

Monthly Pharmacy Cases Received

As of 2026-01-13 09:30:15 Mountain Standard Time/MST • Generated by Travis Drebings • Sorted by Opened Date (Ascendin

Filtered By

Date Field: Opened Date equals Last Month (12/1/2025 to 12/31/2025)

Show: All cases

Units: Hours

Status equals Case Received,Under Investigation,Legal Action,Information Only

Conduct Unit equals Healthcare,Professional

Professions equals Pharmacy

Case Number	Opened Date	Professions	Profession Subtype	Complaint Types	Status
166878	12/1/2025	Pharmacy	Pharmacist	Information Only	
166984	12/4/2025	Pharmacy	Class B-Closed Door	Pharmacy Violation	Under Investigation
167050	12/8/2025	Pharmacy	Class A-Retail	Pharmacy Violation	Information Only
167086	12/9/2025	Pharmacy			
167126	12/10/2025	Pharmacy	Class A-Retail	Pharmacy Violation	Under Investigation
167251	12/15/2025	Pharmacy	Pharmacist	Information Only	
167300	12/17/2025	Pharmacy	Pharmacist	Information Only	
167338	12/18/2025	Pharmacy			
167346	12/18/2025	Pharmacy	Class B-Closed Door	Inspection	Under Investigation
167352	12/18/2025	Pharmacy	Class B-Closed Door	Inspection	Under Investigation
167413	12/21/2025	Pharmacy			
Total		Count	11		

Monthly Pharmacy Closed Cases

As of 2026-01-13 09:33:25 Mountain Standard Time/MST • Generated by Travis Drebning • Sorted by Closed Date (Ascending)

Filtered By

Date Field: Closed Date equals Last Month (12/1/2025 to 12/31/2025)

Show: All cases

Units: Days

Conduct Unit equals Professional,Healthcare

Professions equals Pharmacy

Case Number	Closed Date	Professions	Profession Subtype	Complaint Types	Closure Code	Status
166018	12/1/2025	Pharmacy	Pharmacist	Pharmacy Violation	Unfounded	Closed
166803	12/2/2025	Pharmacy	Licensed Dispensing Practice	Inspection	New Inspection; Voluntary Compliance	Closed
166908	12/3/2025	Pharmacy	Licensed Dispensing Practice	Inspection	Administrative Discretion	Closed
166944	12/4/2025	Pharmacy	Class B-Dispensing Medical Practitioner Clinic	Inspection	New Inspection; Voluntary Compliance	Closed
166966	12/5/2025	Pharmacy	Licensed Dispensing Practice	Inspection	Letter of Concern; New Inspection	Closed
166936	12/5/2025	Pharmacy	Class E-Durable Medical Equipment	Inspection	New Inspection	Closed
166938	12/5/2025	Pharmacy	Class A-Retail	Inspection	Random Inspection	Closed
166878	12/8/2025	Pharmacy	Pharmacist	Inspection	Information Only	Closed
167086	12/10/2025	Pharmacy	Pharmacist	Inspection	New Inspection	Closed
167087	12/11/2025	Pharmacy	Class A-Retail	Inspection	Random Inspection; Voluntary Compliance	Closed
167079	12/11/2025	Pharmacy	Class B-Nuclear	Inspection	Letter of Concern	Closed
166975	12/11/2025	Pharmacy	Class E-Third Party Logistics Provider	Pharmacy Violation	Administrative Discretion	Closed
167149	12/11/2025	Pharmacy	Class C-Wholesaler	Pharmacy Violation	Administrative Discretion	Closed
167147	12/11/2025	Pharmacy	Class E-Third Party Logistics Provider	Pharmacy Violation	Administrative Discretion	Closed
166982	12/15/2025	Pharmacy	Class B-Closed Door	Inspection	Random Inspection	Closed
167251	12/16/2025	Pharmacy	Pharmacist	Inspection	Information Only	Closed
167236	12/17/2025	Pharmacy	Licensed Dispensing Practice	Inspection	New Inspection	Closed
167238	12/17/2025	Pharmacy	Licensed Dispensing Practice	Inspection	New Inspection	Closed
167244	12/17/2025	Pharmacy	Class C-Manufacturing	Pharmacy Violation	Unfounded	Closed
167242	12/17/2025	Pharmacy	Class B-Pharmaceutical Administration Facility	Inspection	New Inspection	Closed
166960	12/18/2025	Pharmacy	Class A-Retail	Inspection	Letter of Concern; Probation Inspection	Closed
167234	12/18/2025	Pharmacy	Class B-Hospital Clinic	Inspection	Random Inspection; Voluntary Compliance	Closed
167289	12/18/2025	Pharmacy	Class B-Pharmaceutical Administration Facility	Inspection	New Inspection	Closed
167341	12/18/2025	Pharmacy	Class A-Retail	Inspection	New Inspection	Closed
167300	12/19/2025	Pharmacy	Pharmacist	Inspection	New Inspection	Closed
167303	12/23/2025	Pharmacy	Class A-Retail	Inspection	New Inspection	Closed
167559	12/30/2025	Pharmacy	Class B-Closed Door	Inspection	New Inspection; Voluntary Compliance	Information Only
167571	12/30/2025	Pharmacy	Class B-Dispensing Medical Practitioner Clinic	Inspection	Random Inspection; Voluntary Compliance	Closed
167348	12/30/2025	Pharmacy	Class A-Retail	Inspection	New Inspection; Voluntary Compliance	Closed
167567	12/30/2025	Pharmacy	Class C-Wholesaler	Inspection	New Inspection; Voluntary Compliance	Closed
Total		Count	30	Pharmacy Violation	Administrative Action	Closed

