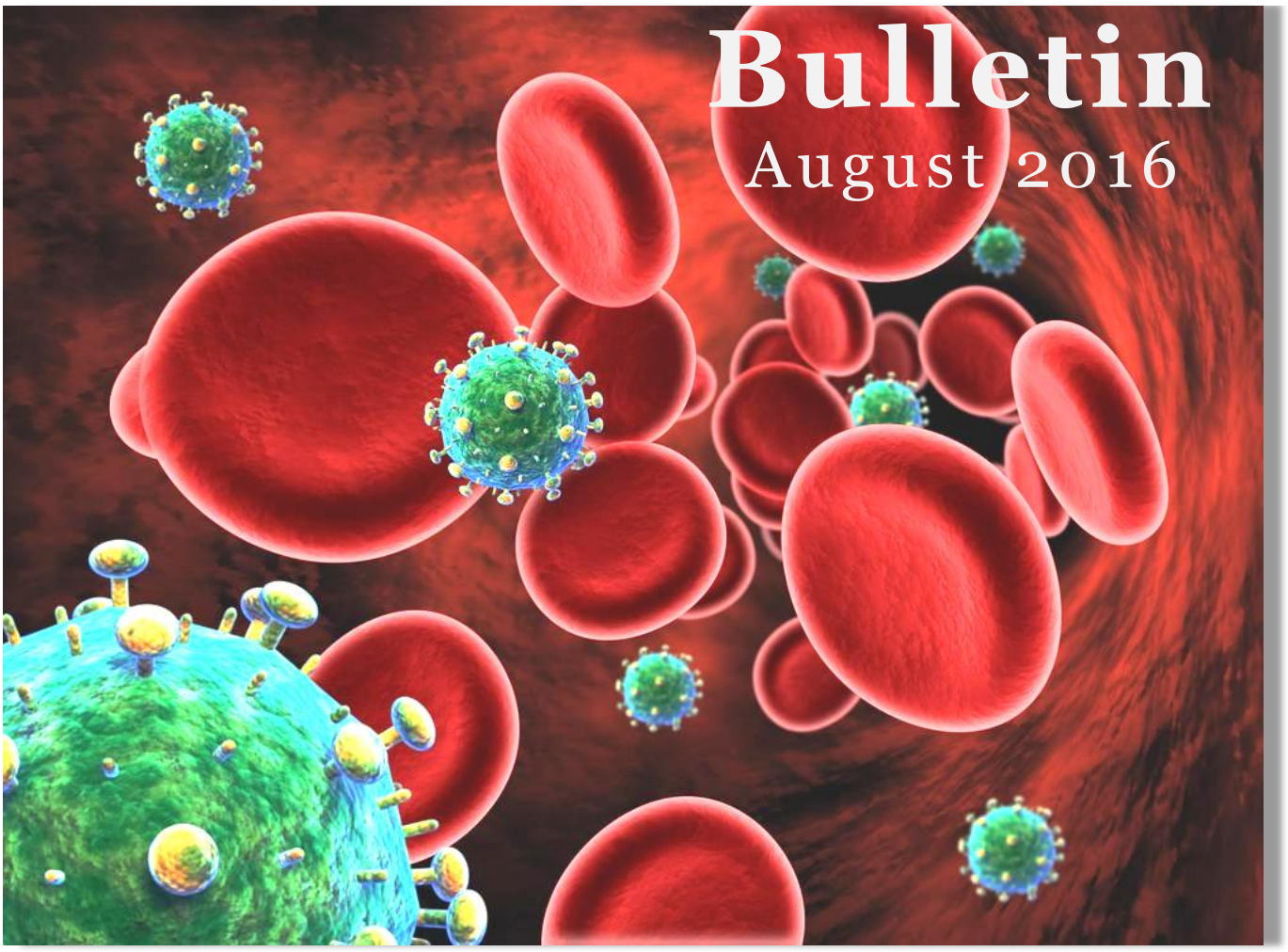
HIVPA

HIV Pharmacy Association



# Bulletin

August 2016

# HIVPA News

**Hello and welcome to the HIVPA bulletin!** To start please let me apologise for the long delay in the publication of the bulletin. Since the end of our contract with the Clinical Pharmacist and a change in Bulletin Lead I have been working to produce the Bulletin in-house, which has involved a lot more I.T. skills than anticipated- thank goodness for GCSE ICT and Tim Brickell (Thanks again Tim!).

