

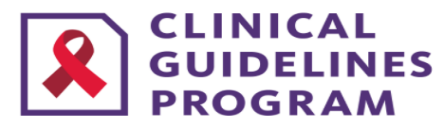
Prescribing PEP for Sexual Assault: University/Corporate Health System

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We have no financial disclosures.

We will mention off-label use of HIV medications for the purpose of PEP that does not represent a product endorsement.



HIV and Sexual Assault

Increased risk of HIV infection in sexual assault has been associated with

Trauma at the exposure site

- Genitorectal trauma - 50% to 85% [Sachs and Chu 2002; Jones, et al. 2009; Sommers, et al. 2012]
- Anogenital trauma - 20% to 85% [Riggs, et al. 2000; Grossin, et al. 2003; Jones, et al. 2003; Sugar, et al. 2004; Laitinen, et al. 2013; Larsen, et al. 2015]

Absence of barrier protection

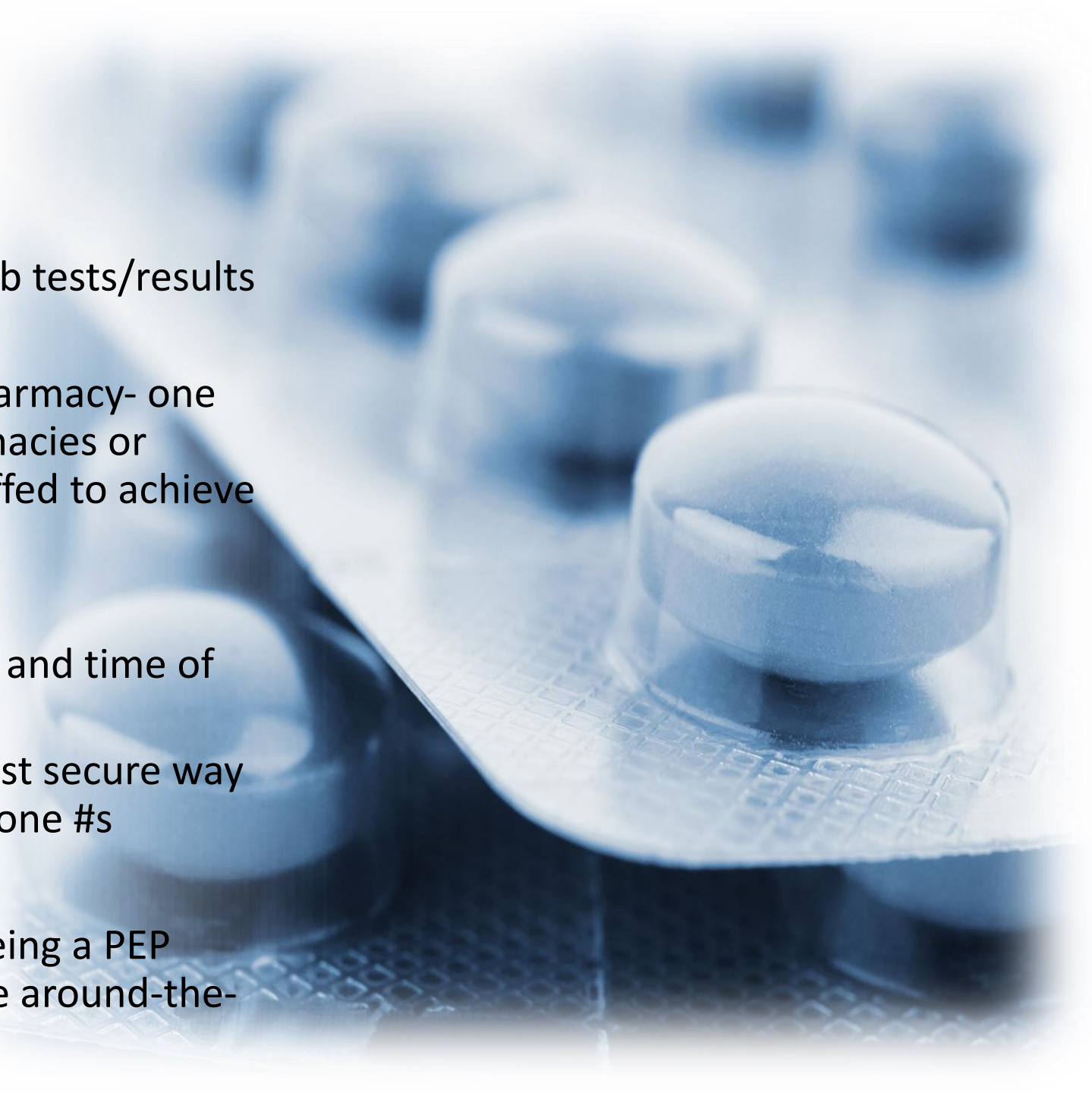
- High rates of condomless receptive anal intercourse (88%) and vaginal penetration (>60%) [Draughon Moret, et al. 2016]
- Perpetrators of intimate partner violence
 - Unlikely to use condoms (or use condoms inconsistently)
 - Likely to force sexual intercourse without a condom
 - Likely to have sexual intercourse with other partners [Raj, et al. 2006; Casey, et al. 2016; Stephenson and Finneran 2017].