Monthly Pharmacy Inspections

As of 2026-01-13 09:32:06 Mountain Standard Time/MST • Generated by Travis Drebings • Sorted by Inspection Da

Filtered By

Show: All Inspections

Date Field: Inspection Date equals Last Month (12/1/2025 to 12/31/2025)

Inspection Type equals New,Probation,Random

Case	Inspection Date	Inspection Classification	Inspection Type
166936	12/1/2025, 12:00 PM	Class E-Durable Medical Equipment	New
166938	12/1/2025, 12:00 PM	Class A-Retail	Random
166960	12/3/2025, 12:00 PM	Class A-Retail	Probation
166960	12/3/2025, 12:00 PM	Non-Sterile Compounding	Probation
166960	12/3/2025, 12:00 PM	Sterile Compounding	Probation
166982	12/4/2025, 12:00 PM	Class B-Closed Door	Random
167079	12/8/2025, 12:00 PM	Class B-Nuclear	Random
167346	12/8/2025, 12:00 PM	Class B-Closed Door	Random
167346	12/8/2025, 12:00 PM	Sterile Compounding	Random
167087	12/9/2025, 12:00 PM	Class A-Retail	New
167234	2/10/2025, 12:00 PM	Class B-Hospital Clinic	Random
167234	2/10/2025, 12:00 PM	Sterile Compounding	Random
167242	2/15/2025, 12:00 PM	Class B-Pharmaceutical Administration Facility	New
167308	2/15/2025, 12:00 PM	Class A-Retail	New
167308	2/15/2025, 12:00 PM	Automated Pharmacy System	New
167289	2/17/2025, 12:00 PM	Class B-Pharmaceutical Administration Facility	New
167348	2/17/2025, 12:00 PM	Class A-Retail	New
167341	2/18/2025, 12:00 PM	Class A-Retail	New
167352	2/18/2025, 12:00 PM	Class B-Closed Door	New
167559	2/22/2025, 12:00 PM	Class B-Closed Door	New
167559	2/22/2025, 12:00 PM	Automated Pharmacy System	Random
167571	2/23/2025, 12:00 PM	Class B-Dispensing Medical Practitioner Clinic	New
Total	Count		22

Monthly Pharmacy Citations

As of 2026-01-13 09:34:46 Mountain Standard Time/MST • Generated by Travis Drebing • Sorted by Date Issued (Ascending)