Now the Bulletin is up and running I hope you like the new look and find this issue informative and educational. I would also like to take this opportunity to ask for articles and suggestions for the next issue. It would be great to have some reflective pieces on service improvement projects, audit abstracts, feedback from conferences and study days, or any other news you would like to share from your centre. Please send these directly to me at alexandra.lenko@uhl-tr.nhs.uk at your earliest convenience.

Thank you, happy reading! Alli Lenko (HIVPA Bulletin Lead)

**Website updates** Check out the updates to the HIVPA website and the improvements made to both content and security.

**PIL updates** HIVPA are currently updating the PILs available on the website, as well as producing new PILs for upcoming anti-retrovirals including descovy.

**eHIVe** The "Introduction to HIV" module is complete and will be uploaded to the electronic HIV education section of the HIVPA website very soon. Take advantage of this fantastic learning tool.

**Committee members** See the article below for an introduction to the new members of your HIVPA committee.

**Lucy Hedley** represented HIVPA at the Clinical Pharmacy Congress this year by presenting 'From Anticoagulants to Zinc, the never ending list of HIV drug interactions'. The presentation gave an insight into the multiple and varied drug-drug interactions between anti-retrovirals and commonly prescribed medicines, including OTC medicines and herbal supplements.

**Prince Harry** visited the HIV service at Kings College Hospital London. HIVPA was represented at Kings by Sheema Doshi. After his visit with the team, the Prince spoke out about the importance of HIV testing and early diagnosis, as well as the ongoing issues with stigma. The Prince is the patron of Sentebale, a charity for young people living with HIV, based in Lesotho and later in the month went on to speak at AIDS 2016.

# To BHIVA or not to BHIVA?

In April 2016 the city of Manchester hosted the British HIV Association (BHIVA) Spring Conference; three days of seminars, workshops, symposiums, contact building and information sharing.

As a first time attendee at BHIVA, I must admit I was nervous. Being surrounded by intellectual, world-renowned HIV healthcare professionals does that to me. Putting aside my nervousness I braved the conference, determined to get as much out of it as possible, as well as to present a poster. Well, what an experience it was! Hopefully an insight into some of the highlights for me will be an encouragement to see you all there in the future.

Spring BHIVA was attended by 641 delegates ranging from HIV physicians, nurses, pharmacists and representatives from pharmaceutical organisations and industry. 224 abstracts were submitted, 39 oral and 178 poster presentations were given at this year's conference.

*Article by Ojali Negedu*

*Imperial College Healthcare NHS Trust*

Themes discussed at the conference ranged from the very topical pre-exposure prophylaxis (PrEP), tenofovir alefenamide and its renal advantages, non-alcoholic fatty liver disease (NALFD) and a fantastic lecture on HIV and inflammation delivered by an international speaker. A personal highlight was the focus on women living with HIV and a discussion about the PRIME study. This study will explore HIV and the menopause; such an unknown but crucial stage in a women's life with large implications on health and risk factors.

The lunchtime workshops were highly topical and extremely popular with conference delegates. Topics included HIV and bones, HIV and cognitive deficit, pregnancy and breastfeeding case presentations and an excellent discussion on the optimisation of access to vaccinations through shared working with our community colleagues.

One must not forget to mention the social events, these ranged from sponsored dinners to the conference gala, held at Manchester Town Hall, which was reported to be highly entertaining and well attended! Definitely, something not to be missed at my next conference attendance.

