

Pharmacist-Initiated PrEP: Key Considerations



Training and Education



Quantity and Frequency Limitations



Insurance Requirements

Prior Authorization

Step Therapy

Reimbursement – Pharmacists Not Legal
“Providers”

State Policy Components



Independent Prescriptive Authority, Authority to Order and Administer Tests and Medication



Removal of Referral Requirements & Prior Authorization, Support for Patient Choice



Recognition of pharmacists as providers eligible to bill for services



Comparable pay for providing services: patient assessment and management across public and commercial plans



No cost sharing, coverage for laboratory tests and all PrEP/PEP modalities – including telehealth



Pharmacy technician authorized to perform any duty that does not require clinical judgment of licensed pharmacist



Clear boundaries and timelines for Board of Pharmacy



Statewide Protocols, training, and education campaigns

2024 PrEP/PEP-Specific Legislation: California

PROS:

- Pharmacist does not need standing order from PCP
- Pharmacist may prescribe both PEP and PrEP
 - Full course of PEP and up to 90 supply of PrEP (beyond, if certain conditions met)
- Reimbursement required
 - Drug as well as related services

CONS:

- Pharmacist required to undergo additional training

Authority (statute):

Cal. Bus. & Prof. Code §
4052.02 and .03

Cal. Health & Safety Code § 1342.74

Cal. Ins. Code § 10123.1933

Cal. Welf. & Inst. Code § 14132.968

2024 PrEP/PEP-Specific Legislation: Florida

PROS:

- Pharmacist may prescribe unlimited quantities of PEP
- CPA may be non-patient specific

CONS:

- PrEP not included
- CPA required
- Reimbursement not addressed
- Pharmacist required to undergo additional training
- Pharmacist required to have professional liability insurance coverage of at least \$250,000

Authority (CPA):
Fla. Stat. Ann. § 465.1861

2024 PrEP/PEP-Specific Legislation: Louisiana

PROS:

- Pharmacist may prescribe PrEP and PEP
 - Full course of PEP; 30-day supply of PrEP
- Pharmacist does not need standing order from PCP
- Reimbursement required
 - Equal to PCP

CONS:

- Pharmacist required to undergo additional training
 - To be developed by LA Department of Health

Authority (Statewide Protocol):
La. Stat. Ann. § 37:1218.2

2024 PrEP/PEP-Specific Legislation: Minnesota

PROS:

- Pharmacist may prescribe unlimited quantities of PrEP and PEP
- Prior authorization and step therapy prohibited
- Pharmacist defined as health care practitioner for the purpose of initiating PrEP and PEP
 - *(effective 1/1/26)*

CONS:

- Pharmacist required to undergo additional training

Authority (Statewide Protocol):
Minn. Stat. Ann. § 151.37

2024 PrEP/PEP-Specific Legislation: Tennessee

PROS:

- Pharmacist may prescribe unlimited quantities of PEP
- Additional training not required

CONS:


- PrEP not included
- Reimbursement not addressed

Authority (Statute):
Tenn. Code Ann. § 63-10-204

Health Department Opportunities: Expanding Equitable Access

- Validating the value of and feasibility of expanding pharmacy-based HIV prevention services
- Advising on training for pharmacists and pharmacist technicians
- Increasing demand from the community & promoting availability of pharmacy-based services
- Encouraging pharmacists to scale up service implementation
- Supporting the development of robust referral networks from pharmacies to ensure “warm hand off”



Safeway PrEPs! 

Is PrEP right for me?
PrEP should be considered for people who are at risk of getting HIV.

You are at risk if you have:

- Had unprotected anal or vaginal sex within the last 6 months
- A sexual partner with HIV with unknown or detectable viral load
- Had a sexually transmitted infection within the last 6 months
- Injected drugs or shared needles within the last 6 months

You must test HIV negative before beginning PrEP, and continue with follow-up testing every 3 months while taking it.

Speak with your pharmacist to learn more about PrEP!

Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021
*Note: a clinical practice guideline. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>. Published DEC 2021.

RESOURCES

State Action Playbook



***EXPANDING ACCESS TO
HIV PREVENTION SERVICES
AND LINKAGE TO CARE IN
COMMUNITY PHARMACIES***

State Action Playbook



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Download the Playbook:



State Action Playbook: Exploring Policy Components

ADDITIONAL POLICY COMPONENTS

Policies that promote training, education, and public awareness can also be powerful tools in HIV prevention.

COMPONENT	ACTION ✨	IMPACT
Invest in Training and Education	<input type="checkbox"/> Allocate funding for training and education programs for pharmacists. <input type="checkbox"/> Allow for flexibility in training standards without prescribing detailed training programs.	<ul style="list-style-type: none"> ✨ Equips pharmacists with the skills and knowledge necessary to provide effective HIV prevention services. ✨ Ensures that pharmacists are well-prepared to deliver high-quality care. ✨ Contributes to better patient outcomes and the overall success of HIV prevention programs. ✨ Prevents legislation that may become out of date or cumbersome to implement.
Public Awareness Campaigns	<input type="checkbox"/> Develop public awareness campaigns to educate patients about the crucial role pharmacists play in providing HIV prevention services, reducing stigma, and increasing awareness.	<ul style="list-style-type: none"> ✨ Increases patient knowledge about the role of pharmacists in HIV prevention. ✨ Encourages individuals to access essential care. ✨ Contributes to a more informed and healthier community ✨ Reduces stigma.

