PrEP in a Pharmacy
Pharmacists can initiate PrEP and PEP to prevent HIV and reduce health disparities*

What are PrEP and PEP?
- PrEP is medication that when used correctly can reduce the risk of HIV through sexual transmission by 99% and can also prevent HIV transmission through injection drug use.
- PEP is a 3-drug HIV medication regimen for 28 days, that can be started within 72 hours of a possible exposure to HIV to prevent HIV infection, in persons who are not taking PrEP.
- See page 4 for recommended PrEP and PEP regimens.

Pharmacy PrEP is an opportunity to decrease disparities in HIV prevention
- Pharmacies are accessible to people not engaged in the healthcare system.
- Pharmacists can increase PrEP and PEP awareness and uptake of these two HIV prevention tools.
  - Tip: Start discussions with patients by asking, “Have you heard of PrEP?”; “Do you know what it does?”
- Having the medication on hand is important for timely access to PrEP and PEP.
- Pharmacies can help enroll patients in programs to pay for PrEP and PEP and assist with cost barriers.

Pharmacists can initiate and furnish PrEP and PEP
- Under California SB159, pharmacists may furnish a 30-day course of PEP and up to a 60-day supply of PrEP.
  - See the attached SB159 guide for implementation requirements.
  - Refer to primary care or other provider for ongoing PrEP care.
- Pharmacists can set up Collaborative Practice Agreements with physicians to allow for all steps of ongoing PrEP care to take place in a pharmacy.

Who may benefit from PrEP?
- Anyone who self-identifies a need for PrEP
- Men who have sex with men (MSM)
- Trans women
- People with sex partners who are living with HIV or at risk for HIV
- People who inject drugs or use stimulants during sex
- People who have had a sexually transmitted infection (STI)
- People who have condomless anal or vaginal sex

*A pharmacy PrEP program should include both PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis) for HIV.
Process for pharmacist initiation of PrEP and PEP and ongoing monitoring

- **Take a sexual, medical, and substance use history.**
- **Screen for acute HIV infection.**
  - Recent history of fever with sore throat, rash, or headache?
    - **YES**
      - **Refer to testing for acute HIV** (HIV Ag/Ab laboratory test and HIV-1 RNA test).
      - **Consider deferring PrEP until test results are back.**
    - **NO**
  - **Obtain a negative HIV test result within 7 days before starting PrEP.**
    - **HIV test negative**
      - **Do not start PrEP; refer for HIV treatment.**
    - **HIV test positive**
      - **Order other baseline testing:** STIs, HBV, HCV, kidney function, pregnancy test
      - **Provide PrEP or PEP and counseling.**
        - **Arrange for 60-90 day follow up.**
        - Repeat testing at 4-6 weeks for nPEP.
      - **Complete referrals to PCP, STI clinic, navigation, and other community services needed.**

**Use the Five P’s:** Partners, Practices, Prevention of Pregnancy, Protection from STDs, and Past History of STDs.

- **CDC recommends HIV Ag/Ab lab test AND HIV-1 RNA test** for patients who used PrEP in the last 3 months. A rapid HIV Ag/Ab or HIV Ag/Ab lab test can be used for patients with no PrEP use in the last 3 months.
- **Rapid fingerstick HIV Ag/Ab test** can be done in a pharmacy with a CLIA waiver.
  - **Note:** Pharmacists should initiate nPEP even if rapid tests results are not available.
- **CDC also recommends blood draw for creatinine or rapid creatinine test.**

Pharmacists providing PrEP under CA SB159 should refer patients to a provider for these tests, or pharmacists can order them under a Collaborative Practice Agreement.

- **Data suggests that offering same day PrEP starts may help with retention.**
- **Provide PEP** for patients with a potential HIV exposure in the prior 72 hours.

