

# Clinical Pharmacy: PrEPing for the Future of HIV Prevention at a Large Academic Veterans Affairs Medical Center

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## BACKGROUND

- Pre-exposure prophylaxis (PrEP) for adult patients reduces the risk of acquiring HIV infection.<sup>1</sup>
- Initiating and maintaining patients on PrEP requires judicious screening and routine monitoring.<sup>1</sup>
- Involving a variety of healthcare professionals can increase access and continuity of care to maintain appropriate adherence and patient satisfaction.
- Within the Veterans Health Administration (VHA), Clinical Pharmacy Specialists (CPS) with prescribing privileges can provide such services.
- The standardized Clinical Pharmacy template and protocol were first developed in 2017 and are reviewed annually.

## STUDY DESIGN & OBJECTIVES

### Study Objective

- To determine the appropriateness of the CPS-managed PrEP clinic in regard to the CDC PrEP Guidelines in a large academic Veterans Affairs Medical Center

### Study Design

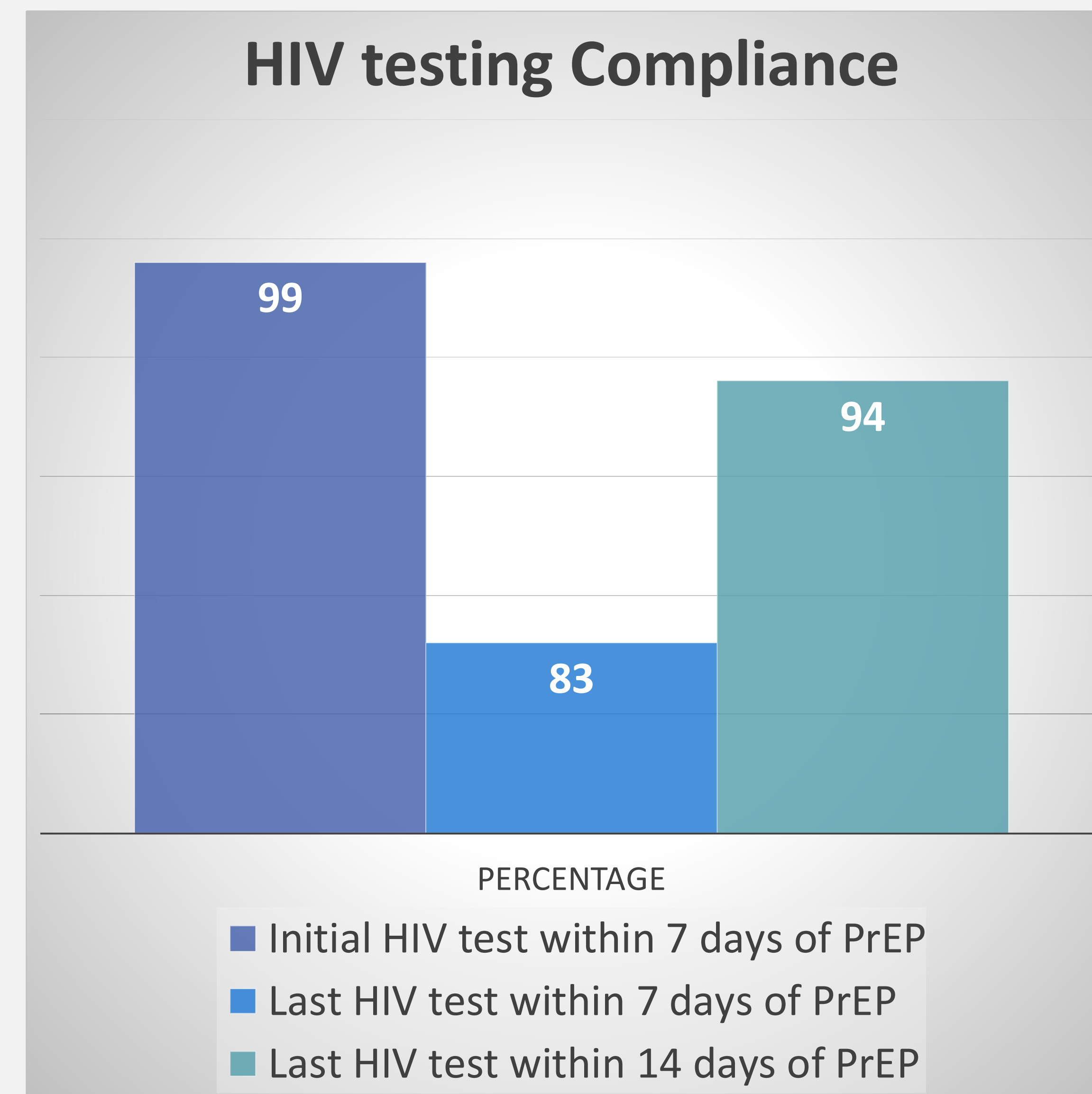
- Retrospective quality improvement project conducted at a single Veteran Affairs (VA) medical center during the review period of November 1, 2017 through December 31, 2019
- Patients were followed either in face-to-face clinic or by Teleclinic if appropriate
- Data collected included demographics, initial encounter information, most recent encounter information, and compliance with CDC laboratory monitoring and immunization recommendations.
- Labs that were collected included the following:
  - HIV antibody/antigen
  - Hepatitis A/B/C screening
  - Gonorrhea/Chlamydia urine PCR
  - Syphilis serologies
  - Serum creatinine
- Descriptive statistics were used for the analysis.

