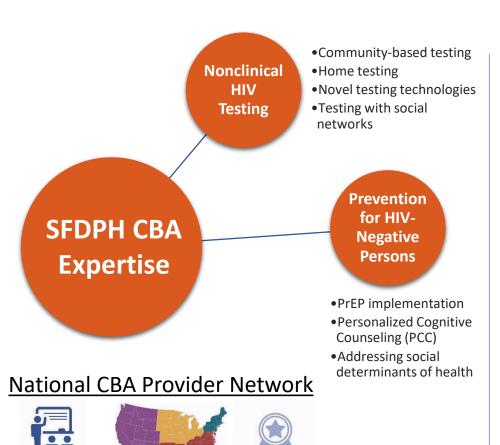
Pharmacy PrEP

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Disclaimer:

Any comments provided during this presentation are not opinions, nor recommendations on behalf of getSFCBA or the American Pharmacists Association

SFDPH CBA Program



SFDPH, Center for Learning and Innovation

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CBA does not provide policy recommendations

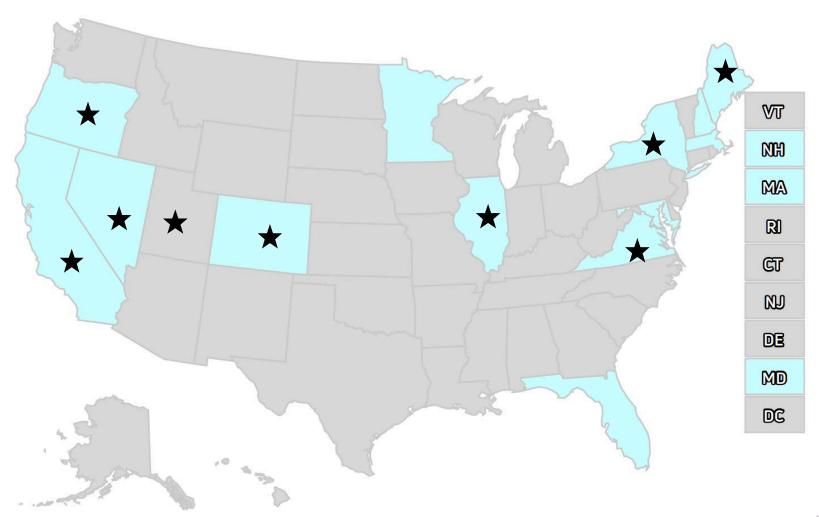
Agenda

National Overview of Legislation Summary of CA Program Barriers to SB159

Pharmacy HIV Testing and PrEP Services

Pharmacy PrEP	Location	Pharmacy Services	Additional Information
VDPH in collaboration with a chain pharmacy	Virginia	• HIV POC rapid testing • Walk-in services	 32 locations Performed 3630 tests 6/14-9/16 Reported 0.8% positivity rate 46% had never been tested
Kelly-Ross Pharmacy "One-Step PrEP" CPA with a private physician	Seattle, Washington	PrEP assessment and initiationPharmacist-run HIV PrEP clinic	 •3/15/-3/16 • 57/251 (=23%) reported having a PCP •3/15-3/2018 •714 patients evaluated •90% had a PDC > 80 •Payment mandated in WA

PrEP Legislation

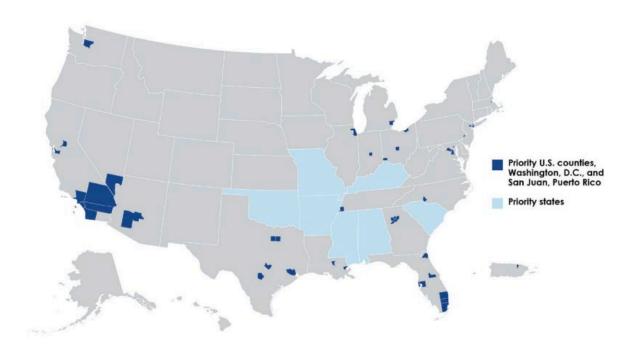


Pharmacists PrEP & PEP authority at a Glance

States with Restricted quantities			
State	Year	Notes	
CA SB159	2019	60 days of PrEP, 30 days of PEP. Mandates reimbursement from Medicaid at 85% rate, does not address private insurances or ADAP	
ME LD1115	2021	2 months of PrEP and 1 month of PEP	
OR HB2958	2021	Up to 30 days of PrEP	

