

# Increased Patient Adherence to Pre-exposure Prophylaxis (PrEP) after Implementation of a Pharmacy Supported PrEP Program

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## Introduction

A vital component of ending the HIV epidemic is preventing new infections, with one tool being pre-exposure prophylaxis (PrEP). Small studies have identified challenges with providing PrEP care but showed an increase in patient retention where a pharmacy driven PrEP program was available<sup>1,2</sup>. At Legacy Community Health (LCH), we identified access to timely and affordable care as a barrier to engaging patients in PrEP.

## Pharmacy Program

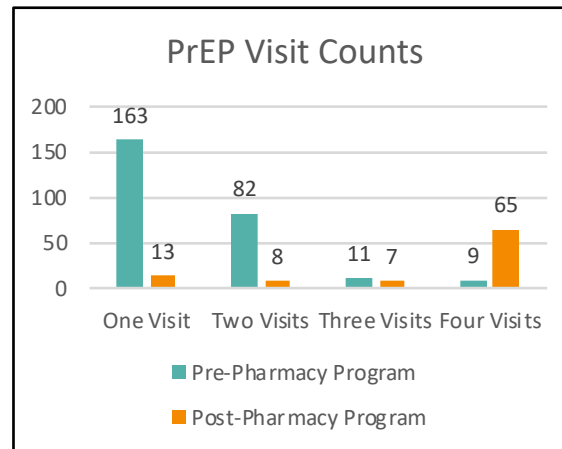
A pharmacy-supported PrEP program was launched at LCH in November 2018, allowing providers to refer patients after initial provider visit for “Clinical Pharmacy Consultation” for PrEP continuation. A pharmacist then sees the patient every three months for a total of 4 visits per year, with first visits starting in February 2019. Visits includes a focused PrEP-related history, renal function and HIV testing, sexually transmitted infection screening, HIV education, and prescription refill of Tenofovir disoproxil fumarate/Emtricitabine or Tenofovir alafenamide/Emtricitabine.

## Methods

A retrospective review was conducted comparing patient adherence to PrEP visits prior to implementation of the pharmacy program from January 2018– January 2019 (pre-pharmacy) to those enrolled in the program from February 2019 – February 2020 (pharmacy).

## Results

- 358 total patients reviewed
  - 265 in pre-pharmacy group (2018-2019)
  - 93 in pharmacy program (2019-2020)
- Baseline characteristics (gender, age, insurance status, sexual orientation, number of comorbid diagnoses, previous STI diagnoses) were similar with the exception of number of chronic medications
  - Patients in the pre-pharmacy group were on more chronic medications ( $p < 0.001$ )
- 69.9% of patients in the pharmacy PrEP group completed all four visits compared to only 3.4% of those prior to the program.



- Adherence significantly higher in patients enrolled in Pharmacy program as compared to those seeing only a medical provider with  $p < 0.001$

## Discussion

- Adherence to PrEP visits was significantly higher (69.9% compared to 3.4%,  $p < 0.001$ ) in those enrolled in the pharmacy-PrEP program.
- Reasons include:
  - More flexibility in appointment scheduling
  - Increased patient education by pharmacists at each visit
  - Convenience in changing appointments
  - Same day lab draws and STI testing
  - Rapid same day medication pick up
- Physician appointment wait time decreased from eight to two weeks for new PrEP visits with offloading of appropriate PrEP patients.

## Future Endeavors

- Pharmacy consultation for medication adherence/education.
- Increasing provider referrals through education.
- Additional pharmacist trained to expand program.

## References

1. Tung E, Thomas A, Eichner A, Shalit P. Feasibility of a pharmacist-run HIV PrEP clinic in a community pharmacy setting. CROI; February 16, 2017, Seattle, WA.
2. Havens JP, Scarsi KK, Sayles H, Klepser DG, Swindells S, Bares SH. Acceptability and feasibility of a pharmacist-led HIV pre-exposure (PrEP) program in the Midwestern United States. *Open Forum Infect Dis.* 2019;6(10):ofz365.

## Disclosures

None