Pharmacy-led PrEP Initiation and Retention among Younger Low-Income Latino Populations

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BACKGROUND

- **Need:** Black and Latino men who have sex with men (BLMSM) remain disproportionately affected by HIV and face multiple barriers to PrEP access and use.
- **Opportunity:** California authorizes pharmacy-initiated PrEP, expanding scalable, low-barrier access.
- **Local context**: In two nonurban Southern California Ending the HIV Epidemic (EHE) jurisdictions, BLMSM account for >75% of new HIV diagnoses but <1/3 of PrEP users.
- **Evidence gap:** Real-world evidence on pharmacy-initiated PrEP remains limited; we evaluate feasibility and acceptability in high-need, limited-access communities.

METHODS

- **Design:** Pragmatic implementation evaluation of pharmacy-initiated PrEP.
- **Setting:** 12 pharmacies (6 corporate, 6 independent); services launched January–August 2025.
- **Procedures:** Community Health Worker (CHW) and geotargeted social media outreach; in-pharmacy iPad self-intake, HIV testing, and PrEP counseling with same-day initiation and follow-up support.
- **Measures:** Campaign reach and engagement, PrEP starts, visit time, 3-month retention (active on PrEP at 3 months), HIV testing outcomes, and implementation determinants.

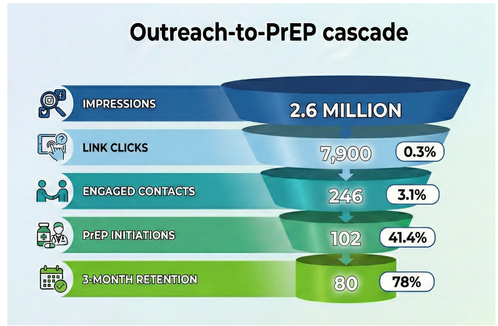
Reach and Outcomes Snapshot

Domain	Metric	Study (N=102)
Equity Reach	Hispanic/Latino	90%
	Black	15%
Access	Age 25–34	40%
	≤200% FPL	40%
	Uninsured/Public	55%
Delivery	Visit time	<60 min
Outcomes	3-month retention	78%
Safety net	HIV+ linked to ART	2/2

Pharmacy-initiated PrEP (N =102): 100% same-day starts, 78% 3-month retention, 90% Latino

RESULTS

- **PrEP initiations:** 102 from 246 engaged contacts.
- **Participant profile:** 90% Hispanic/Latino, 15% Black (any ethnicity); 40% age 25–34 (mean age 28).
- **Structural vulnerability:** 40% reported low income; 55% were uninsured or publicly insured.
- **Retention:** 100% same-day PrEP starts; visits < 60 minutes; 3-month retention 78%.
- **HIV care linkage:** Two had reactive HIV tests and were linked to confirmatory testing and ART.
- **Reach:** Geotargeted ads and CHW outreach expanded reach; in-pharmacy iPad self-intake reduced eligibility uncertainty.
- **Delivery:** Scripts and training supported PrEP counseling; technician certification as HIV testers increased testing capacity.
- **Workflow:** Task shifting to trained technicians and pre-scheduling of visits and intake reduced time burden and improved workflow fit.
- **Sustainment:** A payer billing pathway (IEHP) supported reimbursement; coaching plus standardized manuals supported fidelity.



Implementation Roadmap

Phase	Determinants	Strategies
Reach	Low reach	Geo ads + CHW
	Eligibility uncertainty	QR screener
Delivery	Limited counseling skills	Scripts + training
	Testing capacity	Techs testing
Workflow	Time constraints	Task shifting
	Poor integration	Pre-scheduling
Sustainment	Reimbursement	IEHP billing pathway
	Fidelity	Coaching + manuals

CONCLUSIONS

- This study demonstrates that community pharmacies can rapidly initiate BLMSM on PrEP and support short-term retention.
- The model reached younger and lower-income men, groups that are often underserved in traditional healthcare settings.
- Three-month retention remained high, indicating sustained PrEP use beyond initiation in this setting.
- Successful implementation relied on integrated outreach and navigation, including CHW support, self-intake screening, technician-enabled workflows, and a viable payer billing pathway.
- Workflow adaptations across the chain and independent pharmacies underscore the need for context-specific implementation to preserve effectiveness across pharmacy models.
- Collectively, these findings provide real-world evidence that pharmacy-initiated PrEP is feasible and effective in high-need, nonurban communities.
- Pharmacy-initiated PrEP represents a scalable approach to expanding equitable access to HIV prevention.

ADDITIONAL KEY INFORMATION

Acknowledgements: This work was supported by an award from the National Association of Chain Drug Stores (NACDS) Foundation. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NACDS Foundation.

PLAIN LANGUAGE SUMMARY

In 12 pharmacies, outreach plus same-day PrEP and HIV testing reached people often missed by traditional care, leading to 102 starts and 78% retention at 3 months, and showing pharmacies can expand low-barrier HIV prevention in nonurban communities.