December 31, 2018, with at least 1 HIV DNA/RNA reading during the study period. We collected sociodemographic information, ART regimen, adherence (PDC—percentage of days covered), and clinical characteristics. Patients were stratified by pharmacy type: local (traditional pharmacy without adherence services), local specialty (traditional pharmacy with adherence services and same-day, couriered delivery), and mail order (mail order pharmacy with or without adherence services). Pearson Chi-squared tests and binary logistic regression were used to examine the effect of pharmacy type on VS (HIV viral load ≤50 copies/mL).

Results. A total of 1014 patients met study criteria; 164 (16%) utilized a local, 720 (71%) local specialty, and 130 (13%) mail order. VS rates were similar across pharmacy types: local (91%), semi-specialty local (88%), and mail order (96%). After adjusting for sociodemographic characteristics, ART regimen, ART adherence and other clinical characteristics, there was no association between pharmacy type and VS when comparing local and mail to local specialty pharmacy types (local—aOR: 0.98, 95% CI, 0.46–2.12; mail—aOR: 1.65, 95% CI, 0.46–6.0). Factors found to be negatively associated with VS were single marital status (aOR: 0.49; 95% CI, 0.24–0.95), current or historical opportunistic infection (aOR: 0.51; 95% CI, 0.26–0.99), and usage of a multiclass or dual ART regimen (aOR: 0.46; 95% CI, 0.16–0.98).

Conclusion. Despite additional services offered by some pharmacies, no differences were observed in HIV VS between pharmacy types.

Disclosures. All authors: No reported disclosures.

1304. Pharmacist Impact on HIV Management in a Psychiatric Patient Population

Alice Margulis, PharmD1; Stephanie Uhlyar, PharmD, BCPP2; Nejat Jaffar-Beckford, PharmD3; Veronica Salazar, PharmD, BCPS4; Kayla DeRonde, PharmD, BCIDP5; Lilian Abbo, MD, FIDSA6; Anna D Vega, PharmD7; Jackon Memorial Hospital, Miami, Florida; Jackson Behavioral Health Hospital, Miami, Florida; University of Miami Miller School of Medicine, Miami, Florida; Jackson Health System, Miami, Florida

Session: 151. HIV: Care Continuum
Friday, October 4, 2019: 12:15 PM

Background. Patients with mental illnesses are more than four times more likely to have human immunodeficiency virus (HIV) compared with the general population. HIV management can be especially challenging in these patients due to potential substance abuse, drug interactions, and nonadherence. The purpose of this study was to determine the impact of pharmacist management of antiretroviral (ART) therapy in a psychiatric patient population.

Methods. This is an institutional review board-approved, single-center, retrospective study of patients admitted to a psychiatric hospital for an HIV-positive patient or more ART medication(s) between October 2016 and March 2017 (no pharmacist involvement), October 2017 and March 2018 (partial pharmacist involvement), and November 2018 and January 2019 (consistent pharmacist involvement). Patients were excluded if less than 18 years of age, pregnant, incarcerated, or taking ARV medication(s) for a non-HIV indication. The primary outcome was difference in appropriateness of ART therapy prior to and during pharmacist involvement. Secondary outcomes were appropriateness of opportunistic infection (OI) prophylaxis and laboratory testing.

Results. A total of 37 patients were included per group. A greater number of appropriate ART regimens were initiated with partial pharmacist involvement compared with no pharmacist involvement (62% vs. 32%, p = 0.0096), as well as with consistent pharmacist involvement compared with partial pharmacist involvement (84% vs. 62%, p = 0.0327). There was a trend toward increased HIV viral load draws with partial vs. no pharmacist involvement (54% vs. 43%, p = 0.24) and additionally with consistent vs. partial pharmacist involvement (62% vs. 54%, p = 0.32). With consistent pharmacist involvement, more patients had a resulted CD4 cell count (65%) then with both partial and no pharmacist involvement (57%). Of the patients requiring OI prophylaxis, appropriate prophylaxis was initiated in more patients with consistent pharmacist involvement (57%) than with partial pharmacist involvement (50%) or no pharmacist involvement (11%).

Conclusion. Pharmacist involvement in HIV management in a psychiatric patient population increased appropriateness of ART therapy, laboratory testing, and OI prophylaxis.

Disclosures. All authors: No reported disclosures.