There are published reports of HIV seroconversion following sexual assault [Murphy, et al. 1989; Claydon, et al. 1991; Albert, et al. 1994; Myles, et al. 2000]

PEP is the only proven method of reducing HIV acquisition after exposure, and it should be offered in cases of sexual assault.

Key Points

- Have a PEP plan in place.
- Don't wait to initiate PEP- You don't need lab tests/results or physical exams to start PEP
- Identify and work with a knowledgeable pharmacy- one that is willing to help/learn (specialty pharmacies or independent pharmacies may be better staffed to achieve this)
- Critical information for the pharmacy:
 - Indicate on the rx: PEP- Please Expedite and time of the exposure
 - Ask the patient what is the best and most secure way to communicate with them- confirm phone #s
 - Consider texting/MyChart/email
- Build relationships with multiple entities; being a PEP provider is a vital community resource- have around-the-clock resources



A white calculator is positioned on a document, with a pen resting on it. The calculator has a large LCD screen and a numeric keypad. The document underneath has some text and numbers, including '155,395.80'.

Making Sure PEP Gets Covered

- Working with a pharmacy that will assist with this is crucial
- Experience with expediting Prior Authorizations if needed
- Awareness of patient assistance programs that allow a local pharmacy to fill the medication for uninsured patients
- Manufacturer copay cards & Patient Assistance grants to help cover the copay for insured patients
- Ensuring the patient actually receives the medications within 72 hours of exposure



Equipping College/Student Health

- Educating providers about the CDC algorithm to determine need for PEP
- Stocking PEP- work with pharmacies and drug manufacturers to obtain medication if needed
- Discussing options for post-assault care (forensic/non-forensic)
- Follow up testing and tx for HIV/STIs; prophylactic treatment against STI exposures

Emergency Departments (Sexual Assault Forensic Examiners)

- Importance of investing in program (almost daily need) and pre-staging (not reacting)
- Order sets- simplified, streamlined so all prescribers know how to prescribe PEP
- Disseminate the information: HIP TIPs/newsletters/emails/meetings
- With health system, meet with each ED to discuss and tailor processes
- Meds in PYXIS for overnight and weekend
- Establishing direct relationship with partner pharmacy- provides redundancy in addition to after hours/weekend coverage



