



Implementation of a Pharmacist and Pharmacy Technician Driven PrEP Workflow at a Primary Care Clinic

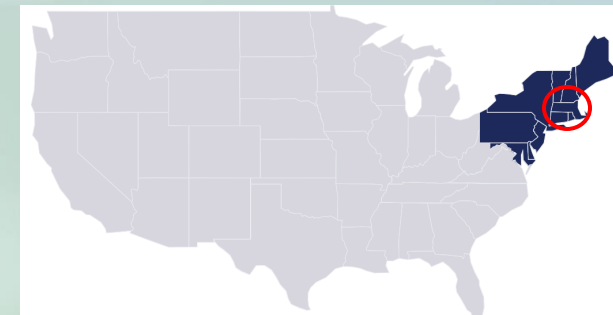
Vincent Lam, PharmD
Wednesday, June 11th, 2025

Background: Boston Medical Center, Boston, MA

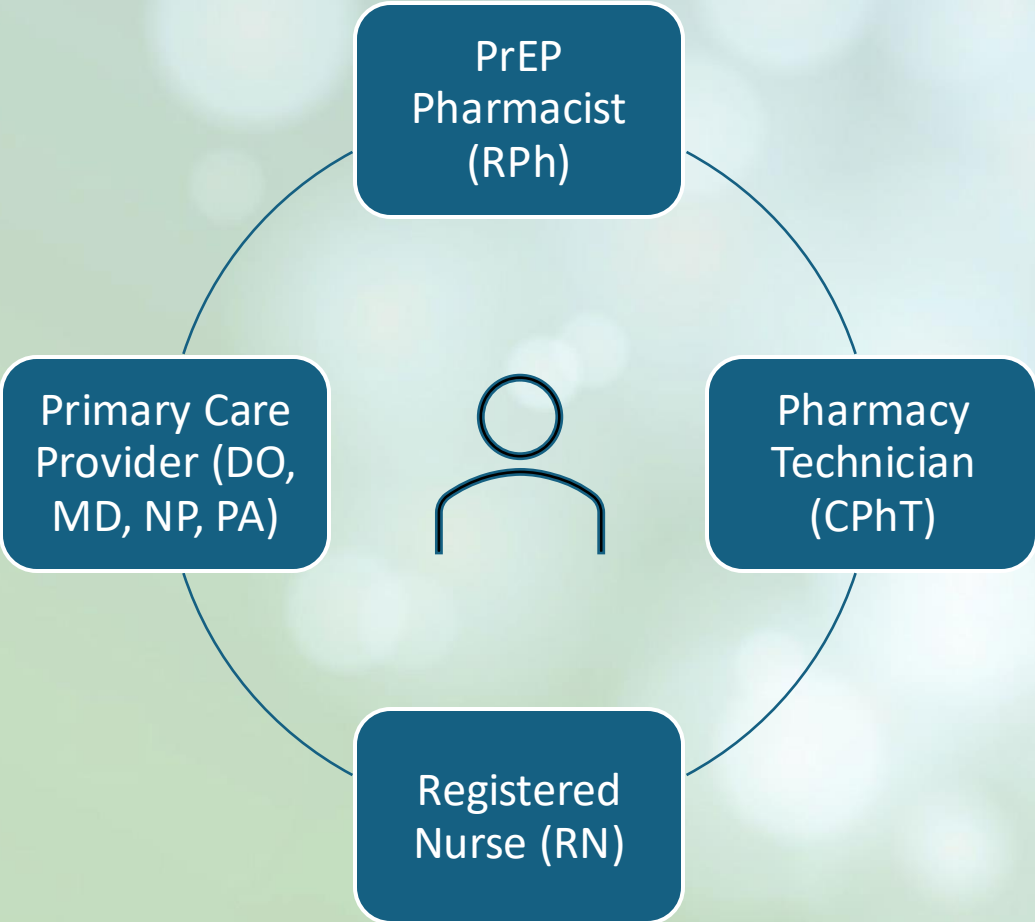
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- Suffolk County, MA
 - Ending the HIV Epidemic in the United States (EHE) Priority Phase 1 Area
- Largest health safety net hospital in New England
- Established pharmacist-led oral and injectable PrEP workflow in sexually transmitted diseases clinic
- PrEP services provided in following clinics:
 - Sexually Transmitted Diseases (STD)
 - Stimulant Treatment and Recovery Team (START)
 - Office Based Addiction Treatment (OBAT)
 - Primary Care Clinics
 - Family Medicine (FM)
 - General Internal Medicine (GIM)



