

NPEP or PrEP?

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Background At the Royal Adelaide Hospital post-exposure prophylaxis (NPEP) after non-occupational exposure to HIV is available as a 5-day starter pack of Truvada® (emtricitabine/tenofovir) from either the emergency department (ED) or the sexual health service (SHS). After commencing NPEP patients are referred to the Infectious Diseases clinic or SHS for follow up management and provided a prescription to complete a total of 28 days of Truvada®. This prescription can only be dispensed at the hospital pharmacy. Over the last 12 months we have observed an increase in the number of attendees requesting NPEP on one or more occasions. We postulate the rise in NPEP use may be a consequence of the mounting publicity and demand for pre-exposure prophylaxis (PrEP) coupled with the limited access to PrEP in South Australia.

Methods We developed a de-identified Excel database of all prescriptions dispensed at the Royal Adelaide Hospital pharmacy for either 23 or 28 tablets of Truvada® and compared prescribing trends between 1-3-14 to 28-2-15 and 1-3-15 to 29-2-16. We also noted how many NPEP 5 day starter packs were dispensed to patients from the imprest in ED and the SHS during these dates. In addition we assessed how many patients were recurrent attendees requesting NPEP.

Results Between 2014 and 2015, 124 prescriptions of Truvada® were dispensed compared to 218 scripts in 2015-2016 (75% increase). This is a 70% increase in cost over the 2 years of comparison, from \$72,097 to \$122,620. The number of starter packs used increased by 103% from 126 in 2014-2015 to 257 in 2015-2016. In 2014-2015 10 patients attended a total of 25 times for recurrent prescriptions and in 2015-2016 24 patients attended recurrently for a total of 67 prescriptions. Five patients attended 4 or more times and 1 patient attended 8 times in one year.

Conclusion Currently PrEP access in South Australia is limited; patients may be forced into accessing NPEP as covert PrEP.

