

Examining how pharmacies can reduce geographic inequities in pre-exposure prophylaxis facilities across the United States

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Geographical access to PrEP is a critical barrier. Integration of HIV prevention services in pharmacies could significantly increase capacity to provide PrEP and reach populations with increased HIV risk.

BACKGROUND

- Daily oral pre-exposure prophylaxis (PrEP) reduces HIV transmission by 99%.
- Only 25% of those who need PrEP are currently prescribed.
 - Significantly fewer racially minoritized individuals are prescribed PrEP and despite increasing trends for White populations, PrEP uptake is stagnant for the populations who need it the most.
- Poor access to PrEP-prescribing facilities may be driving low PrEP uptake and racial inequities in PrEP uptake.
- Pharmacies could increase geographical access to PrEP.

Research question: Can pharmacies reduce geographical inequities in PrEP access?

METHODS

- Data sources:
 - AIDSvu – publicly available resource on HIV incidence across the US
 - PrEP locator – publicly available national data of PrEP prescribers in the US
 - National Council for Prescription Drug Programs – national databased of registered pharmacies in the US
- Data procedures:
 - All data were geocoded to the smallest geographical area.
 - Choropleth maps of 5-year HIV risks per 100,000 persons were developed for each state in the US on the state, county, and city levels.
 - PrEP-prescribing locations and pharmacy locations were overlaid on HIV risk maps.

CONCLUSIONS

- There are too few PrEP prescribing facilities in the highest HIV risk areas, particularly in rural areas.
- Pharmacies are present in high HIV risk areas where no PrEP prescribing facilities were available.
- Geographical access to PrEP is a critical barrier to progress in ending the HIV epidemic.
- Integration of HIV prevention services in pharmacies could significantly increase capacity to provide PrEP and reach populations with increased HIV risk.
- Geographic depiction of the need for PrEP and the potential for pharmacies to fill in the gap could inform legislative efforts to expand pharmacist provision, but these data must be provided on geographically relevant policy levels.

ADDITIONAL KEY INFORMATION

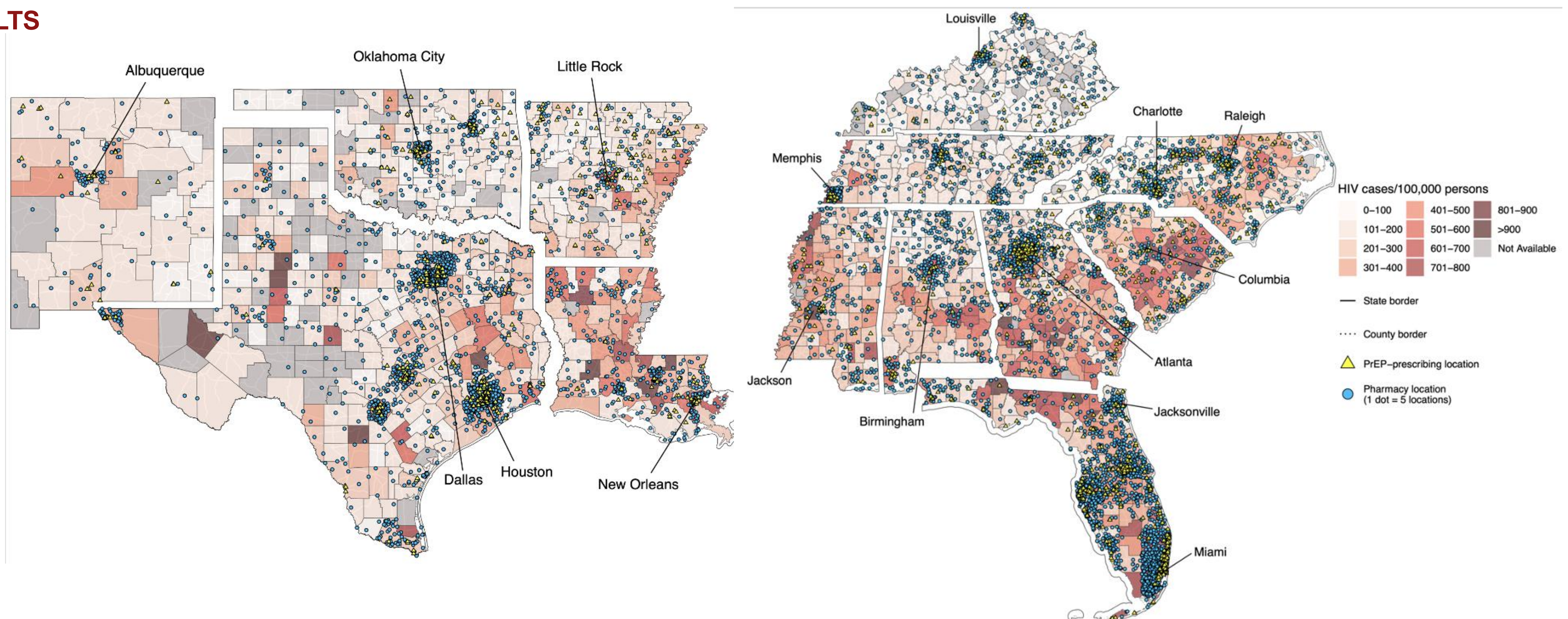
There are no conflicts of Interest.

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RESULTS



KEY TAKE HOME POINTS:

1. PrEP-prescribing facilities are unequally distributed across the US
2. Pharmacies are evenly dispersed across the US regardless of HIV risk.