Workflow: Interdisciplinary Team

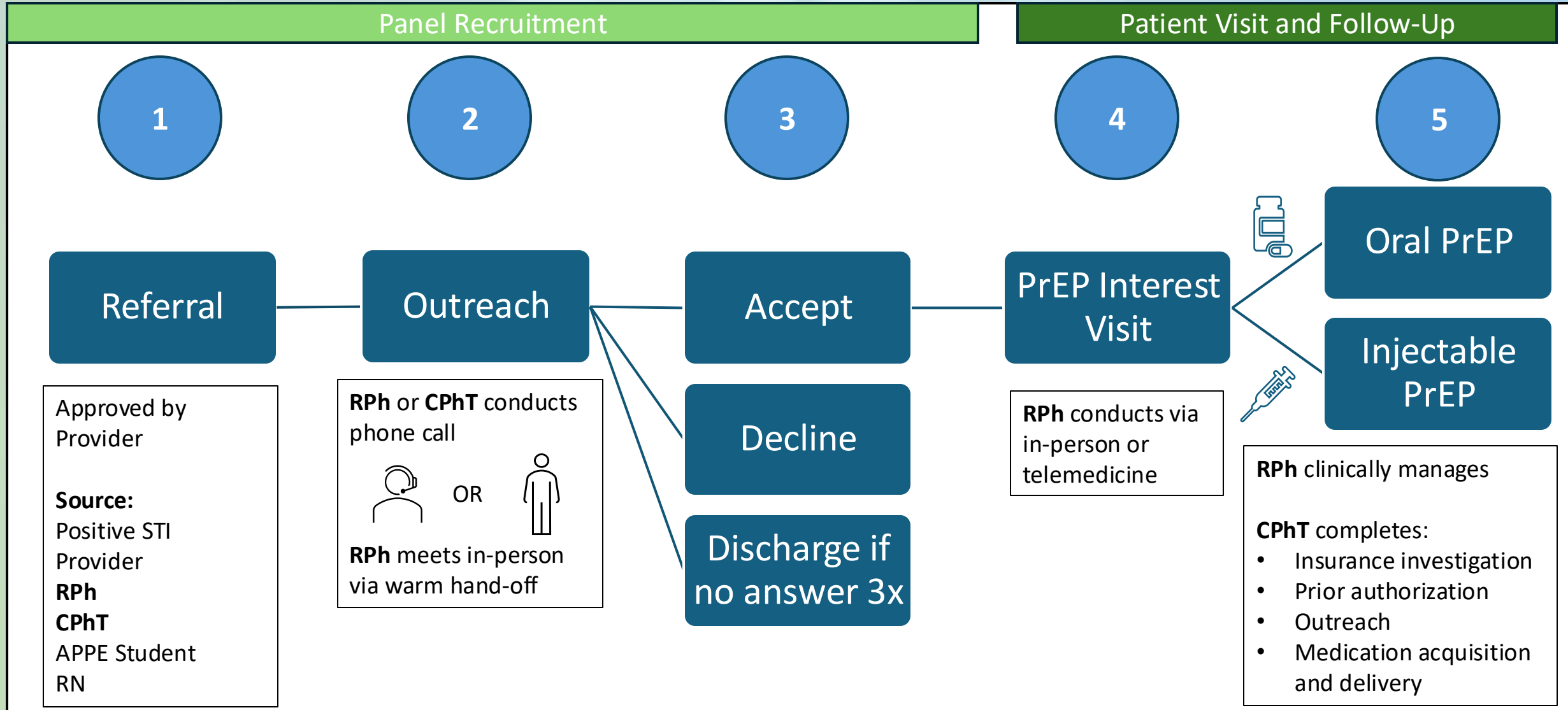


RPh	CPhT
<ul style="list-style-type: none">Oversees PrEP workflow in primary care clinicsWorks under CDTM with providersInitiates patients on oral and injectable PrEPCollaborates with RNs for injectionsPresents in-services to clinical staff	<ul style="list-style-type: none">Completes insurance benefits investigations, test claims, and prior authorizationsAcquires and communicates medication deliveries among 4 clinicsEnrolls patients in PAPConverts pharmacy-to-medical benefit billing for injectionsReviews medical billing statements
Combined RPh and CPhT Responsibilities	
<ul style="list-style-type: none">Conducts inventory managementRecruits panel via chart review and outreach under RPh supervisionManages PrEP tracking sheetCreates workflow materials (templates, billing guide, etc.)	

