HIVPA Bulletin | Spring 2024

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HIV Pharmacy Association

Welcome to the Spring bulletin!

Hello and welcome to the Spring 2024 bulletin – in line with the upcoming BASHH annual conference we are excited to focus on all things PrEP for this issue! With the UK government committed to zero new HIV transmissions by 2030 as set out in the 2019 HIV action plan for England, HIV prevention is a hot topic in the country. Since 2015, the World Health Organisation has recommended PrEP to be used, alongside other HIV prevention methods, for those at risk of acquiring HIV. Whilst PrEP has been shown to potentially revolutionise HIV prevention, it has come with several barriers to access and some controversy, the latter surrounding the funding of PrEP in 2020. This issue is aimed at focusing on the basics of PrEP, what is meant by inequitable access and the unique role of a PrEP pharmacist in the UK!

We would like to thank all those that have contributed and hope you enjoy the content.

If you have any feedback or want us to include any of your amazing work in a future issue, please email: bhavna.halai@nhs.net and zoe.anorson@nhs.net.

Meet the new HIVPA communications lead:

Suki Leung

Hello, I am a highly specialist pharmacist in HIV/GUM at Chelsea and Westminster Hospital. I enjoy working within the MDT and appreciate the significant role pharmacists play in the decision-making process in HIV. In addition to managing complex cases and supporting the development of junior staff members, I also find clinical research engaging. As a social media/communication lead, I hope to create and share informative content on multiple platforms to engage a broader community.

News and events

BHIVA position statement on Shingles vaccines

Whilst the BHIVA immunisation are undergoing review, BHIVA have developed a position statement on shingles vaccine.. The statement recommends that all people living with HIV in need of a shingles vaccine should be offered Shingrix based on better efficacy and safety than Zostavax. Using Shingrix routinely avoids the caveats associated with Zostavax use. To find out more click here.

Germany faces shortages of generic Truvada

Germany is experiencing disruption to the supply of genetic Truvada for both people living with HIV and for use as PrEP. NHS England have arranged for approximately 7 months of stock in the UK at all times, and regularly receive stock holding reports.

DVLA updates HIV guidance

The Driver and Vehicle Licensing Agency (DVLA) has updated its guidance on HIV to remove language associated with stigma and ensure it reflects current scientific knowledge. For further reading click here.

Measles outbreak

Following a recent increase in the cases of measles, BHIVA has reported that 10% of adults and adolescents living with HIV will be susceptible due to absence of measles IgG. As a result, they recommend screening for the immunoglobulin among those without documented seropositivity and recommending the MMR vaccine to those with well controlled HIV. As all current MMR vaccines are live, it is not recommended for pregnant individuals or those with a CD4 count less than 200cells/mm^3. For a detailed outline of the recommendations, see the BHIVA position statement.

Dates for your diary

CHIVA annual conference – 15th March 2024 Birmingham · Chiva | Chiva Conferences

BHIVA Spring conference – 29th April – 1st May 2024 Birmingham · BHIVA Spring Conference 2024

BASHH annual conference – 17th June 2024 Bournemouth · ANNUAL CONFERENCE 2024 | British Association for Sexual Health and HIV (bashh.org)

AIDS 2024 conference – 22-26th July 2024 Munich, Germany and virtual – AIDS the 25th International AIDS Conference

Chiva Conference 2024 - Registration & Abstract Submission open

The 18th annual Chiva conference, on 15 March 2024, will cover a range of vital issues and updates, from understanding HIV-related stigma, to engagement in care, youth involvement, and the latest HIV research. For more information click here.

Spotlight Series: introduction to PrEP

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1Image from https://www.huffpost.com/entry/truvada-whores_b_2113588

What is PrEP?

PrEP (Pre-Exposure Prophylaxis) refers to prophylaxis intervention for individuals not living with HIV but at high risk of transmission.

How does it work?

Systemic formulations of PrEP when taken as directed around the time of an activity that poses risk of exposure to HIV, can protect the individual by preventing DNA replication of any virus that may enter into circulation.

Topical PrEP (currently dapivirine vaginal ring) aims to prevent viral replication at the potential site of transmission thereby preventing the spread of virus to other cells.

What are the available options?

There are currently a few licensed options available.

