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
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:

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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
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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
- Regional Training Centers
- Training Calendar
- National HIV Curriculum
- HCV/HIV Curriculum
- RWHAP Clinical Conference
- Tools for Trainers

CONSULTATION
- Phone and Online Support for Clinicians
- Regional Experts
- Resource Library

LIBRARY
- Resource Library
- Topic Index
- HIV Treatment News

COMMUNITY
- About the AETC Program
- ShareSpot Blog
- Quarterly Newsletter
- Subscribe to Mailing List

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 ReproDi HIV Listerv
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 Warmlines
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
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](http://www.hivecho.org))

**NATIONAL HIV CURRICULUM** – Offering comprehensive online HIV care and treatment content with free CE ([www.hiv.uw.edu](http://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
Serve 10 States:

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

mwaetc.org
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
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.
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
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

- **CE Credits**
  - 51.5 CE Credits

- **Total CE Credits**
  - 97.5 Total CE Credits

- **Maintenance of Certification (MOC) Points**
  - + 97.5 Maintenance of Certification (MOC) Points

- **References**
  - >6,500 References
Overview of Features
Long-Acting Injectable Regimens

**Cabotegravir**
Apretude

**Cabotegravir and Rilpivirine, Injectable Formulation**
Cabenuva
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

- Bictegravir-Tenofovir alafenamide-Emtricitabine
  - Biktarvy
  - Summary
  - Prescribing Information
  - Clinical Trials
  - References

- Darunavir-Cobicistat-Tenofovir alafenamide-Emtricitabine
  - Symbtua
  - Summary
  - Prescribing Information
  - Clinical Trials
  - References

- Dolutegravir-Abacavir-Lamivudine
  - Triumeq
  - Summary
  - Prescribing Information
  - Clinical Trials
  - References

- Dolutegravir-Lamivudine
  - Dovato
  - Summary
  - Prescribing Information
  - Clinical Trials
  - References

- Dolutegravir-Rilpivirine
  - Juluca
  - Summary
  - Prescribing Information
  - Clinical Trials
  - References

- Doravirine-Tenofovir DF-Lamivudine
  - Delstrigo
  - Summary
  - Prescribing Information
  - Clinical Trials
  - References

- Efavirenz-Tenofovir DF-Emtricitabine
  - Atripla
  - Summary
  - Prescribing Information
  - Clinical Trials
  - References

- Elvitegravir-Cobicistat-Tenofovir alafenamide-Emtricitabine
  - Genvoya
  - Summary
  - Prescribing Information
  - Clinical Trials
  - References

- Elvitegravir-Cobicistat-Tenofovir DF-Emtricitabine
  - Strivilad
  - Summary
  - Prescribing Information
  - Clinical Trials
  - References

- Rilpivirine-Tenofovir alafenamide-Emtricitabine
  - Odefsey
  - Summary
  - Prescribing Information
  - Clinical Trials
  - References

- Rilpivirine-Tenofovir DF-Emtricitabine
  - Complera
  - Summary
  - Prescribing Information
  - Clinical Trials
  - References
Dolutegravir (Tivicay)
Other Names: DTG

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

Other Names: DTG

Editor's Summary | Prescribing Information | Clinical Trials | References | Slide Deck | Teaching Resources

All Clinical Trials

Displaying 16 of 16 clinical trials.

Filter by Category

- 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 Illb, 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

Week 48 Virologic Response, by Baseline HIV RNA Level

<table>
<thead>
<tr>
<th>Baseline HIV RNA</th>
<th>Dolutegravir + 2NRTIs</th>
<th>Darunavir + RTV + 2NRTIs</th>
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<tr>
<td>All</td>
<td>90/217/242</td>
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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
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
# 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).[12] 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.[13,14] Investigators have examined time to positivity of various HIV tests in relation to when the HIV Western blot turns positive.[14]

CDC/APHL DEFINED PHASES FOR LABORATORY TESTING

The 2014 Centers for Disease Control and Prevention 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:[11]

- **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.
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. 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 current antiretroviral therapy guidelines, all three FDA-approved INSTIs (bictegravir, dolutegravir, elvitegravir, and raltegravir) are included as components of the recommended regimens for treatment-naive persons living with HIV.\(^{[56]}\) In SPRING-2, once daily dolutegravir was non-inferior to twice daily raltegravir in treatment-naive 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.\(^{[52]}\) 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 2NRTI 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.\(^{[63]}\)
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). 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.

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

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
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

IDEA

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 to 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

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

This site provides continuing education for physicians (MDs), advanced practice nurse practitioners (APRNs), 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).
## Progress Tracker

### Progress Tracker Table

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(CNE Certificate)

Self-Study (Modular)
Pharmacy Pathway: 8 Lessons

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<tr>
<td><strong>M1: Screening &amp; Diagnosis</strong></td>
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<td>Epidemiology of HIV</td>
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<td><strong>M3: ART</strong></td>
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<td>Antiretroviral Medications and Initial Therapy</td>
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<td><strong>M5: Prevention of HIV</strong></td>
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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.

Funded by Health Resources and Services Administration (HRSA)

Mini-Lecture Series
2022
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
### Progress Report

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)

<table>
<thead>
<tr>
<th>Learners</th>
<th>Epidemiology of HIV</th>
<th>HIV Screening Recommendations</th>
<th>HIV Diagnostic Testing</th>
<th>Acute and Retinitis Placida: HIV Infection</th>
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#### Current Learners

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**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](#)
  [hepatitisC.uw.edu](http://hepatitisC.uw.edu)

- **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](#)

- **HEPATITIS B ONLINE**
  A comprehensive resource that addresses the diagnosis, monitoring, and management of hepatitis B virus infection.
  [VISIT HBV SITE](#)

[idea.medicine.uw.edu](http://idea.medicine.uw.edu)
Questions?

support@hiv.uw.edu

juliasf@uw.edu
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?
“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.”

Source: National Resource Center for Academic Detailing (NaRCAD)
This just sounds like a group training, but for one person…

- Brief (10-15 minutes)
- Bite Size
  - Only one key message delivered per session
- Tailored
  - Utilize active needs assessments to meet providers where they are
- Reciprocal
  - Providers are challenged to try a small change before the next visit
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?
WASHINGTON STATE HIV PREVENTION DETAILING PROGRAM

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/

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South King County Program

https://mwaetc-south-king-county-hiv-prevention-detailing.appointlet.com
# WA State and South King County

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<tr>
<td>Victor Ramirez</td>
<td>Renee McCoy</td>
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<tr>
<td>WA State Training Coordinator</td>
<td>HIV Program Manager</td>
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<tr>
<td>MWAETC, UW</td>
<td>AARTH</td>
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<tr>
<td><a href="mailto:vmrg1@uw.edu">vmrg1@uw.edu</a></td>
<td><a href="mailto:Reneem@aarth.org">Reneem@aarth.org</a></td>
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Locations covered by the program:
State of Washington, excluding South King County

Locations covered by the program:
Auburn, Burien, Columbia City, Covington, Des Moines, Federal Way, Renton, SeaTac, Vashon Island
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
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.
HIV ECHO

(Extension for Community Health Outcomes)

MOUNTAIN WEST AETC

Director: Brian Wood, MD

Coordinator: Pam Landinez
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
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.
Variety of Clinical Topics

• 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 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?
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
This Mountain West AIDS Education and Training (MWAETC) program is 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 $2,911,844 with 0% financed with non-governmental sources.

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