

Pharmacist-driven HIV PrEP Programs and Prescribing: The Nova Scotia Experience

November 7, 2025

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Conflict of Interest Disclosures

Presenter's Name: Tasha Ramsey

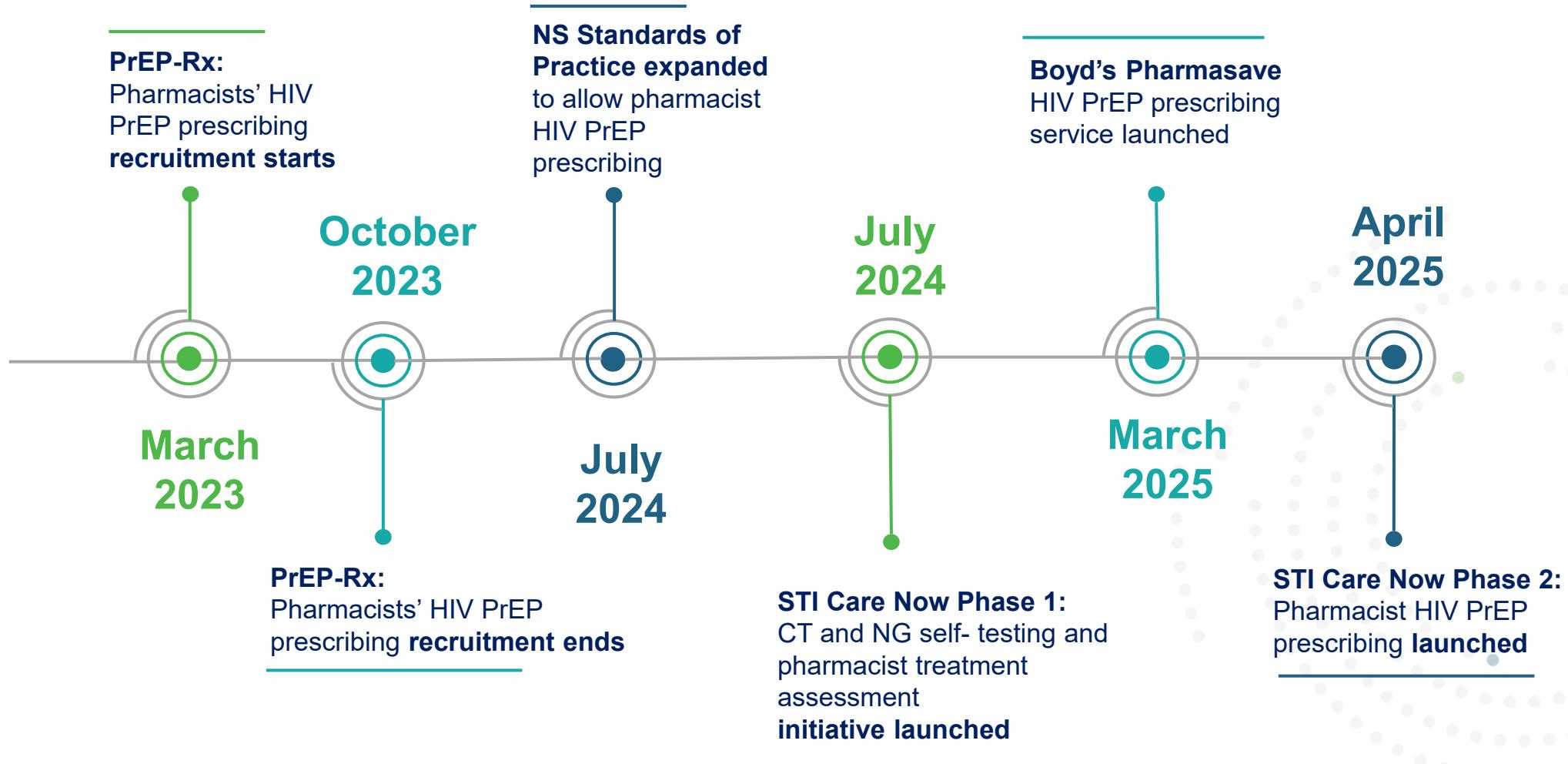
- I have relationships with commercial interests:
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 - Other:
 - Nova Scotia Health (including STI Care Now) and Dalhousie University employee
 - Working Group Member of the Canadian HIV and Viral Hepatitis Pharmacist Network
- Project sponsorship: PrEP-Rx study was funded by an unrestricted research grant from Shoppers Drug Mart awarded to Kyle Wilby

