

Pharmacy-based PrEP Program Series Session #3:

Resources for One-Stop Shop HIV and Sexual Health Services, Technical Assistance, and Capacity-Building

Friday, April 1, 2022

Last Updated:

DOH 150-189 APRIL 2022

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Logistics

- This webinar is being recorded.
- Participant microphones are muted.
- Type in questions or comments through the chat box or Q/A at anytime.
- After today's session you will receive an email with a link to an evaluation for today's session- we would appreciate you filling this out. Required for Pharmacy CE through the Washington State Pharmacy Association.

Objectives

- At the completion of this program, the participant will be able to:
 - For Pharmacists:
 - Understand the role of the Mountain West AETC in providing training, technical assistance, and capacity-building assistance to health care providers in WA state.
 - Understand the different MWAETC and UW programs and resources available to pharmacists that can aid them in implementing a pharmacy-based PrEP program.
 - Distinguish three MWAETC and UW programs and the support pharmacists can receive from each.

Disclosures

No conflicts of interest to disclose.

Victor Ramirez has the following financial relationships to disclose:

Grant/Research Support from: The MWAETC is supported by HRSA, of the US Department of Health and Human Services.

Employee of: The University of Washington

Disclosures

No conflicts of interest to disclose.

Sarah McDougal has the following financial relationships to disclose:

Grant/Research Support from: The MWAETC is supported by HRSA, of the US Department of Health and Human Services.

Employee of: The University of Washington

Disclosures

No conflicts of interest to disclose.

Julia Freimund has the following financial relationships to disclose:

Grant/Research Support from: The MWAETC is supported by HRSA, of the US Department of Health and Human Services.

Employee of: The University of Washington

Disclosures

No conflicts of interest to disclose.

Pam Landinez has the following financial relationships to disclose:

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Employee of: The University of Washington

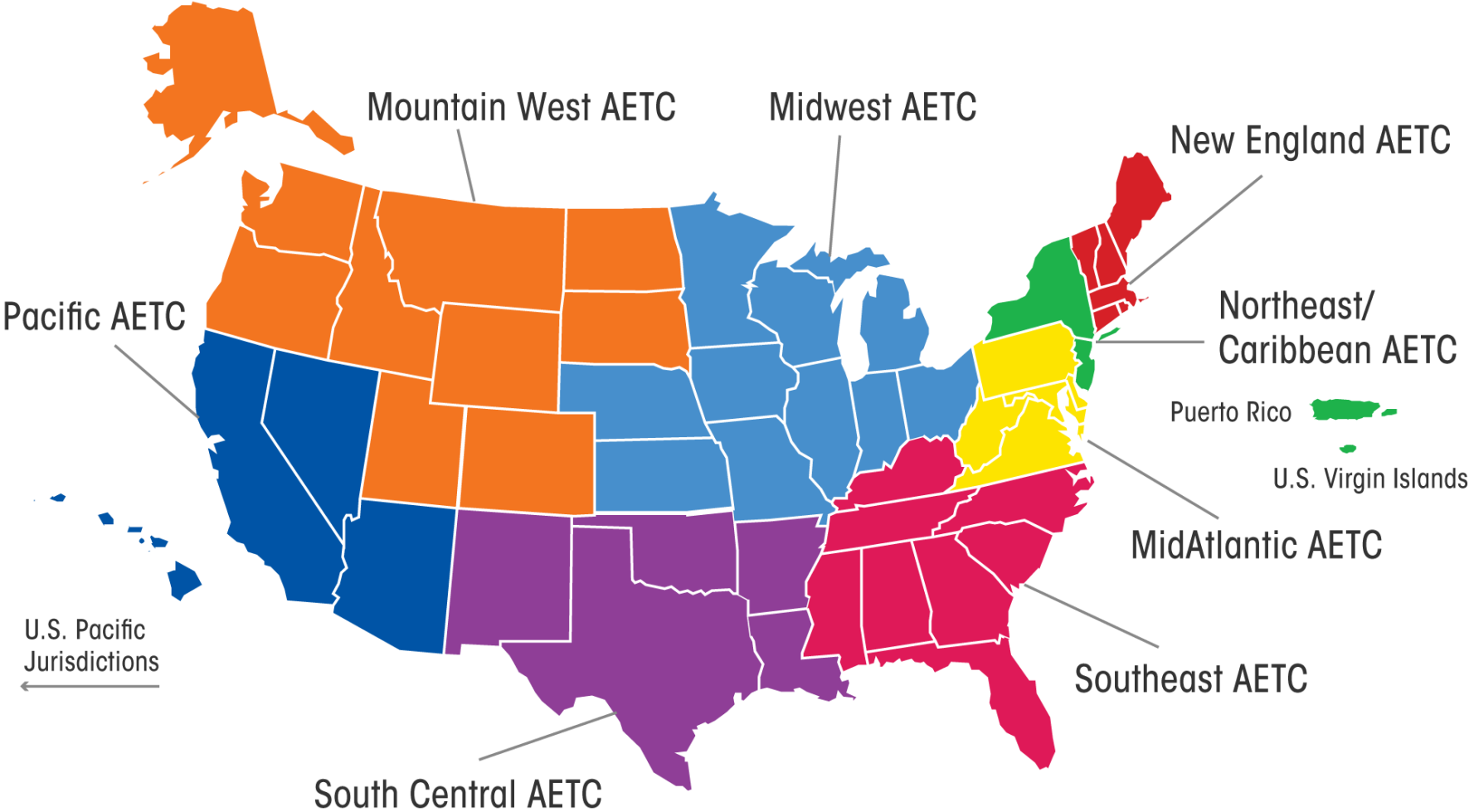
Polling Question #1

- Prior to the PIPAR series, were you aware of the Mountain West AETC and the AETC network?
 - Yes
 - No

AIDS Education and Training Centers (AETC)

- Funded by HRSA
- Part of Ryan White HIV/AIDS Program: Part F
- 8 Regional Training Centers
- National Coordinating Resource Center (NCRC)
- Clinical Consultation Center (CCC)

AETC Regional Training Centers



mwaetc.org/

aidsetc.org/about



Welcome

HRSA's AIDS Education and Training Center (AETC) Program supports national HIV priorities by building clinician and care team capacity and expertise along the HIV care continuum.

[Learn more about the AETCs](#)



National Coordinating Resource Center

TRAINING

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aidsetc.org



National Clinical Consultation Center



HIV/AIDS Management

Expert clinical advice on providing optimal care to your HIV-positive patients, from initiating antiretroviral regimens to managing HIV/AIDS and comorbidities.

[HIV/AIDS Guidelines »](#)
[Antiretroviral Drug Tables »](#)

 [Get HIV/AIDS Management Advice](#)



Perinatal HIV/AIDS

Immediate advice on HIV management in pregnant women and their infants, including referral to care.

[Perinatal ReproID HIV Listserv »](#)

 [Get Perinatal HIV Advice](#)



Hepatitis C Management

Expert clinical advice on HCV testing, staging, monitoring, and treatment including hepatitis C mono- and co-infection.

 [Get Hepatitis C Management Advice](#)



Substance Use Management

Expert clinical advice for healthcare providers on substance use evaluation and management.

[National Substance Use Warmline »](#)
[California Substance Use Line »](#)

 [Get Substance Use Management Advice](#)



PEP: Post-Exposure Prophylaxis

Expert advice on managing occupational and non-occupational exposures to HIV and hepatitis B & C.

[Online PEP Quick Guide »](#)

 [Get Post-Exposure Prophylaxis Advice](#)



PrEP: Pre-Exposure Prophylaxis

Up-to-date clinical advice on providing PrEP as a prevention tool, from determining when prescribing PrEP is appropriate to understanding follow-up tests.

 [Get Pre-Exposure Prophylaxis Advice](#)

Mountain West AETC

MWAETC – About Us

MISSION: Deliver innovative education and training to improve access to care and quality of life for people who are living with or at increased risk for acquiring HIV.

- Offers HIV/co-morbidity related prevention and treatment education, clinical consultation, and capacity-building assistance.
- Physicians, physician assistants, nurse practitioners, pharmacists, nurses, dentists, and other health care team members.
- Allied health professionals (medical case managers, social workers, community health workers, mental health and substance use treatment professionals).
- Non-clinical staff (from clinic administrators to front desk staff).