Partnership with Community Based Organizations for navigation services and other social needs can support adherence to PrEP.
### CDC recommended oral PrEP baseline and follow up testing

<table>
<thead>
<tr>
<th>Test</th>
<th>Initiation</th>
<th>Q3</th>
<th>Q6</th>
<th>Q12</th>
<th>Comments</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assess HIV risk and PrEP indication</strong></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
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<tr>
<td>HIV test and screen for signs of acute HIV</td>
<td>✔ fits</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Renal function (CrCl)</td>
<td>✔ fitted</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>a</td>
<td></td>
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<tr>
<td>Lipid panel test</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>b</td>
<td>Monitor weight gain.</td>
<td></td>
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<tr>
<td>HCV screening</td>
<td>✔</td>
<td>✔</td>
<td></td>
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<td>Conduct rapid point of care HCV test or lab-based testing.</td>
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<tr>
<td>Pregnancy test</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>Conduce pregnancy test in persons of childbearing potential.</td>
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<tr>
<td>STI testing</td>
<td>✔</td>
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<td>✔</td>
<td></td>
<td>Assess for signs and symptoms of STIs. Order syphilis, gonorrhea, and chlamydia tests, with frequency of 3-6 months depending on risk factors. For MSM and trans men and women, 3-site gonorrhea and chlamydia testing should be completed, and self-collection is encouraged.</td>
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<tr>
<td>PrEP counseling</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>Include medication adherence counseling, importance of timely follow up, and sexual health counseling.</td>
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<tr>
<td>Additional prevention services</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>Provide harm reduction for injection drug use and offer naloxone for people who use opioids. Recommend providing vaccinations including hepatitis A and B, meningococcal, COVID-19, and HPV as indicated.</td>
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</table>

a Q12 months for persons < 50 years and eCrCl > 90 ml/min; Q6 months for all other persons. b for F/TAF
### PrEP oral medications

- **Tenofvir disoproxil fumarate (300 mg)/emtrictabine (200 mg)**
  - **F/TDF (generic or Truvada*)**
- **Tenofvir alafenamide (25 mg)/emtricitabine 200 mg**
  - **F/TAF (Descovy*)**

#### Dosing

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<th>1 pill orally once daily</th>
<th>1 pill orally once daily</th>
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#### Approved for

- **Persons weighing 35kg or greater, for any PrEP indication including sexual transmission or injection drug use**
- **Men who have sex with men (MSM) and trans women weighing 35kg or greater, but not for receptive vaginal sex or injection drug use**

#### Side effects

- Generally safe and well tolerated
- Some people have gas, nausea or headache. These symptoms often go away within the 1st month.
- Small changes in kidney function measurement and bone mineral density can occur, but are generally not deemed clinically significant

#### Safety considerations

- Not recommended for those with chronic kidney disease and eGFR <60 ml/min
- Caution in those with osteoporosis
- Not recommended for those with chronic kidney disease and eGFR <30 ml/min

*Under SB159, pharmacists are authorized to provide up to a 60 day supply. CDC recommends providing a 90 day supply, which pharmacists may provide through a Collaborative Practice Agreement.

### PEP medications

#### OPTION 1

- **F/TDF**
  - 1 tablet PO daily*
- **Dolutegravir 50mg**
  - 1 tablet PO daily

#### OPTION 2

- **F/TDF**
  - 1 tablet PO daily*
- **Raltegravir 400mg**
  - 1 tablet 2x daily

#### OPTION 3

- **Bictegravir/F/TAF**

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*Recommended regimens. Alternative regimens can be found in PEP CDC guidelines and by contacting the National PEP Line, nccc.ucsf.edu.

*if renal function eGFR >60 ml/min
What if my patient has a positive HIV test on PrEP?

- Discontinue PrEP immediately to avoid HIV resistance.
- Determine last time they took PrEP and assess overall adherence.
- If initial test returns positive, conduct confirmatory testing or refer for confirmatory testing.
- Patients who test positive should be linked to care with a local HIV treatment provider, ideally same day for rapid initiation of ART (antiretroviral therapy). Rapid initiation of ART is the recommended best practice.
- Compile a list of local HIV medical providers to refer patients who test positive. A directory of HIV providers based on location can be found at www.findhivcare.hrsa.gov.

