EXTENDED ADHERENCE AND PERSISTENCE TO HIV PREP IN A MULTIDISCIPLINARY PREP CLINIC

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BACKGROUND

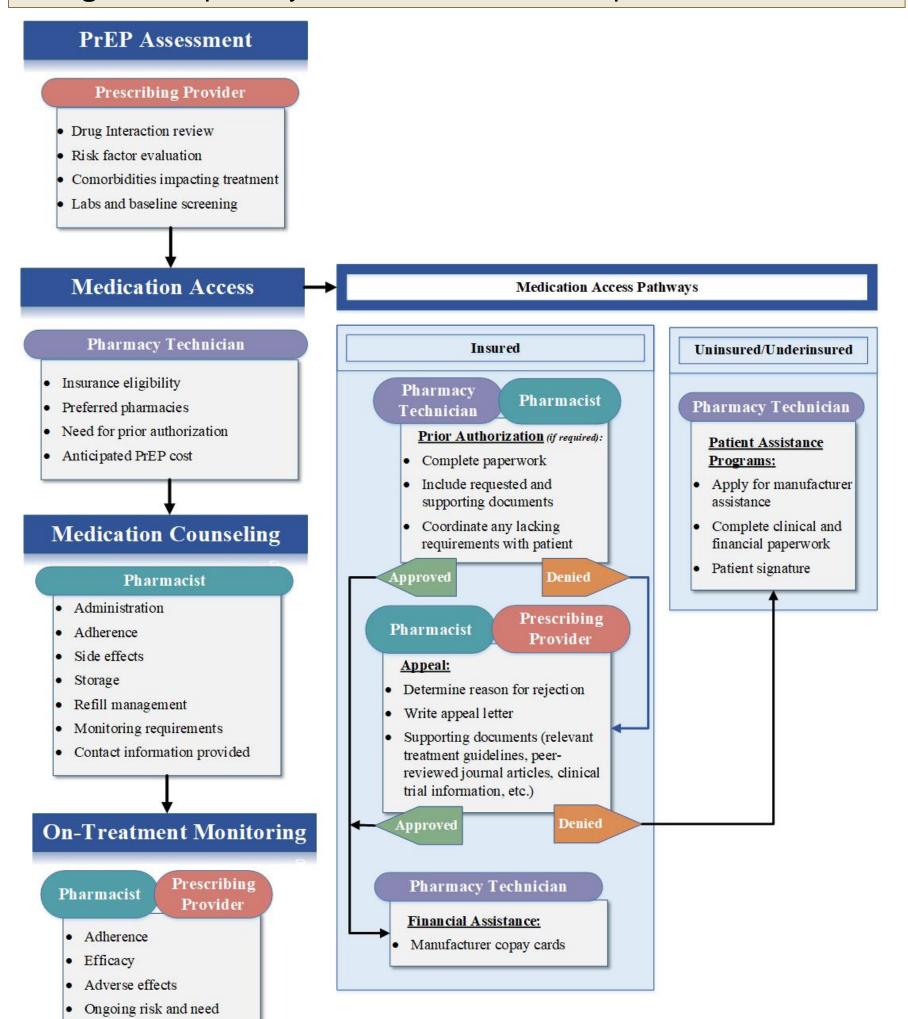
Human immunodeficiency virus (HIV) Pre-Exposure Prophylaxis (PrEP) significantly reduces the risk for HIV infection in high risk adults

Reported HIV PrEP persistence rates are generally low at 12 to 24 months in United States PrEP clinics

Methods to identify and address barriers to HIV PrEP persistence are needed to improve low PrEP persistence rates

Objective: Describe PrEP medication adherence and persistence in patients seen at a multidisciplinary PrEP Clinic

