIR

Norvir, one of the most commonly used protease inhibitors, is in widespread use now as a boosting agent to increase levels of other protease inhibitors, making them more potent. There are more drug interactions with Norvir than any AIDS drug, even though the boosting dose is lower. Many people still don't realize that Kaletra has Norvir in it.

APTIVUS

There were also several drug interactions discovered before Aptivus, the newest protease inhibitor (PI) on the block, became approved. It lowers levels of other protease inhibitors, so they can't be taken together. Using a dual PI combo is one treatment strategy that's not available with Aptivus.

STREET DRUGS

Unfortunately, we still do not know much about the interactions of recreational drugs with antiretroviral drugs, and we may never know until people overdose.

DRUGS, DRUGS, DRUGS

These issues highlight just a few of the growing number of possible drug interactions and their complexities. Interactions can impact effectiveness and drug resistance, and even be dangerous and fatal.

Treatment activists are now demanding that pharmaceutical companies perform interaction studies with all antiretroviral drugs and concomitant medicines used by people with HIV, long before approval.

STUDY US!

Unfortunately, many doctors do not offer clinical trial information to their patients. In many cases, joining a trial is the best

way to provide a treatment either because of access issues or due to the patient's need for new compounds not yet approved.

Some doctors may not want to "lose" their patients to a clinical trial, but a study should never be a substitute for good clinical care.

My survival is based on the availability of new treatments through clinical trials and it is known that research institutions are clamoring for new recruits. Minority populations also protest there are not enough minorities enrolling in clinical trials. Recruitment by all people affected by HIV is vital for ongoing treatment success and scientific breakthroughs.

STOPPING THERAPY

Structured treatment interruptions (STIs) are an area of important continuing research. I hear of people who do not have the complete picture and are interrupting their HIV medications.

While it may be necessary to stop medications due to toxicity, the word is not final on interrupting HIV meds, and we will not know more for at least another year. I continue to speak to people who stop their meds out of the blue.

The best way to stop therapies is to enroll in a STI clinical trial where monitoring is frequent.

ASK THE PHARMACIST

Less and less time is spent describing new drug information to a person with HIV. All the relevant information a person may need versus the time the doctor has to spend explaining it is becoming a bigger issue as the information becomes more cumbersome and complex.

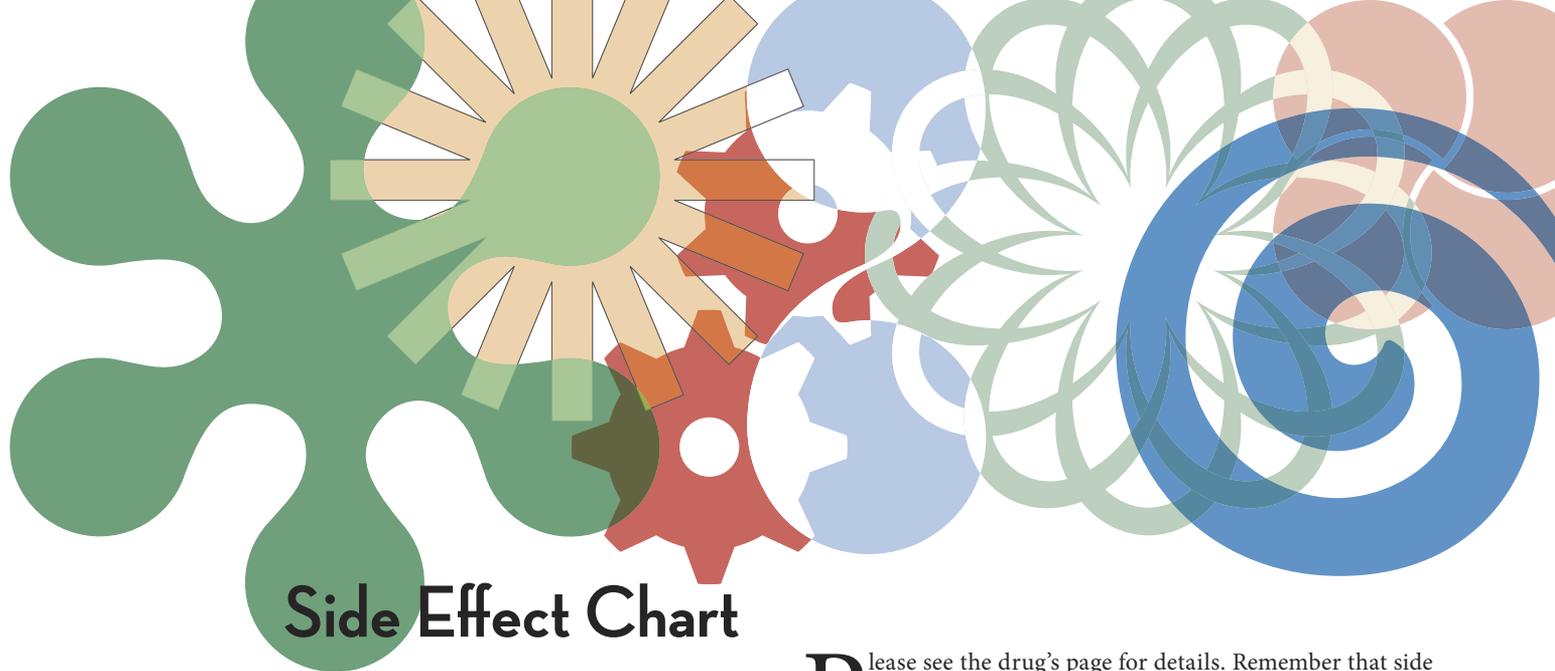
Patients need to know that they should also discuss any new treatment with their pharmacist or any other medical provider, such as the Physician's Assistant or Nurse Practitioner.