MWAETC - Programs You Can Benefit From

AIDS CLINICAL CONFERENCE – Educating healthcare professionals on the latest HIV treatment and research through live and webcast lectures

DENTAL PROGRAM – Providing HIV oral health training and consultation to health care professionals

DETAILING PROGRAM – One on one provider training focusing on HIV prevention (available in OR, UT and WA)

HIV IN CORRECTIONS PROGRAM – Training health care providers in correctional settings through preceptorships and an annual conference

MWAETC HIV ECHO – Building capacity of rural health care providers through weekly telehealth sessions including case discussions with an expert panel (www.hivecho.org)

NATIONAL HIV CURRICULUM – Offering comprehensive online HIV care and treatment content with free CE (www.hiv.uw.edu)

NURSING CONFERENCE – Training nursing professionals on HIV care and treatment through an annual conference

PRACTICE TRANSFORMATION PROJECTS – Working with selected clinics to improve patient outcomes along the HIV care continuum

PRECEPTORSHIP PROGRAM – Arranging opportunities to shadow expert HIV providers in clinic settings

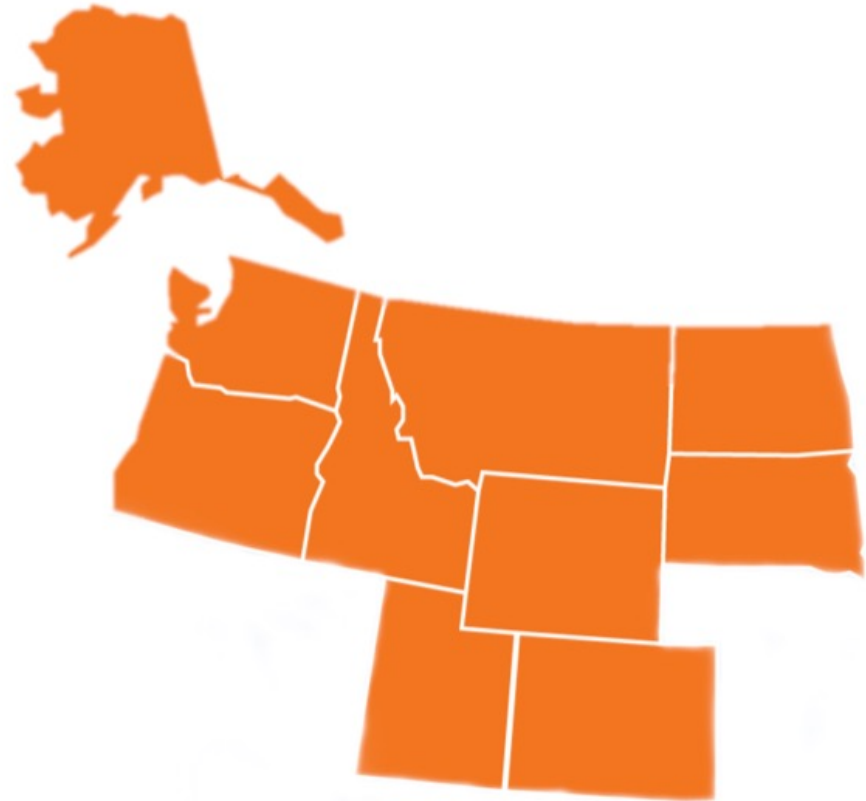
WEBINAR SERIES – Addiction Medicine; Regional Roundup



Mountain West AETC

Serve 10 States:

- Alaska
- Colorado
- Idaho
- Montana
- North Dakota
- Oregon
- South Dakota
- Utah
- Washington
- Wyoming



mwaetc.org

Washington



Regional Partner Sites:

- **Washington AETC, Seattle, WA**
- **African American Reach and Teach Health (AARTH), Renton, WA**

Mountain West AETC Program Directors

- Principal Investigator: David Spach, MD
- Director: Laurie Sylla, MHSA
- Medical Program Director: Hillary Liss, MD
- Dental Director: Rolf Christensen, DDS
- IPE Director: Paul Cook, PhD
- HIV ECHO Medical Director: Brian Wood, MD
- Practice Transformation Director: Samantha Meiring
- Corrections Program Director: Lara Strick, MD

Mountain West AETC Web Site (mwaetc.org)

ABOUT US

MWAETC OFFICES

TRAINING

RESOURCES

CALENDAR

CONTACT US

mwaetc.org



- Trainings calendar
- Regional program information
- AIDS Clinical Conference and HIV ECHO presentations
- Resources

FIND A TRAINING CENTER IN YOUR AREA

Select your state to learn more about the HIV services and educational products these regional offices offer.



The Mountain West AIDS Education and Training Center (MWAETC)

In 2015, the Northwest AETC and some of the Mountain Plains AETC states merged to form the Mountain West AIDS Education and Training Center. Through state based and regional programs, the new region now serves ten states: Alaska, Colorado, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah and Wyoming. Our name has changed but our mission is the same: increase health care providers' capacity to provide high quality HIV/AIDS care within the region's health care systems by providing HIV treatment education, clinical consultation, capacity building, and technical assistance. Please check out our calendar pages for upcoming events and our training and resources page for your clinical or continuing education needs or just email or call one of the offices.

ABOUT US



National HIV Curriculum

Julia Freimund
Infectious Diseases Education & Assessment (IDEA)
Program Manager
University of Washington

Last Updated: March 31, 2022

Polling Question #2

- Have you ever accessed the National HIV Curriculum?
 - Yes
 - No

Outline

- Introduction to the National HIV Curriculum
- Overview of how to use site
- Future plans
- Learning groups
- Other IDEA resources

Introduction to National HIV Curriculum



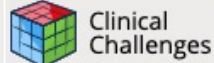
Antiretroviral Medications >



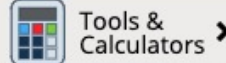
Course Modules >



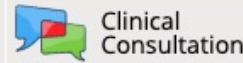
Question Bank



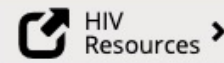
Clinical Challenges



Tools & Calculators >



Clinical Consultation



HIV Resources >



National HIV Curriculum

The National HIV Curriculum is an AIDS Education and Training Center Program and led by the University of Washington.

- Contributors
- Site Overview

Funded by Health Resources and Services Administration (HRSA)

HIV Course Modules

Screening and Diagnosis

This module is for any health care provider who would like to establish core competence in testing for HIV, recognizing acute HIV infection, and linking persons diagnosed with HIV to medical care.

Overview / Quick Reference >

Rapidly access info about Screening and Diagnosis

Question Bank **2nd Edition** **CNE/CME**

Interactive board-review style questions with CE credit

Self-Study **2nd Edition** **CNE/CME**

Track your progress and receive CE credit

Clinical Challenges

Expert opinions for challenging and controversial cases

www.hiv.uw.edu

Why Use the National HIV Curriculum (NHC)?

- Free resource and free CNE/CME/MOC
- Comprehensive (HIV Care Continuum)
- Up-to-date resource
- Flexible options for use of curriculum
- Built in progress tracking
- Ability to form learning groups
- Project is 100% federally funded (HRSA)

National HIV Curriculum: Main Features

Antiretroviral
Medications

46
Medications

Course
Modules

6 Modules
37 Lessons

Question
Bank

462
Questions

Tools and
Calculators

17
Tools/
Calculators

51.5
CE Credits

46
CE Credits

>6,500
References

97.5
Total CE Credits

+ 97.5
Maintenance of
Certification (MOC)
Points

NATIONAL HIV CURRICULUM

Overview of Features

Antiretroviral Medications

Course Modules

Question Bank

Tools & Calculators

Clinical Consultation

HIV Resources



View all Treatments

Single-Tablet Regimens

Entry Inhibitors

Long-Acting Injectable Regimens

Nucleoside Reverse Transcriptase Inhibitors

Non-Nucleoside Reverse Transcriptase Inhibitors

Integrase Inhibitors

Nucleoside Reverse Transcriptase Translocation Inhibitors

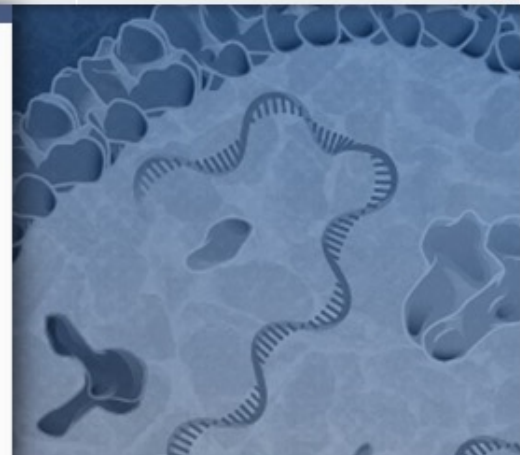
Protease Inhibitors

Pharmacokinetic Enhancers

Long-Acting Injectable Regimens

Cabotegravir
Apretude

Cabotegravir and Rilpivirine, Injectable Formulation
Cabenuva



Question Bank 2nd Edition CNE/CME
board-review style questions with CE

Question Bank 2nd Edition CNE/CME
board-review style questions with CE

Comprehensive Antiretroviral Medication Resource Section

Antiretroviral Medications








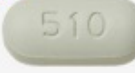



Prescribing Information, Clinical Studies, and Slide Decks

All materials are available for download in their original formats as PDF or PowerPoint.

Section Editors

David H. Spach, MD, Brian R. Wood, MD, Susa Coffey, MD

Single-Tablet Regimens

<p>Bictegravir-Tenofovir alafenamide-Emtricitabine</p> <p><i>Biktarvy</i></p> <p>Summary » Prescribing Information » Clinical Trials » References »</p> 	<p>Darunavir-Cobicistat-Tenofovir alafenamide-Emtricitabine</p> <p><i>Symtuza</i></p> <p>Summary » Prescribing Information » Clinical Trials » References »</p> 	<p>Dolutegravir-Abacavir-Lamivudine</p> <p><i>Triumeq</i></p> <p>Summary » Prescribing Information » Clinical Trials » References »</p> 	<p>Dolutegravir-Lamivudine</p> <p><i>Dovato</i></p> <p>Summary » Prescribing Information » Clinical Trials » References »</p> 
<p>Dolutegravir-Rilpivirine</p> <p><i>Juluca</i></p> <p>Summary » Prescribing Information » Clinical Trials » References »</p> 	<p>Doravirine-Tenofovir DF-Lamivudine</p> <p><i>Delstrigo</i></p> <p>Summary » Prescribing Information » Clinical Trials » References »</p> 	<p>Efavirenz-Tenofovir DF-Emtricitabine</p> <p><i>Atripla</i></p> <p>Summary » Prescribing Information » Clinical Trials » References »</p> 	<p>Elvitegravir-Cobicistat-Tenofovir alafenamide-Emtricitabine</p> <p><i>Genvoya</i></p> <p>Summary » Prescribing Information » Clinical Trials » References »</p> 
<p>Elvitegravir-Cobicistat-Tenofovir DF-Emtricitabine</p> <p><i>Stribild</i></p> <p>Summary » Prescribing Information » Clinical Trials » References »</p> 	<p>Rilpivirine-Tenofovir alafenamide-Emtricitabine</p> <p><i>Odefsey</i></p> <p>Summary » Prescribing Information » Clinical Trials » References »</p> 	<p>Rilpivirine-Tenofovir DF-Emtricitabine</p> <p><i>Complera</i></p> <p>Summary » Prescribing Information » Clinical Trials » References »</p> 	



Dolutegravir (Tivicay)

Other Names: DTG



Editor's Summary

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Clinical Trials

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Teaching Resources

Prescribing information last updated March 23, 2021 (provided by ViiV Healthcare Company).