Personal highlights included the ViiV photography stand, a great visual concept which celebrated the work, achievements and hopes of artists, clinicians, and people living with HIV. Such an inspiration to read! A great piece of art. The poster presentations at the conference were all of such high standards, and I was very nervous putting my humble poster next to some true legends in the HIV field. But nervously I did and glad to have done so too. And to top it off a pharmacist won the poster presentations too! (not this pharmacist)

So BHIVA thank you for hosting a great conference for a first timer such as I. Definitely a learning curve, an amazing opportunity for all involved in the HIV field! Autumn BHIVA is round the corner; pencil that into your diary.

# In the News

**Merle CS** et al abstract presented at 21st International AIDS Conference reported 'more aggressive TB treatment using high dose of Rifampicin, in addition to ARV treatment, could reduce TB/HIV mortality among co-infected TB/HIV patients with severe immunocompromised state'. 260 patients were recruited for the 3 parallel arm, multi-centre, open-label RCT from Benin, Guinea and Senegal.

**Currier J** et al abstract presented at 21st International AIDS Conference reported on the PROMISE 1077HS trial. This is an RCT to evaluate postpartum anti-retroviral therapy for women with good immune function (CD4 count >400 cells/$mm^3$). Over 1600 women from 52 centres were included in the trial, which found that continuing antiretroviral therapy postpartum was associated with reduced illness and infection. However there were significant concerns over adherence in response to virological failure of 23%.

**Molina JM** et al abstract presented at 21st International AIDS Conference reported on a subgroup analysis of the START trial. START has shown a clinical benefit of immediate versus deferred anti-retroviral treatment in asymptomatic HIV infected adults with a CD4 count >500. Molina JM et al analysis set out to determine if some subgroups benefited more than others. It was found that higher absolute risk reduction and lower number needed to treat were found in patients with HIV viral load >50,000 c/ml, age >50, Framingham 10 year risk score >10% and CD4:CD8 ratio <0.5. It was suggested that such data may inform prioritisation of immediate ART.

90-90-90

An ambitious treatment target to help end the AIDS epidemic

**In June 2016** Heads of State and Government and representatives of State and Government assembled at the United Nations to reaffirm the commitment to end the AIDS epidemic by 2030. It was recognised that 'to achieve the prevention and UNAIDS 90-90-90 treatment targets by 2020' that 'AIDS responses need to achieve greater efficiency and focus on evidence, the geographic locations, populations at higher risk of infection, service delivery models, innovations and programmes that will deliver the greatest impact'.

The UK has made some of the best progress in the world in achieving these targets. The UK has already achieved 2 out of the 3; with over 90% of people with diagnosed HIV infection receiving sustained antiretroviral therapy, and 90% of those having achieved viral suppression. Currently we have achieved 83% for the remaining target (90% of all people living with HIV will know their HIV status) and therefore work continues to diagnose those patients as yet unaware of their status.

http://www.unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2016highlevelmeetingonaids

# In the News

The decision on the commissioning of PrEP has been widely debated since the release of data from the UK PROUD Study. The decision by NHS England not to commission PrEP was recently challenged by the National Aids Trust at The High Court, London. HIVPA was represented by Heather Leake Date, who's statement to the RPS has been included in a number reports on this exciting development.

*"I am delighted that the High Court have ruled that NHS England can fund "PreP", I hope and expect that NHS England will now make a quick decision about funding this very effective medicine. People with undiagnosed HIV infection are much more likely to pass on the virus, so PreP not only reduces the risk of infection for individuals but will also further reduce infection levels in the whole population, leading to fewer HIV cases overall. We already have national guidelines on how to use PrEP in the most cost-effective way, targeting those who will benefit most from it. The HIV Pharmacy Association (HIVPA) calls on NHS England to expedite a decision and make PrEP available for people who need it at the earliest opportunity."*

Halve It
EARLY TESTING SAVES LIVES.

On Thursday 7 July 2016, the Halve It campaign and the APPG for HIV & AIDS hosted a 'Halfway to World AIDS Day' panel session in parliament. The event was attended by a wide variety of audience members including parliamentarians and members of the HIV community from clinical, commissioning, peer support and advocacy backgrounds. The panel called for greater collaboration between local authorities, CCGs and NHS England for an integrated approach to the commissioning of HIV testing services.