WE'RE ALL HUMAN

I remind clients here in Tpan's TEAM program (Treatment Education Advocacy Management) that doctors are only human and they make mistakes. It is, needless to say, challenging to treat a long-term chronic and incurable disease.

There are countless variables to misinformation in HIV treatment and this article certainly cannot address everything. However, the point here is to get people with HIV and doctors to communicate with each other and to do their homework. Stay current, and stay informed.

As always, it is time to take stock of all the HIV treatment advances, look at what has worked and what hasn't, evaluate what can be changed and advocate for better research, as well as patient and provider education and support. Providers and patients should acknowledge and face the gaps in understanding and work together as a team to attain optimal health in 2006 and beyond. The question becomes: how can we all do a better job with keeping up with all the changes and work as a team to stay as healthy as possible! 🏠



Side Effect Chart

An abbreviated, at-a-glance guide to HIV drug side effects

compiled by Enid Vázquez

Please see the drug's page for details. Remember that side effects may or may not occur. Some are more common than others, and individuals react differently to the same drug. A drug regimen cannot be chosen on the basis of minimal potential for side effects. Discuss any changes, however minor, with your healthcare providers, including your pharmacist, since small reactions may become serious. There may also be management techniques for the side effect. Visit www.acria.org/treatment/treatment_edu_side_effects.html.

NUCLEOSIDE ANALOGS (ALSO CALLED "NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS," OR NRTIS, OR NUKES)	
Potential class side effects	Pancreatitis, enlarged, fatty liver and lactic acidosis.
Combivir (Retrovir and Epivir)	See Epivir and Retrovir.
Emtriva (emtricitabine, FTC)	A very tolerable drug, but potential side effects include headache, diarrhea, nausea and rash. Darkening of the skin on the palms and the soles of the feet.
Epivir (lamivudine, 3TC)	A very tolerable drug, but potential side effects include headache, nausea, diarrhea, fatigue, hair loss, insomnia, malaise (general ill feeling), nasal symptoms, cough, peripheral neuropathy, low white blood cells and anemia. Children note pancreatitis.
Epzicom (Epivir and Ziagen)	See Epivir and Ziagen.
Hivid (zalcitabine, ddC)	Peripheral neuropathy, headache, fever, skin eruptions, sores or swelling in the mouth, nausea, and pancreatitis.
Retrovir (zidovudine or ZDV, AZT)	Headaches, fever, chills, muscle soreness, fatigue, nausea, fingernail discoloration, anemia, and neutropenia.
Trizivir (Epivir, Retrovir, and Ziagen)	Headache, nausea, upset stomach, and fatigue. See Epivir, Retrovir, and Ziagen. Note the hypersensitivity warning on Ziagen.
Truvada (Viread and Emtriva)	See Viread and Emtriva.
Videx & Videx EC (didanosine, ddI)	Peripheral neuropathy, upset stomach, diarrhea, headache, pancreatitis, eye changes and optic neuritis, increased uric acid levels, and insomnia.
Viread (tenofovir disoproxil fumarate, TDF)	Overall fairly well tolerated; however, individuals may experience the following: nausea, headache, diarrhea, vomiting, asthenia, flatulence, abdominal distension/pain and anorexia.
Zerit (stavudine, d4T)	Peripheral neuropathy, facial wasting, mitochondrial toxicities, headache, chills/fever, malaise, insomnia, anxiety, depression, rash, upset stomach, diarrhea, abdominal pain, and blood lipid increases. Children note peripheral neuropathy.
Ziagen (abacavir sulfate, ABC)	Hypersensitivity reaction, nausea, vomiting, diarrhea, fatigue, headache, fever, rash, loss of appetite, high blood sugar and high triglyceride levels. Children pancreatitis.