1305. Use of a Clinical Pharmacist to Reduce Inpatient ART (Antiretroviral Therapy) Errors

DeMaurain Mitchner, PharmD1; Lauren E. Richey, MD, MPH2; 1University Medical Center New Orleans, New Orleans, Louisiana; 2Louisiana State University, New Orleans, Louisiana

Session: 151. HIV: Care Continuum
Friday, October 4, 2019: 12:15 PM

Background. Continuous antiretroviral therapy (ART) that results in viral suppression is the goal of therapy for people living with HIV (PLWH). This results in improved clinical outcomes and prevents transmission to partners. University Medical Center is an urban charity hospital that provides the majority of inpatient care to PLWH in the city of New Orleans. HIV care providers noticed many ART errors during transitions of care, particularly during inpatient admissions. Impartial regimens and interactions can occur when non-HIV providers manage patients in the hospital leading to resistance and viral failure.

Results. A total of 37 patients were included per group. A greater number of appropriate ART regimens were initiated with partial pharmacist involvement compared with no pharmacist involvement (62% vs. 32%, p = 0.0096), as well as with consistent pharmacist involvement compared with partial pharmacist involvement (84% vs. 62%, p = 0.0327). There was a trend toward increased HIV viral load draws within partial vs. no pharmacist involvement (54% vs. 43%, p = 0.24) and additionally with consistent vs. partial pharmacist involvement (62% vs. 54%, p = 0.32). With consistent pharmacist involvement, more patients had a resulted CD4 cell count (65%) then with both partial and no pharmacist involvement (57%). Of the patients requiring OI prophylaxis, appropriate prophylaxis was initiated in more patients with consistent pharmacist involvement (57%) than with partial pharmacist involvement (50%) or no pharmacist involvement (11%).

Conclusion. Pharmacist involvement in HIV management in a psychiatric patient population increased appropriateness of ART therapy, laboratory testing, and OI prophylaxis.

Disclosures. All authors: No reported disclosures.

1306. Impact of Pharmacy Type on HIV Viral Suppression at a University-Based HIV Clinic in the Midwest

Josh Havens, PharmD; Moses New-Aaron, MPH; Yangying Gao, Pharm D; Qingsong He; Fadul Nada, MD; Sara H. Bares, MD; University of Nebraska Medical Center, Omaha, Nebraska

Session: 151. HIV: Care Continuum
Friday, October 4, 2019: 12:15 PM

Background. People with HIV (PWH) utilize various pharmacy types beyond the traditional local pharmacy including mail order and specialty pharmacies. Some pharmacies often provide additional adherence services such as refill reminders, expedited delivery, and adherence packaging. Limited data are available describing the relationship between pharmacy type and HIV viral suppression (VS). We evaluated the impact of pharmacy type on VS.

Methods. We conducted a single-center, retrospective cohort study of PWH (219 years) receiving care at a Midwestern HIV clinic between January 1, 2018, and
Methods. A clinical pharmacist was hired to improve the quality of HIV care, both in the inpatient and outpatient setting. An electronic medical records alert was created for any patient with HIV who was admitted to the hospital. The clinical pharmacist then reviewed the ART orders Monday through Friday and provided recommendations to the inpatient teams. Data on the frequency and types of errors on the medication administration record (MAR) were recorded. Data were collected for 6 months, from October 2018 to March 2019. Three-month data from October 2018 to December 2018 was compared with three-month data from January 2019 to March 2019 for quality improvement purposes.

Results. One hundred forty-eight people living with HIV were admitted to the hospital during the specified time period. A minority of the patients (25%) had a condition to an HIV Specialist. Eight (5%) were omission of ART (no regimen or partial regimen), 19 (13%) had food or drug interactions, and 14 (10%) had the incorrect ART regimen ordered. The clinical pharmacist was able to contact the inpatient team and have these errors corrected. There was a 20% decrease in the patients with errors in their inpatient ART order on the MAR during the review period, due to physicians and pharmacists proactively contacting the pharmacist prior to orders being placed and processed.

Conclusion. Errors in ART in the inpatient setting are common. A clinical pharmacist intervention can successfully decrease ART errors as patients’ transition between inpatient and outpatient care.