The panel session included key speakers who have played a fundamental role throughout the course of the Halve It campaign and the event was chaired by long-standing Halve It supporter and Vice-Chair of the APPG on HIV & AIDS Stuart Andrew MP. Speakers included Sara Croxford from Public Health England, Dr Chloe Orkin from the British HIV Association and Kat Smithson from the National AIDS Trust. They provided scientific, clinical and policy perspectives on the challenges of HIV testing, highlighting the progress that has been made and what needs to happen in the future to improve access to HIV testing services for all members of the population. During the networking session Stuart Andrew MP encouraged audience members to discuss opportunities for collaboration to achieve Halve Its goals of reducing late and undiagnosed HIV, emphasising that together 'we can halve it'.

*Article contributed by Tom Addison (HalveIT)*

*HIVPA represented by Sacha-Marie Pires*

http://www.halveit.org.uk

# Who are the new HIVPA committee members?

Jessica Clements: Communication Lead

I have recently re-joined the HIVPA as the communications lead. In this role I will be overseeing the content of our website, managing the twitter account and working with the rest of committee to get HIVPA recognised as a RPS accredited provider.

I have worked as a specialist pharmacist within HIV since 2008. I qualified as an independent prescriber in 2011 and now manage patients in my own clinic. I have worked at St George's in Tooting and St Mary's in Paddington. I now work part time in Medway Hospital, Kent as the principal pharmacist for HIV and Hepatitis.

Please follow @HIVPA on Twitter. If you have anything going on professionally within your clinic that you would like HIVPA to tweet about, please let me know. If any members have ideas about the website content or design or upcoming events these are also welcome. Jessica.clements@nhs.net


Celesta Riddles: Co-conference Lead

I have recently joined the HIVPA committee as the co-conference lead. I aim to organise a high quality, educational conference that will meet the satisfaction of all members.

I am a specialist HIV pharmacist across Ealing and Northwick Park hospitals. I am a non-medical prescriber and run a pharmacist led clinic once each week. I have recently enrolled to do a M.Sc. in Advanced Pharmacy Practice and hope to focus mainly on research in HIV.

The 2016 HIVPA conference was a great success and we welcome any ideas for 2017. Contact via hivpaoffice@gmail.com

Portia Jackson: Regional Representative Lead

As Regional Representative Lead I'm responsible for organising and co-ordinating communication between the Regional Representatives. I provide a link between the Regional Representatives and the HIVPA Steering Committee, effectively acting as a national voice for you all. I'm keen to promote and stimulate engagement with HIVPA members and to facilitate HIVPA regional activity to support and improve access to learning and development.

I worked as a Rotational Pharmacist at Norfolk and Norwich University Hospital before progressing to specialise in HIV in 2010. In March 2015 I moved to Cambridgeshire Community Services NHS Trust where I lead the provision of pharmacy services for the integrated Contraceptive and Sexual Health (iCaSH) service. I qualified as an Independent Prescriber in March 2015 and am a member of the Midlands and East ARV Prescribing Implementation Group.

I'm really looking forward to working with you, for the benefit, and on behalf, of all HIVPA members. Please do get in touch if you would like to discuss any ideas for regional activities etc. I'd be delighted to hear from you. portia.jackson@nhs.net

# Who are the new HIVPA committee members?

Alli Lenko: Bulletin Lead

I would like the HIVPA bulletin to provide members with a source of specialist information relevant to HIV pharmacy services. I would like to create an educational resource and a means of promoting the great work that specialist HIV pharmacy services do, but that is not always shared.

I have been working as a specialist HIV pharmacist since 2013, first at Imperial College Healthcare NHS Trust and now at University Hospitals Leicester NHS Trust.

I would like to encourage you to share your experiences and specialist knowledge of HIV pharmacy services with other members through articles, news updates and announcements. Please send all your entries and suggestions for future content to Alexandra.lenko@uhl-tr.nhs.uk


Silma Shah: eHIVe Lead

Within the eHIVe role, I would like to develop the learning modules for HIVPA members, update the current information on the website and will be helping to upload HIVPA study day presentations.

