

Expanding Pharmacist-Prescribed HIV PrEP

When taken as prescribed, Preexposure Prophylaxis (PrEP) [reduces the risk of HIV transmission](#) among people who are at risk of exposure to HIV. It can be taken as a daily pill or [regular injection](#). [Access to PrEP](#) can be challenging—especially for [Black and Hispanic people](#) and people [living in the southern United States](#). [Stigma](#) associated with HIV/AIDS, lack of [provider education](#), lack of access to healthcare providers, and [drug pricing](#) can all act as [barriers to accessing PrEP](#).

PrEP is a powerful tool to reduce new infections; expanding access to PrEP is a priority within the federal [Ending the HIV Epidemic](#) in the U.S. initiative and National HIV/AIDS Strategy. One way to increase access to PrEP is by allowing pharmacists to prescribe and dispense it. Nine out of ten people in the United States [live within five miles of a community pharmacy](#). Patients visit their pharmacist significantly more often than primary care provider, making pharmacists a highly visible access point for PrEP.

Pharmacists' patient care is defined through their [scope of practice](#), which can be based in legislation or regulated by a state's board of pharmacy (or other appropriate state agency). Scope of practice can be expanded through several different mechanisms, including legislation or [collaborative practice agreements](#) (CPAs)—formal agreements allowing licensed pharmacists to perform specific patient care functions under the supervision and authority of another licensed healthcare provider.

As of May 2023, at least ten states ([AR](#), [CA](#), [CO](#), [IL](#), [ME](#), [NM](#), [NV](#), [OR](#), [UT](#), and [VA](#)) have enacted legislation to allow pharmacists to prescribe a 30- to 90-day supply of PrEP.¹ To accomplish this goal, these states have done one or more of the following:

- Modified scope of practice laws to expand prescriptive authority statewide.
- Adopted statewide standing orders that allow pharmacists to prescribe.
- Enabled the medical director of a local health department to grant standing orders to allow prescribing by pharmacists in their jurisdiction.

At least six more states ([MA](#), [MD](#), [MN](#), [MO](#), [NJ](#), and [RI](#)) have proposed bills in the 2023 legislative session that would expand pharmacists' ability to prescribe PrEP. These are the major points of consideration.

Pharmacist Training

State legislation may define the components of pharmacists' training, or it may leave the specifics to a licensing authority. At least eight states (AR, CA, CO, IL, ME, NV, OR, VA) specify formal training for pharmacists to be authorized to prescribe PrEP and PEP. The statute-based standard is 1.5 hours of PrEP- and PEP-specific education followed by an assessment, and continuing education credits often serve as incentive. Training may be held by higher education institutions, the state board of pharmacy, or another entity. The [AIDS Education & Training Center Program](#) also offers further information for pharmacists and pharmacies initiating services.

¹ This legislation allows pharmacists to prescribe PEP, an emergency 28-day course daily medication for people potentially exposed to HIV. New York legislation allows pharmacists to prescribe emergency PEP; New Mexico recently expanded their rules to include emergency PrEP.

Prescription Duration Limits

[CDC guidelines](#) specify that patients taking oral PrEP should be tested to confirm they are HIV-negative when beginning PrEP and get tested at least every three months to ensure HIV-negative status and check for any medication side effects. Nevada, Oregon, and Virginia allow pharmacists to prescribe a 90-day supply and refills if the pharmacist receives confirmation that a patient has followed through on testing beyond the initial HIV screen. This method allows the client to continue care with the same practitioner. Arkansas, California, and Maine cap the number of 30- to 60-day prescriptions by a pharmacist at two per year, which is intended to prompt clients to connect with a primary care practitioner. Illinois and Utah have not yet published duration limits, which are to be determined by licensing authorities.

PrEP Counseling

At least nine states (AR, CA, CO, IL, ME, NV, OR, UT, and VA) required pharmacists to counsel patients.² The content of counseling sessions varies but generally includes obtaining a sexual history, information on how to take PrEP, the possible side effects, and referrals to a doctor or clinic for continued care. If the patient tests positive for HIV or STIs or has any other contraindications, they are immediately referred to a healthcare provider or clinic.

Testing Requirements

At least nine states (AR, CA, CO, IL, ME, NV, OR, UT, and VA) require a negative HIV test result from the patient. Pharmacists can perform a point-of-care finger stick test, order their own tests, or accept results of an antigen/antibody test from another provider that is less than seven days old. Testing is followed by consultation and screening for risk factors and signs and symptoms of acute HIV infection.

In states that allow a pharmacist to prescribe a full 90-day supply of PrEP, the patient must be tested for HIV, Hepatitis B, renal function, and sexually transmitted infections and take a pregnancy test when applicable. Both Colorado and Oregon have stipulations in their provider protocols that allow for the patient to receive a 30-day supply after a negative HIV test while waiting to receive other test results.

