

Response to Dong et al.

Dear Editor,

We appreciate the comments presented by Dong et al. in response to our study evaluating the acceptability and feasibility of pharmacist-led pre-exposure prophylaxis (PrEP) for HIV prevention [1, 2]. We commend the great advancements in expanding PrEP access to those most vulnerable to HIV acquisition through pharmacy-led programs and recognize the success of the model programs in Seattle and San Francisco that have been able to successfully overcome many logistical barriers [3, 4]. However, it is important to recognize the regional differences in pharmacy practice models and support services when discussing PrEP provision. First, the One-Step PrEP program at the Kelley-Ross Pharmacy in Seattle and the Mission Wellness Pharmacy in San Francisco were able to mitigate logistical barriers to the pharmacist-led PrEP provision through phlebotomy services provided by the pharmacy. Second, both are privately owned, accredited specialty pharmacies that successfully allow for dedicated pharmacist time to perform PrEP services aside from normal pharmacy operations and workflow, which are specific concerns noted by Midwest pharmacists in our community [5]. Finally, the majority of community pharmacies do not have the personnel or infrastructure to support all of the services offered at the 2 model programs cited by Dong and colleagues [1].

We did not initiate PrEP in the community pharmacy arm of our study because the community pharmacy was unable to provide phlebotomy services, and there is no validated point-of-care test for hepatitis B and hepatitis B screening, which is standard of care when initiating PrEP. However, we agree with Dong et al. that initiation of PrEP in pharmacies would be feasible if important logistical barriers could be surmounted. In the absence of a point-of-care test for hepatitis B, access to phlebotomy services will be an essential component of pharmacist-led PrEP. Courier services for delivery of laboratory tests not available at the point of care (eg, chlamydia, gonorrhea, and rapid plasma reagin (RPR) testing for patients with a history of syphilis) and support and training for pharmacists on the frontlines of care are also fundamental to the creation of a successful program [5].

With this, pharmacist-led PrEP could be greatly expanded and thus become an essential component of the Ending the HIV Epidemic initiative [6].

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