Table 1. Frequency of ART Errors

| Type of Error                      | October 2018 to December 2018 | January 2019 to March 2019 |
|-----------------------------------|-------------------------------|---------------------------|
| Omission of ART, n (%)            | 5 (6%)                        | 3 (4%)                    |
| Food or Drug Interaction, n (%)   | 14 (18%)                      | 5 (7%)                    |
| Incorrect ART Regimen, n (%)      | 11 (14%)                      | 3 (4%)                    |
| Missing Or Prophylaxis, n (%)     | 1 (1%)                        | 3 (4%)                    |
| Total Errors, n (%)               | 31 (40%)                      | 14 (20%)                  |

Disclosures. All authors: No reported disclosures.

1306. Evaluation and Predictors of Antiretroviral (ART)-Related Medication Errors in Hospitalized People Living with HIV (PWHL)

Daniel B. Chastain, PharmD, BCIDP, AAHPVP; Amber Ladak, PharmD, AAHPVP; Jessica Curtis; Emily Tang; Henry N. Young, PhD; University of Georgia College of Pharmacy, Albany, Georgia; Augusta University, Augusta, Georgia

Session: 151. HIV: Care Continuum

Friday, October 4, 2019: 12:15 PM

Background. As HIV has become a chronic condition, management of the disease and preventing resistance is paramount to improving patient outcomes. Medication errors can lead to suboptimal therapy and potential development of resistance. The purpose of this study was to identify the rate of antiretroviral (ART)-related medication errors in hospitalized people living with HIV (PWHL).

Methods. This was a multi-center, retrospective cohort study of patients diagnosed with HIV and/or AIDS based on International Classification of Diseases codes. Patients were included if they were at least 18 years old and hospitalized between March 2016 and March 2018. Patients were excluded if they were pregnant and only enrolled in male patients to avoid their drug-historization. Of the patients eligible for inclusion, 400 were randomly selected and included in this study. The primary objective was to determine the rate of inpatient ART-related medication errors. Secondary objectives included the type of errors and rate of error resolution prior to discharge.

Results. A total of 203 ART-related medication errors occurred during the study period (mean 0.9 ± 1.2 errors per patient). Incorrect schedule was the most common type of error followed by incorrect or incomplete regimen. More errors occurred in male patients (P < 0.01), those known to be infected with HIV on admission (P < 0.05), and in patients with an undetectable viral load (P = 0.01). Approximately 30% of ART-related medication errors were resolved prior to discharge, of which pharmacists were responsible for 25%. Incorrect schedule, incorrect or incomplete regimen, and clinically significant drug-drug interaction (DDI) were the most common medication errors that persisted at discharge. Among resolved errors, resolution of clinically significantly DDI or incorrect/incomplete ART were the most common interventions.

Conclusion. ART-related medication errors continue to occur in hospitalized PWHL, and frequently persist at discharge. Interventions should be developed to reduce rates of ART-related medication errors on admission. Antimicrobial stewardship programs serve as an ideal platform to incorporate ART stewardship into routine activities to help minimize errors while inpatient and during transitions of care.

Disclosures. All authors: No reported disclosures.

1307. Virologic Failure in HIV-Infected Men Who Have Sex with Men and Transgender Women Treated in a Community-Based Model vs. a Hospital-Based Model

Maximo O. Brito, MD, MPH; Shaveta Khola, MPH; Supriya D. Mehta, MHS, PhD; Richard M. Novak, MD; University of Illinois at Chicago, Chicago, Illinois

Session: 151. HIV: Care Continuum

Friday, October 4, 2019: 12:15 PM

Background. Men who have sex with men (MSM) and transgender women are disproportionately affected by HIV, especially those that belong to minority groups and lower socioeconomic status. The purpose of this study was to compare virologic failure in MSM and transgender women receiving HIV care at a community-based model (CBM) to a hospital-based model (HBM) of care.

Methods. This was a retrospective cohort study. We extracted data from electronic medical records of HIV-infected MSM and transgender women treated at one of the six community clinics or at a hospital-based clinic in Chicago between 2010 to 2014. The outcome was cumulative probability of virologic failure (i.e., viral load ≥200 copies/mL) measured in each semester of observation. We used multicovariable Cox Proportional Hazards model to determine the association between CBM and HBM with virologic failure, adjusted for confounding variables.