Unrestricted Quantities			
State	Year	Notes	
CO HB1061	2020	All services, including laboratory reimbursed at 100%	
NV SB325	2021	All services, including laboratory reimbursed at 100%	
Utah HB0178	2021	100% reimbursed for services, still working out laboratory	
VA HB2079	2021	Requires reimbursement at 100%, unclear if laboratory reimbursed	
IL H4430	2022	All services, reimbursed at 85%; requires standing order	

CDC: 57 Priority Jurisdictions



California

- Alameda
- Los Angeles
- Orange County
- Riverside County
- Sacramento County
- San Bernadino County
- San Diego County
- San Francisco County

4,396 Californians newly diagnosed with HIV in 2019

Priority Communities

- Gay and bisexual men of all races and ethnicities
- Black/African Americans
- Hispanic/Latinos
- Persons who inject drugs (PWID)
- Transgender individuals

PWID account for 10% of new infections

By Gender

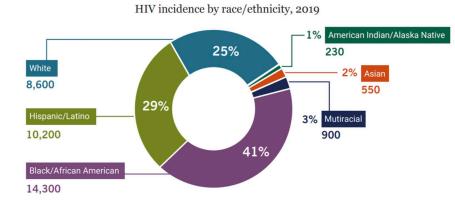
- Men (81%)
- Women (19%)

Among Men - Gay, Bisexual and other men who have sex with men account for 70 % of infections

Trans Individuals
62% Black trans women
35% Hispanic/Latina trans women
17% White trans women

By Race (All Genders)

- Blacks/African Americans
- Hispanic/Latino



Pharmacist PrEP Collaborative Practice Agreement with the San Francisco Department of Public Health

- SFDPH Physician of Record oversees program. SFDPH provides supervision
- Phlebotomist or nurse draws blood
- Pharmacist sees patients
- Pharmacy Technician or peer counselor assists with benefits navigation
- Program has received limited grant funding

Published findings:

- •Between April 2018-March 2019, 51 patients initiated on PrEP and 6 patients received PEP
- •60% utilized navigation assistance
- •47% of patients identified as Hispanic/Latino and 10% identified as Black/African American

PrEP Visit Workflow

- Initial appointments 45-60 minutes, follow up visits 30 minutes
- Visit includes complete medical, social, financial assessment, and labs (HIV, STI, HCV, HBV screening, serum creatinine)

 Patient completes intake questionnaire, insurance verification and benefits navigation

Pharmacist Visit

- Pharmacist interviews patient, orders labs as appropriate
- Patient is given PrEP or PEP

- Follow up appointments for ongoing (or initial PrEP, if starting PEP)
- Monitor refills

Intake

Follow Up

Barriers and Facilitators: Mission Wellness Program

Barriers

- Implementation of CPA
- Lack of funding infrastructure, unable to bill for pharmacists initiated services

Facilitators

- CPA permits ongoing PrEP.
- Referrals in place and collaboration for follow up
- Ease of laboratory tests access, supplied by DPH

SB159 Barriers

- 60 day limitation
- Financial: Payment in CA for services is limited
 - Necessary in order to support testing, staffing, education,
- Education for pharmacists and awareness to patients
- SB159 intent is for pharmacists to follow best practice guidelines and guidance from the CDC; however language has been a barrier and should be more flexible. For example current language:
 - Defines guidelines; CDC publishes additional updates more often than "the Guidelines." Should include language that permits other CDC guidance documents
 - Utilizes prescriptive legislation: PrEP and PEP medications, tests, counseling, etc.,

Prep Basics



PrEP is safe and can reduce your risk of HIV by more than 99%.



It takes at least 1 week on PrEP before you'll be protected for anal sex, and 3 weeks for vaginal sex.



Take 1 pill once a day. Finding a routine is essential.



Get tested for HIV and STIs every 3 months.



Tell your provider if you plan to stop (or restart) PrEP.

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Lo Esencial de Prepo



PrEP es seguro y puede reducir el riesgo de infección de VIH a más de 99%.



Se necesita tomar PrEP por una semana antes de tener sexo anal y tres semanas antes de tener sexo vaginal para ser protegido/a contra el VIH.



Toma una pastilla una vez al día, estableciendo una rutina es importante.



Hazte la prueba del VIH, de las infecciones de transmisión sexual y la función renal cada 3 meses.



Habla con tu doctor si estás pensando en dejar de tomar (o reiniciar) PrEP.