Figure 1. Specialty Pharmacist Role in Outpatient PrEP Clinic



METHODS Design Single-center, retrospective cohort Adult patients initiating PrEP with emtricitabine-tenofovir Sample disoproxil fumarate from a multidisciplinary clinic with prescriptions filled by Vanderbilt Specialty Pharmacy Study September 2016 - March 2019 Period Adherence (measured by proportion of days covered Primary (PDC)) for the study period and persistence (measured using patient-reported discontinuation date or date of Outcome last fill plus the fill's days' supply) Secondary

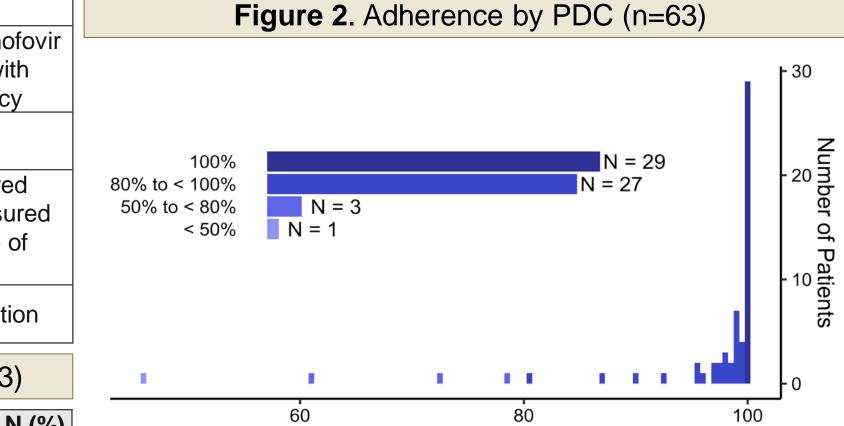
Table 1. Patient Characteristics at Baseline (n=63)

Outcomes

Side effects and reasons for treatment discontinuation

Characteristic	N (%)	
Age at PrEP start (years; median (IQR))	38 (29-47)	
Gender, male	61 (96.8)	F
Race		•
White	53 (84.1)	•
Black	5 (7.9)	•
Other/Unknown	5 (7.9)	
Insurance type		•
Commercial	59 (93.7)	
Medicaid	3 (4.8)	
Tricare	1 (1.6)	W
Indication for PrEP		• •
Men who have sex with men at high risk	61 (96.8)	
Serodiscordant heterosexual contact	2 (3.2)	
Number of sexual partners in last 6 months		
1	13 (21)	Re
2-5	21 (33)	110
6-10	7 (11)	
>10	8 (13)	
Not reported	14 (22)	
Reported condom use	,	
Inconsistent (<100%)	28 (60.3)	
Consistent (100%)	14 (22.2)	•
No condom use	5 (7.9)	•
Not reported	5 (7.9)	
Not sexually active	1 (1.6)	
eGFR ≥ 60 mL/min	63 (100)	
Hepatitis B status		
Susceptible at baseline	33 (52.4)	•
Immune due to vaccination	27 (42.9)	
Immune due to natural infection	2 (3.2)	•
Indeterminate (isolated cAb positive)	1 (1.6)	
IQR, interquartile range; cAb, core antibody		

RESULTS

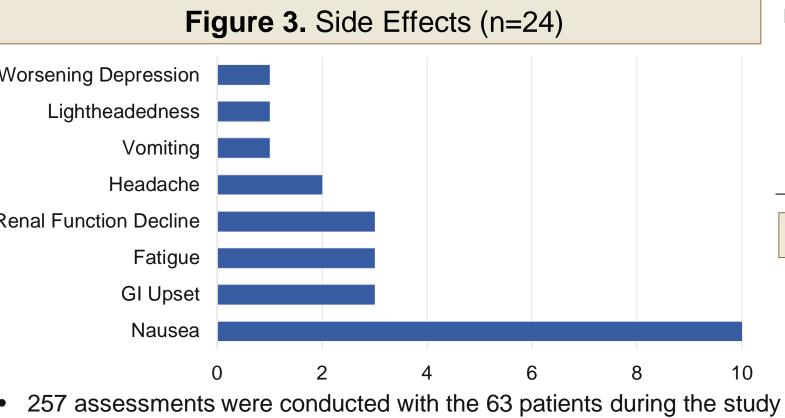


Reasons for PDC < 80%

Held for 4 months due to IBS exacerbation not related to PrEP

Proportion of Days Covered (%)

