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[Transmitted Electronically to: Neera.tanden@who.eop.gov and Harold.J.Phillips@who.eop.gov]

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Subject: Expand Access to HIV Prevention and Linkage to Care Services through Community Pharmacies

Dear Ms. Tanden and Mr. Phillips:

The HIV epidemic remains a significant public health challenge in the United States. Approximately 1.2 million people in the U.S. have human immunodeficiency virus (HIV) and over half of people with HIV are over 50 years old. About 13% of people with HIV do not know they have HIV and need testing.[1] And, while progress has been made since 2015, there were an estimated 32,000 new HIV infections in 2021, with certain groups at a higher risk for HIV, particularly gay, bisexual, and other men who have sex with men, Black women, transgender women, youth ages 13-24, and people who inject drugs.[2] Gaps in HIV testing, prevention, and treatment access tell a quintessential story of health inequity, complicated by systemic and structural barriers such as racism, stigma, and poverty, slowing efforts to end the HIV epidemic. Effective prevention and treatment strategies are not reaching people who could benefit the most. Community-facing and accessible entry points to support testing, prevention, and linkage to care services must be expanded to better meet people where they live to support effective access with fewer barriers.

In 2021, only 30% of the 1.2 million people that could benefit from taking pre-exposure prophylaxis (PrEP) were prescribed it [3] with stark disparities, such as only 11% of Blacks and 20% of Hispanic/Latinos who were recommended for PrEP were prescribed it. To achieve the goals of the National HIV/AIDS

[1] Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2017–2021. *HIV Surveillance Supplemental Report*, 2023; 28 (No.3). http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2023. Accessed [08.08.2023].
[2] Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2017–2021. *HIV Surveillance Supplemental Report*, 2023; 28 (No.3). http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2023. Accessed [08.08.2023].
[3] Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2021. *HIV Surveillance Supplemental Report*, 2023; 28(No. 4). http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2023. Accessed [8.08.2023].

Strategy, including the Ending the HIV Epidemic in the U.S. initiative by 2030, accelerating expanded access to HIV prevention and linkage to care services is critical.

Furthermore, rural communities encounter well-documented difficulties accessing care. In 2020, more than 60 million people lived in rural areas with residents that are generally older and experience worse health outcomes than urban residents. Rural communities struggle with hospital closures, limited clinical services, recruiting and retaining providers, insurance coverage, transportation options, and limited telehealth capabilities.[4] Adding to this complex healthcare landscape, 80% of counties in the United States do not have an infectious disease physician, exacerbating challenges in seeking clinical care for HIV.[5] This is particularly challenging in the U.S. South region where 53% of new HIV infections occurred in 2020.[6] Moreover, 7 of the 10 states that have failed to expand Medicaid are in the U.S. South leading to larger disparities in coverage, financial protection, and preventive screening compared to states that have elected to expand Medicaid.[7]

Finally, racial disparities in HIV diagnoses exist throughout the regions of the U.S., with Black/African American groups representing the highest rates in the Northeast, Midwest, and South.[2]

Complicating the story of effectively preventing HIV, sexually transmitted infections are on the rise across all populations and age groups. In 2019, STI cases in the United States, including chlamydia, gonorrhea, and syphilis, reached record highs for the sixth consecutive year, with over 2.5 million reported cases. While the increase in STIs is less pronounced among older adults, rates have still risen significantly over the past decade, with data revealing a more than 2-fold increase in gonorrhea and chlamydia rates and a 5-fold increase in syphilis rates in persons older than 65 years of age, highlighting ongoing concerns about STI trends among aging adults.[8]

Amidst the formidable challenges the U.S. faces in our efforts to end the HIV epidemic, there is a unique opportunity to expand access to HIV prevention and linkage to care services by utilizing community pharmacies. Pharmacies are readily available and accessible to a vast majority of the U.S. population, including those in rural and medically under-served areas. Community pharmacies have extended hours of operation enhancing accessibility, and as neutral settings, may be less stigmatizing for patients seeking services. Additionally, estimates suggest that lifetime medical costs for HIV range from the mid-$300,000 to almost $500,000.[9] Broadening engagement of community pharmacies to provide HIV prevention services can save lives and save money.