NON-NUCLEOSIDE ANALOGS (ALSO CALLED “NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS,” OR NNRTIS, OR NON-NUKES)	
Potential class side effects	Rash.
Viramune (nevirapine, NVP)	Headache, nausea, vomiting, rash, Stevens-Johnson syndrome and drug-induced hepatitis.
Rescriptor (delavirdine, DLV)	Headache, nausea, vomiting, diarrhea, fatigue, elevated liver enzymes, itchy skin or rash.
Sustiva (efavirenz, EFV)	Central nervous system (CNS) and psychiatric symptoms. Rash, nausea, vomiting, diarrhea, fever, insomnia and increased liver enzymes. False positive tests for use of marijuana. Birth defects.
PROTEASE INHIBITORS (PIs)	
Potential class side effects	Increased levels of cholesterol and triglycerides (except possibly unboosted Reyataz), lipodystrophy, onset of new cases or worsening of diabetes, and increased bleeding in hemophiliacs.
Agenerase (amprenavir)	Nausea, vomiting, stomach pain, taste disorders, fatigue, headache, mood disorders, anemia and rash. Agenerase is a sulfonamide, and should be used with caution in patients with allergies to sulfa drugs. Severe rash and stomach problems (pancreatitis) is rare.
Aptivus (tipranavir)	Gastrointestinal-related—mild diarrhea, nausea, vomiting, and fatigue. Headaches, dry mouth, and dizziness. Also see Norvir.
Crixivan (indinavir sulfate)	Headache, fatigue or weakness, malaise, nausea, diarrhea, stomach pains, loss of appetite, yellowing of skin/eyes, changed skin color, dry mouth/sore throat, taste changes, painful urination, indigestion, joint pain, hives, and liver toxicity. Itchy/dry skin, ingrown toe nails and hair loss. Kidney stones. Increased bilirubin.
Fortovase (saquinavir soft-gel)	Diarrhea, nausea, stomach pain, gas, indigestion, vomiting, headaches, insomnia, fatigue, body aches, anxiety, depression, and taste alteration.
Invirase (saquinavir)	Stomach related—diarrhea, abdominal discomfort and nausea.
Kaletra (lopinavir/ritonavir)	Rash, diarrhea, nausea, vomiting, stomach pain, headache, muscle weakness, increased cholesterol and triglycerides, and elevated AST/ALT. Also see Norvir.
Lexiva (fos-amprenavir calcium)	Nausea, rash, diarrhea, headache, vomiting, fatigue, mood disorders, abdominal pain, and mouth numbness. Lexiva is a sulfonamide, and should be used with caution in patients with allergies to sulfa drugs.
Norvir (ritonavir)	Weakness, stomach pain, upset stomach, tingling/numbness around the mouth, hands or feet, loss of appetite, taste disturbance, weight loss, headache, dizziness, pancreatitis, and alcohol intolerance. Liver problems, increased muscle enzymes, and uric acid.
Reyataz (atazanavir sulfate)	Dizziness and lightheadedness. Elevated levels of unconjugated bilirubin.
Viracept (nelfinavir)	Diarrhea, stomach discomfort, nausea, gas, weakness and rash.
FUSION INHIBITOR	
Fuzeon (T-20, enfuvirtide)	Injection site reactions (ISRs) and pneumonia. Allergic reactions are possible.

