Background

- Despite evidence that HIV pre-exposure prophylaxis (PrEP) substantially reduces the risk of infection in at-risk populations, significant barriers exist to its prescription and use.
- Utilizing pharmacists may help increase patient access to PrEP services.
- We designed and implemented a novel pharmacist-led PrEP (P-PrEP) program in Omaha, Nebraska and evaluated pharmacist and patient satisfaction with the service.

Methods

- Our pharmacist-led PrEP program was developed in the fall of 2016.
- Six pharmacists from 4 sites (1 community pharmacy, 2 community-based clinics and 1 HIV-specialized clinic) were selected for participation based on interest, senior management support, and availability of appropriate infrastructure (e.g. private room for counseling).
- All pharmacists received training for the provision of PrEP.
- Through a collaborative practice agreement (CPA), pharmacists:
  - Met with patients individually
  - Obtained a medical history
  - Collected samples for gonorrhea and chlamydia
  - Provided medication and adherence counseling
  - Prescribed emtricitabine-tenofovir DF when appropriate.
- Pharmacists completed a survey reporting their experience after each visit.
- Patients completed a survey reporting their experience after 6 months of participation in the program.

Patient Demographics

- 60 patients enrolled between January and June 2017.

Demographics | Mean (Range or N %)
--- | ---
Age (years) | 34 (20-61)
Male | 57 (95%)
Race/Ethnicity | 
White/Caucasian | 50 (83%)
Black or African American | 5 (8%)
Hispanic or Latina/o | 5 (8%)
Other | 3 (5%)
Insurance | 
Private | 48 (80%)
Medicare | 1 (1.7%)
Uninsured | 11 (18.3%)
HIV Risk Factor at Screening | 
MSM | 53 (88%)
Partner with HIV | 17 (28%)
Transgender and High-Risk Sex | 2 (3%)
Transsexual | 1 (2%)
Stimulants and High-Risk Sex | 1 (2%)
Anogenital STI in Last Year | 19 (32%)

Patient Experience

- 28 of 36 patients retained in care at 6 months completed the survey

Pharmacist Experience

<table>
<thead>
<tr>
<th>Enrolment Visit</th>
<th>3 Month Visit</th>
<th>6 Month Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=60</td>
<td>N=44</td>
<td>N=36</td>
</tr>
<tr>
<td>Work flow disrupted, N (%)</td>
<td>0 (0%)</td>
<td>1 (0.02%)</td>
</tr>
<tr>
<td>Uncomfortable performing POC tests, N (%)</td>
<td>0 (0%)</td>
<td>1 (0.02%)</td>
</tr>
<tr>
<td>Uncomfortable counseling the patient, N (%)</td>
<td>1 (0.02%)</td>
<td>2 (0.05%)</td>
</tr>
<tr>
<td>Minutes spent with patients, mean (range)</td>
<td>35 (20-120)</td>
<td>29 (20-50)</td>
</tr>
</tbody>
</table>

Conclusions

- Implementation of a pharmacist-led PrEP program is feasible, and associated with high rates of pharmacist and patient acceptability.

Acknowledgements

- We would like to thank all of the study participants including the pharmacists and the patients.
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