Session Outline



- 1 PrEP-Rx Study: The Project That Made It Possible
- 2 Nova Scotia Pharmacy Regulator: Scope Expansion
- 3 HIV PrEP Prescribing: What it Looks Like in Practice

NS HIV PrEP Pharmacist Prescribing Journey





Section 1: **PrEP-Rx**

Background

- Reports of challenges accessing HIV PrEP prescribers in the context of a **primary health care provider shortage** in Nova Scotia
- Research in Nova Scotia also showed **pharmacists are willing** to address this care gap, and **target users are interested** in pharmacist-prescribed HIV PrEP

Lived experience from perspective of both target users and pharmacists essential to gather for proposed pharmacy practice change



Booker C, Murphy AL, Isenor JE, Ramsey TD, Smith AJ, Bishop A, et al.
Community pharmacists' acceptance of prescribing pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV).

Can Pharm J (Ott). 2023;156(3):137-49.

MacDonald CB, Murphy AL, Isenor JE, Ramsey TD, Furlotte K, Smith AJ, et al.
Target users' acceptance of a pharmacist-led prescribing service for pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV).
Can Pharm J (Ott). 2023;156(4):194-203.

PrEP-Rx: Objectives

To evaluate the **feasibility** and **acceptability** of pharmacist prescribing for HIV PrEP

To describe the patient population accessing the pharmacy PrEP prescribing service

Population



To describe co-infections and laboratory abnormalities as part of PrEP prescribing and monitoring procedures

Laboratory



To describe participant satisfaction

Satisfaction



PrEP-Rx

March 2023 – October 2023

Key Innovations

Pharmacist prescribing for HIV Pre-Exposure Prophylaxis in 10 HRM community pharmacies

Who Participated?



45 participants



51% were between the 25-35 years of age



85% self-identified as male



97% reported sexual-orientation or gender diversity:
92% sexual-orientation
5% gender



All met HIV PrEP eligibility based on **sexual** risk factors:
• HIRI MSM score > 11 (78%)
• Syphilis or rectal STI (16%)
• HIV positive partner (4%)

Conclusions

Pharmacists prescribing for HIV PrEP was successfully piloted in community pharmacies in Nova Scotia

Participants reported positive experiences with the prescribing pharmacist

What We're Hearing

"My pharmacist is not only accessible and close to me but they understand the needs of the lgbtq2s+ community."

This study has helped me to regain confidence in my sexual health and know I am keeping myself and community safe."

What Did We Find?



All participants remained **HIV-negative** while enrolled in the study



52% never used PrEP before
24% were former PrEP users
24% were current PrEP users

Four co-infections (1 hepatitis B, 1 syphilis, 1 chlamydia, 1 gonorrhea) were identified through pharmacist monitoring and assessed by the study physician

97% felt **comfortable** seeing the pharmacist for HIV PrEP
97% found the pharmacy **accessible**
100% of respondents believed PrEP prescribing should **always be available in pharmacies**

Hot Off The Press!

d'Entremont-Harris M, Ramsey TD, MacNabb K, Murphy A, Bishop A, Isenor JE, Kelly DV, Al Hamarneh YN, Lee M, Ferguson A, Furlotte K, Woodill L, Hatchette T, Wilby KJ.

Implementation and acceptance of pharmacists' prescribing of human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP).

Can Pharm J (Ott). 2025 Aug 22;158(5):302-311.
doi: 10.1177/17151635251355277.

PMID: 40881659; PMCID: PMC12373644.



Scan the QR code to check it out!



Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) is an important HIV prevention tool, but it is difficult to access in many jurisdictions. Leveraging pharmacists' scope of practice feels like a natural solution to fill a gap in prescriber access. I'm grateful to have had the opportunity to contribute to research that I hope will enable better access HIV PrEP.

La prophylaxie préalable à l'exposition au VIH (PrEP) est un outil important de prévention du VIH, mais elle est sous-utilisée. Tirer parti du champ d'activité des pharmacies semble être une solution naturelle pour combler le manque d'accès aux prescripteurs. Je suis reconnaissant d'avoir eu l'occasion de contribuer à des recherches qui, je l'espère, permettront d'améliorer l'accès à la PrEP contre le VIH.