Drug Interactions Chart

An abbreviated, at-a-glance guide to
HIV drug interactions

compiled by Enid Vázquez

Please see the drug's page for details, or refer to the manufacturer's package insert for a full comprehensive list of potential drug interactions. Also, make your pharmacist and health care providers aware of any drug that you add. Some interactions are more serious than others; some drugs may only require a dose adjustment, while others may either render the drug completely ineffective, or worse, lead to a potentially fatal reaction. Discuss any changes, however minor, with your healthcare providers, including your pharmacist, since small reactions may become serious. Look up your drugs with "Check my meds" at www.aidsmeds.com, which lists the effect of food as well as interactions for medications. The University of Liverpool also has an interactive database that allows you to look up antiretroviral drug interactions and has PDF charts of interactions between antiretrovirals and other drugs. Remember, brand names are usually capitalized, while generic names are not. Visit www.hiv-druginteractions.org.

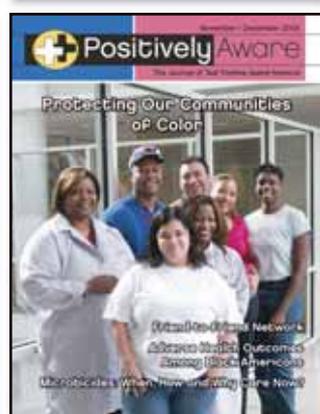
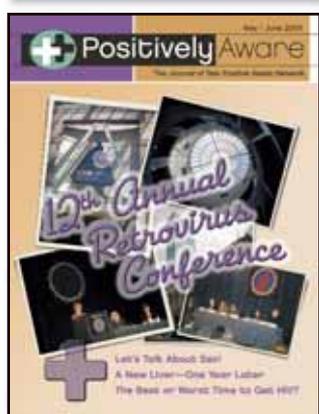
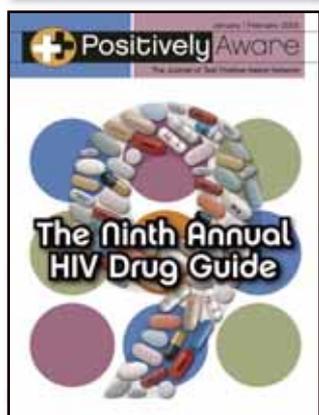
NUCLEOSIDE ANALOGS (ALSO CALLED "NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS," OR NRTIS, OR NUKES)	
Potential drug class interactions.	None
Combivir	See Epivir and Retrovir. Do not take Retrovir or Epivir while taking Combivir since these medications are already in Combivir.
Emtriva (emtricitabine, FTC)	No significant drug interactions observed in clinical trials.
Epivir (lamivudine, 3TC)	No significant drug interactions.
Epzicom	See Epivir and Ziagen. Do not take Epivir or Ziagen while taking Epzicom since these medications are already in Epzicom.
Hivid (zalcitabine, ddC)	Antabuse, antacids containing magnesium or aluminum, Benemid, certain chemotherapy agents, Chloromycetin, dapsone, Dilantin, Epivir, Flagyl, Foscavir, Fungizone, hydralazine, isoniazid, Maalox, Macrodantin/Macrobid, pentamidine, ribavirin, Tagamet, Videx, and Zerit.
Retrovir (zidovudine or ZDV, AZT)	Amphotericin B, Benemid, Biaxin, Cytovene, dapsone, Depakote, Dilantin, doxorubicin, flucytosine, ganciclovir, hydroxyurea, interferon-alpha, Mycobutin, pentamidine, Rebetol, rifampin, sulfadiazine, Valcyte, Vitrasert, and Zerit.
Trizivir	See Epivir, Retrovir, and Ziagen. Do not take Retrovir, Epivir or Ziagen while taking Trizivir, since these medications are already in Trizivir.
Truvada	See Emtriva and Viread. Do not take Emtriva or Viread while taking Truvada, since these medications are already in Truvada.
Videx & Videx EC (didanosine, ddI)	Alcohol, Cytovene, dapsone, HIV protease inhibitors, Hivid, hydroxyurea, methadone, NebuPent, Nizoral, Rescriptor, Retrovir, ribavirin, Sporanox, Tagamet, Viread, and Zerit.
Viread (tenofovir)	Kaletra, Norvir, Reyataz, Videx and Videx-EC.
Zerit (stavudine, d4T)	Cytovene, dapsone, Foscavir, Fungizone, Hivid, pentamidine, Retrovir, Valcyte, Videx and Videx-EC, and Vitrasert.
Ziagen (abacavir sulfate, ABC)	Alcohol.
NON-NUCLEOSIDE ANALOGS (ALSO CALLED "NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS," OR NNRTIS, OR NON-NUKES)	
Potential drug class interactions	HIV protease inhibitors; methadone.
Rescriptor (delavirdine)	Adalat, Agenerase, certain amphetamines and antiarrhythmic drugs, Biaxin, birth control pills, Cafegot, carbamazepine (Tegretol and others), Cialis, Coumadin, Crixivan, dapsone, Dilantin, Fortovase, Halcion, immunosuppressants, Invirase, Kaletra, Levitra, Lexiva, methadone, Methergine, Mevacor, Mycobutin, Norvasc, Norvir, phenobarbital, pimozide, Plendil, Procardia, Propulsid, quinidine, rifampin, Reyataz, St. John's wort, Viagra, Viracept, Versed, Wigraine, Xanax, and Zocor.