I am currently working at Chelsea and Westminster Hospital and have been a specialist HIV pharmacist for 6 months. We rotate through various HIV/GUM clinics and to the ward as part of this role, and are heavily involved in directorate responsibilities.

Prior to my current role, I was working at UCLH NHS Foundation Trust as a rotational pharmacist. During my specialist rotation I realised the scope of a specialist HIV pharmacist and how involved we become in a patient's HIV care. I have had the opportunity to present a case at the HIVPA Conference in 2015, and have subsequently presented to colleagues and at a Grand Round to consultants within my Trust. It would be great to have case presentations on the HIVPA eHIVe website, so if any HIVPA members have any interesting cases which we can all learn from, please email silma.shah@nhs.net

Amy Moore: Industry Liaison Lead

As Industry Liaison, my role is to be responsible for the organisation of, and to co-ordinate communication between the pharmaceutical industry and HIVPA members and to serve as a link between the pharmaceutical industry and the HIVPA steering committee. I regularly liaise with industry representatives on agreed projects including information provision to patients and HIVPA members relating to new products and formulations.

I've been working in the field of HIV for the last 2 years, initially within an acute Trust but now working as part of the specialist HIV team at Chelsea and Westminster NHS Foundation Trust.

I'm really keen to raise the profile of HIVPA to our industry counterparts and to secure their support in order to provide the valuable HIVPA study days and annual conference, as well as to help ensure that HIVPA is delivering an excellent service to our members. I very much look forward to working on behalf of you all in the future, so please don't hesitate to get in touch should you have any ideas or issues that you would like to raise. Contact via hivpaoffice@gmail.com

# Top tips for organising a study day or educational event

Having recently taken over as a Regional Representative for the HIVPA, I was keen to try to promote engagement, bring people together and facilitate networking within the region. I felt that an educational event may be a means of achieving this.

Not having organised anything like this before, I initially felt a little at sea. My first task was to assimilate an up-to-date contact list. This was a challenge in itself in light of the significant restructuring of sexual health services across the region. Given the very small number of HIV Specialist Pharmacists in the region, and to make the work of organising such an event more worthwhile, I extended this list to include HIV specialist nurses, pharmacy technicians and health advisors. I then sent out an introductory email advising of my intention to organise an educational event, canvassing opinion on what format this should take, logistical and organisational issues such as location, duration and time of day, and requesting any suggestions of topics to cover.

From the responses received, I set about planning an agenda, investigating potential sources of funding and considering potential dates and venues. Given the wide geographical area over which we are spread in this region and therefore the long distances that many would need to travel, a whole day event was strongly favoured, but a half-day, lunchtime or evening event may be considered. I selected the most central location to minimise travel times and searched for a viable venue. The date of the event was selected based on both the availability of the venue and to ensure that it did not clash with any national sexual health meetings or conferences. At this point I sent out a 'Save the date' email to those on the mailing list.

I managed to secure industry sponsorship for the venue and catering, but the Pharma Company had a strict policy that it could not fund external speakers (following recent policy enforcement). However they were able to provide a Medical Advisor to give strictly non-promotional presentations on any relevant topic, and are working on building a portfolio of presentations for such circumstances. I therefore sought funding for speakers through the HIVPA, following the formal application process, and was successful in securing this. It is worth noting that such a policy does not appear to stand industry-wide and in addition, many Pharma companies are willing to work jointly with one another, each funding specific aspects of the day e.g. one covering the venue and catering, and the other covering speakers.

# Top tips for organising a study day or educational event

In terms of agenda planning, the feedback provided a number of suggestions for topics to cover and I was keen to keep the content as diverse as possible to ensure that there was at least something to capture the interest of everyone. The final agenda included a presentation on Chemsex and one on adapting to a diagnosis of a long term Illness and commencing on lifelong therapy, both by external speakers, and presentations on HIV and Women and Interpreting Clinical Trials by a Medical Advisor from the sponsoring company.