Fetched from [DailyMed](#) on July 19, 2021.

RECENT MAJOR CHANGES

Indications and Usage (1)

Dosage and Administration, Pregnancy Testing before Initiation (2.1)

Dosage and Administration (2.3, 2.4, 2.5, 2.6)

Warnings and Precautions, Embryo-Fetal Toxicity (5.3)

Warnings and Precautions, Different Formulations Are Not Interchangeable (5.6)

1. INDICATIONS AND USAGE

TIVICAY and TIVICAY PD are indicated in combination with other antiretroviral agents for the treatment of human immunodeficiency virus type 1 (HIV)

1) infection in adults (treatment-naïve or -experienced) and in pediatric patients (treatment-naïve or -experienced but integrase strand transfer inhibitor [INSTI]-naïve) aged at least 4 weeks and weighing at least 3 kg [see *Microbiology* (12.4)].

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Dolutegravir Tivicay Tablet, Film Coated Prescribing Information

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1. Indications and Usage

2. Dosage and Administration

3. Dosage Forms and Strengths

4. Contraindications

5. Warnings and Precautions

6. Adverse Reactions

7. Drug Interactions

8. Use in Specific Populations

10. Overdosage

11. Description

12. Clinical Pharmacology

13. Nonclinical Toxicology

14. Clinical Studies

16. How Supplied/Storage and Handling

17. Patient Counseling Information

Patient Package Insert

Package Label, Principal Display Panel

Package Label, Principal Display Panel

7. DRUG INTERACTIONS

7.1 EFFECT OF DOLUTEGRAVIR ON THE PHARMACOKINETICS OF OTHER AGENTS

In vitro, dolutegravir inhibited the renal organic cation transporters, OCT2 (IC₅₀ = 1.93 microM) and multidrug and toxin extrusion transporter (MATE) 1 (IC₅₀ = 6.34 microM). In vivo, dolutegravir inhibits tubular secretion of creatinine by inhibiting OCT2 and potentially MATE1. Dolutegravir may increase plasma concentrations of drugs eliminated via OCT2 or MATE1 (dofetilide and metformin, [Table 6](#)) [see *Contraindications (4), Drug Interactions (7.3)*].

In vitro, dolutegravir inhibited the basolateral renal transporters, organic anion transporter (OAT) 1 (IC₅₀ = 2.12 microM) and OAT3 (IC₅₀ = 1.97 microM). However, in vivo, dolutegravir did not alter the plasma concentrations of tenofovir or para-amino hippurate, substrates of OAT1 and OAT3.

In vitro, dolutegravir did not inhibit (IC₅₀ greater than 50 microM) the following: cytochrome P450 (CYP)1A2, CYP2A6, CYP2B6, CYP2C8, CYP2C9, CYP2C19, CYP2D6, CYP3A, uridine diphosphate (UDP)-glucuronosyl transferase 1A1 (UGT1A1), UGT2B7, P-glycoprotein (P-gp), breast cancer resistance protein (BCRP), bile salt export pump (BSEP), organic anion transporter polypeptide (OATP)1B1, OATP1B3, OCT1, multidrug resistance protein (MRP)2, or MRP4. In vitro, dolutegravir did not induce CYP1A2, CYP2B6, or CYP3A4. Based on these data and the results of drug interaction trials, dolutegravir is not expected to affect the pharmacokinetics of drugs that are substrates of these enzymes or transporters.

7.2 EFFECT OF OTHER AGENTS ON THE PHARMACOKINETICS OF DOLUTEGRAVIR

Dolutegravir is metabolized by UGT1A1 with some contribution from CYP3A. Dolutegravir is also a substrate of UGT1A3, UGT1A9, BCRP, and P-gp in vitro. Drugs that induce those enzymes and transporters may decrease dolutegravir plasma concentration and reduce the therapeutic effect of dolutegravir.

Coadministration of dolutegravir and other drugs that inhibit these enzymes may increase dolutegravir plasma concentration.

Etravirine significantly reduced plasma concentrations of dolutegravir, but the effect of etravirine was mitigated by coadministration of lopinavir/ritonavir or darunavir/ritonavir, and is expected to be mitigated by atazanavir/ritonavir ([Table 6](#)) [see *Drug Interactions (7.3), Clinical Pharmacology (12.3)*].

In vitro, dolutegravir was not a substrate of OATP1B1 or OATP1B3.

7.3 ESTABLISHED AND OTHER POTENTIALLY SIGNIFICANT DRUG INTERACTIONS

[Table 6](#) provides clinical recommendations as a result of drug interactions with TIVICAY. These recommendations are based on either drug interaction trials or predicted interactions due to the expected magnitude of interaction and potential for serious adverse events or loss of efficacy. [See *Dosage and Administration (2), Clinical Pharmacology (12.3)*].

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Dolutegravir (Tivicay)

Other Names: DTG

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All Clinical Trials

Displaying 16 of 16 clinical trials.

Filter by Category**All Clinical Trials**[Treatment-Naive](#)[Treatment-Experienced](#)[Switch/Simplification](#)[Monotherapy](#)[Resistance/Virological Failure](#)[Pharmacology](#)[General Pharmacology](#)[Adverse Effects](#)**DAWNING** Industry >

A Phase 3b, Randomized, Open-label Study of the Antiviral Activity and Safety of Dolutegravir Compared to Lopinavir/Ritonavir Both Administered With Dual Nucleoside Reverse Transcriptase Inhibitor Therapy in HIV-1 Infected Adult Subjects With Treatment Failure on First Line Therapy

DOMONO Non-Industry >

The Dolutegravir Antiretroviral Mono-Therapy for HIV Trial

DUALIS Non-Industry Industry >

Efficacy and Safety of Switching to Dolutegravir With Boosted Darunavir in Virologically Suppressed Adults With HIV-1: A Randomized, Open-Label, Multicenter, Phase 3, Noninferiority Trial: The DUALIS Study

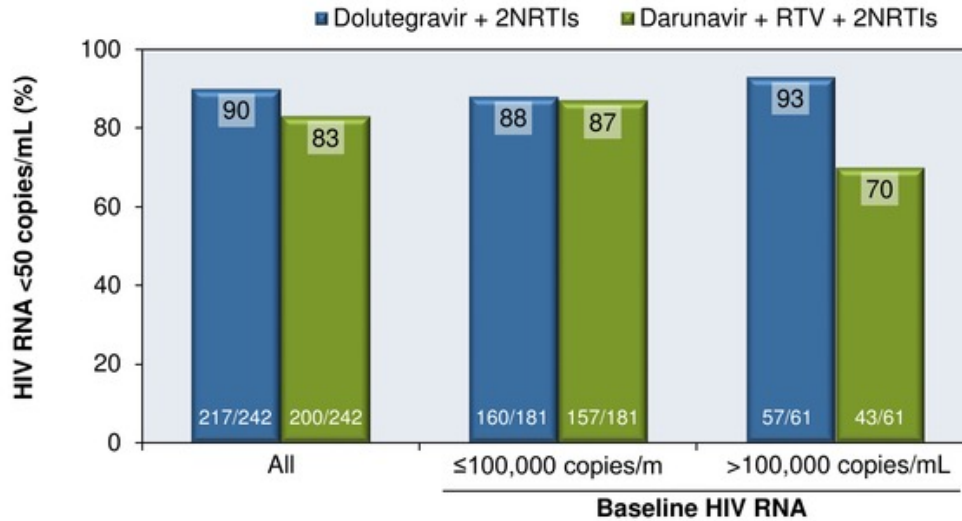
FLAMINGO Industry >

A Phase IIIb, Randomized, Open-label Study of the Safety and Efficacy of Dolutegravir, DTG (GSK1349572) 50 mg Once Daily Compared to Darunavir/Ritonavir (DRV/r) 800 mg/100 mg Once Daily Each Administered With Fixed-dose Dual

Dolutegravir + 2 NRTIs versus Darunavir + RTV + 2 NRTIs FLAMINGO: Results

3

Week 48 Virologic Response, by Baseline HIV RNA Level



Source: Clotet B, et al. Lancet. 2014;383:2222-31.



3/9

Share Download

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Review the data



Teaching resource



Label Study of ... in HIV-1 Infec

Mono-Therapy

n-label Study of ... administered Wi

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Dolutegravir

Naive

HIV Healthcare

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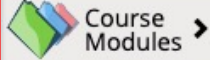
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National HIV Curriculum

The National HIV Curriculum is an AIDS Education and Training Center Program and led by the University of Washington.

[Contributors](#)

[Site Overview](#)

Funded by
Health Resources and Services Administration (HRSA)

HIV Course Modules

Screening and Diagnosis

This module is for any health care provider who would like to establish core competence in testing for HIV, recognizing acute HIV infection, and linking persons diagnosed with HIV to medical care.