Filtered By

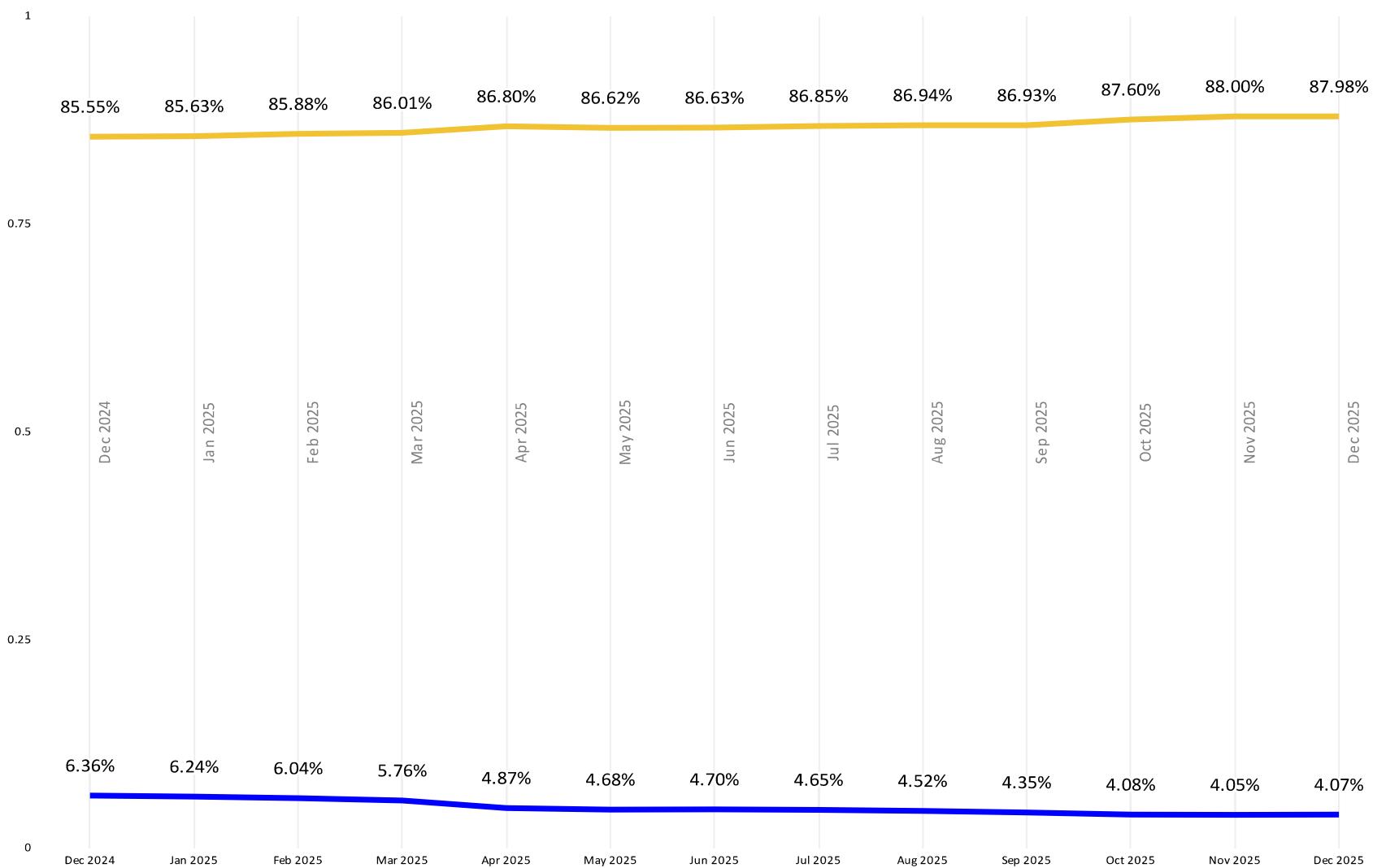
Show: All citations

Date Field: Date Issued equals Last Month (12/1/2025 to 12/31/2025)
Profession equals pharmacy

Date Issued	Case	DOPL Citation: Citation Number	Profession	Violation Type
12/29/2025	<u>167567</u>	049610	Pharmacy	Pharmacy Violation
Total	Count	1		