Conclusion

Since 2019, ten states have passed legislation that allows pharmacists to prescribe PrEP in their jurisdictions. Pharmacist-prescribed PrEP is a powerful tool to end the HIV epidemic in the United States; jurisdictions have several options to design policies to meet the needs of their communities.

The development of this product is supported by the Health Resources and Services Administration of the U.S. Department of Health and Human Services under grant number 2 UD30A22890-10-00. Information, content, and conclusions will be those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

² New Mexico does not require counseling or testing in statute but instead directs the Medical Board to develop regulations based on CDC guidelines.

Appendix A: Enacted State Legislation

Arkansas

| | |
|---------------------------|--|
| State Legislation | AR HB1007 (2023) |
| Law/ Regulation/ Protocol | Statewide protocols pending. |
| Mechanism | Pharmacists may prescribe pursuant to a statewide protocol. |
| PrEP Duration Limits | Allows for a minimum 30-day supply up to a 60-day supply after which clients are directed to a primary care provider. |
| Pharmacist Training | Pharmacists must complete a training program approved by the board that must include information about financial assistance programs for PrEP, relevant federal guidelines on dispensing, and that the patient consultation may not be waived. |

California

| | |
|---------------------------|---|
| State Legislation | CA SB159 (2019) |
| Law/ Regulation/ Protocol | Section 4052 of the Business and Professional Code |
| Mechanism | Directly changes California law regarding pharmacist scope of practice. |
| PrEP Duration Limits | Up to a 60-day supply of PrEP once every two years. No limits on PEP. |
| Pharmacist Training | Required 1.5 hour training program |

Colorado

| | |
|---------------------------|--|
| State Legislation | CO HB1061 (2020) |
| Law/ Regulation/ Protocol | Code of Colorado Regulations State Board of Pharmacy 3 CCR-719-1 (page 203). |
| Mechanism | Pharmacists may prescribe pursuant to a statewide standing order. The legislation authorizes the department of health to develop a standing order for pharmacists based on CDC guidelines. These protocols have since been developed by the state board of pharmacy, medical board, and state board of nursing in collaboration with the department of public health and environment. |
| PrEP Duration Limits | Up to a 30-day supply of PrEP. Refills are not authorized past the initial supply if the recommended baseline testing is not completed. |
| Pharmacist Training | Required 1.5-hour training program . |

Illinois

| | |
|---------------------------|--|
| State Legislation | IL HB4430 (2022) |
| Law/ Regulation/ Protocol | This bill allows for a standing order to be issued by a physician or the medical director of a local health department. |
| Mechanism | Amends the Illinois Pharmacy Practice Act to allow the initiation, dispensing, or administration of drugs, laboratory tests, assessments, referrals, and consultations for HIV preventative drugs. Requires the pharmacist to have a standing order issued by a licensed physician or a county or local health department. |

| | |
|----------------------|---|
| PrEP Duration Limits | No duration set. Pharmacist is acting under standing orders and is prescribing under the order of a physician or health department. |
| Pharmacist Training | Requires the completion of an accredited educational training program. |

Maine

| | |
|---------------------------|--|
| State Legislation | ME LD1115 (2021) |
| Law/ Regulation/ Protocol | Pursuant to a board approved protocol by the Maine Board of Pharmacy. |
| Mechanism | Requires the Maine Board of Pharmacy to develop a standing order or other protocols for prescribing PrEP/PEP and ordering testing. |
| PrEP Duration Limits | Up to a 60-day supply of PrEP to a single patient in a two-year period unless otherwise directed by a practitioner. |
| Pharmacist Training | Pharmacists must complete a training program approved by the Board of Pharmacy. |

Nevada

| | |
|---------------------------|---|
| State Legislation | NV SB325 (2021) |
| Law/ Regulation/ Protocol | Draft regulations |
| Mechanism | Requires the Nevada Board of Pharmacy to develop protocols. The Board of Pharmacy has released a memo on what Pharmacists can expect. |
| PrEP Duration Limits | Up to a 30-day supply of PrEP available pursuant to an HIV test and assessment. There are provisions allowing longer prescriptions if the patient receives HIV test, renal function testing, and Hepatitis B testing. |
| Pharmacist Training | Per the bill: Pharmacist must complete an FDA approved training program. Draft regulations state that a pharmacist must complete a two-hour ACPE education course. |

New Mexico

| | |
|---------------------------|--|
| State Legislation | NM SB92 (2023) |
| Law/ Regulation/ Protocol | Pursuant to a board approved protocol by the New Mexico medical board. |
| Mechanism | Requires the New Mexico medical board to approve protocols allowing a pharmacist to order, test, screen, treat, and provide preventative services for multiple health conditions including HIV PrEP/PEP. |
| PrEP Duration Limits | Not defined in statute, directed to the medical board. |
| Pharmacist Training | Not defined in statute, directed to the medical board. |