RPh: registered pharmacist, DO: doctor of osteopathic medicine, MD: doctor of medicine, NP: nurse practitioner, PA: physician assistant, RN: registered nurse, CPhT: certified pharmacy technician, CDTM: collaborative drug therapy management, PAP: patient assistance program

Workflow

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STI: sexually transmitted infection, RPh: registered pharmacist, CPhT: certified pharmacy technician, APPE: advanced pharmacy practice experience student, RN: registered nurse

Timeline – Quarter 1 (9/2024-11/2024)

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September

- 9/9: PrEP Pharmacist (RPh) introduced to FM
- 9/11: FM Provider In-Service
- 9/12: 1st PrEP Interest Visit
- 9/20: Pharmacy Technician (CPhT) introduced

November

- 11/21: Injectable PrEP Policy Development

October

- 10/1: RN In-Service

Oral PrEP Service Provided

Timeline – Quarter 2 (12/2024-2/2025)

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December

- 12/12: PREPDAP Training

February

- 2/4: RN Policy In-Service
- 2/10: Injectable Policy Go-Live
- 2/20: 1st Cabotegravir initial injection in FM
- 2/26: FM Provider Update

January

- 1/3: CPhT Outreach Training
- 1/9: Injectable PrEP Policy Approval

Oral PrEP

Oral and Injectable PrEP Service Provided

Timeline – Quarter 3 (3/2025-Present)

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March

- 3/14: GIM Expansion Plan
- 3/19: PrEP support for START Plan

May

- 5/1: PrEP support for OBAT Plan
- 5/5: START go-live
- 5/8: GIM Expansion

April

- 4/1: PrEP Service Marketing Flyer

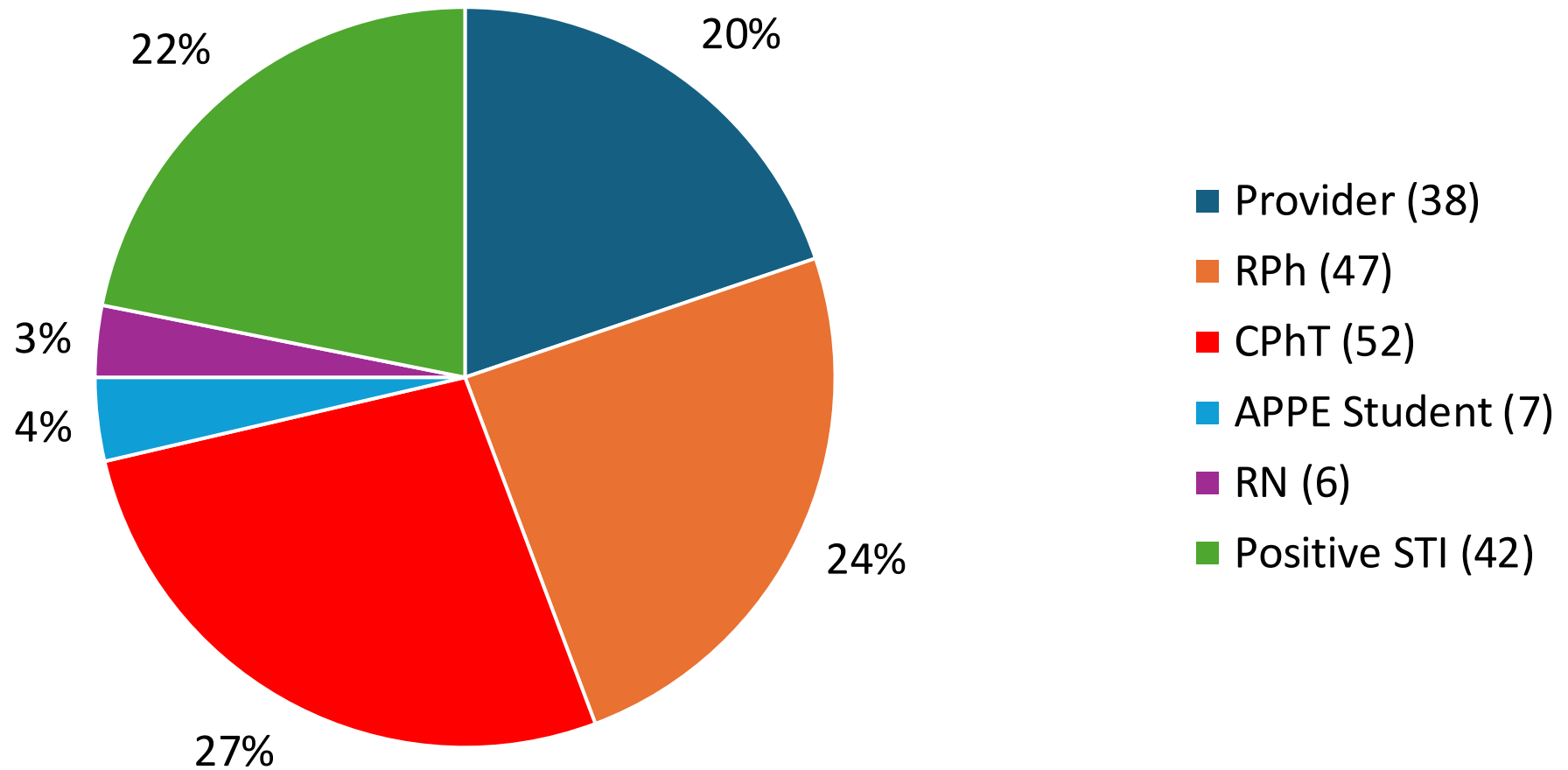
Oral and Injectable PrEP Service Provided

