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Pharmacy at the Frontline: Advancing HIV Prevention in Tribal Communities

Bethany Johnson, PharmD, BCIDP
American Academy of HIV Medicine, Washington, DC, USA; Indian Health Service, Oklahoma City Area, USA

The Dr. Dawn K. Smith HIV Prevention Clinical Fellowship
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BACKGROUND

- In 2022, new HIV diagnoses among AI/AN individuals were twice those of Whites (10.6 vs. 5.3 per 100,000)[1]
- HIV diagnoses in AI/AN populations increased by 30% from 2018 to 2022[1]
- Awareness of HIV status among AI/AN individuals (77.3%) was the lowest of any racial or ethnic group[1]
- In 2022, only 25.2% of individuals with an indication for PrEP in Oklahoma received a prescription, leaving thousands at ongoing risk[2]

INTERVENTION

Introduced pharmacist-led HIV education, testing, and prevention services into an Indian Health Service (IHS) ambulatory clinic in rural Oklahoma.

METHODS

- Gained leadership endorsement
- Implemented pharmacist prescriptive authority
- Established a multi-disciplinary team to coordinate efforts
- Formed community partnerships
- Provided pharmacy-based services: HIV PrEP, nPEP, and DoxyPEP

RESULTS

December 2025 - April 2026

KEY IMPLEMENTATION INSIGHTS

- Coordination across multiple disciplines (lab, nursing, informatics, providers) is crucial.
- Incentives should be advertised and offered prior to the referral, if utilized.
- Programs should utilize a syndemic approach and be prepared to offer linkage to nPEP, DoxyPEP, HIV and STI treatment and care.
- Partnerships with tribal health boards, tribal leadership, facility leadership, and neighboring clinics are essential.

ENCOUNTERED BARRIERS

- Communication challenges
- Transportation in rural areas
- Unstable housing
- Workforce capacity
- Patient benefits coordination
- Stigma
- Policy revisions
- Health system changes

DISCUSSION

- Unlike many traditional practice settings, IHS grants pharmacists meaningful prescriptive authority, either through collaborative practice agreements (CPAs) or formal clinical privileging processes.
- Pharmacy-based PrEP clinics are easily replicable and empower pharmacists to strengthen tribal health systems, end new infections, and honor Native peoples' strengths, values, and sovereignty.

RESOURCES

Abstract | Poster | Contact me

DISCLOSURES

The views expressed in this presentation are those of the authors and do not necessarily reflect the position or policy of the Indian Health Service or the United States government. The authors have no conflicts of interest to disclose.

September-October 2025
- Conducted needs assessment and met with clinic leadership
- Drafted CPA, developed clinical protocols, workflows, and documentation systems

November 2025
- Recruited a team to support implementation – lab, nursing, pharmacy, informatics, provider champion
- Conducted clinical training, mock visits, workflow refinement
- Launched the clinic

December 2025
- Began delivering PrEP education to all patients utilizing STI testing program (~15/month)
- Implemented CLIA waived point-of-care tests to be able to provide same-day PrEP
- Completed initial PrEP visits

January 2026
- Strengthened community partnerships
- Launched patient incentive program to improve engagement and appointment adherence

February-April 2026
- Expanded access to long-acting, injectable PrEP
- Performed follow-up with continued workflow refinement

References:
1. *CDC. Fast Facts: HIV in the US by Race and Ethnicity, 2022. Published Date: 05/21/2024.* https://www.cdc.gov/hiv/data-research/facts-stats/race-ethnicity.html
2. *AHEAD. Oklahoma. America's HIV Epidemic Analysis Dashboard. U.S. Department of Health & Human Services. Accessed September 16, 2025.* https://ahead.hiv.gov/locations/oklahoma