I sent out a formal invitation by email, with the proposed agenda attached, ensuring that the contribution made by any sponsors was recognised on this, and setting a deadline for responses. I followed this up with several further reminder, and chasing, emails where necessary.

Before the event I liaised closely with the external speakers, ensuring that all the necessary documentation required by the HIVPA was completed and submitted and that travel arrangements etc. were in place. Other points to consider prior to the event are the availability of any audiovisual equipment that may be required and the potential need to give notice of the menu choices of the attendees.

On the day, my role was to co-ordinate proceedings, and Chair the event, welcoming and introducing speakers and generally ensuring that everything ran smoothly and kept to time. The presence of specialist nurses, health advisors and technicians brought an additional benefit of a broader multi-disciplinary perspective when questions were raised and issues discussed, enhancing the educational value. Before the event closed, I issued 'Feedback Forms' inviting comments on various aspects of the day and any suggestions for the future to inform subsequent event plans.

Whilst organising such an event is hard work, time consuming and requires perseverance, it was immensely rewarding and the day itself provided a fantastic learning and networking opportunity for all involved. It was also a chance for me to develop my own skills and experience, which will ensure the organisation of any subsequent events, is less demanding and more efficient in terms of both time and effort. The feedback was very positive and indicated a hunger for more from the attendees and I would whole-heartedly encourage anyone who is thinking of organising a similar event to go for it!

*Article by Portia Jackson*

Cambridgeshire Community Services NHS Trust

# Dates for your diary


**HIVPA study days**

Thursday 15th September. Topic for the day: Research and Trials.

Wednesday 16th November. Topic for the day: Cardiology

**HIV Drug Therapy Glasgow 2016**

23-26th October 2016

http://hivglasgow.org/

**Hospital Pharmacy Europe**

10th November 2016 London Olympia

http://www.hpe-live.com/register/



**BHIVA Autumn Conference**

13-14th October 2016, QEII Centre, London.

Early registration by 19th August

http://www.bhiva.org/AutumnConference2016.aspx

We would really appreciate your contributions to the next HIVPA Bulletin. Please send to Alexandra.lenko@uhl-tr.nhs.uk

HIVPA
HIV Pharmacy Association

# The winning poster from the 2016 HIVPA conference

The Lawson Unit
LEADING HIV CARE FOR BRIGHTON

Brighton and Sussex University Hospitals NHS
NHS Trust

# The Next Generiction

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## Background

The increasing availability of generic antiretrovirals (ARVs) provides alternative (and cheaper) ways of delivering established effective HIV treatments, including multi-tablet combinations (MTCs) instead of single tablet regimens (STRs). The new Regional ARV contract which came into effect on 1st September 2015 resulted in a significant price increase for some centres of all Truvada® (TVA)-based fixed-dose combination ARVs. Significant potential cost savings were identified if suitable patients switched from Atripla® or TVA to equivalent or similar MTCs including generics.

## Method

- Switches from Atripla® to either tenofovir (TDF) /generic lamivudine 300mg (g3TC)/generic efavirenz 600mg (gEFV) or TVA/gEFV were prioritised to maximise cost savings. Patients who were stable on Atripla® (viral load <40copies/ml with no clinical reason to switch) were identified by their clinic doctor during routine appointments.
- Clinicians were asked to assess during clinic visits each patient's suitability, to discuss the option of switch with those deemed eligible and to provide the relevant patient information leaflet(s) (PIL).
- Patients had a pharmacist consultation to discuss the switch and 2-week post-switch telephone follow up to assess adherence and tolerability. No additional blood tests were done post switch to MTCs from Atripla®.
- Patient representatives were consulted and PILs were produced to facilitate informed decision-making and to minimise the risk of new regimens being taken incorrectly.
- A review of clinical case-notes was performed to identify how many patients were asked to switch and reasons for not switching.
- Estimated cost savings were calculated for the financial year 2015-16.