Sustiva (efavirenz)	Biaxin, birth control pills, Cafegot, carbamazepine (Tegretol and others), Coumadin, Crixivan, Dilantin, Halcion, Fortovase, Invirase, Kaletra, Lexiva, methadone, Methergine, Mycobutin, Norvir, Reyataz, rifampin, Phenobarbital, Sporanox, St. John's wort, Vifend, Versed, and Wigraine.
Viramune (nevirapine)	birth control pills, HIV protease inhibitors, methadone, prednisone, rifabutin, rifampin, and St. John's wort.
PROTEASE INHIBITORS (PIs)	
Potential drug class interactions	Cardiac medications, cholesterol medication; migraine medications; erectile dysfunction drugs; sedatives; tuberculosis drugs.
Agenerase (amprenavir)	birth control pills, Agenerase, antiarrhythmics, antibiotics, anticoagulants, antidepressants, antifungals, blood pressure medications, Cafegot, cholesterol medications, Cialis, D.H.E. 45, Halcion, drugs for heartburn or acid reflux, Hismanol, immunosuppressants, Lescol, Levitra, Lipitor, Methergine, Mevacor, Pravachol, Rescriptor, rifampin, Rythmol, sedatives, steroids, drugs for seizures, Seldane, St. John's wort, Tambocor, Versed, Viagra, Viracept, vitamin E, Wigraine, and Zocor.
Aptivus (tipranavir)	Agenerase, Fortovase, and Kaletra (and probably all other HIV protease inhibitors). See also Norvir.
Crixivan (indinavir sulfate)	Cafegot, Cialis, D.H.E. 45, garlic supplements, Halcion, Hismanol, Lipitor, Lescol, Levitra, Methergine, Mevacor, Mycobutin, Nizoral, pimozide, Pravachol, Rescriptor, Reyataz, rifampin, Rythmol, Seldane, Sporanax, St. John's wort, Sustiva, Tambocor, Versed, Viagra, Viramune, Wigraine, and Zocor.
Fortovase (saquinavir soft-gel)	carbamazepine (Tegretol and others), Tambocor, Rythmol, Versed, Halcion, Hismanol, Seldane, rifampin, Cafegot, Wigraine, Methergine, D.H.E. 45, garlic supplements, St. John's wort, Zocor, Mevacor, Lipitor, Lescol, Pravachol, Rifampin, Crixivan, Norvir, Viracept, Sustiva, Viramune, Decadron, Dilantin, Phenobarbital, Rescriptor, calcium channel blockers, clindamycin, dapsone, quinidine, Viagra, Cialis, and Levitra.
