Feasibility of a pharmacist-run HIV PrEP clinic in a community pharmacy setting.

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Background

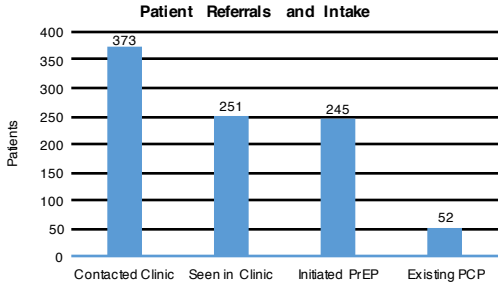
- Innovative methods to reduce new HIV infections and increase access to HIV testing continue to be of high priority for the World Health Organization and the Centers for Disease Control and Prevention (CDC). CDC estimates that 50,000 people in the United States become infected with HIV each year.[1]
- Pre-exposure prophylaxis (PrEP) is an approach for HIV-negative individuals to substantially reduce their risk of acquiring HIV infection by taking an antiretroviral (ARV) medication daily.
- For years, pharmacists have demonstrated success in managing disease states such as hypertension, hyperlipidemia, and anticoagulation.[2,3]
- The aim of this project was to determine feasibility of a pharmacist-run HIV PrEP clinic in a community pharmacy setting. The specific objectives were to:
  - Develop and implement a protocol for a PrEP program in a community pharmacy called One-Step PrEP®.
  - Assess the patient demand.
  - Assess patient acceptability.
  - Investigate whether a PrEP clinic in a community pharmacy is a financially viable program.

Methods: One-Step PrEP®

- One-Step PrEP® was conceived and developed in March 2015 by pharmacists Dr. Annalisa Thomas and Dr. Elyse Tung with physician oversight by Dr. Peter Shalit.
- This service is located at Kelley-Ross Pharmacy in Seattle, Washington.
- Protocol and collaborative drug therapy agreement (CDTA) were developed based on the 2014 US Public Health Service Clinical Practice Guidelines for PrEP.
- The service allows for a single patient encounter with a pharmacist to provide access to PrEP. Pharmacists meet with patients individually and provide the following services:
  - Take a medical and sexual history
  - Make a risk assessment
  - Perform laboratory testing
  - Provide patient education and counseling
  - Prescribe
  - Dispense coformulated tenofovir DF/emtricitabine when appropriate.
- Pharmacists also provide all follow up care as recommended by the practice guidelines.
- Sexually transmitted infections (STI) testing and treatment are provided as recommended by the CDC STI guidelines.[4]
- Here we report retrospective data on the first year of operating the clinic.

Results

- Data were evaluated from March 2015 – March 2016.

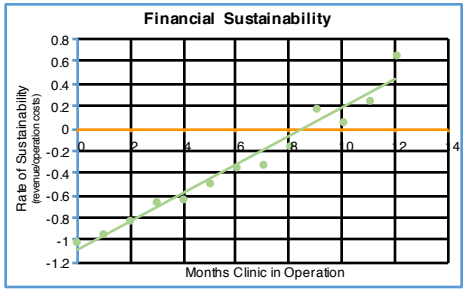


Patient Characteristics	245
Sex/gender – no. (%)	
Male	241 (98)
Female	4 (1.6)
Transgender man	2 (1)
Age group – no. (%)	
18 – 24 yr	41 (16)
25 – 34 yr	102 (42)
35 – 44 yr	53 (22)
≥ 45 yr	49 (20)
mean	34 yr
range	18 – 64 yr
Sexual risk factors at screening – no. (%)	
MSM	210 (83%)
MSM index* – avg.	20 ± 7.2
Bisexual	10 (4%)
Known HIV positive partner	69 (28%)
Injection drug use	2 (0.8%)

*Validated tool provided by CDC to systematically determine which MSM are at high risk of acquiring HIV infection. A score of 10 or greater indicates intensive HIV prevention services, including PrEP. A score below 10 indicates standard HIV prevention services.[5]

Clinic Discoveries During First Year of Operation	
Sexually transmitted infections diagnosed – no.	26
Chlamydia – no. (%)	12 (46)
Gonorrhea – no. (%)	9 (35)
Syphilis – no. (%)	4 (15)
Hepatitis B positive screen – no. (%)	1 (4)
HIV – no (%)	
Positive at screening	1 (0)
Seroconversion during treatment	1 (0)
Patients connected to a primary care provider – no. (%)	101 (40)
Clinic retention	
Retention rate ((no. in service at end/no. qualified for service) x100)	75%
Discontinued service – no. (%)	63 (25)
insurance restriction or transfer of care	38
Lost to follow up	13
Decreased risk perception	7
Relocation	5
Patients paying $0 per month for medication – no. (%)	235 (97%)

- Financial viability of the clinic was determined based on the areas of revenue versus clinic costs. Clinic costs were sustainable at 9 months of operation.



Conclusion

- A pharmacist-run HIV PrEP clinic in a community pharmacy is feasible through a collaborative drug therapy agreement with a physician medical director.
- A higher-than-expected response from MSM patients seeking PrEP care in a community pharmacy setting suggests that this clinic identifies an unmet need, with more-than-sufficient patient demand to support such services.
- Excellent retention rates indicate high patient acceptability of this PrEP delivery model.
- The clinic proves to be financially sustainable by demonstrating a return on investment at about 9 months of clinic operation.

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