Overview / Quick Reference >

Rapidly access info about Screening and Diagnosis

Self-Study **2nd Edition** **CNE/CME**

Track your progress and receive CE credit

Question Bank **2nd Edition** **CNE/CME**

Interactive board-review style questions with CE credit

Clinical Challenges

Expert opinions for challenging and controversial cases

View all Course Modules

- 1** **Screening and Diagnosis** >
- 2** **Basic HIV Primary Care** >
- 3** **Antiretroviral Therapy** >
- 4** **Co-Occurring Conditions** >
- 5** **Prevention of HIV** >
- 6** **Key Populations** >

View all Course Modules

1 Screening and Diagnosis

2 Basic HIV Primary Care

3 Antiretroviral Therapy

4 Co-Occurring Conditions

5 Prevention of HIV

6 Key Populations

Quick Reference 2nd Edition

Rapidly access information in this module

Antiretroviral Therapy: Overview

LESSONS

- 1. Antiretroviral Medications and Initial Therapy
- 2. Adverse Effects of Antiretroviral Medications
- 3. Drug Interactions with Antiretroviral Medications
- 4. Switching or Simplifying Antiretroviral Therapy
- 5. Evaluation and Management of Virologic Failure

Self-Study Module 2nd Edition CNE/CME Available

Track your progress and receive CE credit

Antiretroviral Therapy: Self-Study CNE/CME

LESSONS

- 1. Antiretroviral Medications and Initial Therapy
- 2. Adverse Effects of Antiretroviral Medications
- 3. Drug Interactions with Antiretroviral Medications
- 4. Switching or Simplifying Antiretroviral Therapy
- 5. Evaluation and Management of Virologic Failure

Certificate Requirements CNE/CME

Dual Functionality

Dual Functionality

Quick Reference

- Highly organized interface
- Quick search
- On demand topics
- Ideal for staying updated

Self-Study (Modular)

- Sequential (Step-by-Step)
- Flexible modular options
- Certificate program
- Ideal for training programs

TIMING OF POSITIVE LABORATORY MARKERS FOLLOWING HIV INFECTION

FIEBIG STAGING SYSTEM

Laboratory markers of HIV infection appear in a consistent sequence after the infection and delineate the period from initial exposure to established HIV infection. The Fiebig staging system, first published in 2003 defines 6 distinct stages of initial HIV infection, ranging from stage I (emergence of HIV RNA) to stage VI (full Western blot reactivity) (Figure 1).^[1,2] Following HIV acquisition, HIV RNA is first detectable on standard laboratory tests approximately 10 days after infection. The next marker to appear is p24 antigen, which typically reaches detectable levels 4 to 10 days after the emergence of HIV RNA. Next, IgM antibodies are detectable about 3 to 5 days later, and are gradually replaced by IgG antibodies, which appear 2 to 6 weeks after initial HIV RNA detection.^[1,3,14] Investigators have examined time to positivity of various HIV tests in relation to when the HIV Western blot turns positive.^[1,4]

CDC/APHL DEFINED PHASES FOR LABORATORY TESTING

The 2014 Centers for Disease Control and Association of Public Health Laboratories document outlines the sequence of when laboratory markers turn positive (Figure 2) and the document defines the following four, laboratory-based and clinically relevant phases of HIV infection:^[1,1]

- **Eclipse Period:** The initial interval after HIV infection when no laboratory markers are consistently detectable.
- **Seroconversion Window Period:** The interval between HIV infection and the first detection of HIV antibodies; the seroconversion window varies depending on the different HIV antibody assay used.
- **Acute HIV Infection:** The interval between detectable HIV RNA and the detection of HIV antibodies.
- **Established HIV Infection:** Refers to the time after which a fully developed IgG response has developed sufficient to meet the interpretive criteria for a positive Western blot or IFA.

Fiebig Laboratory Stages of Early HIV-1 Infection					
Stage	Duration	HIV RNA	p24 Ag	*EIA	Western blot
Eclipse	11 days	(-)	(-)	(-)	(-)
1	5.0 days	(+)	(-)	(-)	(-)
2	5.3 days	(+)	(+)	(-)	(-)
3	3.2 days	(+)	(+)	IgM Positive	Absence of HIV-specific bands
4	5.6 days	(+)	(+)	IgM Positive	*Indeterminate pattern
5	88.6 days	(+)	(+/-)	Positive	Reactive, but absence of p31 (pof)
6	Open-ended	(+)	(+/-)	Positive	Reactive, including p31 (pof)

* EIA = enzyme immunoassay
 *Indeterminate Western blot: presence of HIV-1 specific bands that fail to meet criteria established by US FDA for positive HIV (reactivity to two of the following three bands: gp41, gp11, gp120/160)

Figure 1 (Image Series). Fiebig Classification for Early HIV-1 Infection

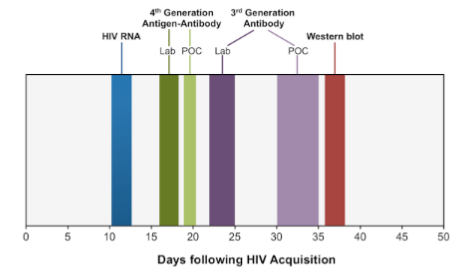


Figure 2. Timing of Positivity for HIV Diagnostic Tests

- HIV Diagnostic Testing
 - Background
 - Timing of Positive Laboratory Markers following HIV Infection**
 - Fiebig Staging System
 - CDC/APHL Defined Phases for Laboratory Testing
 - Atypical Laboratory Markers if HIV infection Occurs while on PrEP
 - Laboratory Tests Used for the Diagnosis of HIV
 - CDC Recommended HIV Testing Algorithm
 - Performance of Diagnostic Tests
 - Delivering Test Results to Patients
 - Special Diagnostic Situations
 - Summary Points
- Citations
- Additional References
- Figures

Quick Reference

All of the recommended initial regimens for most people with HIV utilize an INSTI anchor drug, the preferred use of INSTIs is based on high efficacy, low adverse effect profile, and minimal drug interactions. [56] In previous years, the Adult and Adolescent ARV Guidelines included the INSTI elvitegravir, protease inhibitors, and NNRTIs in the recommended regimens category; however, due to considerations such as tolerability (atazanavir, efavirenz), limitations to use based on CD4 count and/or viral load (rilpivirine), and lower genetic barrier to resistance (efavirenz, elvitegravir, and rilpivirine), these drugs are now considered alternative regimens.

INSTIs: Bictegravir versus Dolutegravir versus Elvitegravir versus Raltegravir

In the antiretroviral therapy guidelines, all three FDA-approved INSTIs (bictegravir, dolutegravir, elvitegravir, and raltegravir) are included as components of the recommended regimens for treatment-naïve persons living with HIV. [56] In SPRING-2, once daily dolutegravir was non-inferior to twice daily raltegravir in treatment-naïve patients with HIV infection. [61] In study 1490, initial therapy with bictegravir-tenofovir alafenamide-emtricitabine showed similar virologic responses as dolutegravir plus tenofovir alafenamide-emtricitabine. [62] Bictegravir and dolutegravir have emerged the most attractive INSTI-based options based on strong potency, high genetic barrier to resistance, and good tolerability. Raltegravir has excellent potency, but has a lower genetic barrier to resistance than bictegravir or dolutegravir. Elvitegravir is available alone, but it is primarily used in clinical practice in as a coformulated single-tablet regimen (elvitegravir-cobicistat-tenofovir DF-emtricitabine or elvitegravir-cobicistat-tenofovir alafenamide-emtricitabine); regimens containing elvitegravir-cobicistat are less attractive due to drug interactions with cobicistat and a genetic barrier to resistance lower than with bictegravir and dolutegravir. All four INSTIs are available as once daily dosing.

PIs: Boosted Darunavir versus Boosted Atazanavir

The antiretroviral guidelines recommendations include boosted darunavir and boosted atazanavir as the only protease inhibitor plus 2RNTI options in the category Recommended Initial Regimens in Certain Clinical Situations. [56] In the ARTEMIS trial, initial therapy with a ritonavir-boosted darunavir regimen was superior to a lopinavir-ritonavir regimen, both in terms of virologic suppression and tolerability. [63] In ACTG

Quick Reference

WHEN TO INITIATE ANTIRETROVIRAL THERAPY

RECOMMENDATIONS FOR INITIATION OF ANTIRETROVIRAL THERAPY

The Adult and Adolescent ARV Guidelines recommend initiation of antiretroviral therapy for all persons with HIV infection, regardless of CD4 cell count to reduce morbidity and mortality associated with HIV infection and to prevent HIV transmission to others (Table 1).^[45] This recommendation is based on the established benefits associated with the use antiretroviral therapy in persons living with HIV infection to (1) reduced AIDS-related disease progression and mortality, (2) lower rates of non-AIDS related morbidity and mortality associated with ongoing viral replication, and (3) decreased HIV transmission.^[45]

Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV

ANTIRETROVIRAL THERAPY

The Adult and Adolescent ARV Guidelines recommendation to initiate antiretroviral therapy in all persons living with HIV to reduce morbidity and mortality is based on multiple cohort studies and clinical trials, as outlined below, that have shown a clear benefit of starting antiretroviral therapy earlier in the course of HIV disease progression.