Invirase (saquinavir)	birth control pills, Cafegot, Cialis, Crixivan, D.H.E. 45, garlic supplements, Halcion, Hismanol, Kaletra, Lipitor, Lescol, Levitra, Methergine, Mevacor, Mycobutin, Nizoral, Norvir, Pravachol, rifampin, Rescriptor, Rythmol, Seldane, St. John's wort, Sporanox, Sustiva, Tambocor, Viracept, Viagra, Viramune, Versed, Wigraine, and Zocor.
Kaletra (lopinavir/ritonavir)	Antabuse, Biaxin, birth control pills, Cafegot, carbamazepine (Tegretol and others), Cialis, Coumadin, D.H.E. 45, Flagyl, garlic supplements, Halcion, Hismanol, Kaletra, Lipitor, Lescol, Levitra, Lexiva, Mepron, methadone, Methergine, Mevacor, Mycobutin, phenobarbital, phenytoin (Dilantin and others), Pravachol, rifampin, Retrovir, Seldane, Sporanox, St. John's wort, Sustiva, steroids (especially Decadron), transplant medicines, Versed, Viagra, Videx, Viramune, Wigraine, Ziagen, and Zocor.
Lexiva (fos-amprenavir calcium)	Antabuse, Cafegot, certain calcium channel blockers, Cialis, D.H.E. 45, Flagyl, Halcion, Hismanol, Kaletra, Lipitor, Lescol, Levitra, Lexiva, Mevacor, Pravachol, Rythmol, Methergine, rifampin, St. John's wort, Sustiva, Tambocor, Viagra, Versed, Wigraine, and Zocor.
Norvir (ritonavir)	See the manufacturer package insert for the most complete list. Alcohol, Antabuse, Biaxin, birth control pills, Cafegot, Cialis, Flagyl, D.H.E. 45, Ecstasy, garlic supplements, GHB, Halcion, Hismanol, Lescol, Levitra, Lipitor, Methergine, Mevacor, Pravachol, rifampin, Rythmol, Seldane, St. John's wort, Tambocor, tobacco, Versed, Viagra, Wigraine, and Zocor.
Reyataz (atazanavir sulfate)	Aciphex (or any proton-pump inhibitor), Cialis, Cafegot, D.H.E. 45, Fortovase, garlic supplements, Halcion, Hismanol, Lescol, Levitra, Lipitor, Methergine, Mevacor, Mylanta, Nexium, Prilosec-OTC, Pravachol, Prevacid, rifabutin, rifampin, Rythmol, Seldane, St. John's wort, Sustiva, Tambocor, Versed, Videx and Videx-EC, Viagra, Viread, Wigraine, and Zocor.
Viracept (nelfinavir)	Cafegot, carbamazepine (Tegretol and others), Cialis, Cordarone, Crixivan, D.H.E. 45, Fortovase, garlic supplements, Halcion, Hismanol, Lescol, Levitra, Lipitor, Methergine, Mevacor, Mycobutin, phenobarbital, phenytoin, Pravachol, rifampin, Rythmol, Seldane, St. John's wort, Tambocor, Versed, Viagra, Wigraine, and Zocor.
FUSION INHIBITOR	
Fuzeon (T-20, enfuvirtide)	None reported.

