



PrEParing to End HIV

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- Staff at Park DuValle, KPCA, and Griffin Gate

Outline

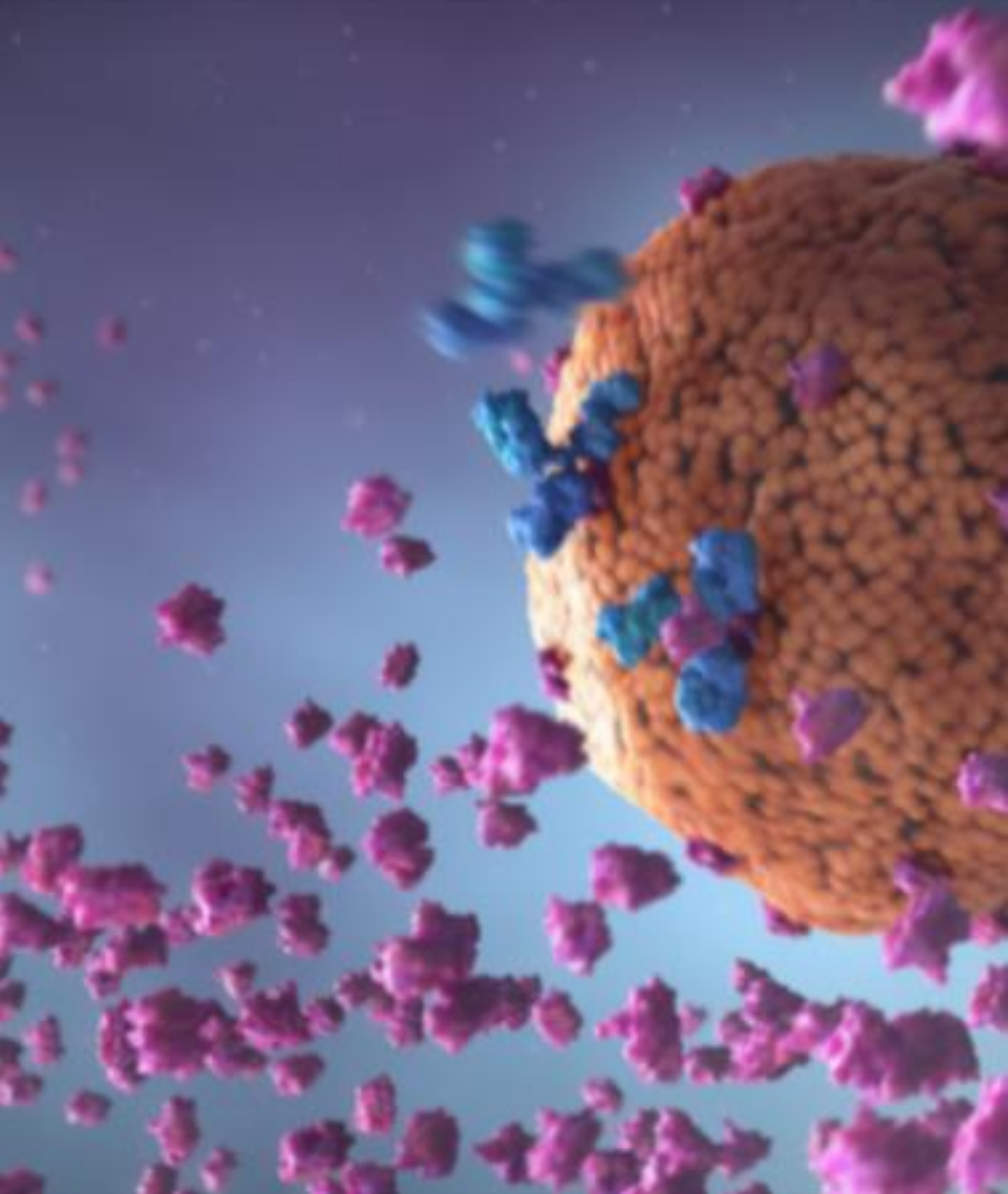
- Objectives
- What is HIV?
 - Current prevalence
- What is PrEP?
- Clinical implementation
 - CCAs and SOP
- Financial implications
- Closing remarks