### Primary Endpoint

- Compliance with the CDC PrEP guidelines<sup>1</sup>

## RESULTS

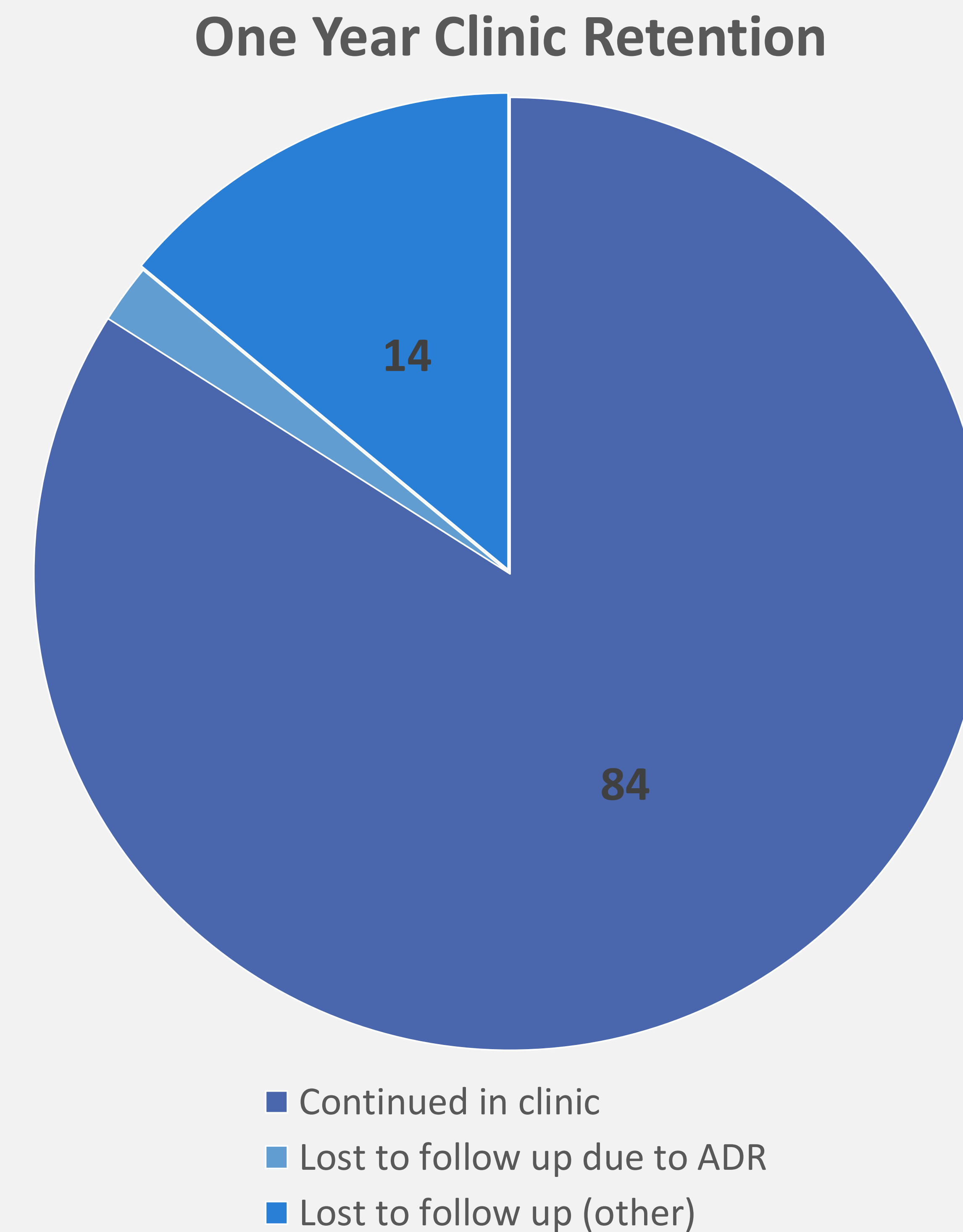
- From November 1, 2017 through December 31, 2019, **87** patients were documented as reviewed
- Of the reviewed patients, 99% (86/87) had a negative HIV test within 7 days of PrEP prescription at the initial visit. At the last follow up appointment, 83% (72/87) had a negative HIV test within 7 days of PrEP prescription, and 94% (82/87) has a negative HIV test within 14 days of PrEP prescription.