Oral:

- Tenofovir disoproxil/ emtricitabine (branded Truvada or generic equivalents)
- Tenofovir alafenamide/emtricitabine (branded Descovy, TAF PrEP)

Injection:

- Long acting Cabotegravir

Topical:

- Dapivirine vaginal ring (intended for use for people living outside of the EU and in

2Image from https://clinicalinfo.hiv.gov/en/drugs/cabotegravir-1/patient

Who Can Have PrEP?

- Men or transgender individuals who have unprotected anal intercourse with men.
- Sexual partners of people who are living with HIV with a detectable viral load; and
- HIV-negative heterosexual individuals who have unprotected intercourse with an HIV-positive person and are likely to repeat this with the same person or another person with a similar status.

Advantages and disadvantages of PrEP

Although not exhaustive, here are some points for consideration:

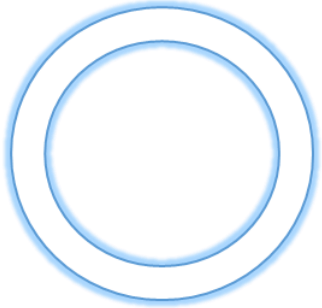
Advantages

- Empowerment of individuals using PrEP
- Reduction in transmission of HIV in line with national and global goals.
- Treatment is safe and generally well tolerated.

Disadvantages

- Risk of resistance with suboptimal adherence

- PrEP does not negate the need for safe sexual practice as individuals will still be at risk of other forms of sexually transmitted infections.



Not PrEPared: issues around accessing PrEP

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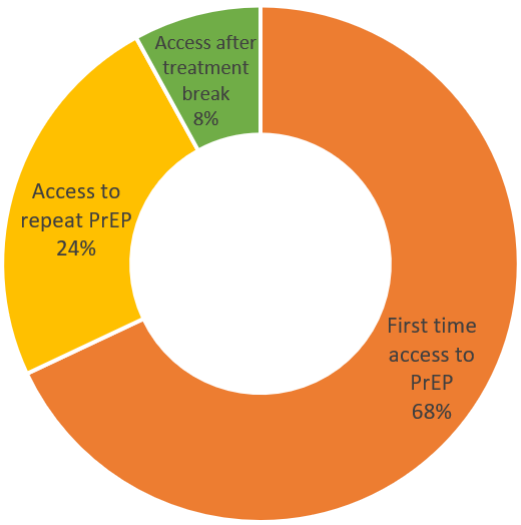
Since the introduction of PrEP in the UK, it has proved a valuable tool in HIV prevention, demonstrating reductions in HIV cases seen within England especially amongst the gay and bisexual men and other men who have sex with men cohorts. Despite this, many service users face struggles around PrEP initiation, maintenance and clinical monitoring. In response, a national survey and report was created to gain a greater understanding of the barriers from the perspective of sexual health commissioners, clinical staff and PrEP users. Below we highlight some of the findings and recommendations from the report, for more information scan the QR code below or click here.

PrEP

Access issues

Only 35% of survey responders were receiving PrEP. The survey highlighted the majority of access issues stem from being able to access PrEP for the first time (68%), followed by access to repeat prescriptions (24%) and access following treatment breaks (8%). Hence, recommendations suggested involve an increase in sexual health service capacity to accommodate PrEP demand, and consider extending access to PrEP to areas such as GPs.



Disparity across the UK

23% of the cohort were turned away due to a lack of appointments when eventually reaching clinics via telephone. Regions most commonly experiencing capacity challenges were North West (21%), London (18%) and the South East (11%), these are areas identified as having the highest levels of need for PrEP. Certain areas of the UK reported specific pressures; in the East of England 50% of local authorities reported a high waiting time for appointments. 57% of people were put on a waiting list for more than 12 weeks, of which 41% were from East of England.