Oregon

| | |
|---------------------------|--|
| State Legislation | OR HB2958 (2021) |
| Law/ Regulation/ Protocol | PrEP protocols PEP protocols |
| Mechanism | Modifies existing laws regulating pharmacists in the state and gives the board of pharmacy the power to adopt rules based on the requirements set out in the bill. |
| PrEP Duration | To be adopted by the state Board of Pharmacy but must allow up to a 30-day supply. The |

| | |
|---------------------|---|
| Limits | pharmacist can prescribe and continue prescribing a 90-day supply if the patient receives the rest of CDC's recommended testing on the proper schedule. |
| Pharmacist Training | Pharmacists must take a training program and are offered continuing education credits as an incentive. |

Utah

| | |
|---------------------------|--|
| State Legislation | UT HB178 (2021) |
| Law/ Regulation/ Protocol | Draft PrEP/PEP protocols |
| Mechanism | Allows pharmacists to prescribe drugs or devices designated by the Department of Health, including both PrEP and PEP. The enacted legislation requires the Division of Occupational and Professional Licensing to make rules in collaboration with other specified stakeholders. |
| PrEP Duration Limits | To be adopted by the Division of Occupational and Professional Licensing. |
| Pharmacist Training | Stipulates that the pharmacist may prescribe a prescription drug or device that is within the pharmacist's scope of training and experience. Further guidelines will be created by the Division of Occupational and Professional Licensing. (Example training PPT available online). |

Virginia

| | |
|---------------------------|--|
| State Legislation | VA HB2079 (2021) |
| Law/ Regulation/ Protocol | PrEP Protocols PEP Protocols |
| Mechanism | Requires the Board of Pharmacy, in collaboration with the Board of Medicine and the Department of Health, to establish protocols and adopt regulations within 280 days of enactment. |
| PrEP Duration Limits | Up to a 30- day supply of PrEP with negative HIV test, 90-day supply if patient has all CDC-recommended testing. |
| Pharmacist Training | Must participate in a comprehensive training program related to the prescribing and dispensing of HIV prevention medications, to include trauma-informed care. |

Appendix B: Additional Resources

ASTHO. “Legislative Prospectus: Ending the HIV Epidemic.” 2022. Available at <https://www.astho.org/advocacy/state-health-policy/legislative-prospectus-series/hiv/>. Accessed 3-6-2023.

ASTHO. “State Legislative Activity Supports Federal Evidence-Based HIV Prevention Initiative.” 2021. Available at <https://www.astho.org/communications/blog/state-legislative-activity-supports-federal-evidence-based-hiv-prevention-initiative/>. Accessed 3-6-2023.

Khosropour CM, Backus KV, Means AR, et al. “A Pharmacist-Led, Same-Day, HIV Pre-Exposure Prophylaxis Initiation Program to Increase PrEP Uptake and Decrease Time to PrEP Initiation.” *AIDS Patient Care STDS*. 2020;34(1):1-6. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6983741/>. Accessed 3-6-2023.

Killelea A, Johnson J, Dangerfield D, et al. “Financing and Delivering Pre-Exposure Prophylaxis (PrEP) to End the HIV Epidemic in the United States: A Policy Proposal.” *Journal of Law, Medicine, and Ethics*. 2022;50(Suppl 1): 8-23. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9341207/>. Accessed 3-6-2023.

NASTAD. “Opportunities And Challenges of Pharmacy-Initiated PrEP and PEP.” Webinar. 2021. Available at <https://nastad.org/events/opportunities-and-challenges-pharmacy-initiated-prep-and-pep-0>. Accessed 3-6-2023.

NASTAD. “Pharmacy Initiated PrEP and PEP.” 2021. Available at <https://nastad.org/sites/default/files/2021-11/PDF-Pharmacist-Initiated-PrEP-PEP.pdf>. Accessed 3-6-2023.

Washington State Department of Health. “Washington State HIV PrEP Pharmacy-based Pilot Program.” Available at <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/hiv/prevention/pre-exposure-prophylaxis-prep/hiv-prep-pharmacy-based-pilot-program>. Accessed 3-6-2023.

Zhao A, Dangerfield DT 2nd, Nunn A, et al. “Pharmacy-Based Interventions to Increase Use of HIV Pre-exposure Prophylaxis in the United States: A Scoping Review.” *AIDS Behavior*. 2022;26(5):1377-1392. Available at <https://link.springer.com/article/10.1007/s10461-021-03494-4>. Accessed 3-6-2023.