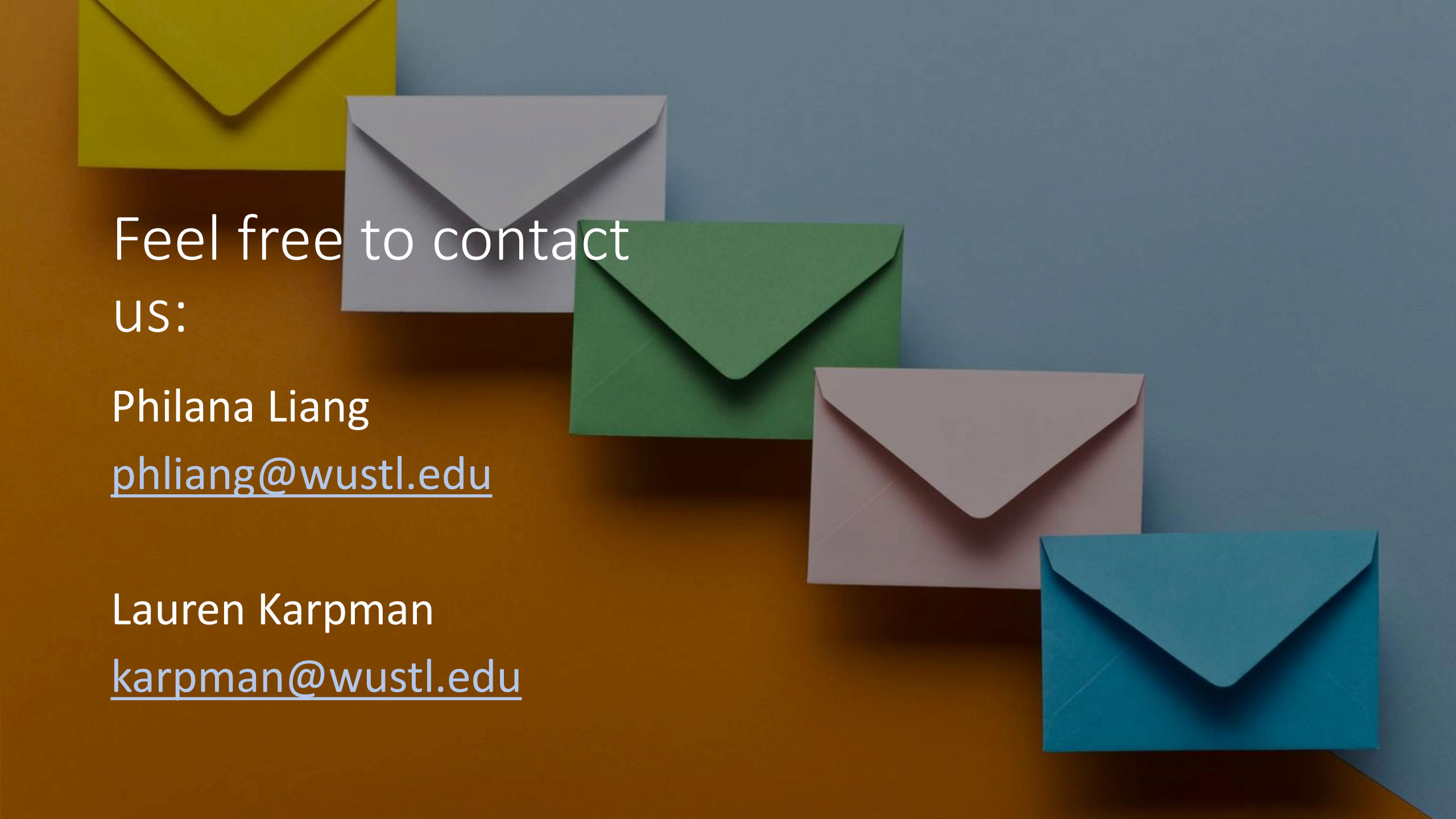
Adult ID clinic



- Walk in HIV testing
- Calls to clinic for PEP
- Calls to exchange (nights, weekends, holidays)
- PEP-PrEP (and vice versa)
- Back up plan for after business hours (be aware of after-hours resources)
- Direct relationship with partner pharmacy- provides redundancy as well as after hours/weekend coverage
- Fewer 24 hours pharmacies, and even fewer pharmacies that have HIV meds in stock. Have pre-identified pharmacies open 24 hours and walk them through the PEP process.

Health Departments/ STI clinics

- Direct relationship with County Health Department and Walk-In STI Clinic (faculty members on staff and in directorships)
- PrEP/PEP
- Pharmacy offers the same assistance to these clinics as we do our own ID clinic
 - PA Assistance
 - Copay/PAP Assistance
 - Free delivery to patients



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