OVERCOMING PRESCRIBER CONCERNS THROUGH SUCCESSFUL ACCESS AND AFFORDABILITY OF PREP

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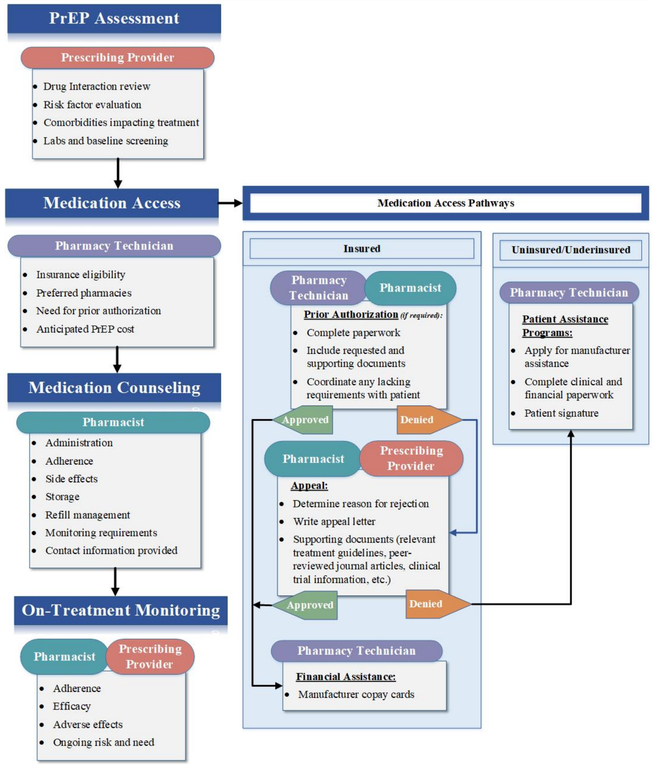
BACKGROUND

- Human immunodeficiency virus (HIV) Pre-Exposure Prophylaxis (PrEP) significantly reduces the risk for HIV infection in high-risk adults
- Increasing the number HIV PrEP providers expands PrEP access to more eligible patients and is one of the key tools to ending the HIV epidemic
- Non-prescribers of PrEP have noted perceived financial barriers as a limitation to prescribing

Objective: Describe PrEP medication access process and outcomes in patients seen at a multidisciplinary PrEP Clinic

Figure 1. Specialty Pharmacist Role in Outpatient PrEP Clinic



METHODS

Design	Single-center, retrospective cohort
Sample	Adult patients initiating PrEP with emtricitabine-tenofovir disoproxil fumarate from a multidisciplinary clinic with prescriptions filled by Vanderbilt Specialty Pharmacy
Study period	September 2016 - March 2019
Primary outcome	Time to treatment initiation
Secondary Outcomes	Reasons for treatment initiation delay Out-of-pocket patient cost for medication

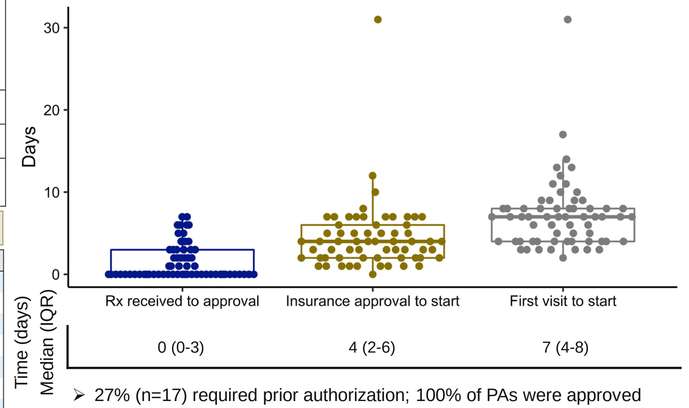
Table 1. Patient Characteristics at Baseline (n=63)

Characteristic	N (%)
Age at PrEP start (years; median (IQR))	38 (29-47)
Gender, male	61 (96.8)
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)
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)
2-5	21 (33)
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

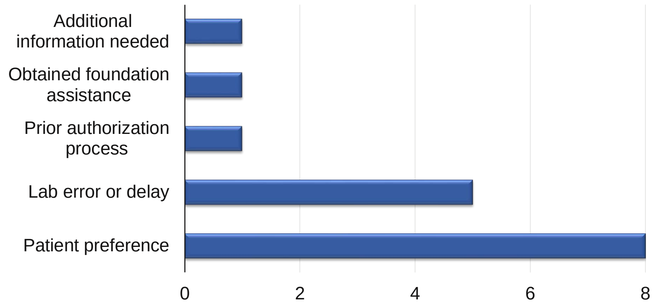
RESULTS

Figure 2. Time to Treatment Initiation (n=63)



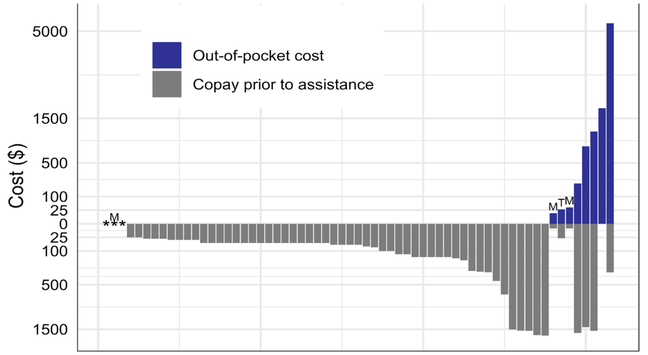
- 27% (n=17) required prior authorization; 100% of PAs were approved
- Median time for PA approval was 2 days, IQR (2-4)
- 1 patient waited 31 days to start therapy due to potential insurance instability

Figure 3. Reasons for Treatment Delay (n=16)



- Treatment delay defined as >7 days from the prescribing of PrEP to PrEP initiation
- Most delays were due to patient preference (such as patients traveling or preferring a specific delivery date) or lab errors or delays

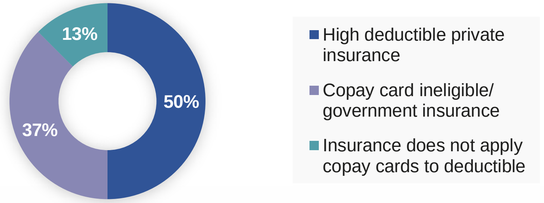
Figure 4. Patient Medication Out-of-Pocket Cost and Savings (n=63)



* = No costs incurred; M = Medicaid; T = Tricare

- Out-of-pocket cost reported includes medication cost incurred during the entire study period
- Most patients (n=55) had no out-of-pocket cost for medication
- 54 patients used a manufacturer copay card
- 1 patient required foundation assistance to cover copay cost
- 8 patients did not use a manufacturer copay card

Figure 5. Reasons for Medication Out-of-Pocket Cost > $0 (n=8)



CONCLUSIONS

- Less than half of patients required insurance prior authorization for medication approval, indicating low burden on clinic staff for treatment initiation
- In the insured population, access to HIV PrEP can be rapid
- Out-of-pocket medication cost for most insured patients is low when copay cards and patient assistance are utilized