A recent study notes that structural barriers remain a key driver of low uptake of PrEP prescriptions for Black men who have sex with men, noting that many healthcare facilities are inaccessible to populations at highest risk for HIV and lack capacity to screen for HIV risk and recommend risk reduction strategies,

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[4] Government Accountability Office. Why Health Care is Harder to Access in Rural America. WatchBlog. https://www.gao.gov/blog/why-health-care-harder-access-rural-america. Published May 2023. Accessed [09.12.2023]

[5] Walensky RP, McQuillen DP, Shahbazi S. Goodson JD. Where is the ID in COVID-19? *Ann Intern Med 2020*: **173**: 587-89.

[6] Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2015–2019. *HIV Surveillance Supplemental Report* 2021;26(No. 1). http://www.cdc.gov/ hiv/library/reports/hiv-surveillance.html. Published May 2021. Accessed [9.15.2023].

[7] Sherry A. Glied and Mark A. Weiss, *Impact of the Medicaid Coverage Gap: Comparing States That Have and Have Not Expanded Eligibility* (Commonwealth Fund, Sept. 2023). https://doi.org/10.26099/vad1-s645.

[8] Van Epps P, Musoke L, McNeil CJ. Sexually Transmitted Infections in Older Adults: Increasing Tide and How to Stem It. Infect Dis Clin North Am. 2023 Mar;37(1):47-63. doi: 10.1016/j.idc.2022.11.003. PMID: 36805014.

[9] Bingham A, Shrestha RK, Khurana N, Jacobson EU, Farnham PG. Estimated Lifetime HIV-Related Medical Costs in the United States. Sex Transm Dis. 2021 Apr 1;48(4):299-304. Doi: 10.1097/OLQ.0000000000001366. PMID: 33492100.

like PrEP.[10] Analysis of pharmacy location data, PrEP prescribing locations, and HIV incidence in 2 U.S. Southern states and 13 counties from 4 other states revealed significant gaps in PrEP prescribing locations in counties with disproportionately high HIV risk. However, pharmacies were accessible in these locations.[7] Estimates are that approximately 250,000 people recommended for PrEP are not currently in medical care and may benefit from increased entry points to accessing services.[11]

There are over 70,000 community pharmacies[12] in the United States. [13] People visit pharmacies significantly more often than their primary care provider, approximately 35 times each year.[14] These pharmacies, particularly those located in communities with a disproportionate risk of HIV, offer an existing infrastructure that is critically needed for expanding HIV prevention and linkage to services. A 2021 analysis identified that 56% of community pharmacies are located in Medically Underserved Areas/Populations or Health Professional Shortage Areas.[15]

The COVID-19 pandemic underscored the significant value of community pharmacies as a crucial healthcare resource, while highlighting the opportunity for increased collaboration and coordination across community-based organizations, public health, and the medical care sector to provide testing, linkage to care, and other preventive services. For many years, pharmacists have demonstrated how they may help reduce HIV risk, providing testing, prevention services, such as PrEP and post-exposure prophylaxis (PEP), and linkage to care, drawing from strategies employed during the COVID-19 pandemic. Additionally, pharmacy based COVID vaccine administration through CDC's retail pharmacy program, demonstrated results that, where race and ethnicity was identified, 43% of people vaccinated through the program were from racial and ethnic groups other than non-Hispanic White.[16] Vaccine administration in pharmacies has also dramatically increased with 90% of COVID-19 vaccinations, 60-70% of annual flu vaccines, and 40-50% of pneumococcal vaccines provided in pharmacies.[17]Moreover, pharmacists continue to be viewed as one of the most trusted professions. A 2021 Gallup poll noted that 63% of respondents ranked pharmacists as having very high honesty and ethics.[18] Pharmacists are very

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[10] Harrington KRV, Chandra C, Alohan DI, Cruz D, Young HN, Siegler AJ, Crawford ND. Examination of HIV Preexposure Prophylaxis Need, Availability, and Potential Pharmacy Integration in the Southeastern US. JAMA New Open. 2023 Jul 3;6(7):e2326028. doi: 10.1001/jamanetworkopen.2023.26028. PMID: 37498599; PMCID: PMC10375311.