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Implementation and acceptance of pharmacists' prescribing of human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP)

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ABSTRACT

Background: Pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) is highly effective at reducing the risk of acquiring HIV. PrEP is underused due, in part, to prescriber inaccessibility. The overall aim of this study was to evaluate the impact of pharmacist PrEP management (including prescribing and monitoring) on clinical and acceptance outcomes in patients who are at high risk for HIV exposure.

Methods: Pharmacist-led PrEP management was guided by a prescribing protocol and implemented at 10 community pharmacies in Nova Scotia over 6 months. Baseline and follow-up bloodwork determined HIV status, coinfection(s), and other eligibility criteria for initial and refill PrEP prescriptions. Patient acceptance was measured according to the theoretical framework for acceptability of health care interventions.

Conclusions: Pharmacist-led PrEP management can provide an alternative way to obtain PrEP for higher-risk patients. This study resulted in a regulation change on July 1, 2024 that authorized pharmacists to prescribe PrEP in Nova Scotia. *Can Pharm J (Ott)* 2025;158:302-311

Results: Forty-five participants met eligibility criteria, and 37 remained for the study duration. Around half of the participants had never used PrEP before, and all identified as men who have sex with men or transgender women. Participants were highly accepting of the service and agreed that pharmacist-led PrEP management should always be available. Few reported privacy or stigma/discrimination concerns. All participants remained HIV-negative during study participation, and participants with coinfections were linked with care ($n = 4$).

Interpretation: The service was acceptable and effective for patients. Future work is required to reach underserved populations, particularly individuals with injection-related HIV risk factors.





Section 2:

NS Pharmacists Scope Expansion



Human Immunodeficiency Virus Pre-Exposure Prophylaxis

Effective July 1, 2024

Pharmacists may prescribe oral HIV PrEP to eligible populations when they:

- do so in accordance with a **protocol that is consistent with clinical practice guidelines**.
- have **access to, and can interpret the results for, the laboratory tests** that are necessary to both initiate and continue HIV PrEP (for clarity, point of care testing cannot be used).

Pharmacists who undertake assessment and prescribing for HIV PrEP must:

- provide comprehensive counselling about the use of HIV PrEP including its benefits, risks, and requirements for monitoring.
- provide counselling about the risks, management, recommendations for screening for sexually transmitted and blood-borne infections, and any vaccines available.
- provide information to those requiring referral to another healthcare provider about how and where to access care and assist them in accessing it if necessary.
- ensure they are familiar with communication strategies for **delivering an infectious disease diagnosis** to individuals.

Scan the QR code to access our
prescribing protocols!