Utah CSD ASAP 4.2 DSP12 A

Written 01 Electronic 05

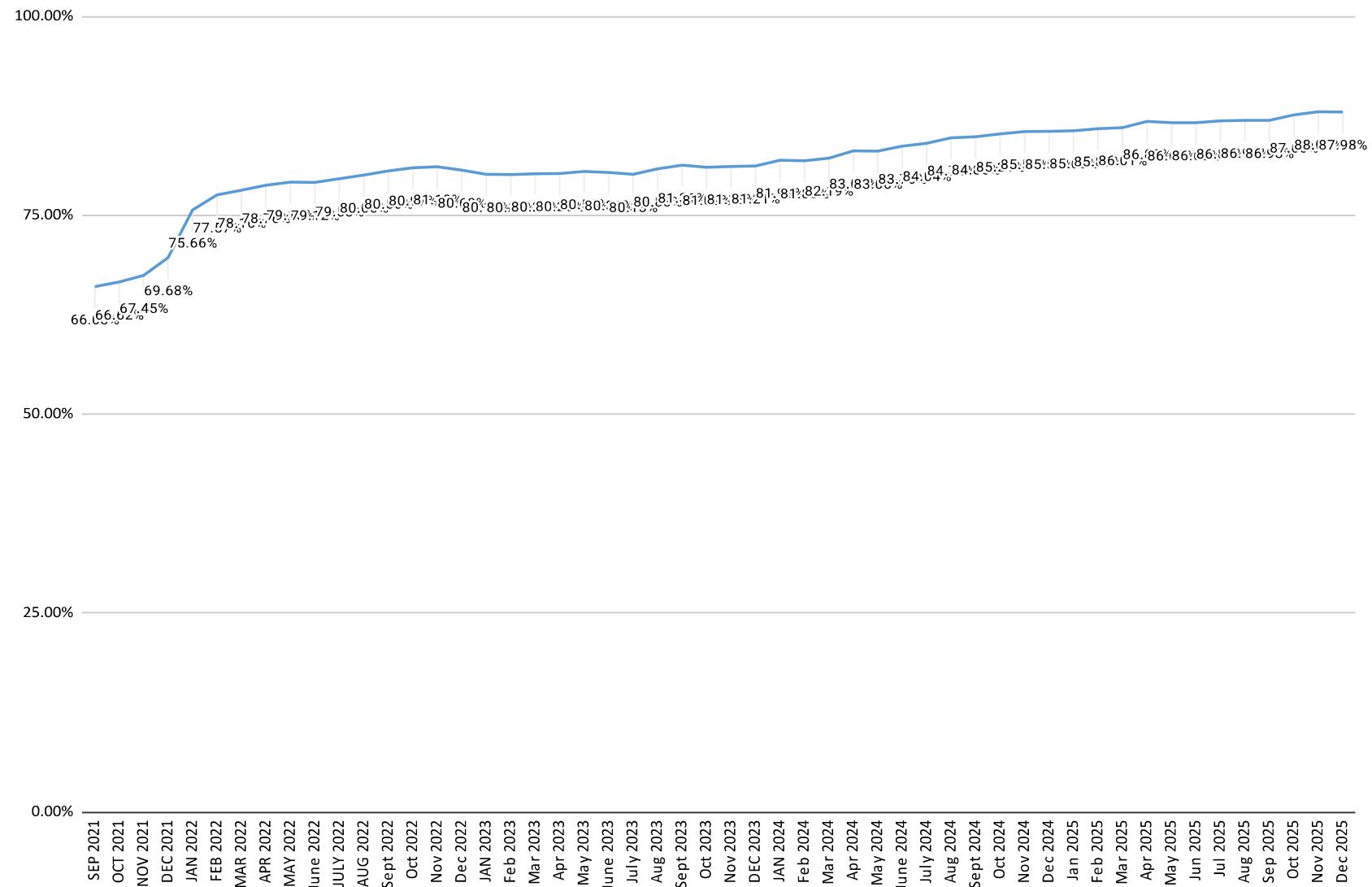


Utah CSD ASAP 4.2 DSP12 B

