



SB 159 (Wiener) - PrEP & PEP – Pharmacists' Authority to Furnish

According to the Centers for Disease Control and Prevention (CDC), an estimated 1.1 million persons in the United States are currently living with the human immunodeficiency virus

CDC estimates 1,145,000 people in the United States have an indication for PrEP. Currently there are only about 167,000 of those at risk for HIV in the United States using PrEP.

(HIV) and more than 700,000 persons have died from acquired immune deficiency syndrome (AIDS) since the first cases were reported in 1981. In 2016, there were 40,000 HIV infection diagnoses in the United States; 81 percent of these new diagnoses were among males and 19 percent were among females. Though treatable, HIV infection is not curable and can have significant health consequences.

Today, there is access to life-saving antiretroviral drugs to treat and greatly extend the lives of individuals living with HIV. There are also a range of options available for people to prevent HIV infections. These options include pre-exposure prophylaxis (PrEP), a single pill that can reduce the risk of acquiring HIV by more than 95 percent when taken daily and emergency post-exposure prophylaxis (PEP), which also can prevent HIV infection if taken within three days of exposure and taken for an additional 28 days.

The National Institute of Health recently stated, "If these methods of treatment and prevention could be widely implemented, an end to the HIV pandemic would be feasible."

INTENT OF LEGISLATION

The bill would increase access to this life saving drug by allowing pharmacists to directly initiate and furnish this medication when specified requirements are met.

BARRIERS TO ACCESSING PrEP & PEP

The current number of PrEP-providing clinics is insufficient to meet current needs. In addition, PrEP-providing clinics are unevenly distributed compared to the disease burden. These clinics tend to have poor coverage in areas with higher poverty, higher concentrations of uninsured, and larger minority populations.

A qualitative exploration found different reasons for providers not prescribing PrEP, among them concerns regarding poor adherence.

Another barrier to PrEP use is the need to find an appropriate provider. A recent study conducted by the Department of Epidemiology, Rollins School of Public Health, Emory University, states, "All providers who meet standard prescriptive authority rules can prescribe PrEP but not all providers are willing."

INCREASING PHARMACISTS' ROLE COULD SAVE LIVES

FACT:

SB 159 (Wiener) removes unnecessary barriers and patients will receive medication with a single visit to their pharmacy. For pharmacists:

- Furnishing PEP and PrEP will be a covered benefit under Medi-Cal, allowing pharmacists to request payment for services.
- SB 159 prohibits pharmacy benefit managers, plans and insurers from requiring pre-authorizations.

A major advantage to having pharmacists involved in prescribing PrEP is that pharmacies are easily accessible and are located in almost all communities across the state. Pharmacies can also be more approachable for people that are less inclined to go to a clinic. The ability of pharmacists to administer flu vaccinations is a prime example of the positive effect when states expanded pharmacist's roles providing preventive medications. For example, the odds that an adult would receive the flu shot increased by 7.8 percent in states that allowed pharmacists to immunize patients. In order to provide more easily accessible healthcare services, we must better utilize community pharmacies.

As with all medications, adherence is crucial. PrEP persistence – or lack thereof – is becoming an issue. People start and stop PrEP and then some contract HIV. Pharmacists are uniquely qualified to discuss the importance of medications and adherence with their patients.

Pharmacists' top priority is a patient's medication adherence, which is magnified by the unique relationship that they have with patients. There is demonstrative data that shows higher levels of medication adherence when a pharmacist is involved in the patient's care. Pharmacists have access to unique data and tools that position them to provide tailored counseling and promote adherence. These data include: fill data, auto renew, and reminder phone calls. Thus, it is not unreasonable to assume that pharmacist involvement in greater PrEP access could increase patient adherence.

Pharmacists are the drug experts as well as being one of the most trusted professions. When pharmacists have relationships with patients, patients trust pharmacists and listen to them. Pharmacists can troubleshoot adherence issues and implement solutions for patients to improve adherence. Patients respond to pharmacists because they often easier to access than physicians. If correctly adhered to, PrEP and PEP can reduce their risk of HIV by 92 percent.

The bill would increase access to this life saving drug by allowing pharmacists to directly initiate and furnish this medication in specified amounts. Participating pharmacists would be required to complete a training program approved by the Board of Pharmacy and complies with specified requirements.

"Pharmacists can be first-line providers in providing information... and can play a role at each stage of the HIV [prevention] and care continuum,"

- Jacek Skarbinski,
MD, Centers for
Disease Control and
Prevention.

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