RxEACH State Resources

BRIDGING GAPS

Community pharmacies can play a crucial role in addressing geographic disparities in PrEP* access, particularly in underserved areas where access to HIV prevention services may be limited.

BOOSTING EQUITABLE ACCESSIBILITY

With over half of the 70,000 pharmacies in the U.S. in medically underserved areas, community pharmacies can serve as vital entry points for essential HIV prevention and linkage to care services.

EMPOWERING CHOICE

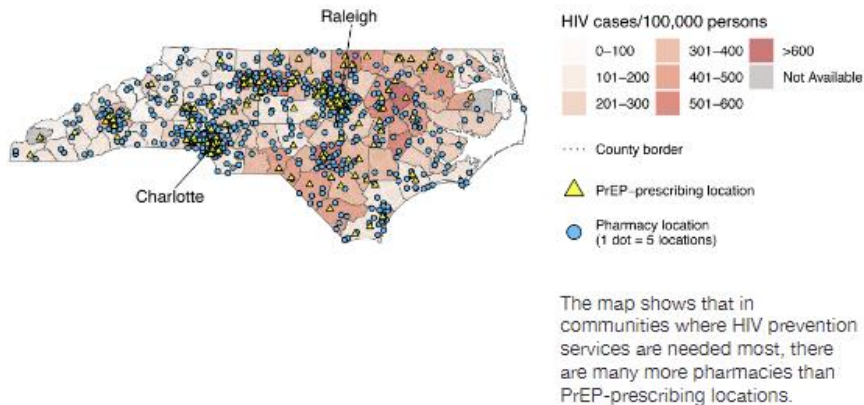
Individuals can choose to receive PrEP and other prevention services in a location that best suits their needs.

SAVES LIVES AND MONEY

Early intervention through PrEP offered by community pharmacies can significantly decrease HIV transmission rates, reducing lifetime healthcare costs.

LEVERAGING COMMUNITY PHARMACIES FOR HIV PREVENTION MATTERS

Pharmacies can improve access to HIV prevention services in communities that need it most.



EXPANDING HIV PREVENTION SERVICES THROUGH COMMUNITY PHARMACIES STATE MODEL POLICY CHECKLIST

Prescriptive Authority for Pharmacists

Expanding pharmacist prescribing authority to include HIV PrEP and PEP allows pharmacists to provide PrEP and PEP directly to patients, in accordance with CDC Guidelines, including the support for PrEP care management.


These legislative components enhance and streamline patient access to critical HIV prevention services and promote timely intervention. These changes often require amending the state's pharmacy practice act or corresponding pharmacy regulations.

- Independent Prescriptive Authority:** Pharmacists will have independent prescriptive authority for all forms of Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), in alignment with current clinical guidelines, without time or quantity limits.
- Authority to Order and Administer Tests:** Pharmacists will have the authority to order and administer HIV tests and the laboratory panel required for PrEP initiation and monitoring, including sexually transmitted infection tests.
- Authority to Administer Medication:** Pharmacists will have the authority to administer HIV prevention and treatment medications through any route of administration, as appropriate.
- Remove referral requirements:** Pharmacists will not be required to have an initial referral from a physician for patients to access HIV prevention services.
- Pharmacy Technician Support:** If not already allowed, pharmacy technicians should be authorized to perform any duties that do not require the clinical judgement/discretion of a licensed pharmacist. For example, pharmacy technicians should be eligible to perform CLIA-waived tests, administer medications, and collect information from the patient for the pharmacist to assess and evaluate.



NASTAD Resources

2. Issue Brief: *Pharmacist Authority to Initiate PrEP & PEP and Participate in Collaborative Practice Agreements*



Pharmacist Authority to Initiate PrEP & PEP and Participate in Collaborative Practice Agreements

Introduction

According to the most recent statistics from the Centers for Disease Control and Prevention, nearly 1.2 million people in the United States live with HIV, including over 150,000 people whose infections are undiagnosed.¹ Certain groups experience disproportionate rates of new HIV diagnoses, including Black and Latinx Americans, gay, bisexual, and other men who have sex with men (GBM), young people, and people residing in the South.²

BACKGROUND: There are two highly effective biomedical interventions that prevent transmission of HIV in people who are HIV-negative: pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). PrEP is a medication that a person at risk for HIV takes every day to prevent transmission through sex or injection drug use, while PEP is an emergency course of treatment that is taken within 72 hours after a potential exposure to HIV and is continued for four weeks.³ Injectable PrEP is a form of PrEP that is administered by injection every two months.⁴