- **ART Cohort Collaboration:** The ART Cohort Collaboration (ART-CC) followed 12,574 treatment-naïve adults with HIV infection who started three-drug



Figure 17. HIV Gag Protein Processing by Protease

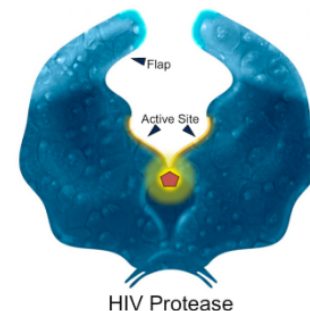


Figure 18. HIV Protease Inhibitor

Table 1. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV

Panel's Recommendations for Initiating Antiretroviral Therapy in Treatment-Naïve Patients

- Antiretroviral therapy (ART) is recommended for all individuals with HIV, regardless of CD4 T lymphocyte cell count, to reduce the morbidity and mortality associated with HIV infection (AII).
- ART is also recommended for individuals with HIV to prevent HIV transmission (AII).
- When initiating ART, it is important to educate patients regarding the benefits and considerations of ART, and to address strategies to continue a case-by-case basis, ART may be deferred because of clinical and/or psychosocial factors, but the therapy should be initiated as soon as possible (C).

Rating of Recommendations: A = Strong; B = Moderate; C = Optional

Rating of Evidence: I = Data from randomized controlled trials; II = Data from well-designed nonrandomized trials, observational cohort studies with long-term follow-up, or retrospective comparative studies; III = Expert opinion

Quick Reference

2 Basic HIV Primary Care

Self-Study

Basic HIV Primary Care

You are just a few steps away from free CE credits!

1 ★

Sign in or Register

A free account is required.

2

Study the Material

An entire module, or just a few topics at a time.

3

Take the CE Quiz

5 questions covering the topics in each module.

4

Claim CE Credit

Free CNE and Free CME and Free MOC available!

New Users

Create a free account to get started.

Required for CE

Register >

Returning Users



Email Address

Password

 [Forgot password?](#)

Sign in 

About the Module

[Certificate Requirements](#)

[Core Competencies](#)

About Basic HIV Primary Care Self-Study Module

Core Competency

Provide Evidence-Based HIV Primary Care to Persons with HIV Infection

Target Audience

The Basic HIV Primary Care module is intended for any clinician who may interact with persons who have HIV infection in a clinical setting, with an emphasis on the primary care management issues related HIV.

Quick Reference

You can find all of the topics from this module in the openly accessible **Basic HIV Primary Care Quick Reference** >
No Sign In or Registration Required

2nd Edition

This is a **substantial revision of the original module**. The previous edition was titled *Basic HIV Primary Care* and available until August 31st, 2020.

Free CME/CNE/CE/MOC - Self-Study Modules

This site provides continuing education for physicians (MDs), advanced registered nurse practitioners (ARNPs), physician assistants (PAs), nurses, and nurse-midwives.

This site provides maintenance of certification (MOC) credits for physicians who are board certified with the American Board of Internal Medicine (ABIM) and provide required ABIM information are eligible to earn CME credit.

The continuing education activity on this site, including continuing education credit, is provided free of charge. Funding for the site was provided by a grant from the Health Resources and Services Administration (HRSA).


Self-Study (Modular)




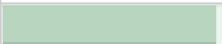

















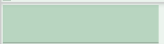













W
UNIVERSITY of
WASHINGTON



Progress Tracker

Progress Tracker

 CNE Certificate »

	Self-Study Module 1	Self-Study Module 2	Self-Study Module 3	Self-Study Module 4	Self-Study Module 5	Self-Study Module 6
Lesson 1	 				 	
Lesson 2	 	 				
Lesson 3						
Lesson 4			 			
Lesson 5	 	 				
Lesson 6						
Lesson 7		 				
Lesson 8						
Self-Assessment						





Progress Tracker

CNE Certificate »

	Initial Evaluation	Oral Manifestations	Cutaneous Manifestations	Immunizations in Adults	Primary Care Management	Screening for Mental Disorders	Substance Use Disorders	Retention In Care
Topic 1	✓	✓		✓	✓	✓	✓	✓
Topic 2		✓	✓	✓	✓	✓	✓	
Topic 3		✓	✓	✓	✓	✓	✓	✓
Topic 4		✓	✓	✓	✓	✓	✓	✓
Topic 5		✓	✓	✓	✓	✓	✓	✓
Topic 6		✓	✓	✓	✓	✓	✓	
Topic 7		✓	✓	✓	✓	✓	✓	
Topic 8		✓	✓	✓	✓	✓	✓	
Topic 9			✓	✓	✓	✓	✓	
Topic 10			✓	✓	✓	✓	✓	
Topic 11			✓	✓	✓	✓		
Topic 12			✓	✓				
Topic 13			✓	✓		✓		
Topic 14			✓	✓				
Topic 15				✓				
CE Quiz	✓	CNE ✓	CNE ✓	✓	CNE ✓	CNE ✓	CNE ✓	CNE ✓


Pharmacy Pathway: 8 Lessons


Module / Lesson
M1: Screening & Diagnosis
Epidemiology of HIV
M2: Basic HIV Primary Care
Primary Care Management
M3: ART
Antiretroviral Medications and Initial Therapy
Adverse Effects of Antiretroviral Medications
Drug Interactions with Antiretroviral Medications
M4: Co-Occuring Conditions
Opportunistic infections: Prevention
Opportunistic infections: Treatment
M5: Prevention of HIV
Pre-exposure Prophylaxis

Upcoming Changes and Future Plans

National HIV Curriculum

The National HIV Curriculum is an AIDS Education and Training Center Program and led by the University of Washington.

 Contributors

 Site Overview

Funded by
Health Resources and Services Administration (HRSA)

Mini-Lecture Series 2022

National HIV Curriculum

The National HIV Curriculum is an AIDS Education and Training Center Program and led by the University of Washington.

[Contributors](#)

[Site Overview](#)

Podcast Series

- Substance Use Disorders
- Intimate Partner Violence
- Literature Updates
- Conference Updates
- Additional topics....

National HIV PrEP Curriculum

- Fall 2022 launch
- Core and advanced sections with CE
- Implementation focus
- More interactivity options
- Funded by CDC and HRSA

Learning Groups

Online Learning Group Benefits

- Access to up-to-date content
- Ensure baselines of knowledge
- Monitor progress and learning outcomes easily
- Identify topics which may need additional discussion

Learning Groups Portal

National HIV Curriculum



Antiretroviral Medications >

Course Modules >

Question Bank

Clinical Challenges

Tools & Calculators >

Clinical Consultation

National HIV Curriculum

Curriculum Progress Tracker - 2nd Edition

CNE Certificate »

	Self-Study Module 1	Self-Study Module 2	Self-Study Module 3	Self-Study Module 4	Self-Study Module 5
Lesson 1					
Lesson 2					
Lesson 3					
Lesson 4					
Lesson 5					
Lesson 6					
Lesson 7					
Lesson 8					
Self-Assessment					

Your Name-Example

Individual

CE
s...@gmail.com Verified

Account settings »

CNE/CME CE profile »

Progress Tracker »

Learning Groups

Join or Create a Group »

My Groups »

Group Manager Help Learner

NHC Example Group Learner

example Owner

Modify group »

Manage members »

View group's progress »

Sign out »

Progress Report

Home

Progress

Analytics

Members

Settings

Help

Only current learners' progress is included. Use the tabs below to look at progress within the individual parts of the curriculum.

Active Learners (last 30 days)

21

Current Learners

21

Course Modules





Question Bank

View progress for:

Screening and Diagnosis (2nd Ed.)

50 records per page

Search:

Learners	Epidemiology of HIV	HIV Screening Recommendations	HIV Diagnostic Testing	Acute and Recent HIV Infection	Linkage to HIV Care
	✓ 100%	✓ 100%	✓ 80%		
	✓ 100%	✓ 80%	✓ 80%	✓ 100%	
	✓ 80%	✓ 100%	✓ 100%	✓ 80%	✓ 100%
		✓			

Linkage to HIV Care

Progress: 100%

Accessed: October 6, 2020, 8:28 am

Attempt 2: 5/5 - 100%

Attempt 1: 3/5 - 60%

Acknowledgment

The **National HIV Curriculum** is an AIDS Education and Training Center (AETC) Program supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,000,000 with 0% financed with non-governmental sources. This project is led by the University of Washington's Infectious Diseases Education and Assessment (IDEA) Program.

The content in this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



Other IDEA Resources for Pharmacists

Our curricula

The IDEA platform is utilized by four national infectious disease curricula



National HIV Curriculum

Provides ongoing, up-to-date information needed to meet the core competency knowledge for prevention, screening, diagnosis, and ongoing treatment and care of HIV.

[VISIT HIV SITE](#) 



National STD Curriculum

Addresses the epidemiology, pathogenesis, clinical manifestations, diagnosis, management, and prevention of STDs.

[VISIT STD SITE](#) 



HEPATITIS C ONLINE

A comprehensive resource that addresses the diagnosis, monitoring, and management of hepatitis C virus infection.

[VISIT HCV SITE](#) 

hepatitisC.uw.edu



HEPATITIS B ONLINE

A comprehensive resource that addresses the diagnosis, monitoring, and management of hepatitis B virus infection.