Trainings fulfilling SB159 requirements:


Additional PrEP training resources:

- **PowerPak**: [www.bit.ly/PowerPak_course](http://www.bit.ly/PowerPak_course)

What additional prevention services can pharmacists provide?

- Provide onsite HIV testing services and education on HIV prevention.
- Supply new syringes and needles to people who inject drugs to prevent bloodborne infections including HIV and HCV, and refer to syringe service programs.
- Furnish naloxone to people who use opioids to help reduce overdose deaths.
- Offer vaccinations for COVID-19, influenza, hepatitis A and B, and other communicable diseases.
Recommendation for same day pharmacy PrEP starts:

- Patients are more likely to start PrEP and continue taking it when they can start medication the same day as the visit.
- HIV test must be confirmed negative within 7 days prior to PrEP initiation. All other labs should be ordered at initiation and obtained within 7-10 days after initiation.

Steps to offering PrEP and PEP in a pharmacy*

<table>
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<tr>
<th>Areas of practice</th>
<th>Recommended tasks</th>
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| Develop a collaborative practice agreement| • Required for long term PrEP care in a pharmacy, but not required for PrEP or PEP initiation through SB159.  
• Provides pharmacists prescriptive authority to initiate and dispense PrEP and PEP medications and order required laboratory tests for ongoing PrEP care. |
| Set up laboratory logistics              | • Order CLIA-waived rapid HIV tests.  
• If collecting lab specimens onsite: provide pharmacy space for collecting lab specimens, consider on-site phlebotomist, and train staff on specimen collection and handling.  
• If referring off-site, identify outside laboratory for specimen collection.  
• Ensure access to laboratory results. |
| Obtain medical and sexual health assessment| • Finalize intake questionnaire to collect medical, sexual and drug use history, and potential contraindications for PrEP and PEP.  
• Provide harm reduction counseling.  
• Provide referrals for active medical conditions (STI, HBV, HCV, substance use treatment) as needed. |
| Adapt pharmacy workflow and space        | • Establish confidential space for sensitive history taking, testing, and discussion of test results.  
• Consider installing modular ready counseling rooms for privacy.  
• Set realistic time goals for patient visits and charting. |
| Establish methods of communication       | • Determine how confidential information will be stored and shared among team members, patients, referring health providers, and health departments.  
• Set up access to secure online portals, EMR, texts, or emails. |
| Provide and monitor education and training for pharmacists and auxiliary staff | • Set up pharmacist training program, and as needed, auxiliary staff training.  
• Training should include competence in PrEP & PEP guidance, counseling on sexual health, serving diverse populations at risk for HIV, and PrEP benefits navigation.  
• Provide feedback and ongoing training and monitoring. |
| Identify reimbursement strategies        | • Stay up-to-date on state reimbursement laws.  
• Consider grant funding, 340b contracts, negotiations with insurance contracts. |

How will patients pay for PrEP and PEP?

- Private insurance and Medi-Cal are required to cover PrEP and PEP medications, and most plans in California now pay for PrEP with $0 cost-sharing.
- Multiple generics for F/TDF are now available, and generic F/TDF for PrEP should not be subject to prior authorization by California-based insurance plans.
- Co-pay assistance can be found through manufacturers and other programs:
  - Patient Advocate Foundation if <400% of FPL: [www.copays.org](http://www.copays.org)
  - PAN Foundation if <500% of FPL: [www.panfoundation.org](http://www.panfoundation.org)
- Uninsured patients can access medications through the federal Ready, Set, PrEP program ([www.getyourprep.com](http://www.getyourprep.com)) or manufacturer assistance programs (MAPs) through Gilead, Merck, and VIIV, the manufacturers of PrEP and PEP medications.
- For patients who are fully enrolled in the California PrEP Assistance Program (PrEP-AP), PrEP-AP provides coverage, or wrap around coverage, of medications on the PrEP-AP formulary and allowable PrEP-related medical services.
  - Enrolled patients can get PrEP and PEP medications through ADAP/Magellen network pharmacies.
  - Pharmacies can contract with the California Department of Public Health to be a PrEP-AP Temporary Coverage Enrollment Site. Pharmacies approved for the program can enroll eligible patients in PrEP-AP for temporary and limited coverage of PrEP, PEP, and certain allowable PrEP-related medical services.