## Results

- On 1st August 2015, 427 patients were being prescribed Atripla®.
- Between August 2015 and March 2016, 190 (45%) of them had a discussion with their clinician about switching to either TDF/g3TC/gEFV or TVA/gEFV. 219 (51%) patients did not have a generic switch discussion documented during this period (see Figure 1). The remaining 18 sets of notes (4%) were unavailable at the time of audit data collection.
- By 31st March 2016, 39% (74/190) were documented to have declined to switch from Atripla® to a MTC (see Figure 2). However, 54% (103/190) had either switched (71/190, 37%) or were planning to at a more convenient time. Of the 71 patients (62 male) who had already switched to MTCs, 64 (90%) remain on them. One patient (Atripla® to TVA/EFV switch) transferred to another clinic.
- For patients who switched between August and early November 2015 (17 patients), six-month viral load results were all <40 copies. Self-reported adherence remained high and no patients reported pill burden as a reason to switch back.

## Discontinuations

- 7 (10%) switched back to Atripla® from the MTCs due to side-effects (sleep disturbance, headaches, nausea and diarrhoea), resulting in resolution of symptoms. (See Table 1.)
- 1 patient was worried about the potential side-effects of 3TC and its efficacy after reading the PIL, so switched back to Atripla®.
- 1 patient who switched from Atripla® to TVA/gEFV, experienced new onset sleep disturbance and was subsequently switched to Eviplera®.

***Table 1. Side-effects reported by patients who discontinued MTCs including generic ARVs.***

| Side-effects | No. patients n=5 TDF/g3TC/gEFV | No. patients n=2 TVA/gEFV |
|---|---|---|
| Sleep disturbance | 1 | 1 |
| Headaches | 3 | |
| Nausea | 1 | |
| Diarrhoea | 1 | 1 |
| Worried about potential side-effects | 1 | |

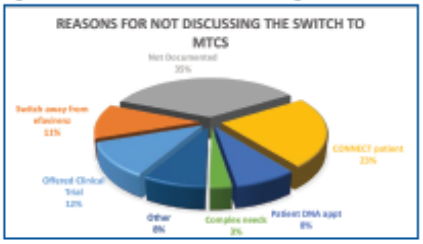
## Financial impact

Approximately £31,000 of drug cost savings were achieved over the 8 month period. If all patients who have switched remain on their new regimen the annual drug savings would be £99,413.

***Table 2. Cost savings per month***

| Switched from | Switched to | Cost saving per patient per month (£) | Number of patients | Cost Saving per month (£) |
|---|---|---|---|---|
| Atripla® | TDF / 3TC /EFV | 170.15 | 41 | 6976.15 |
| Atripla® | TVA/EFV | 56.88 | 23 | 1308.24 |
| Total | | | 64 | 8284.39 |

***Figure 1: Doctors' reasons for not discussing switch.***




- Over 20% of patients were part of the 'CONNECT' email clinic, in which they only have one face-to-face appointment with their clinic doctor annually.
- 11% of patients disclosed previously unreported CNS disturbance and therefore switched to a regimen without efavirenz.

***Figure 2. Patients' reasons for declining a switch from Atripla® to TDF/g3TC/gEFV or TVA/gEFV***


## Conclusion

Most patients were willing to switch a stable regimen in order to save the clinic/NHS money. Of those who switched, pill burden was not reported to be a problem and no adherence concerns were identified. A high degree of patient and clinician engagement and transparency about the rationale were the key features of this switch programme.

Significant cost savings can be achieved, with no reduction in quality of care, by switching stable patients from TVA- based STRs to MTCs including generic ARVs. The savings can help mitigate the impact of increasing demand for ARVs to treat HIV and prevent transmission, and ongoing budget constraints. However, whilst drug costs are reduced, there is an up-front additional cost (pharmacy staff time) incurred in switching stable patients, which is currently unfunded. An 'invest to save' approach by NHS England could result in more widespread adoption of such switch programmes.

## Summary

- MTCs including generic ARVs were highly acceptable to patients.
- No patients reported pill burden as a reason to switch back to Atripla®.
- Significant cost savings can be achieved with the use of MTCs including generic ARVs.

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**Acknowledgements**
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