Outcomes

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Referral Source (Total: 192)



Outcomes

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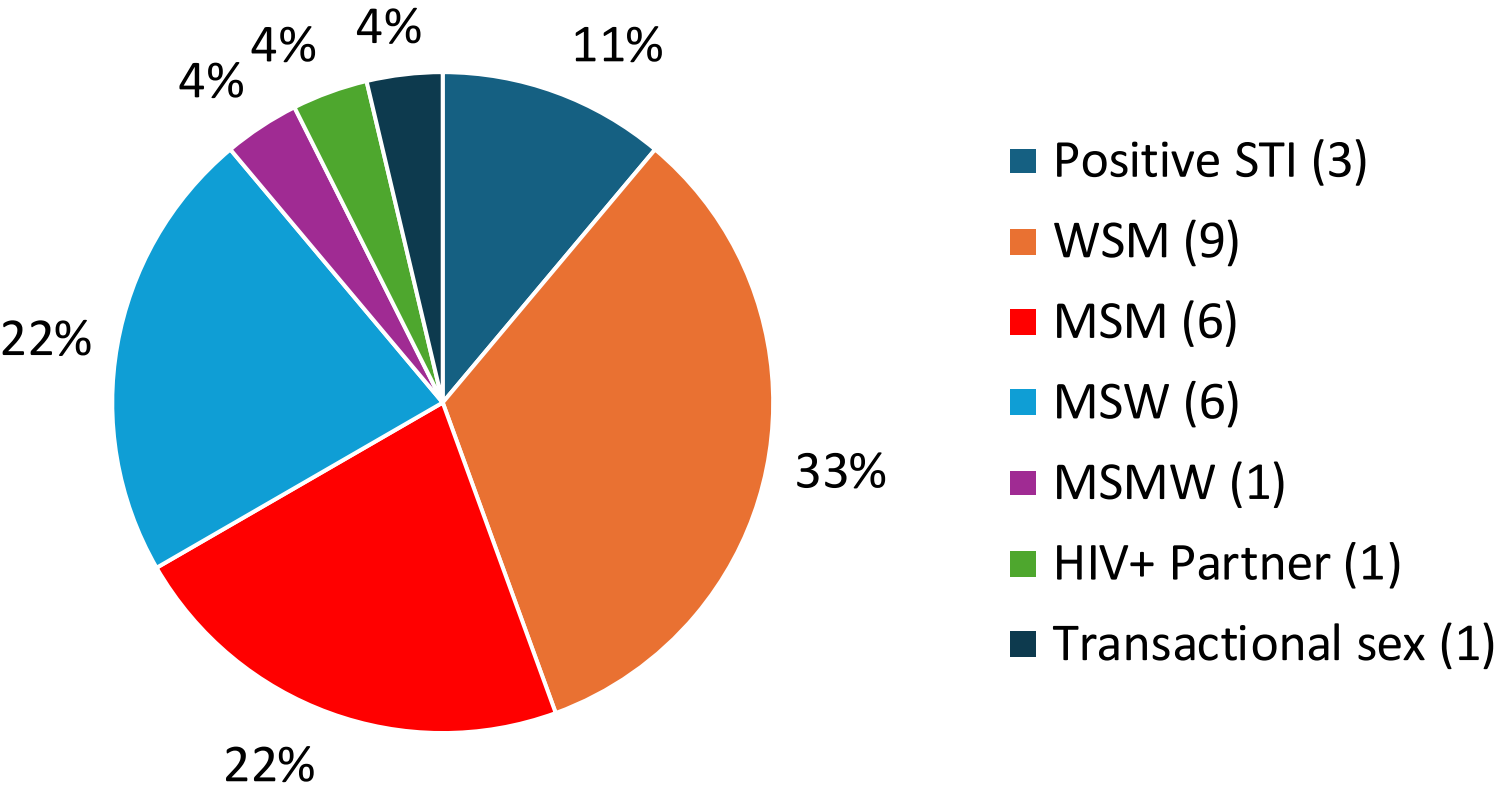
PrEP Status	N = 192
Oral PrEP	22 (11.5%)
Injectable PrEP	5 (2.6%)
Pending Outreach	28 (14.6%)
Declined	78 (40.7%)
Discharged from Outreach	51 (26.6%)
Discharged from PrEP Services	8 (4.2%)