Start by asking the patient: “Do you have prescription insurance?”

**YES**

- Has card
  - Test claim. If in-network, can fill onsite. If out-of-network, consider calling in prescription to an in-network pharmacy.
  - Activate co-pay card if needed.
- No card
  - Obtain identifiable info including SSN to run benefits check.

**YES, but...**

- I have a confidentiality concern with using insurance I have through a parent, spouse, or registered domestic partner.
  - OR—
  - I am 12-17 years of age.

**NO**

- Uninsured clients may enroll in PrEP-AP Temporary Coverage regardless of income. However, not all pharmacies that furnish PrEP/PEP are contracted to be Temporary Coverage Enrollment Sites.

- If a client is a minor (age 12-17) or has confidentiality concerns with using insurance, they may be eligible to enroll in PrEP-AP through a PrEP-AP Enrollment site or a PrEP-AP Temporary Coverage Enrollment Site.
- If PEP, call PrEP-AP (844-421-7050) Mon-Fri 8am-5pm for immediate enrollment.
## Pharmacist PrEP resources

| Centers for Disease Control and Prevention Capacity Building Assistance Western Region | • San Francisco Department of Health Capacity-Building Assistance: www.getsfcba.org. Contact: get.SFcba@sfdph.org  
• www.cdc.gov/CTS |
|---|---|
| Clinical consultation on PrEP and PEP | • Clinician Consultation Service (online resources): www.nccc.ucsf.edu
• Direct and free clinical consultation on PrEP and PEP is available: PrEP line at 888-448-4911 (Mon–Fri, 9 am-8 pm ET) PEP line at 855-448-7737 |
| Centers for Disease Control and Prevention Guidelines for PrEP and PEP | • www.cdc.gov/hiv/guidelines/preventing.html
• Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV—United States, 2016 |
| WHO PrEP toolkit | www.who.int/tools/prep-implementation-tool |
| Constructing collaborative practice agreements | • www.cpha.com/ce-events/on-demand-courses/cpa
• www.aphafoundation.org/collaborative-practice-agreements |
| AIDS education and training | www.aidsetc.org/topics |
| AIDS Drug Assistance Program (ADAP) | www.bit.ly/adap-sites |
| University of Washington training modules | • National HIV Curriculum, including PrEP and PEP: www.hiv.uw.edu
• National STD Curriculum: www.std.uw.edu
• National Hepatitis training module: www.hepatitisc.uw.edu |
| CDC CLIA waived testing | www.bit.ly/waived-tests |
| Liverpool HIV drug interactions | www.hiv-druginteractions.org |
| CDC National PrEP locator | www.preplocator.org |
| LGBTQ education | • GLAAD tips for allies: www.glaad.org/about
• LGBTQ Health Education: www.bit.ly/LGBTQIA_edu |
| CA state and county PrEP sites (List is not all inclusive. Contact counties for updated resources.) | • California Department of Public Health: www.bit.ly/cdph_prep
• Los Angeles County: getprepla.com/centers-of-excellence
• San Diego County: www.bit.ly/SanDiego_HHSA
• San Francisco County: www.askaboutprep.org |
| Planned Parenthood | www.plannedparenthood.org |
| CA PrEP advocacy sites (Please check with your county for additional resources.) | • AIDS Program of Los Angeles: www.prepexpress.org
• Los Angeles LGBT Center: www.prephere.org
• San Francisco AIDS Program: www.sfaf.org/services/prep |

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**Population Health Division**
San Francisco Department of Public Health