Prescribing Protocol

Pre-Exposure Prophylaxis (PrEP) for HIV Prescribing Protocol - Initial Prescribing		
Patient Information Name: _____ Preferred Name/Alias: _____ HCN: _____ Phone Number: _____ Street Address: _____ City/Town: _____ Province: _____ Postal Code: _____ Date of Birth: _____ Age: _____ Gender: _____ or _____ Prefers not to disclose gender Pronouns: _____ Primary Care Provider (PCP): _____ Fax: _____ Phone: _____ <input type="checkbox"/> Patient does not have a primary care provider		
The first supply of HIV PrEP will be prescribed at the initial prescribing appointment.		
Medical History Allergies, medical conditions, and medications reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No Known allergy to tenofovir or emtricitabine? <input type="checkbox"/> Yes - STOP <input type="checkbox"/> No Exposure to HIV within last 72 h while NOT taking HIV PrEP? <input type="checkbox"/> Yes - REFER* <input type="checkbox"/> No CONTRAINDICATED due to interactions with the patient's current medications? <input type="checkbox"/> Yes - STOP <input type="checkbox"/> No <i>University of Liverpool HIV Drug Interaction Checker</i> Known eGFR < 30mL/min? <input type="checkbox"/> Yes - STOP* <input type="checkbox"/> No Has a diagnosis of hepatitis B? <input type="checkbox"/> Yes - STOP <input type="checkbox"/> No If the patient has a uterus, are they pregnant? <input type="checkbox"/> Yes - STOP <input type="checkbox"/> No Is the patient lactating? <input type="checkbox"/> Yes - STOP <input type="checkbox"/> No	Assessment <input type="checkbox"/> The patient is eligible for PrEP (tenofovir/emtricitabine) <input type="checkbox"/> The patient is NOT eligible for PrEP (tenofovir/emtricitabine) due to: _____	
	Prescription <input type="checkbox"/> Emtricitabine/tenofovir disoproxil fumarate 200mg / 300mg (Truvada®) Take 1 tablet once daily. Duration x _____ days Refill x _____ <input type="checkbox"/> Emtricitabine/tenofovir alafenamide 200 mg / 25 mg (Descovy®) Take 1 tablet once daily. Duration x _____ days Refill x _____	
Laboratory Tests Ordered The following labs are required to assess for treatment eligibility and ongoing monitoring. <input type="checkbox"/> Ordered at the initial prescribing appointment: • HIV (Ag/Ab and viral load) The pharmacist is to review the results of the HIV test after the patient has been taking HIV PrEP for 30 days.	<i>Recommended: Prescribe a 30-day supply at the initial prescribing appointment.</i> Prescribing for on-demand HIV PrEP and injectable (cabotegravir) HIV PrEP is NOT within the pharmacist scope of practice.	
	Patient Education <input type="checkbox"/> Patient education sheet was reviewed with the following points discussed: <ul style="list-style-type: none"> • Daily dosing of PrEP and the importance of not missing doses • New cases of HIV continue to be diagnosed in Nova Scotia • Potential adverse effects and management strategies <ul style="list-style-type: none"> • Nausea, vomiting, diarrhea, flatulence • Fatigue • Headache • ↓ bone mineral density • ↓ CrCl mL/min/year • Laboratory monitoring protocols • Patient self-monitoring protocols 	
Laboratory Results Reviewed Initial Prescribing	Immunization Encourage completion of applicable vaccines: <ul style="list-style-type: none"> • Individuals who engage in substance use or harmful use of alcohol: Hep A, Hep B, Pneu-C-20 • Men who have sex with men: Hep A, Hep B, HPV • Individuals who engage in high-risk sexual practices: Hep A, Hep B • mpox vaccine • All patients: Routine COVID, TdAP, influenza, and all recommended routine vaccines (routine immunization schedules and individuals at high risk). 	
	Follow-Up <input type="checkbox"/> Initial prescribing appointment follow-up date: _____ (Recommended: At first refill) At each follow-up, the pharmacist is to assess for: <ul style="list-style-type: none"> • Symptoms of HIV seroconversion (e.g. febrile illness, mono-like symptoms, rash that cannot otherwise be explained) • Adherence to therapy and adverse effects • Ongoing indication for PrEP • Use of other HIV and STI prevention strategies 	
Pharmacist Certification By signing, I certify that I have assessed the patient and that patient consent was obtained. Pharmacist Name: _____ Signature: _____ NSCP #: _____ Date: _____		

There are **three protocols**:

Initial Eligibility Assessment Protocol

- Determines if the patient will benefit from HIV PrEP
- Establishes the participant's expectations:
 - Adherence
 - Adverse effects
 - Monitoring
- Enables collection of baseline laboratory results

Initial Prescribing Protocol

- Prescribes the first supply of HIV PrEP

Refill Protocol

- Prescribes refills after baseline laboratory results are confirmed with ongoing laboratory monitoring

Laboratory Tests



Laboratory Requisition – Primary Care

Gray fields indicate required information to prevent delay or rejection of sample.

Authorized requestor's information:

Ordering clinician/practitioner _____

PRN _____ Physician registration # _____

Address _____

Telephone (for critical results) _____

Copy to clinician/practitioner name _____

PRN _____ Location _____

Priority: Routine Urgent (see reverse)

Fasting? No Yes – number of hours: _____

Standing order request – indicate test and frequency: _____

Authorized requestor's signature _____

Date signed _____ (Signature expires one year from this date)

Instructions to patients (see reverse)

Chemistry CT Endocrine CT

Electrolytes (Na, K) Gr

Chloride (Cl) Gr

Total CO₂ Gr

Glucose AC Gr

Glucose, random Gr

Urea Gr

Creatinine Gr

Total Bilirubin Gr

Urtide/Phosphate Gr

ALT Gr

CK Gr

Phosphorus Gr

Albumin Gr

Uric Acid Gr

Protein, total Gr

Calcium Gr

Ferritin Gr

Magnesium Gr

CRP Gr

Other tests

Please print: Pharmacist see note below

Urine chlamydia and gonorrhea NAAT

Note for ordering pharmacist: # Order chlamydia/gonorrhea test that apply to your specific patient based on the anatomic sites they use to have sex. Select one or more sites on this form applicable to your patient, and complete Microbiology Primary Care requisition for these tests.