Results. The sample consisted of 290 patients; of whom, 20% were transgender. Approximately half (49%) of the sample received care via CBM. Compared with patients receiving care at the HBM, CBM patients were more likely to be African American (72% vs. 61%), uninsured (50% vs. 39%) and with a history of substance abuse (38% vs. 24%). There was no difference in virologic failure between the two care models (72% in CBM vs. 52% in HBM; HR = 1.1; 95% CI: 0.8–1.6). Younger individuals (HR = 4.0; 95% CI: 2.3–7.1), alcohol users (HR = 1.6; 95% CI: 1.1–2.2) and patients without insurance (HR = 1.7; 95% CI: 1.1–2.6) were more likely to have virologic failure.

The CBM was as effective as a traditional HBM in providing care to MSM and transgender women despite their more marginalized status. Intensive outreach and targeted case management likely contributed to the effectiveness of this model and need further study.

Disclosures. All authors: No reported disclosures.

1308. The Association Between Refill History and Viral Load Suppression in HIV-infected Patients at a University-Based HIV Clinic in the Midwest

Josh Havens, PharmD; Moses Nnew-Aaron, MPH; Yangyang Gao, Pharm D; Qingfeng He; Sara H. Bares, MD; Fadul Nada, MD; University of Nebraska Medical Center, Omaha, Nebraska

Session: 151. HIV: Care Continuum

Friday, October 4, 2019: 12:15 PM

Background. Patients with HIV (PW) with sustained virologic suppression (VS) on antiretroviral therapy (ART) achieve better health outcomes and pose effectively no risk of transmitting HIV to their sexual contacts. Adherence to ART is the main predictor of VS in PW, yet no adherence benchmark has been identified. The clinical utility of ART pharmacy refill history collection is unknown. We hypothesize that pharmacy refill histories of ART represented as a percentage of days covered (PDC) will correlate with VS in PW.

Methods. We conducted a single-center, retrospective cohort study of PW (21 years) receiving care at a Midwestern HIV clinic between January 1, 2018 and December 31, 2018, with at least 1 HIV RNA reading during the study period. Refill histories were collected for each eligible study patient and a PDC was calculated as the “number of days dispensed/number of days within study period” to provide an ART coverage measure. ART regimen, sociodemographic, and clinical characteristics were abstracted from the HIV registry. An HIV RNA ≤50 copies/mL and a PDC of ≥90% were used as measures of VS and sufficient adherence, respectively. Pearson’s chi-square tests and binary logistic regression were used to determine the effect of PDC on VS.

Results. A total of 1019 patients were included in the study: 705 (69%) patients had a PDC ≥80% and 314 (31%) had a PDC <80%. VS was achieved in 96% (PDC ≥80%) vs. 74% (PDC < 80%). A significant association was observed between VS and PDC (P < 0.0001) [HJP1]. Patients with a PDC 280% were 9.5 times more likely to attain VS as compared with patients with PDC < 80% (95% CI: 5.89–15.17). After adjusting for ART regimen, sociodemographic, and other clinical characteristics, the likelihood of VS remained higher for patients with a PDC ≥80% (aOR: 6.3; 95% CI, 3.7–11.0). Factors found to be negatively associated with VS were single marital status (aOR: 0.49; 95% CI, 0.24–0.95), current or historical opportunistic infection (aOR: 0.51; 95% CI, 0.26–0.99), and usage of a multiclass or dual ART regimen (aOR: 0.40; 95% CI, 0.16–0.98).

Conclusion. The utilization of PDC as an ART adherence benchmark was significantly associated with VS. PDC is an easy measure to calculate and could be useful in the clinical care of PW. Future prospective studies are needed to confirm these findings.

Disclosures. All authors: No reported disclosures.

1309. Effects of a Pharmacist-Driven Antiretroviral Stewardship and Transitions of Care Service in Persons Living with HIV/AIDS

Marias B. Brizzi, PharmD, BCPS, AAHPVP; Rodrigo M. Burgos, PharmD; Thomas D. Chiampas, PharmD, BCPS, AAHPVP; Sarah M. Michienzi, PharmD, BCPS, AAHPVP; Renata Smith, PharmD, AAHPVP; Melissa E. Badowski, PharmD, FCCP, BCIDP, BCPS, AAHPVP; University of Illinois at Chicago College of Pharmacy, Chicago, Illinois

Session: 151. HIV: Care Continuum

Friday, October 4, 2019: 12:15 PM

Background. Historical data demonstrate that PLWHA experience higher rates of medication-related errors when admitted to the inpatient setting. Prior to initiation