[11] Honeycutt A, et al. (2022). U.S. PrEP Cost Analysis. R. T. Institute. Research Triangle Park, NC, Research Triangle Institute.

[12] Code 3336C0003X designates a community or retail pharmacy, which is defined as "A pharmacy where pharmacists store, prepare, and dispense medicinal preparations and/or prescriptions for a local patient population in accordance with federal and state law; counsel patients and caregivers (sometimes independent of the dispensing process); administer vaccinations; and provide other professional services associated with pharmaceutical care such as health screenings, consultative services with other health care providers, collaborative practice, disease state management, and education classes." Health Care Provider Taxonomy Code Set. Available at: https://taxonomy. nucc.org/. Accessed 08.17.2023.

[13] Murphy, E. Michael, West, Lucianne, Jindal, Nimit. Pharmacist provider states: Geoprocessing analysis of pharmacy locations, medically underserved areas, populations, and health professional shortage areas. Journal of the American Pharmacists Association. 61(6):p651-660.E1, November 2021. DOI: https://doi.org/10.1016/j.japh.2021.08.021

[14] Moose J, Branham A. Pharmacists as influencers of patient adherence. *Pharmacy Times*.(August 21, 2014). https://www.pharmacytimes.com/view/pharmacists-as-influencers-of-patient-adherence- [Google Scholar]. Accessed 08.08.2023.

[15] Murphy, E. Michael, West, Lucianne, Jindal, Nimit. Pharmacist provider states: Geoprocessing analysis of pharmacy locations, medically underserved areas, populations, and health professional shortage areas. Journal of the American Pharmacists Association. 61(6): p651-660.E1, November 2021. DOI: https://doi.org/10.1016/j.japh.2021.08.021.

[16] U.S. Government Accountability Office. COVID-19: Federal Efforts to Provide Vaccines to Racial and Ethnic Groups. (February 7, 2022).

[17] IQVIA Institute for Human Data Science. Trends in Vaccine Administration in the United States. (January 2023). 2-3.

[18] Gallup. Military Brass, Judges Among Professions at New Image Lows.(January 2022) https://news.gallup.com/poll/388649/military-brass-judges-among-professions-new-image-lows.aspx Accessed September 12, 2023.

eager to play a more substantial role in patient care, with 78% identifying their desire to play a greater role in patient care and 74% of pharmacists identifying their desire to spend more time on patient [19]

There is a long history of team-based care to support people with HIV and these teams have integrated a variety of health professionals, including pharmacists. Efforts to expand access to HIV prevention and linkage to care services through community pharmacies must be implemented in collaboration with the medical care system, public health, primary care, infectious disease, and behavioral medicine providers, with clear protocols and communication systems providing a foundation for effective collaborative care that meets the needs of patients effectively. Additionally, leveraging the existing infrastructure of community pharmacies provides a critical opportunity to serve as an entry point for care that can initiate and facilitate the linkage to care services. There is an opportunity to build on this history and expand community pharmacies to provide prevention services, enhancing the speed and likelihood that the U.S. will meet the 2030 goals to end the HIV epidemic.

Recommendations

To achieve the goals of the National HIV/AIDS Strategy, including the Ending the HIV Epidemic in the U.S. initiative's goal to reduce new HIV infections to less than 3,000 annually by 2030, it will require a whole of society effort, including United States Government (USG) political and programmatic leadership. Expanding access to HIV prevention services through delivery of service in community pharmacies, in collaboration with medical care providers is consistent with several USG stated strategic priorities, including, but not limited to:

- Department of Health and Human Services (HHS) first strategic goal is to protect and strengthen equitable access to healthcare, noting the need for expanding equitable access to comprehensive, community-based, innovative, and culturally competent healthcare services while addressing social determinants of health. HHS emphasizes the importance of partnerships for program implementation and rapid linkage to care, specifically for HIV.[20]
- Centers for Medicare and Medicaid Services' (CMS) Strategic Plan priorities, particularly in improving healthcare access and equity in underserved communities, resonate strongly with efforts to broaden patient access to HIV prevention services via community-based services through pharmacies. CMS's commitment to promoting access to high-quality, equitable care in underserved communities, including rural and frontier communities, Tribal nations, and U.S. territories, coupled with its dedication to evaluate policies to ensure care is accessible, strengthen community engagement efforts, and, ensuring affordability, highlights a commitment to a more inclusive and equitable healthcare system that benefits all individuals.[21]
- Health Resources and Services Administration's (HRSA) Health Workforce Strategic Plan notes the need for implementing preventive services through interprofessional teams built upon effective partnerships focused on reducing and eliminating health disparities and ensuring that scope of practice regulations at the state level support the interdisciplinary team to work at the

