

Good Practice Initiative: Protocol implementation for prescribing and dispensing postexposure prophylaxis kits for human immunodeficiency virus in a third-level hospital

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What was done?

A protocol was implemented in order to standardize the prescription and dispensation of postexposure prophylaxis (PEP) after occupational or nonoccupational exposure to human immunodeficiency virus (HIV).

Why was it done?

This initiative was taken in order to improve uptake and completion rates of PEP, and to homogenize the health care circuit for these patients and the prescribed drugs.

How was it done?

A multidisciplinary team including Infectious Diseases and Preventive Medicine (PM) doctors, pharmacists and Emergency Room (ER) staff developed the following protocol for PEP according to World Health Organization and national guidelines:

- Standard three drug regimen for PEP: Tenofovir disoproxil fumarate/Emtricitabine + Raltegravir for 28 days. The pharmacy service (PS) repackages kits for 5, 23 or 28 days that include antiretroviral drugs (AD) and written information about the treatment (use, length of the treatment, main interactions and side effects, contact number). Only 5 days PEP kits will be located in the ER.
- Twenty-four hour access granted to PEP kits as it is strongly recommended to initiate PEP as early as possible (ideally within 72h).
- Established healthcare circuit for patients in the ER:
 - Monday – Fridays (8h00-15h00): patients will be immediately referred to PM, then they will go the PS in order to receive 28 days PEP kit and pharmaceutical care.
 - Out of this schedule and bankholidays: ER doctors will give patients a 5 days PEP kit and they will be referred to PM the next working day. After visiting PM, the patient will go to the PS in order to receive the rest of PEP (23 days kit) and pharmaceutical care.
- Several meetings took place in order to explain this new circuit to the health professionals involved and written copies were available on the ER as well as on the intranet.

What has been achieved?



The implementation of this protocol was well embraced by all the staff involved, since it allowed a more efficient health care circuit for the patients.

It also optimizes the evaluation and monitoring of these patients by PM and the pharmacist, and grants prompt PEP initiation and 24h access to the AD.

The 28 days (or 5+23 days) kits help to accomplish the proper length of treatment, without using the regular packages which include 30 days of treatment (saving 43,17€ per treatment).

What next?

We will monitor the compliance with this protocol and the drugs prescribed for PEP.