Telephone 02 Fax 04 Other 99

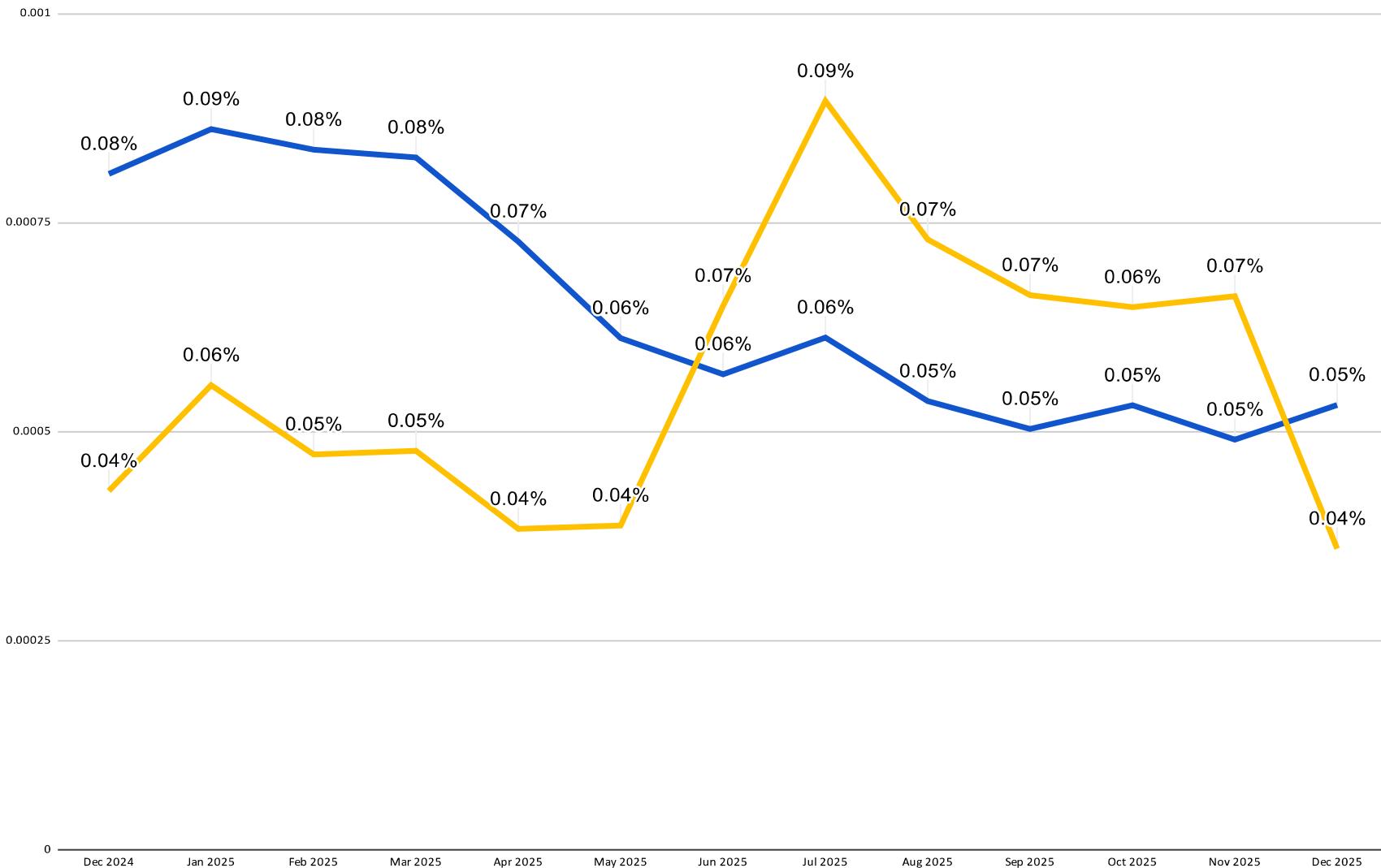


Electronic %



Utah CSD ASAP 4.2 DSP12 C