Other tests not listed including urine culture, may require different requisitioning; please see our website for more information: www.nshealth.ca/pathology-laboratory-medicine

Container Type (CT) Legend: Light Blue blood tube Dark grey blood tube Blood & serum separator media Gold blood tube Green blood tube with gel separator Lavender blood tube Red blood tube Sterile container 24-48 hour urine container

CD0002B_10_31_16 [Note for ordering pharmacist](http://www.nshealth.ca/pathology-laboratory-medicine) # Order HCG as applicable for patients with a uterus.

Order lipid(s) at baseline if prescribing TAP.

Page 1 of 2



Laboratory Requisition – Microbiology Primary Care

Gray fields indicate required information to prevent delay or rejection of sample.

Authorized requestor's information:

Ordering clinician/practitioner _____

PRN _____ Physician registration # _____

Address _____

Telephone (for critical results) _____

Copy to clinician/practitioner name _____

PRN _____ Location _____

Clinical information _____

Priority: Routine Urgent

Relevant medications _____

Authorised requestor's signature _____

Collected by signature _____

ID # (from Capital Health) _____

Date signed _____ (Signature expires one year from this date)

Instructions to patients (see reverse)

Chemistry CT

Hematopathology CT

Urine testing CT

Lipids CT

Microbiology (blood only) CT

Drug levels CT

Outbreak investigation? _____

Provide Public Health Outbreak # _____

Last dose time _____ hrs

Pre-level only: _____

Last dose time _____ hrs

Provide Public Health Outbreak # _____

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Last dose time _____ hrs

Provide Public Health Outbreak # _____



Section 3:

HIV PrEP Prescribing in Action



Tale of two early adopters

- **STI Care Now**

- Multiphase virtual care STI initiative
- Offers **virtual care** HIV PrEP prescribing consults
- Pharmacists employed by **provincial health authority**



- **Boyd's Pharmasave**

- Independent community pharmacy with a community pharmacy primary care clinic
- Offers **in-person and virtual care** HIV PrEP prescribing consults
- Pharmacists employed by **community pharmacy**



STI Care Now

STI Care Now: Phase One

July 2024 – April 28, 2025

STI Care Now: Phase Two

April 29, 2025 – Present



Key Innovations

1

Self-Assessment and Web-Based Kit Ordering

2

Self-testing kits for chlamydia & gonorrhea

3

Virtual care integrations

4

Linkage to care by a pharmacist

Phase 1 Metrics



2722 Kits Mailed



100+ Linkage to Care Appointments



1311 Test Results Shared

Overview

This phase integrates HIV screening, **HIV PrEP prescribing**, and strengthens community partnerships by partnering with additional community-based organizations and high-schools.

Key Innovations

1

Self-testing kits for HIV and HIV PrEP assessment

2

Self-reporting and linkage to care for reactive HIV screening

3

Focus on support and care navigation

What We're Hearing

"I took the opportunity because it was quick, easy and free."

"This initiative is SO GREAT. As a trans member of the queer community, having stigma free easily accessible testing options is so important. Thank you for this great program!!!"

What We've Learned



Most individuals requesting STI self-testing were between 20 and 35



5% of individuals identified as non-cis-gender



94% of users recommend self-testing through the initiative



25% of patients would not have had testing without the program

INSTI Multiplex HIV-1 / HIV-2 / Syphilis Antibody Test.



What We're Doing



Patient-use validation study for HIV/syphilis POCT



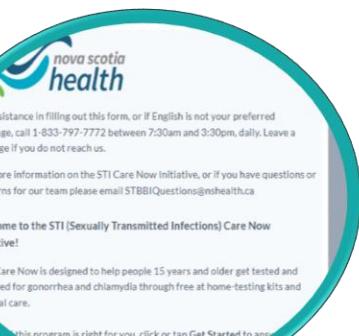
Developing resources for self-testing



Building awareness of program delivery & service

STI Care Now

Self-referral and testing steps



01
**Complete Online
Self-referral form**



02
**Get a Test Kit*
and/or request HIV
PrEP consult**



03
**Use self-testing
kit**



04
**Put testing
kit in the mail**



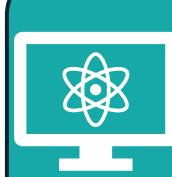
05
**Notified via email
(or phone) of
testing progress
and
negative results**

06
**Linkage to care,
prescription and
other needed
care for those
with chlamydia
or gonorrhea
and those who
request HIV PrEP**

