Despite enabling policies, **few California pharmacies** provide pharmacist-initiated **oral or injectable PrEP.**

A statewide evaluation of the implementation of pharmacist-initiated HIV pre-exposure prophylaxis in California

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Background

- Uptake of HIV pre-exposure prophylaxis (PrEP) remains low in the United States more than a decade after its introduction in 2012.
- California has sought to expand access to PrEP through pharmacies with the passage of **Senate Bill 159** (2019) and **Senate Bill 339** (2024), which authorize pharmacists to independently prescribe oral and long-acting injectable (LAI) PrEP and post-exposure prophylaxis (PEP).
- In 2025, we conducted the **first representative statewide evaluation** of pharmacist-initiated oral and LAI PrEP service provision in California community (retail) pharmacies.

Methods

- We randomly sampled **1,100 pharmacies** out of 5,149 community pharmacies listed in publicly available licensing data, stratifying sampling by census region, urbanicity, and pharmacy chain.

To supplement the random sample, we created a **"snowball" sample** of potentially implementing pharmacies identified via pharmacy referrals and online directories of PrEP providers.

- From **July–November 2025**, trained mystery clients called sampled pharmacies to assess the availability of pharmacist-initiated PrEP services and secondary outcomes.

Table 1

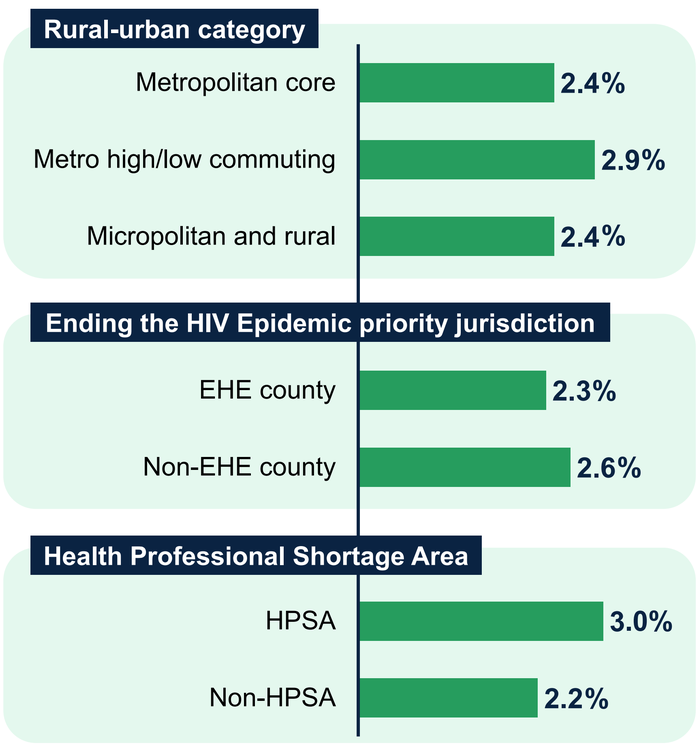
	Random Sample (n=910)		Snowball (n=194)
Pharmacy characteristics	**n (%)**	**Weighted %***	**n (%)**
Rural-urban category			
Metropolitan core	653 (72)	92.2	181 (93)
Metro high/low commuting	92 (10)	2.7	0 (0.0)
Micropolitan and rural	165 (18)	5.2	13 (6.7)
Chain category			
Large chain (>50 locations)	229 (25)	48.4	98 (51)
Independent or small chain	681 (75)	51.6	96 (49)
Located in an Ending the HIV Epidemic (EHE) initiative priority jurisdiction	488 (54)	68.2	139 (72)
Located in Health Professional Shortage Area (HPSA)	290 (32)	19.5	47 (24)
Pharmacist-initiated oral PrEP	31 (3.4)	2.4	31 (16)
Pharmacist-initiated LAI PrEP	5 (0.5)	0.5	4 (2.1)

*Column % weighted to account for the sampling design and represent eligible community pharmacies in California

Key Findings

- Of 1,100 randomly sampled pharmacies, 910 (**83%**) eligible pharmacies were surveyed and retained in the sample (**Table 1**).
- **Of these, 31 reported providing pharmacist-initiated PrEP (weighted prevalence: 2.4%) of which five pharmacies offered LAI PrEP (weighted prevalence: 0.5%).**
- Implementation was less than 4% across all census regions and did not differ by urbanicity or location in a county with high HIV incidence or primary healthcare shortage area (**Figure 1**).
- We identified an additional 31 implementers in the snowball sample. Across all implementers (n=62):
  - Most were independent (**55%**) or Albertsons-owned chain pharmacies (**31%**);
  - **46%** reported offering in-pharmacy HIV testing;
  - **77%** offered both PrEP and PEP; and
  - **52%** had PrEP medication in stock with a median monthly out-of-pocket cost of **$40**.

Figure 1. Weighted prevalence of pharmacist-initiated PrEP service provision by pharmacy characteristics in the random sample (n=910)



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Discussion

- Despite California's favorable policy environment, few community pharmacies provided pharmacist-initiated oral or LAI PrEP in 2025.
- Payment for services remains a major barrier to implementation. Although legislation requires many health plans to reimburse pharmacist PrEP services, there is little evidence that payment for services has been operationalized in practice.
- Additional research is needed to inform law and policy solutions that could facilitate targeted implementation in pharmacies that serve people who could most benefit from PrEP.

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