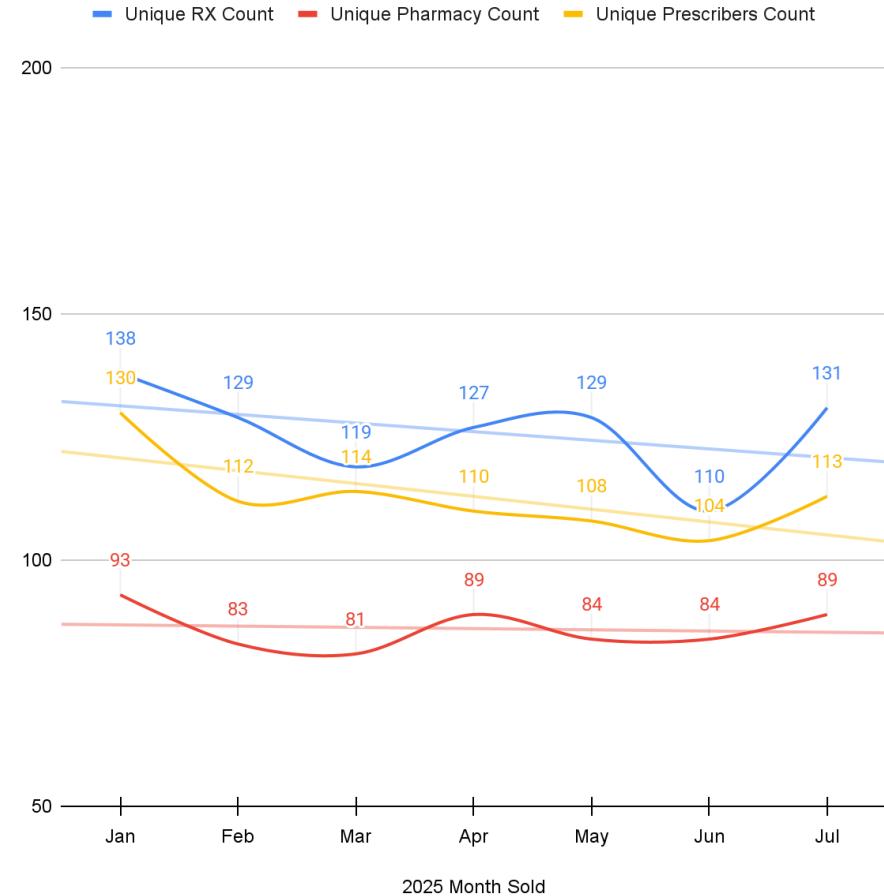
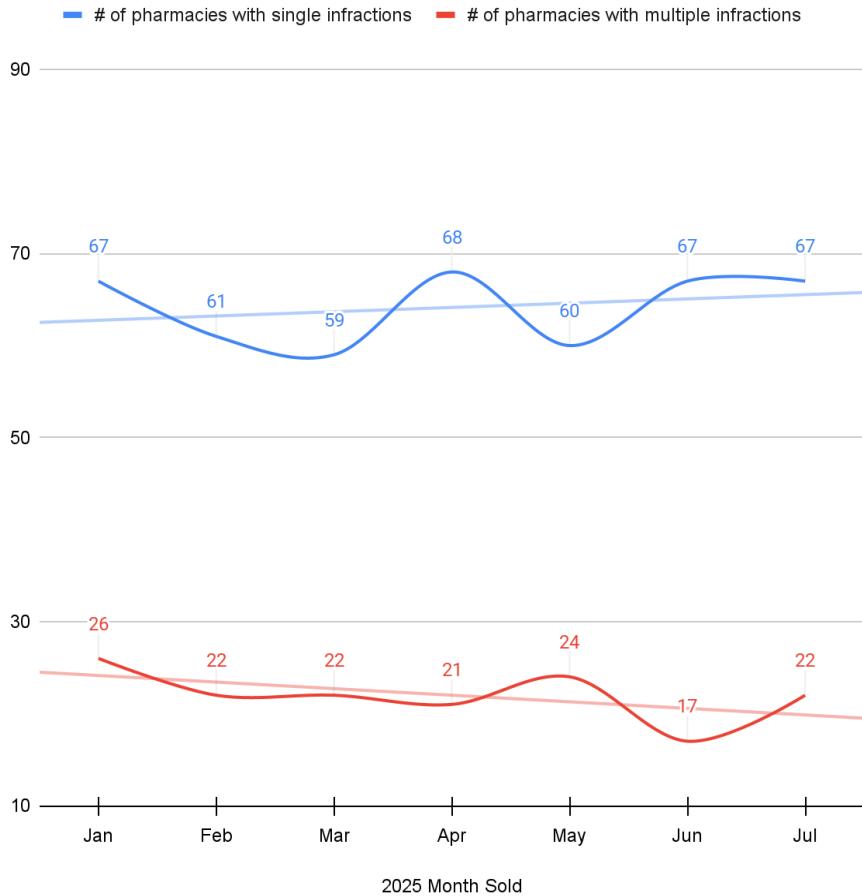
Telephone Emergency 03 Transfer 06