[VISIT HBV SITE](#) 

hepatitisB.uw.edu

idea.medicine.uw.edu

Questions?

support@hiv.uw.edu

juliasf@uw.edu

MWAETC - WASHINGTON STATE

HIV PREVENTION DETAILING PROGRAM

Polling Question #3

- Do you know what public health detailing is?
 - Yes
 - No

Polling Question #4

- What does detailing include? (Select all that apply)
 - Educational course with a pre-set curriculum that must be followed
 - Brief consultation with a detailer
 - Tailored information provided to the individual being detailed
 - One hour meeting with a detailer

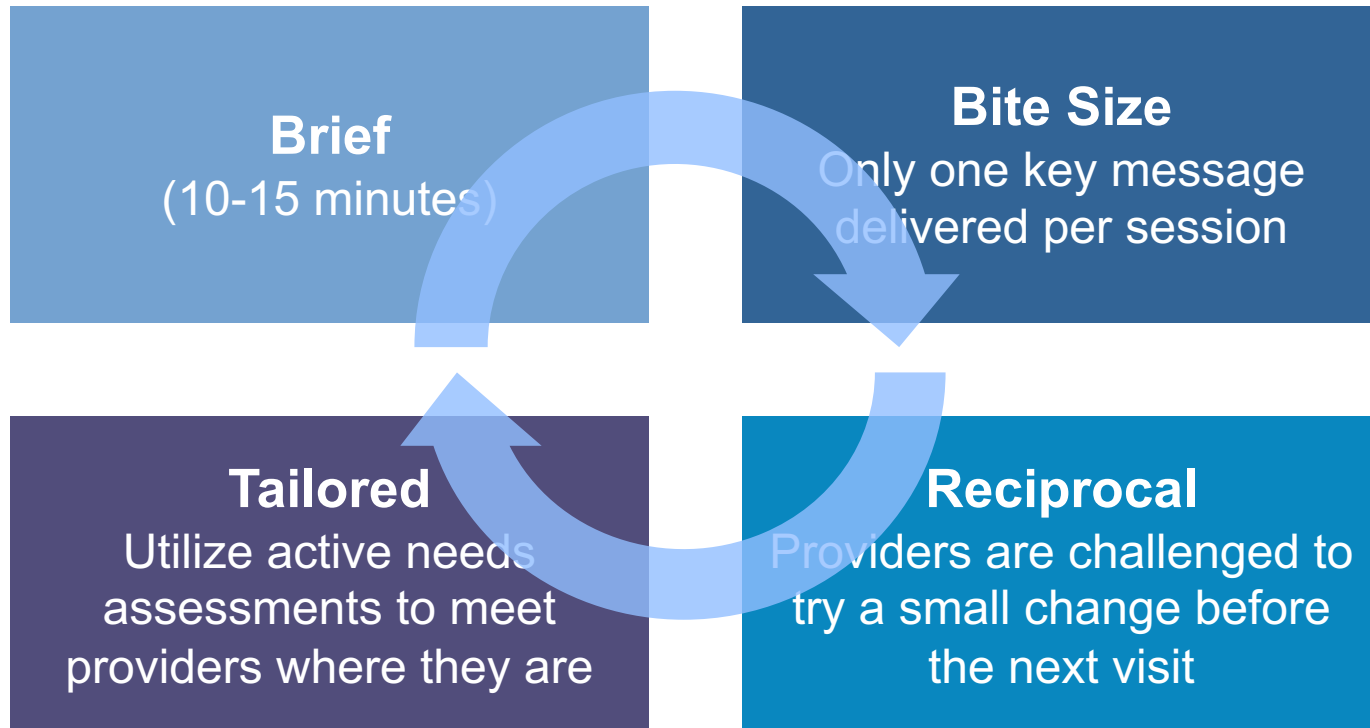
What is Detailing?

Detailing, Explained

“Academic Detailing (AD) is an innovative, 1-on-1 outreach education technique that helps clinicians provide evidence-based care to their patients. Using an accurate, up-to-date synthesis of the best clinical evidence in an engaging format, academic detailers ignite clinician behavior change, which ultimately improves patient health.”

One-on-One Provider Education

This just sounds like a group training, but for one person...



In Person or Online*



*Exclusively online for the time being.

Key Messages

- Take a thorough sexual history to identify patients who might benefit from PrEP.
- Offer PrEP to patients at risk for HIV.
- In particular, offer PrEP to BIPOC patients, patients with a recent bacterial STI or methamphetamine use, and transgender patients.
- Prescribe PrEP for 90 days at a time and screen for HIV/STIs quarterly, including three-site STI screening as appropriate.
- Use neutral language that is person first, culturally appropriate, and non-stigmatizing.

How does it work?

MWAETC Website

[ABOUT US](#)[PARTNERS](#)[PROGRAMS](#)[RESOURCES](#)[CALENDAR](#)[CONTACT US](#)

WASHINGTON STATE HIV PREVENTION DETAILING PROGRAM

[View](#) [Edit](#) [Delete](#) [Revisions](#)

Supporting Washington State goals to *End AIDS Washington*, and the U.S. Department of Health and Human Services strategy to *End the HIV Epidemic* by 2030, the **MWAETC Washington State HIV Prevention Detailing Program** provides focused education, technical assistance, and resources for primary care providers to support their efforts to reduce newly acquired HIV infections across Washington.

The goal of our program is to reduce HIV disparities and increase PrEP uptake among members of underserved and at-risk populations. This is achieved by supporting providers via personalized one-on-one education, tools, and resources to help increase their knowledge and comfort with HIV risk assessment and screening, sexual history taking, and PrEP prescribing.

Through a series of brief 15-minute structured virtual consultations by trained clinical experts, MWAETC faculty deliver individually tailored training and technical assistance, grounded in evidence-based clinical practice, to aid providers (physicians, physician assistants, nurse practitioners, nurses, administrators, pharmacists and other staff) in incorporating best practices in HIV Prevention into their clinical care.

MAKE AN APPOINTMENT

If you are a provider in Washington State:

South King County

If you are a provider in South King County, you can schedule an appointment by visiting our scheduling page.

Outside South King County

If you are a provider in the State of Washington, outside of South King County, you can schedule an appointment by visiting our scheduling page.

Consultations can cover:

- Sexual history taking
- PrEP guidelines and decision-making
- How to talk with your patients about PrEP
- Incorporating PrEP into your primary care practice
- Latest guidelines for STI screening and treatment

Visits are:

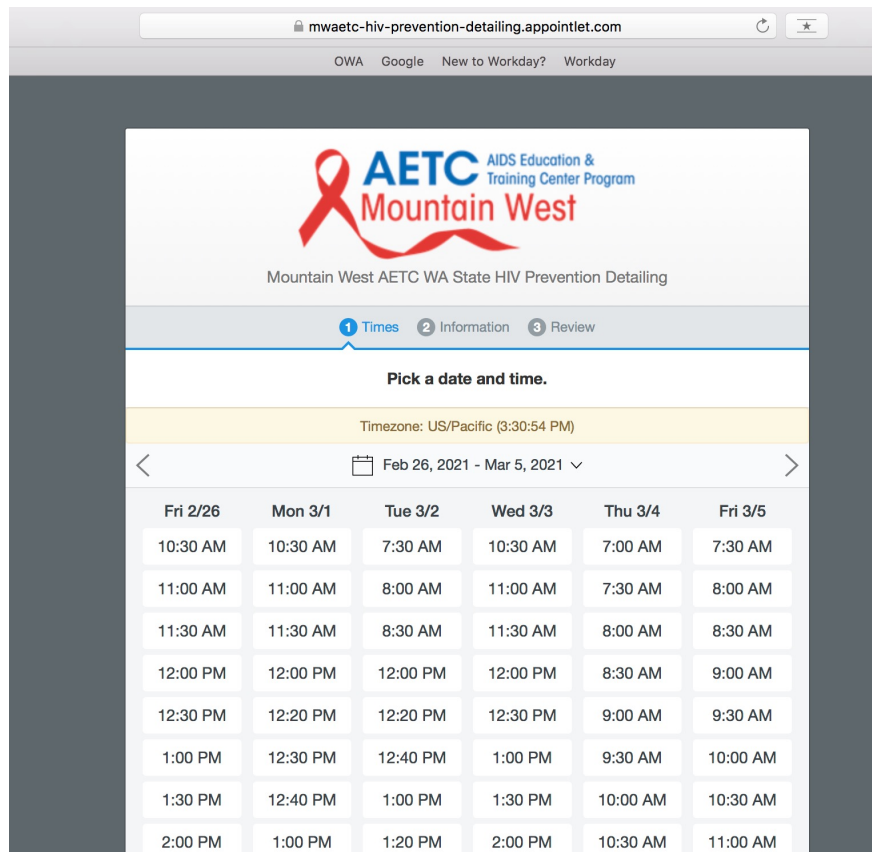
- FREE
- 15 minutes or less
- Easy to schedule, with multiple times to choose from
- One-on-One
- Individualized, with customized information
- Virtual

<https://mwaetc.org/washington-state-hiv-prevention-detailing-program>



WA State Program

<https://mwaetc-hiv-prevention-detailing.appointlet.com/>



The screenshot shows a web browser window with the URL mwaetc-hiv-prevention-detailing.appointlet.com. The page features the MWAETC logo (AIDS Education & Training Center Program Mountain West) and the text "Mountain West AETC WA State HIV Prevention Detailing". Below the logo is a navigation bar with three steps: 1 Times, 2 Information, and 3 Review. The "Times" step is active. The main content area prompts the user to "Pick a date and time." and shows the time zone as "US/Pacific (3:30:54 PM)". A calendar view displays the dates from February 26, 2021, to March 5, 2021. The calendar grid shows available appointment times for each day of the week.

