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BACKGROUND

- As HIV PrEP and PEP are becoming more prevalent in modern practice.
- HIV PrEP includes cabotegravir, emtricitabine/TDF, and emtricitabine/TAF – all 3 of these may be used in different situations dependent upon patient factors and prescriber preferences. Examples include adherence to oral medication, ability to come to appointments, sex assigned at birth, etc.
- The purpose of the research is to explore prescriber/pharmacist preferences in PrEP prescribing and determine what misconceptions are common in HIV/pre-exposure treatment.

METHODS

- A survey was made for healthcare professionals to fill out.
- Questions varied from patient-specific scenarios to general knowledge about HIV PrEP and PEP medications.
- An email was sent out to different healthcare professionals with a link to the survey and a brief description explaining the purpose.
- It was an optional survey that was open for over a month.

RESULTS

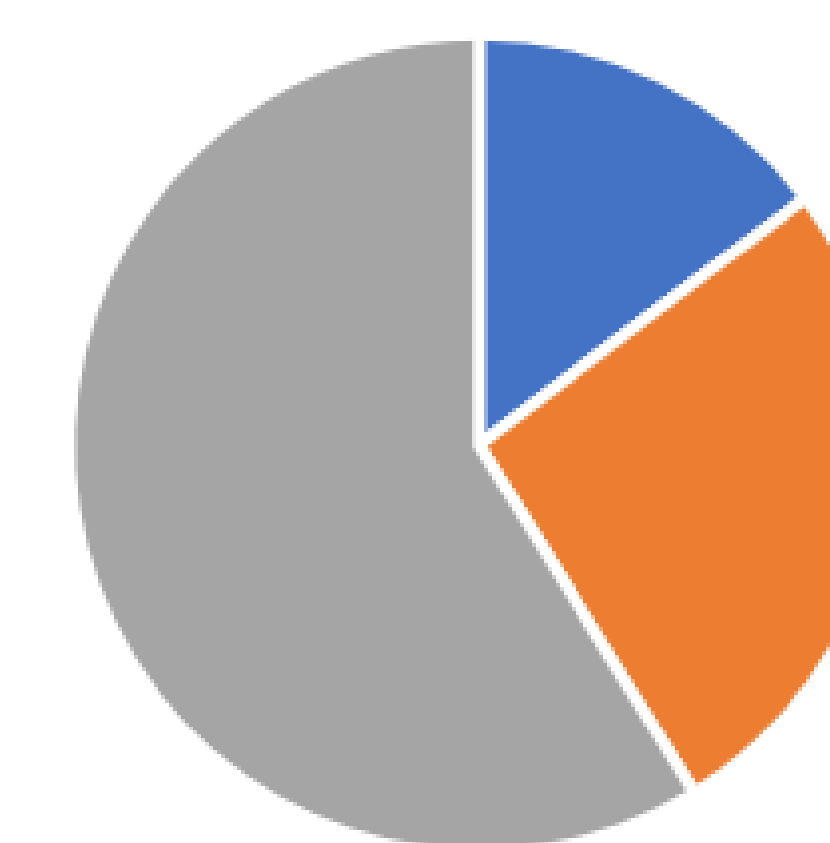
- Only 3 responses total: 1 from a physician and 2 from pharmacists.
- All of them were able to list the brand names, but only the physician provided the generic names.
- Apretude was a common answer when looking at patient adherence.
- Descovy was not mentioned for patients born as female.
- Truvada and Apretude were the most common answers.
- Most answers are similar but there are certain differences in which HIV drug therapy to choose.
- Preferred regimen for PEP was a mix of Tivicay + Truvada or Descovy. One pharmacist mentioned Biktarvy but it is not approved for HIV PEP
- To complete prior authorizations, both sides recommended renal function as a need.
- For patient assistance programs, the physician did not know anything whereas the pharmacist listed off a few options.

of Responses



■ Pharmacists ■ Health Care Providers

Preferred Regimen in Patient-Specific Scenarios



■ Descovy ■ Truvada ■ Apretude

DISCUSSION

- Apretude was the typical answer for adherence, which is appropriate as it is an injectable that can last for 2 months.
- Both sides had similarities and differences but the overall reasoning for these differences were valid in the responses. Each health care provider considered patient specifics when choosing drug therapy.
- The pharmacist had more knowledge regarding patient assistance programs, which shows the role pharmacists play in medication coverage.

LIMITATIONS

- Number of responses, length of survey, and not having enough questions regarding PEP and kidney function

CONCLUSION

- There are not enough responses to make a solidified conclusion.
- After assessing the results, patient specific factors play a huge role in which medication they will be prescribed, although the health care provider plays a role in the path they will take when choosing therapy.

REFERENCES

CDC. *Pre-Exposure Prophylaxis for the Prevention of HIV Infection in the United States - 2021 Update a Clinical Practice Guideline.*; 2021.
<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>