*CII Controlled Substances
Over 30 Day Supply*

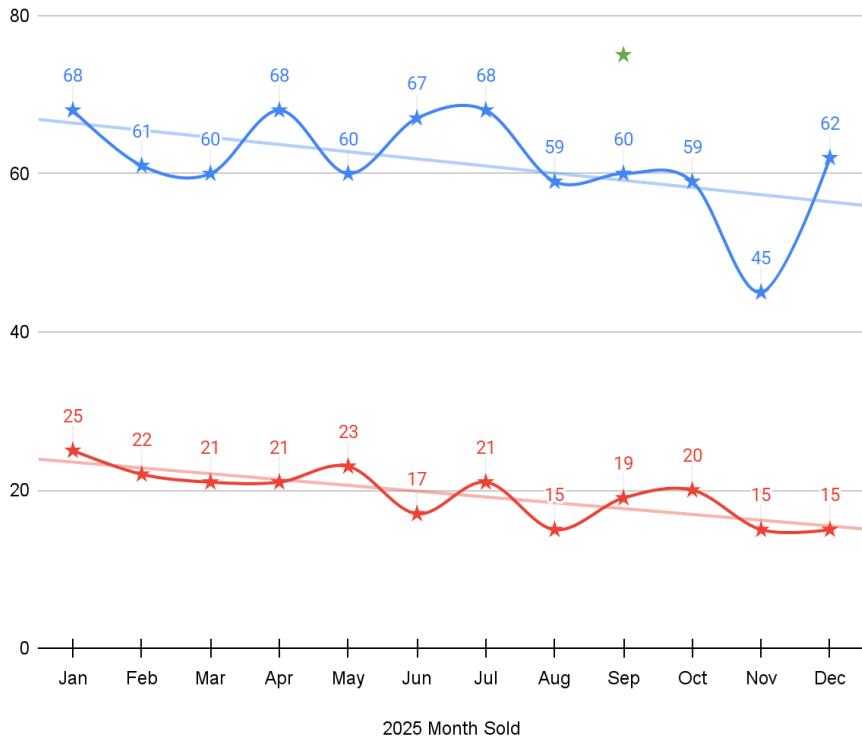
Previously Shared:



2025 Updated Data:

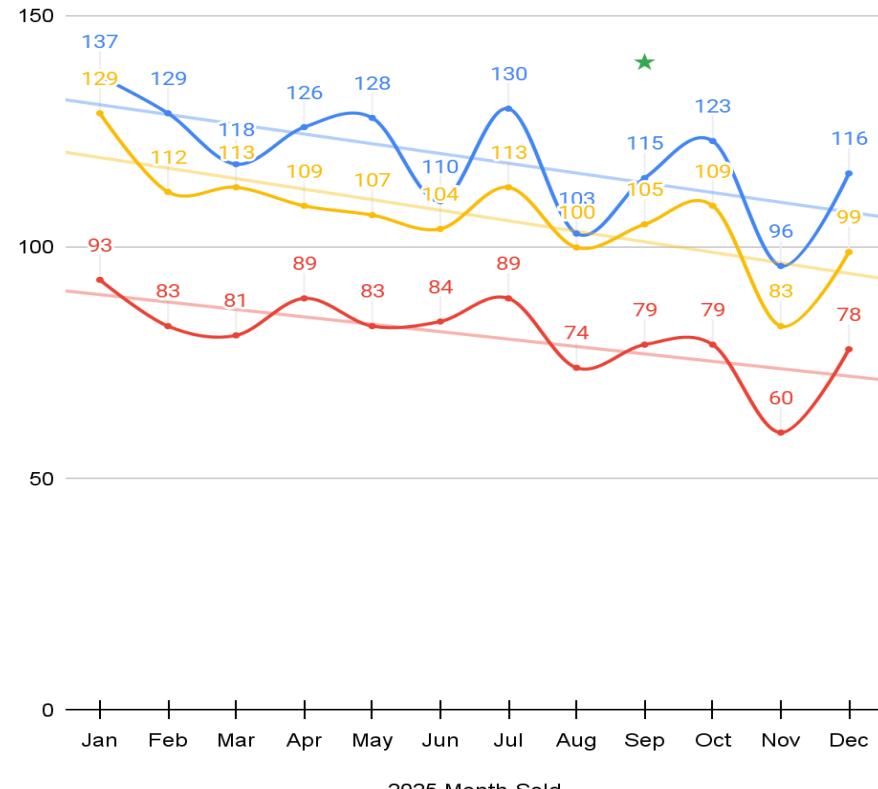
ALL

★ # of pharmacies w/ single infractions ★ # of pharmacies w/ multiple infractions
★ Outreach Letter