Fri 2/26	Mon 3/1	Tue 3/2	Wed 3/3	Thu 3/4	Fri 3/5
10:30 AM	10:30 AM	7:30 AM	10:30 AM	7:00 AM	7:30 AM
11:00 AM	11:00 AM	8:00 AM	11:00 AM	7:30 AM	8:00 AM
11:30 AM	11:30 AM	8:30 AM	11:30 AM	8:00 AM	8:30 AM
12:00 PM	12:00 PM	12:00 PM	12:00 PM	8:30 AM	9:00 AM
12:30 PM	12:20 PM	12:20 PM	12:30 PM	9:00 AM	9:30 AM
1:00 PM	12:30 PM	12:40 PM	1:00 PM	9:30 AM	10:00 AM
1:30 PM	12:40 PM	1:00 PM	1:30 PM	10:00 AM	10:30 AM
2:00 PM	1:00 PM	1:20 PM	2:00 PM	10:30 AM	11:00 AM



South King County Program

<https://mwaetc-south-king-county-hiv-prevention-detailing.appointlet.com>

The screenshot shows a web browser window with the URL mwaetc-south-king-county-hiv-prevention-detailing.appointlet.com. The page title is "MWAETC South King County HIV Prevention Detailing". The navigation bar includes "1 Times", "2 Information", and "3 Review". The main heading is "Pick a Date & Time". The time zone is set to "US Pacific" with a current time of "(3:33:49 PM)". The date range is "Feb 17, 2021 - Feb 24, 2021".

Wed 2/17	Thu 2/18	Fri 2/19	Mon 2/22	Tue 2/23	Wed 2/24
9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM
9:30 AM	9:30 AM	9:30 AM	9:45 AM	9:30 AM	9:30 AM
10:00 AM	10:00 AM	12:30 PM	10:30 AM	10:00 AM	10:00 AM
10:30 AM	10:30 AM	1:00 PM	11:15 AM	10:30 AM	10:30 AM
11:00 AM	3:30 PM	1:30 PM	12:00 PM	11:00 AM	11:00 AM
11:30 AM	4:00 PM	2:00 PM	12:45 PM	11:30 AM	11:30 AM
12:00 PM	4:30 PM	2:30 PM	1:30 PM	12:00 PM	12:00 PM
12:30 PM		3:00 PM		12:30 PM	12:30 PM
3:00 PM		3:30 PM		3:30 PM	3:00 PM
3:30 PM		4:00 PM		4:00 PM	3:30 PM
4:00 PM		4:30 PM		4:30 PM	4:00 PM



WA State and South King County

WA State Contact	South King County
<p data-bbox="193 414 840 678">Victor Ramirez WA State Training Coordinator MWAETC, UW vmrg1@uw.edu 206-543-3319</p> <p data-bbox="86 749 888 906">Locations covered by the program: State of Washington, excluding South King County</p>	<p data-bbox="1168 414 1661 621">Renee McCoy HIV Program Manager AARTH Reneem@aarth.org</p> <p data-bbox="985 699 1796 906">Locations covered by the program: Auburn, Burien, Columbia City, Covington, Des Moines, Federal Way, Renton, SeaTac, Vashon Island</p>

MWAETC - WASHINGTON STATE

**HIV PREVENTION
DETAILING PROGRAM
FOR PHARMACISTS AND PHARMACIES**

Detailing (coaching) for Pharmacists

- One-on-one 15-minute coaching sessions to address your specific questions about PrEP
 - Most people have at least 2-3 coaching sessions over time (e.g., spaced every 2-4 weeks)
 - Create a “challenge” for yourself with your coach at the end of each session to practice skills before next session
- This is a **safe space** to ask whatever questions you may have or discuss your concerns without judgment
- Topics that may come up for you and would be great to discuss during coaching visits:
 - Interpreting PrEP baseline/follow-up labs
 - Taking a thorough sexual health history from your cisgender, non-binary and transfeminine/transmasculine patients
 - Counseling for HIV testing and positive HIV tests
 - Reminders about PrEP basics and anything that may not be clear

Detailing (coaching) for Pharmacists

Future PrEP considerations:

- Currently, CDTA is only written for FTC/TDF (emtricitabine/tenofovir disoproxil fumarate) but may include FTC/TAF (emtricitabine/tenofovir alafenamide) and/or injectable cabotegravir in the future.
- If/when those changes come about, PrEP coaching is a great place to discuss your specific questions and nuances that may not be addressed in the CDTA or other resources provided.

You can sign up for a scheduled detailing session as soon as you like (even today!) or hang on to the link to sign up later when you have more specific questions. We're happy to speak with you either way.

Coordinator: Pam Landinez



MOUNTAIN WEST AETC

HIV ECHO

(Extension for Community Health Outcomes)



Director: Brian Wood, MD



Polling Question #5

- Do you know what is an ECHO Program?
 - Yes
 - No

What is ECHO?

Project ECHO (Extension for Community Healthcare Outcomes) was started to support hepatitis C virus treatment in rural New Mexico. In 2009 the University of Washington became the first institution outside of the UNM system to replicate this learning model for Hepatitis C, and in 2012 the HIV program was launched.



- This model is not traditional "telemedicine" where the specialist assumes care of the patient but is instead "telementoring", a guided practice model where the program participant retains responsibility for managing the patient.
- ZOOM-based teleconferences include short didactics and in-depth case consultations with a multidisciplinary panel of HIV experts (Infectious Disease, Psychiatry, Family Medicine, Pharmacy, Social Work and Case Management.)
- In July 2015, with funding from the Washington State Department of Health we developed and incorporated a PrEP curriculum into our HIV ECHO program, which includes regular didactic talks by a PrEP expert plus monthly PrEP-related case discussions.

Program Goals/Outcomes

Project ECHO allows for rapid dissemination of knowledge across distance, creates a virtual community of practice for peer-to-peer support, and builds the confidence and skills of health care providers (HCPs) in the region to provide high quality HIV care to patients.



Recent research evaluating the effectiveness of our PrEP learning interventions demonstrated that regular program engagement...

- helped participants stay current on guidelines
- improved knowledge/addressed concerns surrounding prescribing PrEP
- increased likelihood to prescribe PrEP
- assisted in disseminating PrEP knowledge to other medical providers in their region

Mechanics of Weekly ECHO Sessions

Weekly Agenda


- Reaching a wide network of participants with a preview of this week's material and links to other timely resources
- Reinforcing learning from prior weeks through articles, links, and videos

Mini-Didactics

- Focused clinical topic with q&a
- First 15 minutes of session
- Recorded & archived (video and pdf)

Case Consultations


- Remainder of session
- 3-4 cases in 1 hour
- Packet of panelist recommendations and additional resources sent to presenter after the session



PrEP for HIV Prevention
The 4-1-1 on 2-1-1

Joanne Stekler, MD MPH
Professor of Medicine, Epidemiology, and Global Health
University of Washington
February 10, 2022

Last Updated: February 4, 2022



MWAETC YouTube Page

Our weekly didactics are recorded, edited, and made available on our **YouTube channel** after each session. Participants can access the videos to catch up on missed talks or review teaching points.



MWAETC: Project ECHO

5.23K subscribers

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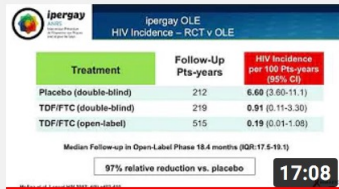
CHANNELS

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Uploads

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Prep for HIV Prevention: The 4-1-1 on 2-1-1

76 views · 13 days ago



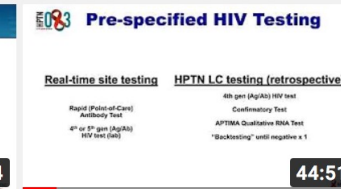
CROI 2022 Update: HIV Prevention

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Fentanyl and Other High Potency Synthetic Opioids

67 views · 2 weeks ago



Long-acting HIV Pre-Exposure Prophylaxis


136 views · 2 weeks ago



"Microdosing" Buprenorphine Inductions (aka Low-Dose...)

350 views · 1 month ago


Variety of Clinical Topics



Long-acting HIV Pre-Exposure Prophylaxis
Cabotegravir and Beyond: Implications for Testing Algorithms and Implementation

Raphael J. Landovitz MD MSc
Professor of Medicine
UCLA Center for Clinical AIDS Research & Education

Last Updated: January 18, 2022



**U.S. Public Health Service
PrEP for Prevention of HIV in the U.S. – 2021 Update**

Joanne Stekler, MD MPH
Professor of Medicine, Epidemiology, and Global Health
University of Washington
December 16, 2021