STI Care Now

Key Stats and Outcomes So Far

Initiative Statistics



Accepted Requests
5628 Requests
4508 Patients



Kits Mailed
5628
Kit Return Rate
53%

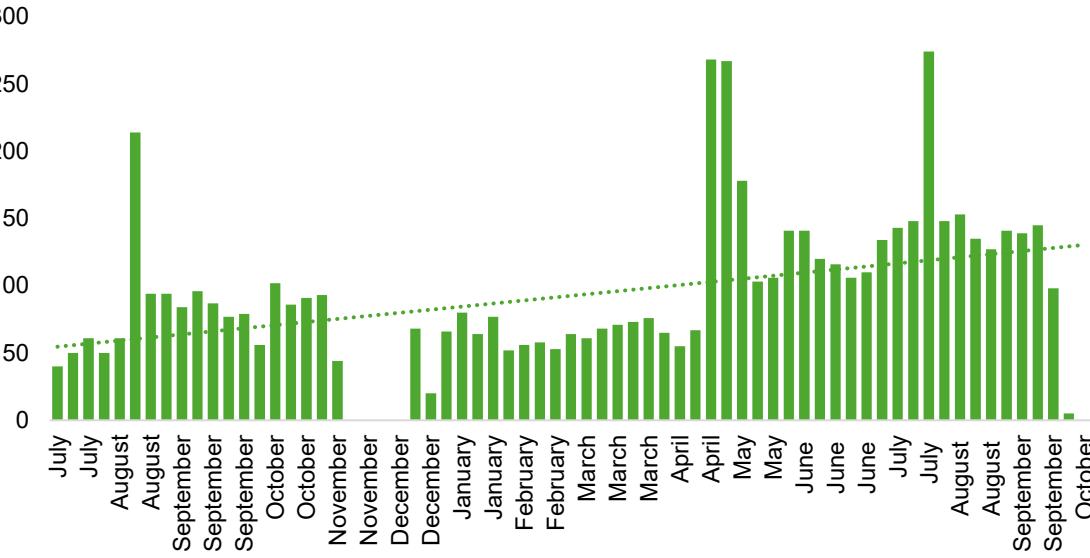


Results Shared
2964
214(-)ve
180 CT; 34 GC
10 CT & GC



651 Linkage to Care
with pharmacist
88 Social Worker
Consults

Requests Over Time



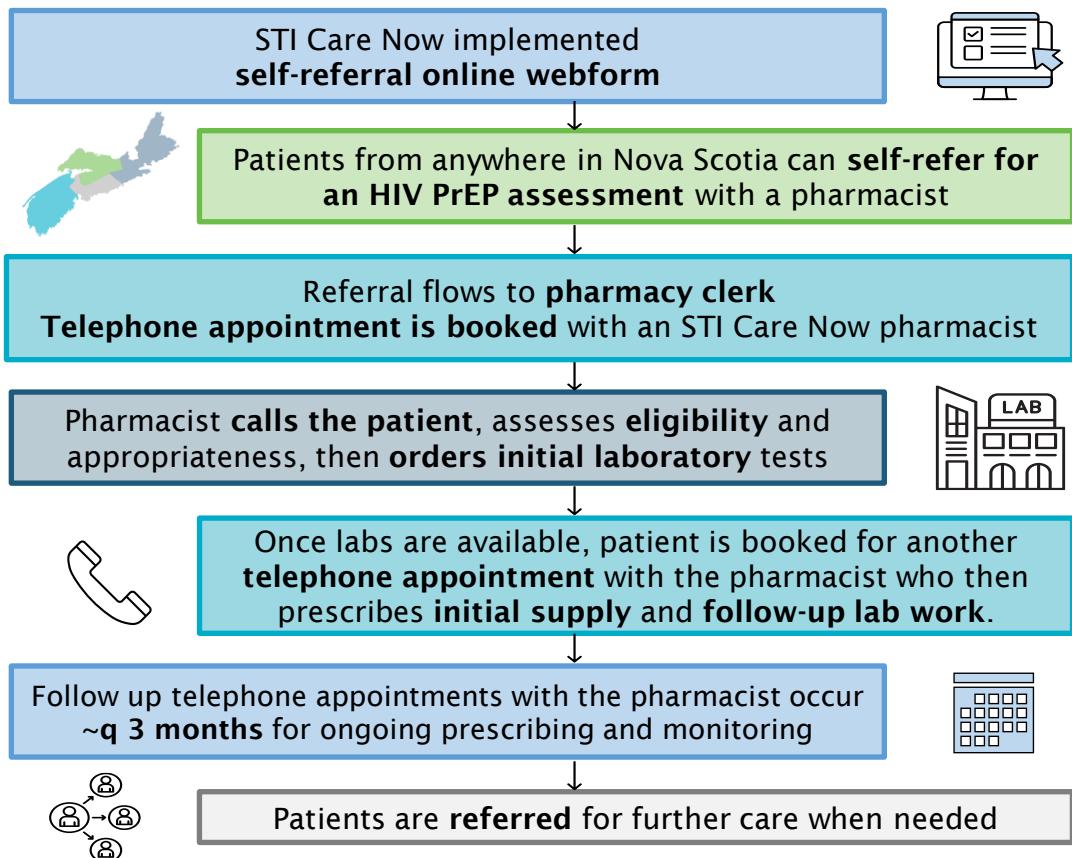
Patient Feedback: Total Survey Responses: 1688, Survey Response Rate: 57%