**20 of 27 patients
on PrEP (74.1%)
were initiated by
PrEP RPh**

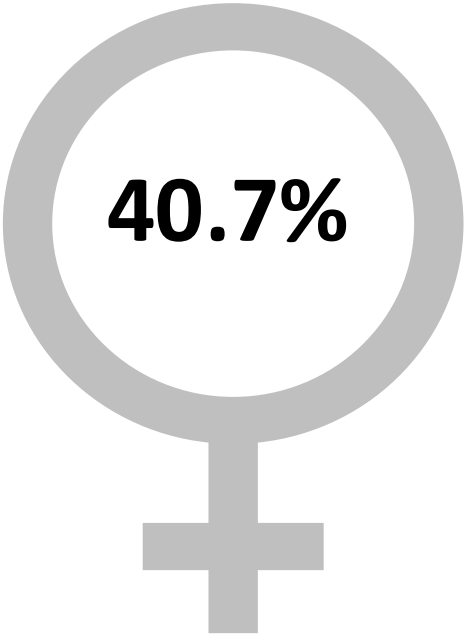
Outcomes



Initial HIV Risk in Patients on PrEP
(Total: 27)



11
out of
27
patients



40.7%

Identify as
cisgender female

STI: sexually transmitted infection, WSM: women who sex with men, MSM: men who have sex with men, MSW: men who have sex with women, MSMW: men who have sex with men and women

Declined Reasons

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Reason	N = 78
Not a candidate, Perceived low-risk, Did not need	13 (16.7%)
No plans to become sexually active	9 (11.5%)
Additional Service (medication, labs, follow-up), Too busy	7 (9.0%)
Monogamous Relationship	7 (9.0%)
Miscellaneous*	7 (9.0%)
Plans to Engage in Safe Sex Practices (e.g., condoms)	5 (6.4%)
Unknown	30 (38.5%)

*Wanted more time to think about it (2), wanted to discuss with PCP, prioritizing other health needs, transitioning care out of hospital, leaving country, WSW

Next Steps

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Expansion of outreach into GIM and incorporating home infusion

Increase in team members and marketing efforts of service

Standardization of processes across primary care clinics

Preparation for additional long acting PrEP injectable agents

Lessons Learned and Key Takeaways

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Increase PrEP uptake and access in a familiar setting to unmet populations

Interdisciplinary approach can address gaps in PrEP needs

CPhT utilization for PrEP conversations

Patients may not engage in PrEP even if eligible

Additional team members can assist with care coordination



Acknowledgements

- Shelley LaMotte, CPhT
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- Joseph Falinski, PharmD, BCACP



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