From the Executive

When the Minister of Health announced that the National Department of Health was introducing fixed-dose combinations (FDCs) into the antiretroviral programme in December 2012, as HIV clinicians we welcomed the decision. The FDC simplified prescription, dispensing and adherence messages.

As of 1 October 2013, the National Department of Health announced that FDCs should be offered to all HIV-infected adults on first-line therapy in the absence of any contraindications. The previous priority groups no longer apply as the stock levels have now reached the required amounts.

As the President of the Southern African HIV Clinicians Society, I encourage all healthcare workers who are responsible for antiretroviral prescriptions to look actively for any remaining patients who are on single drugs and to change them to the FDCs, if clinically appropriate, as soon as possible.

- Patients who are receiving TDF, 3TC and EFV as single drugs can be changed to the FDC at their next dispensing or medical visit. Their monitoring visits and blood tests will remain on the same schedule as if they were still on the single drugs.
- For patients who were receiving d4T, 3TC and EFV prior to the switch, clinicians should please ensure that they have a recent undetectable viral load (VL) (~1 000 copies/ml) and normal creatinine clearance within the previous 3 - 6 months.
- For patients who were receiving d4T, 3TC and EFV who have a detectable VL, clinicians should do additional adherence counselling and repeat the VL in 2 - 3 months. If the repeat VL is undetectable (~1 000 copies/ml), the patient can be changed to the FDC. If the repeat VL is detectable, the patient should be changed to second-line therapy.

Please remember to reinforce these patient counselling messages:
- The dosage is one pill once daily, not three pills once daily.
- Although the FDC is ‘one pill once a day’, it does contain three different ARV medications.
- The FDC is easy to take, highly effective and in no way inferior to taking three individual drugs.

For any clinical questions or advice on other scenarios, please email us at sahivsoc@sahivsoc.org. Also check out our guidelines on FDCs on the Society’s website, http://www.sahivsoc.org.

Let us work together to make sure that all patients who are eligible for an FDC receive it as soon as possible. Let us stand behind the Minister and the Department of Health and get this done.

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