All statistics from National AIDS Trust (2022) *Not PrEPared – Barriers to accessing HIV prevention drugs in England.*

Improving training

In 18% of clinics, there was a reported lack of training support for assessing PrEP eligibility, and 15% of clinicians felt there was a lack of support and training to prescribe PrEP. This calls for increased provision of training around PrEP prescribing and dispensing for sexual health staff. Further to this, given the gender bias in PrEP access, training should also be specific in order to address bias and inequality to PrEP

Want to read more?
Scan the QR code below to load up the **Not PrEPared report**

Spotlight Series: HIV PrEP Implementation & Sexual Health Pharmacist

Stephanie Tyler

HIV PrEP Implementation and Sexual Health Pharmacist, HIVPA London Regional, Representative, Co-chair of PrEP Pharmacist Network (PrEP PharmConnect)

Tell us about your current role and service

I currently work as a PrEP and Sexual Health Pharmacist at Guy's and St Thomas' NHS Foundation trust and based at Burrell Street sexual health clinic. Within this role I am thePrEP service lead, which includes all Education and Training (E&T), governance, responding and dealing with complaints, and pathway development. I conduct my own complex PrEP clinic and chair the local complex PrEP and Descovy PrEP MDTs. The other side of my role includes the management of all other sexual health related work from stock shortages to governance including incidents, Patient Specific Directions (PSDs), Patient Group Directions (PGDs)_and guidelines.

Why did you choose pharmacy and in HIV?

Good question! Without trying to sound too much like a pre-recorded interview answer, my main reason to pursue a pharmacy career started with an ambition of wanting to be the first to develop a novel drug... but after lab classes at university I realised very quickly this path wasn't for me! I was fortunate to experience hospital pharmacy where my true passion was found. To be able to care for and make a difference to the lives of people living with HIV has been incredibly rewarding.

Tell us about your pharmacy journey and how you came to your current position?

I feel lucky to have worked in many different hospitals from district generals to large teaching hospitals, both inside and outside of London, each one gave me a unique experience and skillset. I feel it was a bit of the case of being in the right place at the right time with my current position. With Lambeth and Southwark having the highest number of new HIV diagnoses in the country, my current position was funded to improve access to PrEP within these London boroughs. It has allowed me to make a meaningful impact on the local community and contribute to the overall goal of reducing HIV transmission rates. Externally I am the HIVPA lead for patient information leaflets and London regional representative, I sit on the BHIVA education and training group, BASHH syphilis guideline committee and soon to form part of a new BASHH PrEP working group.

In your opinion what have been the challenges within PrEP delivery within your service?

Implementing the necessary changes to improve PrEP access in Lambeth and Southwark, faced, like with any change, some resistance. One of the main obstacles was navigating through an already burdened health

-care system, where resources and attention were primarily focused on urgent matters like MPox. To overcome these challenges, a careful approach was taken to unpick the existing framework and build new pathways for implementation. This involved engaging with various stakeholders to raise awareness about the importance of PrEP on HIV prevention and its potential impact on the local community. By highlighting the specific needs and high HIV diagnosis rates in Lambeth and Southwark, efforts were made to gain support and secure funding. Also, comprehensive training programs were implemented to ensure healthcare staff were equipped with the knowledge and skills to effectively provide PrEP services. This included addressing misconceptions or concerns and emphasising the role of PrEP in reducing HIV transmission rates. Through perseverance, collaboration, and a shared dedication to public health, progress has been made in making PrEP a priority and enhancing its availability within these London boroughs.

Could you talk us through a 'typical' day in the life of a PrEP pharmacist?

A typical day might include conducting a complex PrEP clinic, reviewing PrEP users due to medical complexities such as renal impairment and starting Descovy or support around managing side effects. The consultation includes adherence support, taking a sexual history, assessing appropriateness and eligibility for PrEP, taking bloods, administering necessary vaccinations and performing sexual health screening. The other half of the day might include more administrative duties such as reviewing PGDs, chasing medication shortages, or it could be submitting an application to approve cabotegravir PrEP for a patient under compassionate access scheme to our formulary committee.

What have been the highs and lows of being a specialist PrEP pharmacist?

The highs of being a specialist PrEP pharmacist include making a positive impact on PrEP users' lives, contributing to HIV prevention efforts, and being at the forefront of advancements in HIV prevention care. The lows may include the challenges of implementing change and competing with external needs and priorities can sometimes bring about difficult moments.

What advice would you give to pharmacists aspiring to have a role within PrEP?

Do it! HIV prevention is an ever-growing field with lots of drugs in the pipeline that with novel drug delivery methods. Pharmacists have a huge role to play, in particular, with complex PrEP and also with cabotegravir PrEP soon to be approved, HIV Pharmacists' experience and knowledge in this area will be crucial. Community pharmacists will also play a vital role in the expansion of PrEP if/when it becomes commissioned to be supplied from this setting.

How do you see pharmacist roles within PrEP developing over the next 5 years?