SB159

California Pharmacists Initiation of PrEP and PEP in a pharmacy

In 2019, California passed SB159 legislation to allow pharmacists to initiate important HIV prevention medications to reduce HIV risk and incidence.



SB159 KEY HIGHLIGHTS

- Allows pharmacists to independently initiate and furnish PrEP for up to 60 days and PEP for 30 days.
- Mandates Medi-Cal (California Medicaid Program) to reimburse pharmacist services for PrEP and PEP.
- Prohibits Prior Authorizations on PrEP medications to facilitate medication access.

Under SB159, a pharmacist may furnish a 30-60 day supply of PrEP if all of the following requirements are met:

- Patient is HIV negative, documented within prior 7 days.
 - Test can be Ab only or Ag/Ab or FDA approved rapid finger stick blood Point of Care test. If test result is not provided by the patient, pharmacist should order HIV test.
- Patient does not have signs/symptoms of acute HIV on a self-reported checklist.
 - Symptoms of acute HIV include: flu-like symptoms such as fever, fatigue, myalgias, pharyngitis, cervical adenopathy, night sweats, diarrhea, and rash.
- Patient does not report taking any contraindicated medications.
- Pharmacist provides counseling to patient regarding ongoing use of PrEP, which may include:
 - Counseling on side effects and adherence
- Safety during pregnancy and breastfeeding
- for HIV, renal function, hepatitis B, hepatitis C, STIs, and pregnancy
- Importance of timely testing and treatment
 Notify patient they must be seen by a PCP for ongoing prescription and that a pharmacist can only furnish a 60-day supply of PrEP once every 2 years
- Services provided must be documented in the patient record in the pharmacy.
- Pharmacist should not furnish more than a 60-day supply once every 2 years to a patient.*
- Pharmacist should notify patient's PCP, unless the patient does not have one or refuses consent. The pharmacist should then provide a list of physicians and clinics for PrEP.
- The patient cannot waive the consultation.

*Unless otherwise directed by a prescriber or under collaborative practice agreement.

Pharmacist can furnish a full 30-day course of PEP if all of the following requirements are met:

- 1 Pharmacist determines the HIV exposure occurred within the past 72 hours and the patient meets clinical eligibility for PEP consistent with CDC guidelines.
- Pharmacist provides HIV testing that is classified as CLIA waived or determines patient is willing to undergo HIV testing consistent with CDC guidelines.
 - If patient refuses to undergo testing but is otherwise eligible for PEP, pharmacist can still provide PEP.
- Pharmacist provides counseling to patient on the use of PEP consistent with CDC guidelines, which may include:
 - · Side effects, safety during pregnancy and breastfeeding, adherence, and importance of timely testing and treatment, as applicable for HIV, renal function, hepatitis B, hepatitis C, STIs, pregnancy
 - Inform the patient on the availability of PrEP for persons who have ongoing risk of HIV acquisition.
- Pharmacist should notify patient's PCP, unless the patient does not have one or refuses consent. The pharmacist should then provide a list of physicians and clinics for PEP.
- The patient cannot waive the consultation.

Checklist for implementing SB159

- · Complete 90-minute Continuing Education requirement.
- Become familiar with CDC PrEP and PEP Guidelines.
- Consider HIV testing options for PrEP and PEP patients in the pharmacy.
- · Compile referral lists for lab-based testing, ongoing PrEP providers, substance use services, and social support.

HIV testing in the pharmacy setting

- · CDC recommends laboratory 4th generation Ag/Ab test or rapid, point-of-care fingerstick blood test.
- Rapid HIV tests can be conducted in a pharmacy that obtains a CLIA waiver certificate. allowing patients to access same-day PrEP starts.
- Trained staff members may perform CLIA-waivered point-of-care testing. Consider utilizing a phlebotomist under collaborative practice or referring patients to a nearby laboratory.

Where can pharmacists complete PrEP and PEP training for SB159?

- California State Board of Pharmacy: www.bit.ly/CApharm PrEP
- California Society of Health System Pharmacists: www.bit.ly/cshp_training
- California Pharmacists Association: www.bit.ly/cpha_course

How can pharmacists connect patients to long term PrEP care?

- · Partner with local Community Based Organizations that provide navigation services to long term PrEP care.
- Compile a referral list of local PrEP care providers and other social support services.
- PrEP provider locator can be found at www.preplocator.org.







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Questions