[19] Gebhart, Fred. Pharmacists Want More Time with Patients. Drug Topics. (March 18, 2019). https://www.drugtopics.com/view/pharmacists-want-more-time-patients. Accessed September 12, 2023.
[20] HHS Strategic Plan FY2022-2026. (March 2022). https://www.hhs.gov/about/strategic-plan/2022-2026/index.html. Accessed September 12, 2023.
[21] CMS Strategic Plan: Health Equity Fact Sheet (May 2023). https://www.cms.gov/files/document/health-equity-fact-sheet.pdf. Accessed November 7, 2023.

top of their education and training – specifically noting the opportunity for pharmacists to expand patient care.[22]

- Centers for Disease Control and Prevention (CDC) identifies pharmacy-based PrEP services as one of the encouraged high-impact strategies to reduce new infections, noting that prevention priorities are proven, cost-effective, and scalable interventions that can be delivered in communities most heavily affected by HIV.[23]

Recommendation: Accelerate efforts to reduce health inequities by enabling people to access specific HIV prevention and linkage to care services in their communities from pharmacies

Expanding access to HIV prevention services at pharmacies could significantly increase capacity to reach communities at disproportionate risk for HIV. As described previously, analysis demonstrates that pharmacies are accessible in communities with disproportionate HIV risk and limited or no PrEP prescribing facilities. Leveraging the existing infrastructure of community pharmacies offers communities, particularly in rural areas and communities at high risk for HIV, a pathway to mitigate structural barriers to prevention services.

Pharmacists and pharmacies can add value by providing the following HIV-related services:

- **HIV Screening:** Ordering and administering HIV screening and providing patient consultation.
- **PEP/PrEP:** Patient assessment and independent providing and filling PEP and PrEP, including oral medications and long-acting injectable medications.
    - Prior to initiation of PrEP, provide counseling and evaluation of patients including on the efficacy, risk, and benefits of PrEP in addition to assessing for signs and symptoms of acute HIV infection and other screenings as recommended in the CDC PrEP guidelines.
    - Referral and linkage to care services, as needed for identified health needs and follow-up from PEP and PrEP evaluation.
    - Ensuring that a patient can receive PEP within 72 hours of potential exposure is essential and often challenging. Pharmacists can provide PEP services consistent with CDC guidelines, including administering necessary tests and providing counseling and linkage to care follow up.
    - Implementing protocol-based services for managing patients receiving PrEP consistent with CDC Guidelines, including ordering of required STI, HBV and other tests and counseling and monitoring services. Reactive or indeterminate tests results will be immediately referred to a medical care provider or public health department.
- **Linkage to Care:** Rapidly linking any patients to care with medical care providers, including infectious disease, primary care, nephrology, and/or other specialties as needed; or referral to public health departments.
    - Pharmacies will have prior established formal relationships between medical care providers and/or health departments to ensure rapid linkage to care.
- **Medication administration and adherence**: Ensure timely dispensing of anti-retroviral therapies (ARV) and adherence counseling.
    - Identification of patients who have stopped filling ARV and intervention implementation with medical providers and health departments to re-engage persons to care.

[22] HRSA Workforce Strategic Plan CARES Act Section 3402. (2021). https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/about-us/hhs-health-workforce-strategic-plan-2021.pdf. Accessed September 12, 2023.
[23] Centers for Disease Control and Prevention. (September 19, 2023). Mobilizing for action: HIV prevention priorities. https://www.cdc.gov/hiv/policies/strategic-priorities/mobilizing/prevention-priorities.html, Accessed September 12, 2023.

    - Processing, dispensing, and receiving reimbursement for HIV prevention or treatment medications, without restriction to only specialty pharmacies.
- **Overdose prevention services**: 1 in 10 HIV infections are injection drug-use related. Pharmacies may distribute sterile injection equipment, naloxone, and provide safe disposal services.