- Held for 3 months pending reinstatement of insurance
- Held for 1 month due to nausea
- Patient filled PrEP at 2 different pharmacies

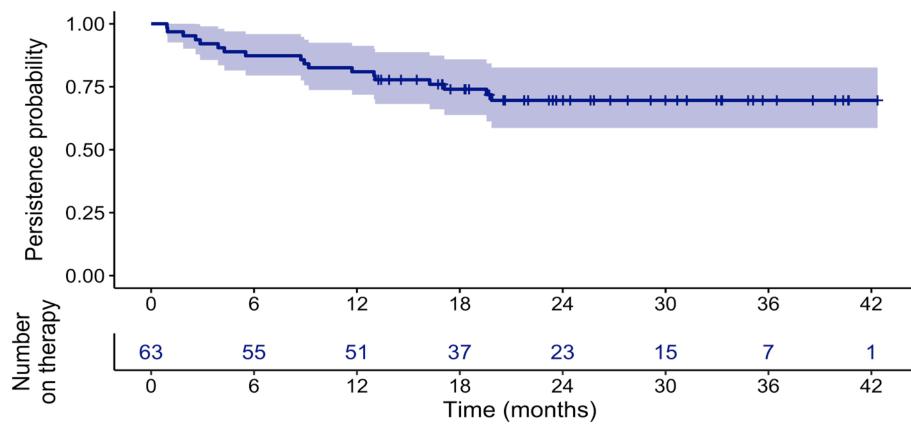


- 15 patients reported a total of 24 side effects

CONCLUSIONS

- Patients receiving PrEP in a multidisciplinary clinic with an integrated clinical pharmacist had high rates of adherence and persistence
- Patients reported few side effects and reasons for discontinuation were appropriate

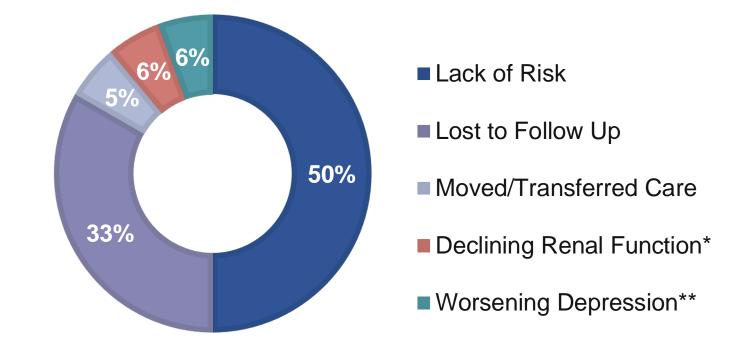




- Patients were enrolled continuously throughout the study period, therefore the length of possible follow up time is different for each patient
- Tick marks indicate patient censoring due to the end of the study period being reached

Months on Therapy	Patients on Therapy	Therapy Discontinuations	Total Discontinuations	Patients Censored	Persistence Probability	95% Confidence Interval
6	55	8	8	0	87%	80-96%
12	51	4	12	0	81%	72-91%
18	37	4	16	10	74%	64-86%

Figure 5. Reasons for Discontinuation (n=18)



*Patient with CKD resulting from DM

**Patient restarted PrEP later due to HIV exposure and continues to do well on PrEP

Coy KC, Hazen RJ, Kirkham HS, Delpino A, Siegler AJ. Persistence on HIV preexposure prophylaxis medication over a 2-year period among a national sample of 7148 PrEP users, United States, 2015 to 2017. J Int AIDS Soc.;22(2):e25252. doi:10.1002/jia2.25252