Barriers to PrEP

PrEP can reduce the risk of getting HIV from sex by 99%, and from injection drug use by 74%.⁵ However, fewer than 25% of individuals who would benefit from PrEP use the medication.⁶ While more than half of new HIV infections in the United States occur in southern states, only 30% of PrEP users reside in the southern region.⁶ PrEP uptake is the lowest among groups with the greatest need for the medications, including rural Americans in the South, Black and Latinx individuals, Black and Latinx GBM, and serodiscordant* couples.^{6,7} These communities face major barriers to accessing PrEP, including a lack of knowledge about the medications, stigma around HIV, bias from healthcare providers, distrust of the medical establishment, inability to afford the medications, and systemic racism.⁸ Diversifying the healthcare settings and provider types that offer HIV care could address some of these barriers.

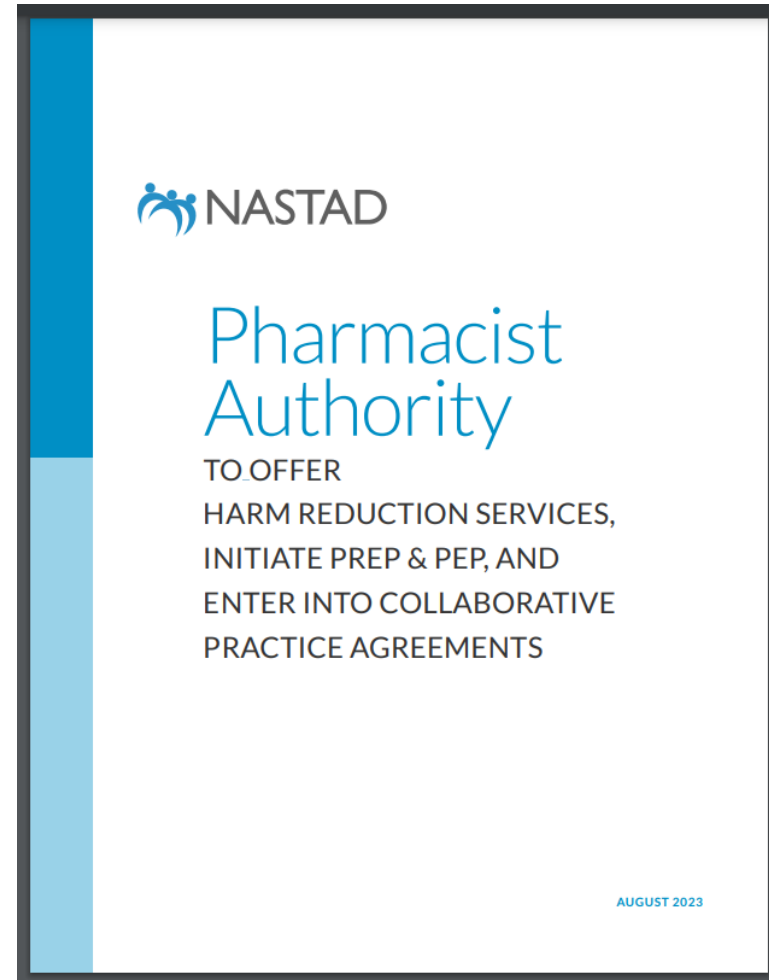
Accessibility of Pharmacists

Reduced access to primary care and sexual health clinics also creates a significant barrier to PrEP and PEP uptake, especially for Black and Latinx communities.⁹ Pharmacies offer a more accessible option for

* "Serodiscordant couple" refers to intimate relationships where one partner is HIV-positive, and another partner is HIV-negative. [Advances in HIV Prevention for Serodiscordant Couples - PMC \(nih.gov\)](#).

NASTAD Resources

3. Database: *Pharmacist Authority to Offer Harm Reduction Services, Initiate Prep & Pep, and Enter into Collaborative Practice Agreements*



Opportunities for Health Departments: What's possible?

Visioning Exercise – Building partnerships and networks between public health and pharmacies

Imagine your local pharmacy—a familiar place where you pick up prescriptions, over-the-counter medications, and enjoy a quick chat with the staff. Now, picture this same pharmacy expanding to offer essential HIV prevention services. The staff now provides PrEP counseling, conducts HIV tests, and offers PEP access, all seamlessly integrated into the existing environment. How would this transition unfold? Consider the changes in layout, staff roles, and service flow. How can these new services be smoothly woven into the pharmacy's daily operations while remaining accessible and free of stigma? How could the pharmacy create an environment that feels supportive to those seeking services?

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Now, after reflecting on this vision, consider how this model might work in pharmacies across the country. What role would you like to see health departments play in supporting this transformation?

Expand Access to HIV Prevention Services with RxEACH

RxEACH is a national coalition effort working to expand and sustain access to HIV prevention and linkage to care services in community pharmacies.

Join us in our mission to broaden and sustain access to HIV prevention and linkage to care services through community pharmacies nationwide.



Ways to Engage in RxEACH

Visit

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Session Survey

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