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Barrier to treatment for post-exposure prophylaxis antiretroviral therapy in populations with high risk of HIV transmission

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This presentation will discuss barriers to filling PEP prescriptions for patients due to insurance difficulties and ways that providers can overcome these obstacles. Truvada is the treatment of choice for post-exposure prophylaxis (PEP) for HIV. According to the World Health Organization 2015, the current protocol is to administer 28 days of Truvada within 72 hours of likely exposure to HIV. In primary care sites, patients often have a challenging time having a Truvada prescription filled. Truvada comes prepackaged with 30 pills in a container. Many pharmacies will only sell Truvada in its original packaging. Medicaid will deny approval for a 30 pill bottle for a 28 day prescription. Pharmacists then must contact the prescriber to change the prescription to 30 days in order for it to be filled. This results in added time that pharmacists, prescribers and patients may not have. My recommendation to providers prescribing PEP is to follow the WHO protocol for a PrEP prescription. By writing a one-time prescription for 30 days of Truvada, instead of 28 days, all clients that may have been exposed to HIV can receive the necessary treatment to prevent the spread of infection in a timely manner, in order to move towards eradication of the infection in the future. This modification would also lead to efficient reimbursement by insurance companies, as well as efficient use of time for both pharmacies and providers leading to the delivery of quality healthcare in a timely manner.

Biography

Deirdre Keane is currently working as an FNP in the Johns Hopkins, USA. With a Master's in Public Health in International Health and a Master's of Science in Nursing (MSN) from Johns Hopkins School of Nursing (c/o 2006), she has worked as an NP for eight years in Washington, DC. She gained healthcare experience in USA and has served in leadership roles.

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