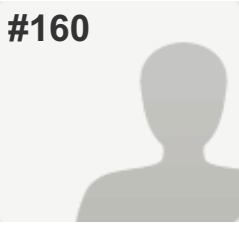


Ending the Epidemic Task Force Recommendation Form

#160



COMPLETE

Collector: Web Link (Web Link)

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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Demetre
Last Name	Daskalakis
Affiliation	NYC DOHMH
Email Address	ddaskalakis@health.nyc.gov

Q2: Title of your recommendation Pharmacist initiated PEP starter packs

Q3: Please provide a description of your proposed recommendation

Emergency contraception provides a great model for pharmacist initiated provision of prophylaxis after a sexual exposure. Given the low threshold to allow women to access this intervention, analogous interventions for PEP seem important. Most of the wasted time and barriers around PEP exist around the initial access of the medications. A limited supply of medications, a starter pack, usually 3 days could expedite and streamline PEP initiation. Ideally this intervention should be paid for by a PEP/PrEP assistance program directly to the pharmacy.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

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Other (please specify) nPEP

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Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

New policy

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Unknown

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

PEP is a gateway to PrEP and is not well supported in NYS/C in a consistent manner.

Q10: Are there any concerns with implementing this recommendation that should be considered?

Legal review will be needed

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

Respondent skipped this question

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

Respondent skipped this question

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

Individuals who may have high risk encounters

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Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

Number of PEP packs distributed

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member,

Other (please specify)

Reporting on a comment made in the task force meeting by Dr Varma