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 of 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

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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at PrEP start (years; median (IQR))</td>
<td>38 (20-47)</td>
</tr>
<tr>
<td>Gender, male</td>
<td>61 (96.8)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>53 (84.1)</td>
</tr>
<tr>
<td>Black</td>
<td>5 (7.9)</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>5 (7.9)</td>
</tr>
<tr>
<td>Insurance type</td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td>59 (93.7)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>3 (4.8)</td>
</tr>
<tr>
<td>Tricare</td>
<td>1 (1.6)</td>
</tr>
</tbody>
</table>

Indication for PrEP

- Men who have sex with men at high risk
- Heterosexual contact
- Serodiscordant heterosexual contact
- Susceptible at baseline
- Not sexually active
- eGFR ≥ 60 mL/min
- Hepatitis B status
- Susceptible at baseline
- Immune to vaccination
- Immune due to natural infection
- Indeterminate (isolated dAb positive)

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

- Rx received approval
- Insurance approval to start
- First visit to start

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

- Additional information needed
- Obtained foundation assistance
- Prior authorization process
- Lab error or delay
- Patient preference

- 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)

- Out-of-pocket cost reported includes medication cost incurred during the entire study period
- Most patients (n=65) had no out-of-pocket cost for medication
- 54 patients used a manufacturer copay card
- 1 patient required foundation assistance to cover copay cost
- 4 patients did not use a manufacturer copay card

Figure 5. Reasons for Medication Out-of-Pocket Cost > $0 (n=6)

- High deductible private insurance
- Copycat card ineligible/government insurance
- Insurance does not apply copay cards to deductibles

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
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