Open Forum Infectious Diseases

CORRESPONDENCE

Response to: Acceptability and Feasibility of a Pharmacist-Led HIV Pre-exposure Prophylaxis Program in the Midwestern United States

Dear Editor,

Havens et al. highlight the potential for expanding the roles and responsibilities of pharmacists in the safe and effective delivery of pre-exposure prophylaxis (PrEP) for HIV prevention [1]. We disagree with the authors' opinion that the "initial prescription of PrEP in the community pharmacy setting is likely not practical." Their study did not involve community pharmacists initiating PrEP. The authors suggested that challenges in the community pharmacy setting, such as laboratory collection, couriered delivery of sexually transmitted infection specimens, and timely communication, were barriers, yet these were not study outcomes. Importantly, 2 community pharmacies, located in Seattle and San Francisco, have successfully implemented services to initiate and deliver PrEP and overcame these challenges [2, 3]. The Seattle site has initiated PrEP in >700 clients and receives ongoing reimbursement for these services. Both pharmacies provide state-of-the-art PrEP services that are culturally appropriate and convenient to communities that have marginal access to medical services. The San Francisco community pharmacy model for PrEP was instrumental in the passage of Senate Bill 159 to create a statewide California protocol for community pharmacists to initiate PrEP and postexposure prophylaxis (PEP). The initial screening and delivery of PEP and PrEP in the community pharmacy setting have been demonstrated to be realistic and achievable. These experiences demonstrate the feasibility of community pharmacies initiating PrEP and PEP. We also believe that these services are necessary to expand PrEP utilization from its current low levels in order to decrease HIV transmission.

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Potential conflicts of interest. All authors: no reported conflicts of interest. All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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