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2005 Index of Positively Aware

compiled by Keith R. Green



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*Special pull-out chart

TPAN Events Calendar

All events held at TPAN unless otherwise indicated.
For additional information on these events please contact TPAN at (773) 989-9400.

January 2006

DATE	TIME	EVENT
Monday 2nd		TPAN Closed: Happy New Year!
Wednesday 4th	7-9pm	Committed to Living: Topic and speaker to be announced
Monday 16th		TPAN Closed: King Day Observed
Wednesday 25th	2-8pm	Positively Wired: A Free Basic Computer Skills Workshop
Thursday 26th	6-10pm	PULSE: Cabin Fever!

February 2006

DATE	TIME	EVENT
Wed.-Fri. 1st-3rd	9am-5pm	TEAM Training: Treatment Education Advocacy Management
Wednesday 1st	7-9pm	Committed to Living: Topic and speaker to be announced
Monday 20th	10am-4pm	Positively Wired: A Free Basic Computer Skills Workshop
Thursday 23rd	6-10pm	PULSE: Bar Olympics!

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J/F 2006

Mail to:
Positively Aware
5537 N. Broadway
Chicago, IL 60640

Test Positive Aware Network (TPAN) is a not-for-profit organization dedicated to providing support and information to all people impacted by HIV.

Programs and Meetings

All meetings held at TPAN unless otherwise indicated:

5537 North Broadway, Chicago.

Office hours: Monday–Thursday, 9 am–8 pm. Friday, 9 am–5 pm

phone: (773) 989-9400 • fax: (773) 989-9494

e-mail: tpan@tpan.com • www.tpan.com

Support groups sponsored by the
Chicago Department of Public Health

Peer Support and Buddy programs sponsored by the
AIDS Foundation of Chicago

Monday

MEDICAL CLINIC

HIV and Syphilis testing and full medical care for HIV-positive clients is available. Program is offered by Access Community Health Network. Call for an appointment. From 10 am–6 pm.

TPAN DAYTIMERS

A support group for people with HIV who prefer to meet during the day. Meets from 10:30 am–12:30 pm.

CRYSTAL METH ANONYMOUS (CMA)

Support group for individuals for whom crystal meth has become a problem. Meets 7:30–9 pm.

SPIRIT ALIVE!

A collaborative effort of AIDS Pastoral Care Network (APCN) and TPAN. Meets from 7:30–9 pm.

Tuesday

MEDICAL CLINIC

See description on Monday. Call for an appointment. From 9 am–5 pm.

POSITIVE PROGRESS

A peer-led group for HIV-positive individuals in recovery. Meets from 7–9 pm.

LIVING POSITIVE

HIV-positive individuals discuss how being positive affects life and relationships. Socials and speakers on occasion. Meets from 7:30–9 pm.

Wednesday

RAPID TESTING

Rapid Testing for HIV available by appointment only.

REIKI

Energetic healing practice that utilizes hands-on touch and focused visualization. Monday by appointment only.

TEST AWARE

TPAN's new rapid HIV counseling and testing program. Learn results in around 20 minutes. Wednesday by appointment.

MEDICAL CLINIC

See description on Monday. Call for an appointment. From 9 am–5 pm.

NEEDLE EXCHANGE PROGRAM

Through a collaborative effort of Chicago Recovery Alliance and TPAN, a free, anonymous, legal syringe exchange and HIV/AIDS prevention are offered Wednesdays from 5–7 pm, or by appointment.

SHE (STRONG, HEALTHY AND EMPOWERED)

HIV-positive women discuss needs, concerns and issues facing women with HIV. Meets from 7:30–9 pm.

Thursday

YOGA

All levels of yoga are welcome. Meets from 10:30–11:30 am.

MEDICAL CLINIC

See description on Monday. Call for an appointment. From 12 pm–8 pm.

TPAN DAYTIMERS

See description on Monday. Meets from 10:30 am–12:30 pm.

NEEDLE EXCHANGE PROGRAM

See description on Wednesday. From 2–5 pm, or by appointment.

BUS (BROTHERS UNITED IN SUPPORT)

Support group for HIV-positive gay and bisexual men of African descent. Monthly socials and speakers on occasion. Meets from 7–9 pm.

Thursday continued

POSITIVE NOW

Support group for newly diagnosed HIV-positive individuals who seek support, education and the opportunity to share their experiences in a relaxing, empowering environment. Meets from 7–9 pm.

PULSE AT BERLIN

A weekly social for HIV-positive individuals and friends. Meets from 6–10 pm at Berlin Nightclub, 954 W. Belmont, Chicago.

Friday

MEDICAL CLINIC

See description on Monday. Call for an appointment. From 9 am–4 pm.

NEEDLE EXCHANGE PROGRAM

See description on Wednesday. From 2–5 pm, or by appointment.

Scheduled By Appointment

FASN (FAMILY AIDS SUPPORT NETWORK)

A group for family, friends and caregivers. Call Betty Stern at (773) 989-9490.

INDIVIDUAL COUNSELING

AIDS Pastoral Care Network (APCN) provides spiritual support. Can provide information for one-on-one counseling, chaplains and help with liturgies. Ask for Sherry at (773) 826-7751.

PEER SUPPORT NETWORK/BUDDY PROGRAM

Trained volunteers provide one-on-one peer, emotional support to individuals living with HIV. Call Brad at (773) 989-9400.

SPEAKERS BUREAU

Individuals are available to community groups to educate peers on HIV, safer sex, and harm reduction. Call Matt at (773) 989-9400.

TEAM (TREATMENT, EDUCATION, ADVOCACY AND MANAGEMENT)

Peer-led, 18-hour training program integrating secondary prevention and HIV treatment education to people living with HIV and those affected by HIV. Call Derek at (773) 989-9400.