To realize the vision for expanded HIV prevention and linkage to care services, we recommend the following strategies to support a payment and implementation pathway to sustain services in communities that have limited access to services.

Recommended Strategy: Issue Executive Order directing HHS to expand access to HIV prevention and linkage to care services through community pharmacies, including the implementation of policy modifications to provide payment for pharmacist services by January 1, 2025.

While there is great opportunity to expand nationwide access to HIV services through community pharmacies, there are policy challenges that need to be addressed to help ensure services can be sustained and implemented collaboratively with medical care partners. Several policy, system, and regulatory barriers must be addressed at different levels of government to fully realize the potential of pharmacy-based HIV services. There is an opportunity to accelerate the success of federal HIV programs, particularly with Medicaid and Medicare populations, by modifying regulations to better serve patients through community pharmacies. Additionally, CMS can issue state Medicaid guidance to encourage and incentivize states to expand access to community pharmacy-based HIV prevention and treatment services, with authority and payment policies addressed.

While state policies primarily define the scope of pharmacists' services, both federal and state policy dictate patient coverage and reimbursement for pharmacist provided services. Without authority for pharmacists to be designated as a qualified health professional provider, patient access to HIV services shall remain limited and federal policy change is needed to support covered access to pharmacists' services as part of collaborative team-based care that integrates the pharmacist.

Federal policy changes to ensure payment for pharmacists' services, beyond the administration of immunizations and dispensing medication, will help community pharmacies sustainably scale up HIV prevention programs. Such programs may require expanding:

- physical space to facilitate screening and counseling,
- pharmacist capacity with adequate time for refresher training and education,
- engagement of pharmacy technicians and/or patient navigation staff to support expanded services, and
- collaborations with medical care systems to ensure efficient linkage to care.

With the White House direction, HHS can examine various policy and programmatic pathways to create solutions that can expand access to HIV prevention services in community pharmacies that are working in collaboration with medical care providers/systems.

Recommendation Strategy: Issue revised federal Affordable Care Act (ACA) CMS implementation guidelines and the Medicare Benefit Policy Manual to expand coverage of HIV preventive services to include those services provided by community pharmacies by January 1, 2025.

With few exceptions, pharmacies do not have a policy pathway for payment of HIV prevention and linkage to care services. Payors often limit reimbursement to dispensing HIV-related medications.

Furthermore, the complexity of state scope of practice policies, which vary from state to state, create a patchwork of policies and may impede pharmacists' ability to follow care guidelines. Without policies that ensure payment for pharmacists' services, limitations will remain in unlocking increased access to care and improving long-standing health inequities. Pharmacists should be provided the broadest authority, consistent with their training, to deliver and administer HIV prevention and linkage to care services and receive payment for those services.

HHS should examine opportunities for pharmacists/pharmacies to provide and receive payment for HIV prevention services through an innovative waiver that enables pharmacies to provide services through modified direct supervision, leveraging audio and video technology so pharmacists do not have to be in the same physical space of a physician under the incident to provision. In addition to leveraging the incident to pathway, other pathways may also warrant consideration to support feasible and efficient implementation. Pharmacists/pharmacies should be able to serve new patients and established patients, particularly since the pharmacy will likely be an entry point for bringing a person into care. Pharmacies will have access to a collaborative referral network and communication system with medical practices to ensure patients are provided necessary support. These established relationships will provide pathways for any necessary consultations with a physician and for reimbursement through the medical benefit process for services provided by the pharmacist.

Precedent has been established with waiving the direct supervision requirement to allow for "virtual presence" during the COVID-19 response and CMS has amended the direct supervision requirement under the incident to billing regulation to allow for behavioral health services to be general and not direct supervision in addition to COVID testing arrangement. There have also been exceptions made for services related to chronic condition management and physical therapy.[24] Additionally, in 2023 CMS began a Medicare national coverage determination process for PrEP to prevent HIV infection. Ensuring the final national coverage determination explicitly provides that PrEP preventive services provided by community pharmacies are covered under Medicare is necessary.[25]