I very much hope to see more specialist pharmacist roles made available in the future. There's a huge role for pharmacists to play with conducting complex PrEP clinics and participating in MDTs, providing specialist advice and support for those complex medical cases. They can also ensure commissioning policies are implemented and followed as new high cost Blueteq drugs become available.

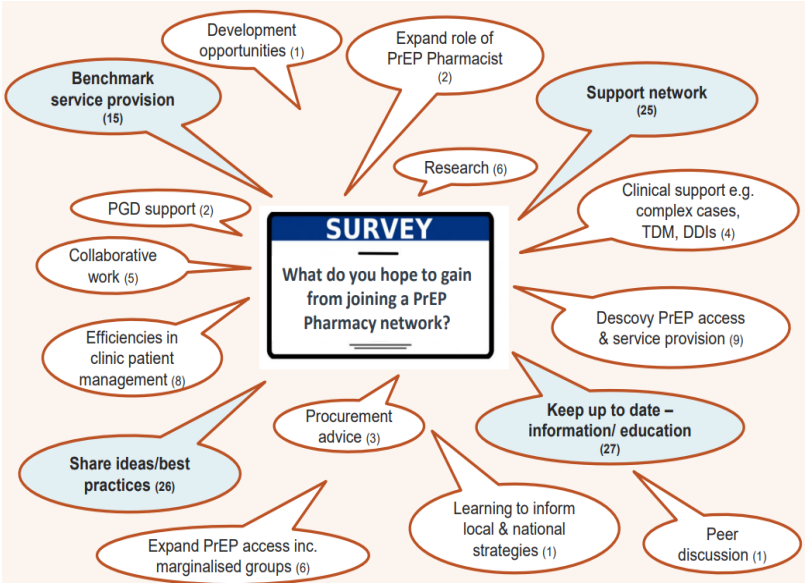
What does PrEP access look like currently?

TDF PrEP has been routinely available via sexual health services, initially in Scotland (April 2017), Wales (July 2017), and England (October 2020). TAF based PrEP has been available since May 2023 in England however we know there has been

inequity in Descovy PrEP in some sexual health clinics. As highlighted in the 'Not PrEPared' report PrEP provision has been underperforming. The report offers a thorough examination of the various factors that contribute to the limited access and uptake of PrEP among key populations who are at a higher risk of acquiring HIV. It sheds light on the existing barriers and challenges that hinder the widespread availability of PrEP. These barriers include issues related to knowledge and awareness, funding and resources, policy and guidelines, healthcare provider training, and stigma associated with HIV prevention methods. By identifying these obstacles, we now understand the current landscape and the areas that require improvement. It also emphasises the importance of securing sustainable funding for PrEP programs and ensuring equitable access for all individuals who could benefit from it. Additionally, the report highlights the need for supportive policies and guidelines that facilitate the integration of PrEP into existing healthcare systems.

What is the PrEP pharmacy network and what led to the inception?

PrEP PharmConnect is a collaborative network of pharmacy staff that provide PrEP services and support. We have over 100 members, stretching across the UK that meet virtually to discuss topical matters like inequity of Descovy with representatives from NHS and the CRG. We invite guest speakers to present their work, more recently this has involved research projects looking into the enablers and barriers of PrEP supply from community pharmacies. We share best practices and knowledge, including novel deliveries of PrEP provision. The network allows members to gain insights from diverse minds, collaborate on innovative projects and together shape the future of HIV PrEP care with pharmacists being at the forefront.



What resources would you recommend to those that want to learn more about PrEP?

I'm going to mention it one more time come and join the PrEP PharmConnect! Aside from that a good start is the BASHH PrEP guidelines soon to be updated this year so watch this space! Other good resources include ibase, Prepster, the IWantPrEPNow! campaign and the Terence Higgins Trust website.

How can you get involved in the PrEP pharmacy network?

Request to join our platform in Future NHS by searching for **PrEP PharmConnect.** Within this platform you will gain access to pre-recorded meetings, useful resources and the ability to start forum discussions with other members.