This is an amazing service! Please never end it! It's so accessible and easy to use. I am so grateful for this.

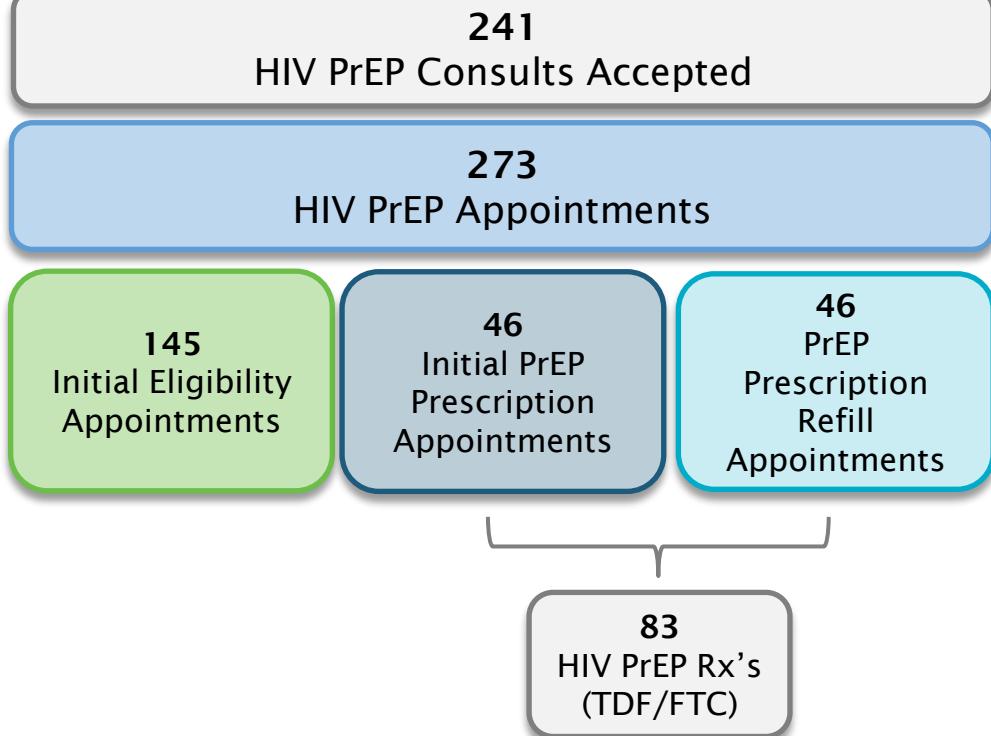
I was very happy with the pharmacist who contacted me. This is the first time I have ever had to do this and she was very nice and non judgmental and put me at ease, as I was very embarrassed and answered all my questions.

I find this to be a great program, I have a difficult time accessing care, as do many Nova Scotians, at this time. I hope this program continues

STI Care Now: HIV PrEP



April 29, 2025 to October 30, 2025



Quotes From the STI Care Now Pharmacists:

Providing a virtual service where individuals have access to HIV PrEP has been a great experience. These individuals very much appreciate our care and feel we are providing a safe space with no judgment and easy access to treatment which they cannot necessarily get from their primary care provider or from a walk-in clinic.

STI Care Now Pharmacist #1

Providing care through this service has been a wonderful experience. Coming from a small town I can appreciate the difficulty rural Nova Scotians can face when accessing health care. Knowing that we are connecting with patients regardless of where they live in Nova Scotia is very rewarding.