Last Updated: December 16, 2021



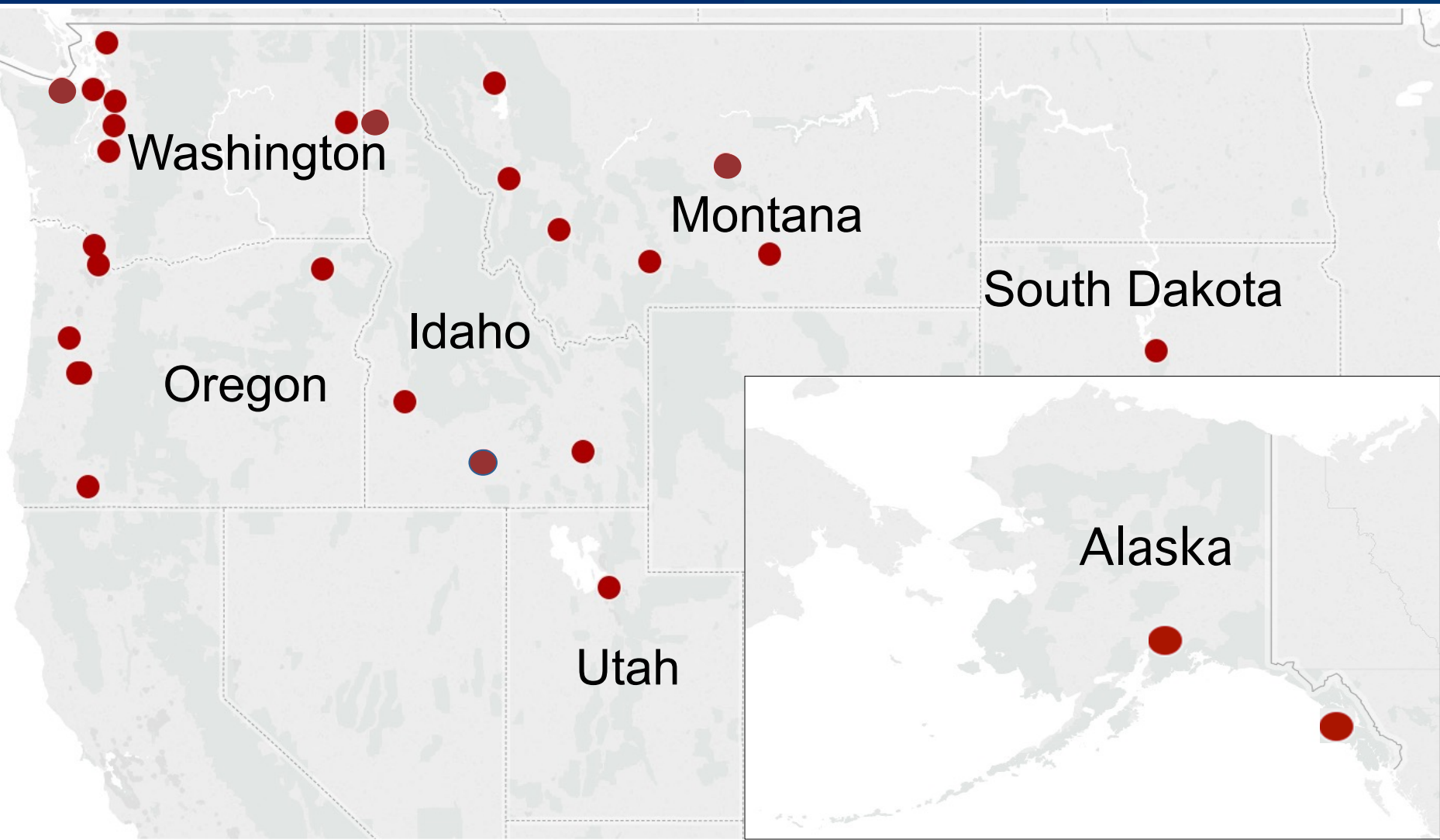
CROI 2022 Update: HIV Prevention

Raaka Kumbhakar, MD
Fellow, Infectious Diseases
University of Washington

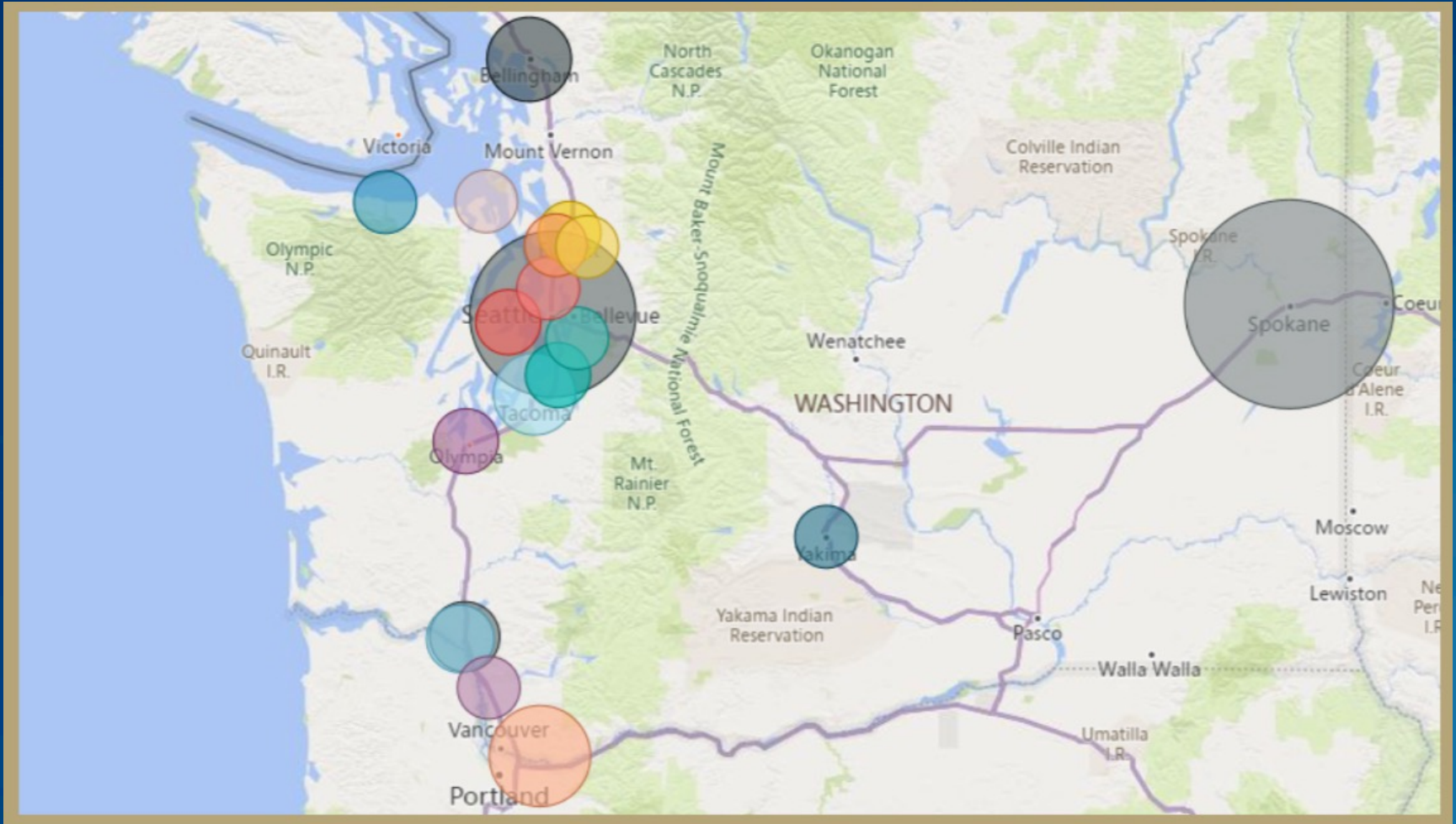
Last Updated: March 2, 2022

- Each ECHO session begins with a concise (15-20 minute) interactive didactic focusing on clinically-relevant topics, including federally-funded practice guidelines, recent conference data, and other evidence-based best practices in HIV medicine.
- Topics are often chosen according to specific concerns reported by providers, questions frequently asked in case discussions, and emerging data.
- Regular PrEP topics include candidacy, efficacy, prescribing, monitoring, and access.

MWAETC ECHO HIV Sites



MWAETC ECHO Sites in Washington



MWAETC ECHO "Community"



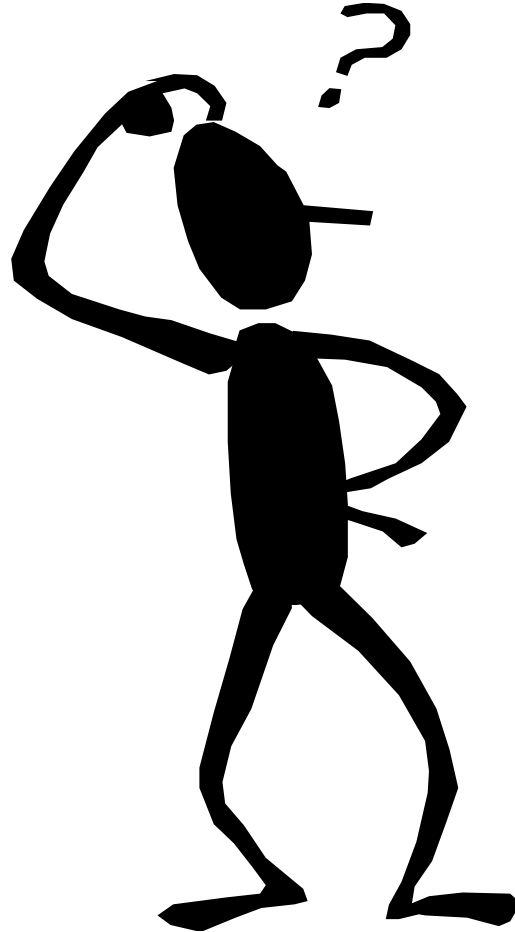
Network of Pharmacists

- Our regular participants include MDs, DOs, Nurse Practitioners, PAs, RNs, pharmacists, case managers, patient advocates, social workers, public health representatives and students/interns across various disciplines and training specialties.
- Of the 86 people who came to at least 3 sessions during our last fiscal year/reporting period, 22 were either pharmacists or pharmacy students.
- The percentage of pharmacy participants has steadily increased in the 10 years since the program launched.
- About 20% of the cases presented in a session over the last year were cases presented by pharmacists or pharmacy students.

Interested in joining?

- Sessions run from Noon to 1:15pm Pacific every Thursday
- Regular participation is key to learning and building sense of community
- We encourage everyone to turn cameras on, participate in group discussions and polling
- Ideally each site should contribute one case per month - we love PrEP content!
- Email Brian (bwood2@uw.edu) and Pam (Landinez@uw.edu) for more information

Questions?



Next Session

Friday, May 6

12:00 PM PT

Nuts and Bolts to Pharmacy-Based Services:
The Collaborative Drug Therapy Agreements (CDTA) And
Becoming in-network Providers/Credentialing

Mylinh Nguyen, PharmD
Director of Practice Development
WA State Pharmacy Association

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