

QUICK TAKE

EXPANDING ACCESS TO LONG ACTING HIV PREVENTION AND TREATMENT THROUGH MOBILE PHARMACIES

WHILE THERE IS NOW A WIDE ARRAY OF PRODUCTS available for the treatment of HIV, as well as a growing number of products for prevention, there remains a need to expand access so that the populations most vulnerable to HIV have their treatment and prevention needs met. Both HIV treatment and PrEP typically involve daily oral pills. Many people from communities most impacted by HIV, however, face challenges in taking medication daily. Innovative longer-acting (LA) products have been developed that give users alternatives to daily pill taking that offer the potential to increase adherence and persistence to medication regimens. To date, the FDA has approved LA products that only need to be administered every two months, but more products are on the horizon with likely different dosing schedules. While potentially transformative, uptake of these new LA products has been slow and efforts are needed to expand access.

Insurance and financing barriers often pose significant obstacles to accessing these products that require policy attention and likely consumer advocacy. At the same time, delivery of LA products often requires significant clinical transformation that can impede adoption of these new LA modalities. Supporting this transformation, however, may create new opportunities to innovate in how services are delivered to better meet the needs of people with or at risk for HIV.

MOBILE PHARMACIES MAY OFFER A WAY TO EXPAND ACCESS

One solution may lie in expanded use of mobile health (often called mobile vans). Mobile health has long been used to fill gaps in access to healthcare. Mobile health provides hope for those who face transportation barriers and can address cost barriers as well. Mobile pharmacies could prove to be effective in narrowing health disparities by broadening access to the medications necessary to prevent and treat HIV.

In November, Yale researchers established Connecticut's first mobile pharmacy.¹ Sandra Springer, a professor of medicine and HIV/AIDS researcher, established the mobile pharmacy as part of an effort to find innovative ways to treat people with HIV, Hepatitis C, and substance use disorders (SUD). The van offers a promising model for increasing access while offering well-rounded HIV care, as it links patients to community health workers, telehealth clinicians, and provides a means to prescribe and dispense treatment medications.

¹ Erin Hu, *Yale Researchers Help Create State's First Mobile Pharmacy*, Yale Daily News, Oct. 13, 2023.

HOW ARE MOBILE HEALTH UNITS REGULATED?

State legislation around regulation of and limitations on operation of mobile health units is varied. Some states set limits based on the types of clinics that are authorized, and only provide express authority for mobile operation of specific types of facilities, such as mental health or behavioral health clinics. In some states, only

LONGER-ACTING MEDICATIONS: KEY STEPS IN EXPANDING ACCESS VIA MOBILE PHARMACIES

- **Establish state regulations** granting clear authority for mobile pharmacies to operate flexibly
- **Minimize geographical limitations** on mobile pharmacy operations
- **Expand scope of providers** who can provide care within mobile clinics
- **Broaden scope** of practice for pharmacists
- **Provide clear authority** for pharmacists to administer long acting injectable medications, particularly intramuscular injections
- **Facilitate adequate billing** for pharmacists' services

MOBILE CLINICS ARE A PROMISING DELIVERY MODEL FOR LA TREATMENT AND PREVENTION, AND INCORPORATING LA MODALITIES INTO MOBILE DELIVERY MODELS SHOULD BE A PRIORITY.

specific types of providers are authorized to provide health services within a mobile health clinic, while others regulate types of providers as well as the types of services that can be offered in a mobile health clinic.

HOW CAN STATES SUPPORT EXPANSION OF LA INTO MOBILE PHARMACIES?

Most mobile health clinics have limited authority to provide pharmaceutical services. In Connecticut, legislation was passed to allow pharmacies to operate outside of the storefronts for which they were initially licensed, which helped pave the way for Yale's mobile pharmacy to operate. The Connecticut bill, SB1102, authorizes pharmacists to order and administer HIV related testing. It also provides authority for pharmacists to administer HIV related prophylaxis as needed, as long as training requirements are met, and expressly provides authority for mobile pharmacies to operate in temporary locations to meet the needs of communities with inadequate access to pharmacy services. Similar legislation in other states can significantly narrow disparities in access.

Connecticut's legislation, however, comes with limitations on the location from which the mobile pharmacy can operate, which may prove to be a hindrance. Mobile pharmacies in the state cannot operate for longer than seven consecutive days in one location, or more than fourteen days within a five-mile radius of a prior location. Additionally, it is unclear whether the legislation permits pharmacists to administer intramuscular injections other than vaccinations. Clarity around pharmacist authority to administer LA products will support efforts to expand access to LA treatment and prevention via mobile pharmacies.

CURRENT LIMITATIONS OF MOBILE CLINICS FOR LONGER ACTING TREATMENT AND PREVENTION

Mobile clinics offer promise for delivering existing and future longer-acting products. Yet currently available longer-acting treatment may not be suited for mobile delivery because the only available LA formulation for

treatment (cabotegravir/ripilvirine) requires cold-storage. Many other LA products are in the pipeline, however, and currently available LA PrEP (cabotegravir) does not require cold storage. While it is not known whether future LA modalities for treatment and prevention will have similar constraints, mobile clinics are a promising delivery model for LA treatment and prevention, and incorporating LA modalities into mobile delivery models should be a priority.

Another challenge is the business case for operating mobile health services. Some standalone for-profit pharmacies may find that the operating costs do not justify the investment. Mobile health allows for the provision of services often at lower costs than traditional healthcare models, however, and health centers and safety net clinics might find that this is a tailored way to reach vulnerable populations and better meet the specific needs of some clients.

THE TIME IS NOW

Ensuring that mobile pharmacies can not only provide medication, but facilitate access to other services such as testing and counseling, will allow mobile pharmacies to efficiently address gaps in access to HIV treatment and prevention. Expanding pharmacists' scope of practice, broadening the types of services and providers authorized to prescribe and administer medication within a mobile pharmacy, and ensuring that pharmacists can be billed and paid for their services will allow mobile pharmacies to play an impactful role in bringing much-needed access to LA products to the populations that need it most.

TO LEARN MORE

See *The scope and impact of mobile health clinics in the United States: a literature review*, found at the link below, to learn more about the role of mobile health care in the United States.

Stephanie W. Y. Yu et.al, [The Scope and Impact of Mobile Health Clinics in the United States: a Literature Review](#), 16 Int. J Equity Health 178 (2017).

² <https://www.cga.ct.gov/2023/ba/pdf/2023SB-01102-R000221-BA.pdf>