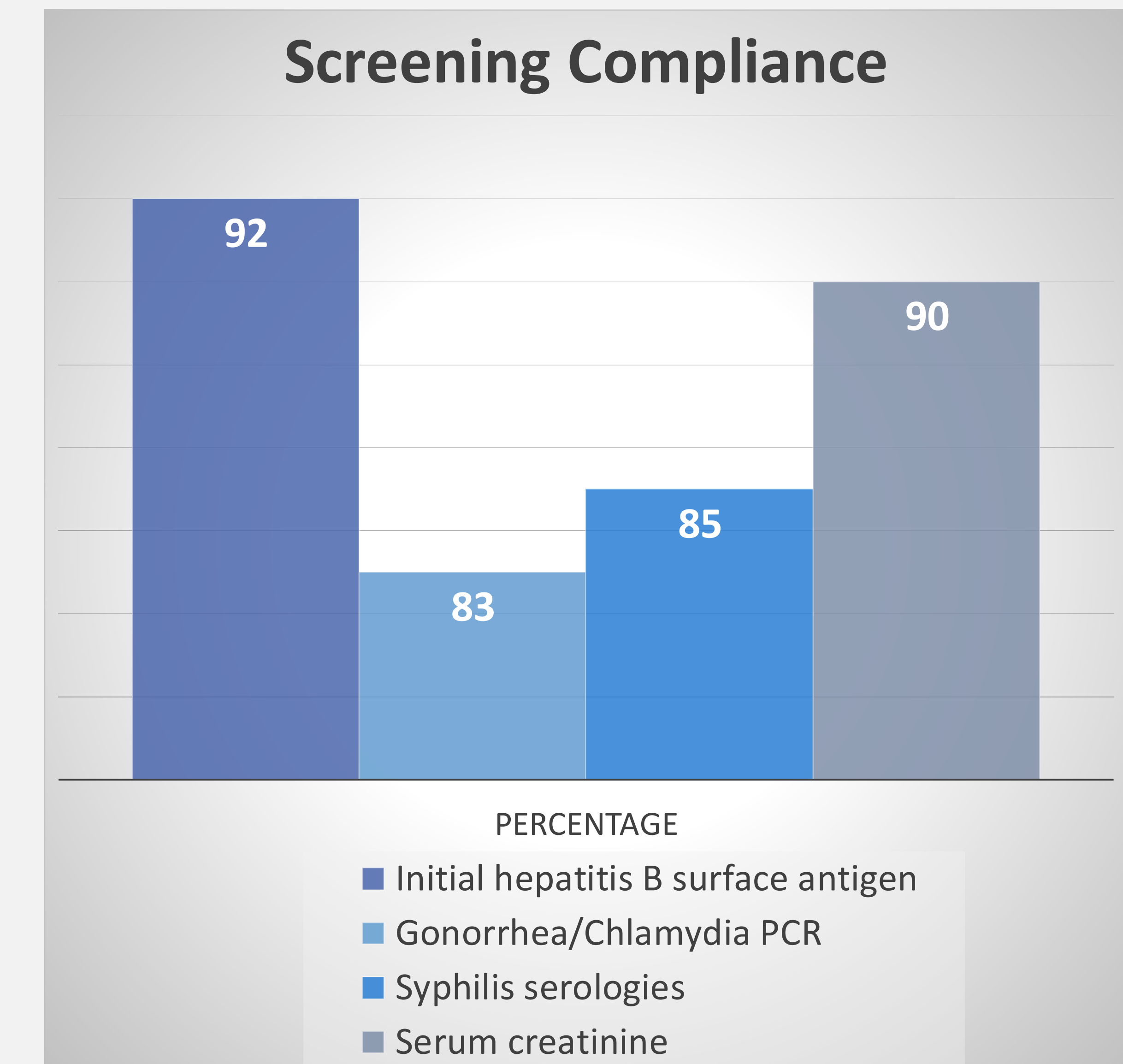
### Demographics

Average age, mean ± SD	39.5 (11.9)
Male, %	100
Caucasian, %	66

\*SD: standard deviation



\*ADR: Adverse drug reaction



### Other Metrics

Seroconversion (study period)	0%
Initial visit Hepatitis A immunity screen	69%
Initial Hepatitis C screening	70%

## DISCUSSION

- A CPS-managed PrEP clinic was successful in our setting with a 0% seroconversion rate to HIV positive status with high retention in care (84%)
- Efforts to become more compliant with HIV tests within 7 days of PrEP prescriptions will continue and seen as area of for improvement
- Some missed opportunities for labs were due to the collection process (i.e labs not collected or cancelled by the lab)

## LIMITATIONS

- Utilizing primary care providers to identify and refer PrEP candidates to the Infectious Diseases Clinic
- Follow up enrolled patients to further increase access and satisfaction (i.e. expansion of tele prep)
- Opportunity to re-engage patients lost to follow up

### References:

- Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2017 Update: a clinical practice guideline. Published March 2018.

## CONCLUSION

- A CPS-managed PrEP clinic successfully expanded access to PrEP while maintaining high compliance with CDC guidelines.
- Using this data, our PrEP standardized template for clinic visits was updated for improved compliance
- Next review, or clinic will also be striving for high compliance on three site gonorrhea and chlamydia PCR screening and increased vaccinations with hepatitis screening