Alternatively, please email Steph; **stephanie.tyler@gstt.nhs.uk** or co-chair Kerry **Kerry.street@nhs.net**

PrEP Pharm
-CONNECT-

Sharing our members work

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Therapeutic drug monitoring in HIV pre-exposure prophylaxis (PrEP) users with a history of bariatric surgery – a case series

Muhammad Azam Ismail[1], Marta Boffito[2], Rachael Jones[2], Hannah Loftus[1], Olamide Dosekun[3], Katrina Stegmann[4], Erica Pool[5], Shema Tariq[6], Anna Nakamura[5], Stephanie Tyler[7], Harry Coleman[7], Yee Suh Teh[8], Sheena McCormack[2], Nicolo Girometti[2], Victoria Tittle[2]

[1]Sheffield Teaching Hospitals NHS Trust, [2]Chelsea and Westminster Hospital NHS Foundation Trust, [3]Imperial College Healthcare NHS Trust, [4]Central London Community Healthcare NHS Trust, [5]Mortimer Market Centre, [6]UCL Institute for Global Health, [7]Guy's and St Thomas' NHS Trust, [8]Royal Berkshire Hospital

BACKGROUND

- Oral PrEP with tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) is highly effective in preventing HIV, with plasma concentrations for TDF of >40ng/mL being highly predictive of adequate protection from HIV acquisition (1).
- Obesity is an increasing problem globally with growing numbers of people undergoing bariatric surgery including gastric sleeve, gastric bypass, or gastric banding (2).
- Drug absorption may decrease following bariatric surgery and there is limited data on PrEP drug concentrations and its efficacy in preventing HIV acquisition following these interventions.

METHODS

- Adult PrEP-users with history of bariatric surgery who were referred to a national complex PrEP clinic between June 2021 and March 2023 were included.
- Data on demographics, bariatric surgery history, PrEP regimen, plasma TDF/FTC trough concentrations, and HIV antibody test results were collected via retrospective case-notes review.
- Data was analysed using descriptive statistics in SPSS version 29.

RESULTS

- Eight cis-gender men who have sex with men taking TDF/FTC as a daily dose (DD) or event-based dose (EBD) were included (Table).

Case	Age	PrEP regimen	Type of surgery	Time since PrEP start (days)	Time since last dose of PrEP and TDM level taken (hours:minutes)	C_{trough} (ng/mL)	
						TDF	FTC
1	60	DD	Roux-en-Y gastric bypass (RYGB)	1152	24:00	84	N/A
2	54	DD	Gastric-bypass and partial gastrectomy	79	24:00	75	66
3	46	DD	RYGB	53	23:15	112	146
4	47	DD	Mini gastric-bypass with single anastomosis	1780	24:10	61	19
5	54	DD	Mini loop gastric-bypass	15	19:30	101	45
6	44	EBD	RYGB	1	24:00	43	N/A
7	48	DD	RYGB	3683	24:00	83	39
8	20	DD	Sleeve gastrectomy	2	17:00	128	40

TDM - therapeutic drug monitoring; C_{trough} – trough plasma concentration

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- Mean age was 46.6 years (SD=11.9) and median time between PrEP initiation and therapeutic drug monitoring was 66 days (IQR = 5.3-1623)
- Mean plasma trough concentrations of TDF and FTC were 85.9ng/mL (SD=27.5) and 59.2ng/mL (SD=45.1) respectively.
- In all patients, C_{trough} of TDF exceeded the minimum plasma concentrations predicted to be adequate for protection against HIV.
- All patients had a negative HIV antibody test after commencing PrEP (median follow-up 532 days, IQR = 111-1759).

CONCLUSION

- Plasma trough concentrations of TDF observed in our cohort taking either daily or event-based TDF/FTC were above the expected concentrations associated with PrEP efficacy based on previous studies (1).
- This suggests that these bariatric interventions do not significantly affect drug exposure or raise concerns related to decreased efficacy of TDF/FTC for PrEP.
- It is therefore important to ensure that PrEP is considered in people who have had bariatric surgery at high risk of HIV acquisition, and therapeutic drug monitoring used for reassurance.

References:
1. Donnell D, Baeten JM, Bumpus NN, Brantley J, Bangsberg DR, Haberer JE, et al. HIV protective efficacy and correlates of tenofovir blood concentrations in a clinical trial of PrEP for HIV prevention. J Acquir Immune Defic Syndr. 2014;66(3):340–8.
2. Lazzati A. Epidemiology of the surgical management of obesity. J Visc Surg [Internet]. 2023 Apr;160(2):S3–6. Available from: https://linkinghub.elsevier.com/retrieve/pii/S1878788622001783

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