STI Care Now Pharmacist #2

PrEP is the most rewarding part of STI Care Now. I hear stories from patients who have wanted to start PrEP but have faced various barriers. Offering virtual PrEP appointments removes many of these. We are able to build relationships over the phone, providing a safe space for patients to ask questions. Beyond accessibility, we build relationships through follow up.

STI Care Now Pharmacist #3

Boyd's Pharmasave



community pharmacy
primary care clinic™

Community Pharmacy Primary Care Clinic

- 46 sites across the province (all four zones)
- Enables pharmacists to practice to fullest scope, integrating laboratory ordering, POCT, physical assessments and prescribing
- Separation of clinical services and dispensary services
- Seamless integration of HIV PrEP assessments and prescribing into day-to-day practice



community pharmacy
primary care clinic™

Appointment-based services

- Appointment management software (i.e. MedMe) enables easy online booking, cancellations and rescheduling
- Allows pharmacists time to focus on offering clinical services with reduced distractions
- Ability to offer services in person, by phone or virtually



Gender and Sexual Health

Pharmacist care with gender and sexual health needs. Examples of services include assessment and prescribing for HIV Pre-exposure prophylaxis medication, injection of medication and more.

Community Pharmacy Example: Boyd's Pharmasave

BOYD'S
PHARMASAVE®

NEW SERVICE!

Boyd's Pharmasave is excited to now offer:

**NOVA SCOTIA-WIDE
VIRTUAL
HIV PREP (PRE-
EXPOSURE
PROPHYLAXIS)
ASSESSMENTS**



- Visit www.boydspharmasave.ca and choose "Book an Appointment"
- Select *Gender and Sexual Health*, then select *HIV PrEP Assessment*
- Select phone, choose a date and time and complete the demographic questions
- A Pharmacist will assess you for PrEP eligibility, answer your questions, provide you with a lab requisition, and if appropriate, prescribe you medication which can be faxed to your pharmacy or prepared by us and discreetly mailed to a location of your choice (signature required and delivery fee may apply)

*A valid Nova Scotia health card is required for service coverage

- **Independent community pharmacy in Halifax**
- **Offering in person and virtual HIV PrEP assessments**
- **Available to patients across Nova Scotia**

BOYD'S
PHARMASAVE

Gender and Sexual Health

Pharmacist care with gender and sexual health needs. Examples of services include assessment and prescribing for HIV Pre-exposure prophylaxis medication, injection of medication and more.

HIV PrEP (HIV Pre-Exposure Prophylaxis) Assessment

Free of charge with valid NS Health Card

Book a consultation for HIV Pre-Exposure Prophylaxis

SELECT

Facilitators For Adoption

Keys to success:

- Inclusive practice
 - Advocacy
 - Collaboration
- Welcoming environment
- Community engagement

Facilitators For Adoption...

Make it easy. One stop shopping.

Pharmacists

- Prescribing protocols
- Pre-populated laboratory requisitions
- Scripts for delivering a diagnosis
- Patient education materials

Patients

Offer suite of related services:

- Sexual health care
- Gender affirming care
- Substance use care

- Dedicated time (appointments, staff)

- Meet people where they are at (outreach) and in spaces they frequent (CBO, libraries, school clinics)

Barriers to Broader Adoption...Money

Pharmacist Funding

- STI Care Now and primary care clinic pharmacists make hourly rate paid by employer to offer these services
- Pharmacists in community pharmacies are not remunerated from MSI at present
- Applied for tariff agreement, but no word yet
- In non-primary care clinic community pharmacies, either pharmacist offering service free of charge, or charging patient

Medication Coverage

- Even with provincial public funding (Pharmacare) for TDF/FTC, cost is prohibitive in many cases

With social work referral – can get TDF/FTC filled through Metro Dispensary for \$30/fill

Out of pocket PrEP (TDF/FTC) cost (*With no public/private insurance*)

- TDF/FTC generic: \$250/month (Apo)
- TAF/FTC~\$960/month

Cost of Nova Scotia Family Pharmacare

- \$45,000/year, no dependents
 - Deductible: \$2,250
 - Co-payment: \$4,275
 - Out of pocket: \$2,812/year

Barriers to Broader Adoption...Testing

Ordering And Receiving Labs

- Though legally possible, not all pharmacists have a PMB to order bloodwork
- Logistical barriers to ordering and receiving laboratory results

Lack of access to swabs

- Inconsistent access to chlamydia and gonorrhea swabs across the province



Thank you!

Questions?
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