Objectives

- Attain basic understanding of the current prevalence of HIV
- Learn the methods of PrEP and how the medications work to prevent disease
- Learn current clinical best practices and how to adapt them to your current situation





HIV

- HIV (Human Immunodeficiency Virus) attacks immune system – specifically CD4 cells and if untreated leads to Advanced HIV (formerly known as AIDS)

HIV cont'd

- - HIV is an incurable disease and due to its immunodeficiency causing mechanisms, it will lead its host to opportunistic diseases and infections
 - Pneumonia, hepatitis, fungemia, sepsis, etc.



HIV prevalence in KY

It's not just the big city

Louisville



City of Louisville was identified as a hotspot by the CDC

- 1/44 people are expected to be positive (2%)
- Black, Latinx, White men who have sexual contact with men
 - Black women are the 4th highest, but the fastest growing population of new infections

Priority Population

- LGBTQIA community
- People who use illicit substances and rehab facilities
- Sex workers

Just because you don't see it, doesn't mean it's not happening

- Latino men are 2nd highest nationally
 - Latino/Hispanic migrants settle in rural towns for farm work. It's not just the big cities
- Shared supplies for drug use – not just needles
 - Spoons, items used for snorting



**Rest of the
Bluegrass**

What is PrEP

- PrEP = PreExposure Prophylaxis (seat belt)
- 3 forms currently, 4th just received approval
 - 2 oral tablets – Truvada (generic available) and Descovy
 - Apretude (Cabotegravir) – LAI every 8 weeks
 - Lenacapavir every 6 months was approved and is in clinical trials



PrEP Stats

- If taken daily, can be up to 99% effective at preventing HIV transmission
- Skin rash, upset stomach, and nausea are highest reported side effects
- PrEP on demand
 - Approved for MSM and 86% effective
 - 2-1-1 – 2 pills 2-24hrs prior, 1 pill 24hrs post, 1 pill 48 hours post
- Apretude 3x more effective in men and 12x more effective in women
- Lenacapavir vs Descovy
 - 0 incidences of HIV LEN vs 39 incidences of F/TAF

Clinical Implementation



- Relatively easy
- Dedicated employee who will monitor labs and lab schedule
 - Provider to bill under – KPHA is working on pharmacist's provider status for PrEP
- On insurance formularies – never had a PA denied for Apretude
 - Some commercial do not require PA

Testing 1,2

CDC guidelines

- Everyone 13-64 get tested once in their life time
- Person's who inject drugs get tested once yearly
- Person's who have multiple sexual partners and other riskier behaviors every 90 days – including those on PrEP

PDCHC testing guidelines

- Everyone gets tested yearly during the annual wellness exam
 - Unless they opt out
- Substance use disorder, high risk sexual activity, PrEP, etc.
 - All get tested every 90 days



TEST EVERYONE

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Financial implications



- **Truvada (TDF) is inexpensive for generic**
 - ~\$15/month
- **Descovy (TAF) approved only for men AWP \$2642**
 - Can get PA approved with ADE to Truvada
 - Nausea, Rash, Nephrotoxicity (EGFR > 50)
- **Apretude approved for all AWP \$4712**
 - Can bill for administration of injection as well
 - Biggest barrier for Apretude is the cost

Closing remarks

- The best treatment is always prevention
- Increase testing in the general population and more frequent testing in priority populations
 - Move to Opt-out testing; there is no longer a separate consent required for HIV testing
- PrEP is effective and can be affordable
- It can save lives and generate revenue for the clinic

Closing remarks cont'd

- Be open-minded to other harm reduction strategies
- Have a sexual health history conversation with your patients and ask about injection behaviors at least once yearly
 - It's only awkward if you make it awkward

Thank you



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*“ Do all of the good that you can, so that
God can do all of the good that you can’t”*

Sources





Questions?