Additionally, we recommend examining the Affordable Care Act Guidance that addresses implementation of preventive services aligned with coverage and no cost sharing for USPSTF Grade A and B services[26] as a mechanism to provide coverage for pharmacy-based services for HIV screening and PrEP, both Grade A rating services. For instance, CMS describes various provisions of the ACA and prepared FAQs to provide more clarity on the implementing regulations to allow plans and issuers to use reasonable medical management techniques to determine "the frequency, method, treatment, or setting for a recommended prevention item or service."[27] Revising ACA implementation guidance to expand the interpretation of the setting to include pharmacies as providers of preventive services will

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[24] CMS. Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19. (July 20, 2023). https://www.cms.gov/files/document/physicians-and-other-clinicians-cms-flexibilities-fight-covid-19.pdf. Accessed September 18, 2023.

[25]Baxter, Michael. American Pharmacist Association. (August 8, 2023). Formal letter submitted to CMS: Proposed National Coverage Determination for Pre-Exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) Infection Prevention. https://pharmacist.com/DNNGlobalStorageRedirector.ashx?egsfid=t_XG3dhQxS4%3d.Accessed September 15, 2023.

[26] U.S. Preventive Services Task Force. *Appendix I. Congressional Mandate Establishing the U.S. Preventive Services Task Force*. U.S. Preventive Services Task Force. (April 2019). https://uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes/procedure-manual/procedure-manual-appendix-i#:~:text=4106%20of%20the%20Affordable%20Care,COVERAGE%20OF%20PREVENTIVE%20HEALTH%20SERVICES. Accessed September 12, 2023.

[27] CMS. Affordable Care Act Implementation FAQs – Set 12. https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12#:~:text=Section%202713%20of%20the%20PHS,in%20a%20recommendation%20or%20guideline. Accessed September 12, 2023.

ensure that patients with commercial insurance, Medicare, or Medicaid could receive HIV screening and PrEP care services without cost sharing.

Finally, the revised policies should include guidance that reimbursement fees are reasonable and consistent with a mid-level practitioner rate and consistently applied across the U.S.

Recommendation Strategy: Direct HHS to convene a task force including HIV advocates, patient advocates, pharmacy leaders, HIV clinical providers, medical association leaders, and public health leaders to develop recommendations on implementation best practices for HIV prevention and linkage to care services in community pharmacies.

To effectively expand access to HIV prevention services in community pharmacies, several implementation strategies should be addressed to ensure patients will have the best experience possible, pharmacists' capacity meets the needs of the community, and stronger collaborations are forged to reach communities most effectively. These implementation topics can be addressed collaboratively with leaders across government, clinical care, public health, patient advocacy, and pharmacy and will be able to build on the success of community-based HIV services and pharmacy practices. Some of the topics to proactively address may include:

- **Confidentiality and privacy**: Ensuring adherence to patient confidentiality protocols and establishing practices that enable patients to be comfortable discussing sensitive healthcare matters.
- **Stigma**: Developing and implementing communication campaigns to normalize receiving services in pharmacy locations and educating patients, fostering a welcome and inclusive environment.
- **Training:** Identifying standard guidelines for pharmacist training, encompassing HIV prevention and linkage to care services, as well as strategies to combat stigma. Several pharmacist training programs[28] have already been developed covering sexual health, STI management, and HIV prevention services that provide an established repository of materials.
- **Communication connectivity**: Identifying existing communication systems that can be leveraged to support collaboration between public health, pharmacy, medical care, and community organizations in the care of patients, to fulfill public health reporting requirements, and to provide pharmacies the ability to bill for services through medical benefit systems.
- **Timed Studies:** Validating the amount of time for pharmacists to provide HIV prevention services provides important information for implementation practices and influences reimbursement rates.
- **Routine testing**: Identifying patient-friendly and accessible testing for Guidelines-recommended tests aligned with HIV prevention services.

If you have any questions or require additional information, please contact Noelle Esquire, U.S. Portfolio Lead at the Elton John AIDS Foundation, at Noelle.Esquire@eltonjohnaidsfoundation.org.

[28] APhA training module. HIV PEP, PrEP, and Prevention. https://ebusiness.pharmacist.com/PersonifyEbusiness/Shop-APhA/Product-Details/productId/359679525. Accessed September 15, 2023.

Sincerely,

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