ALL

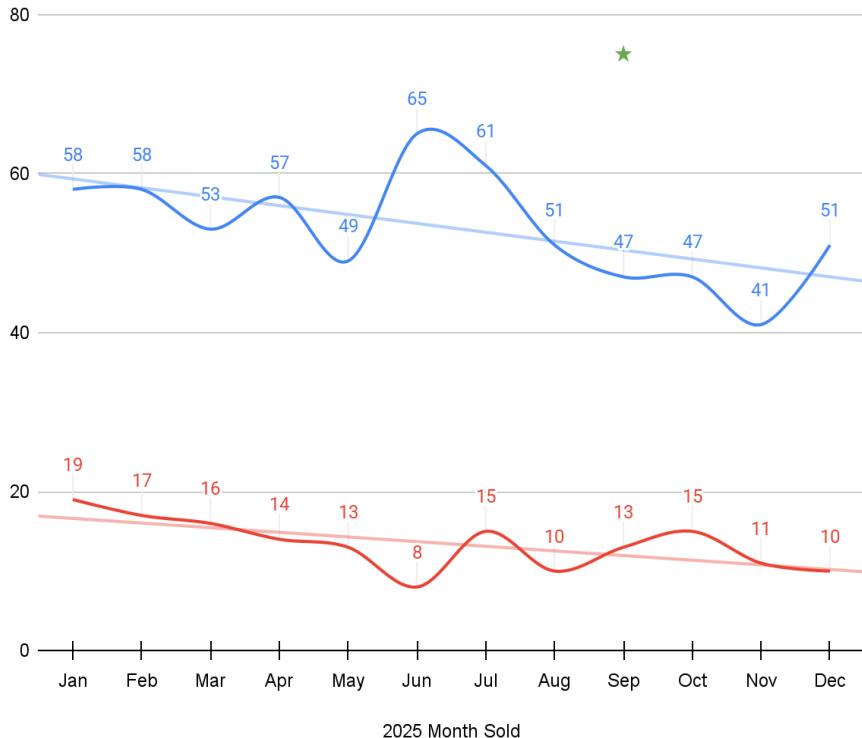
● Rx Count ● Pharmacy Count ● Prescriber Count ★ Outreach Letter



2025 Pills Only Data:

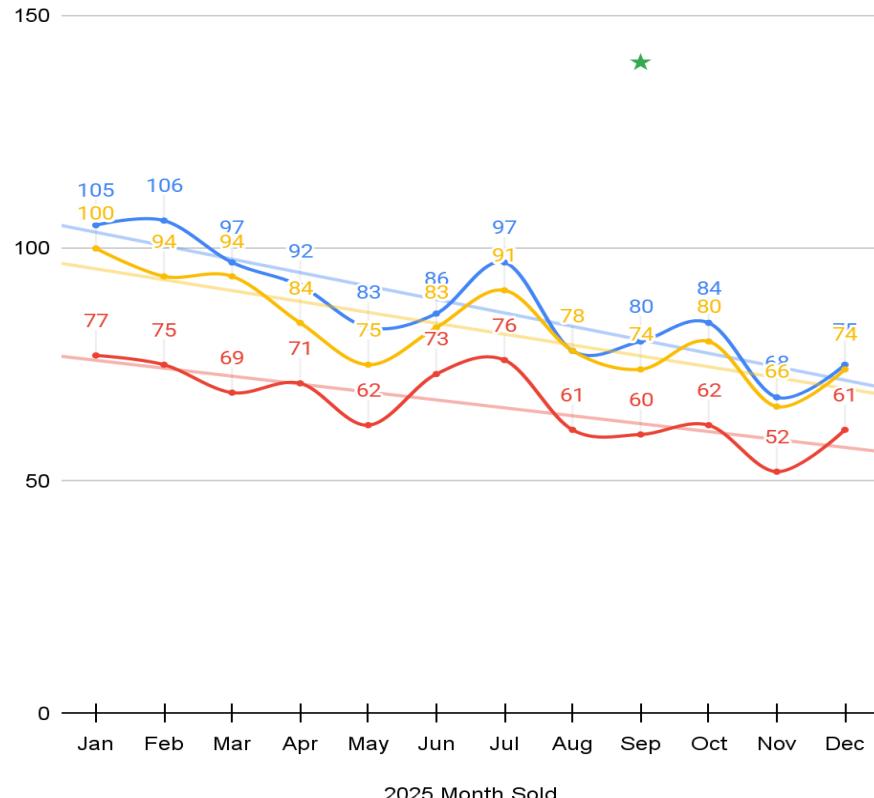
PILLS ONLY

■ # of pharmacies w/ single infractions ■ # of pharmacies w/ multiple infractions
★ Outreach Letter



PILLS ONLY

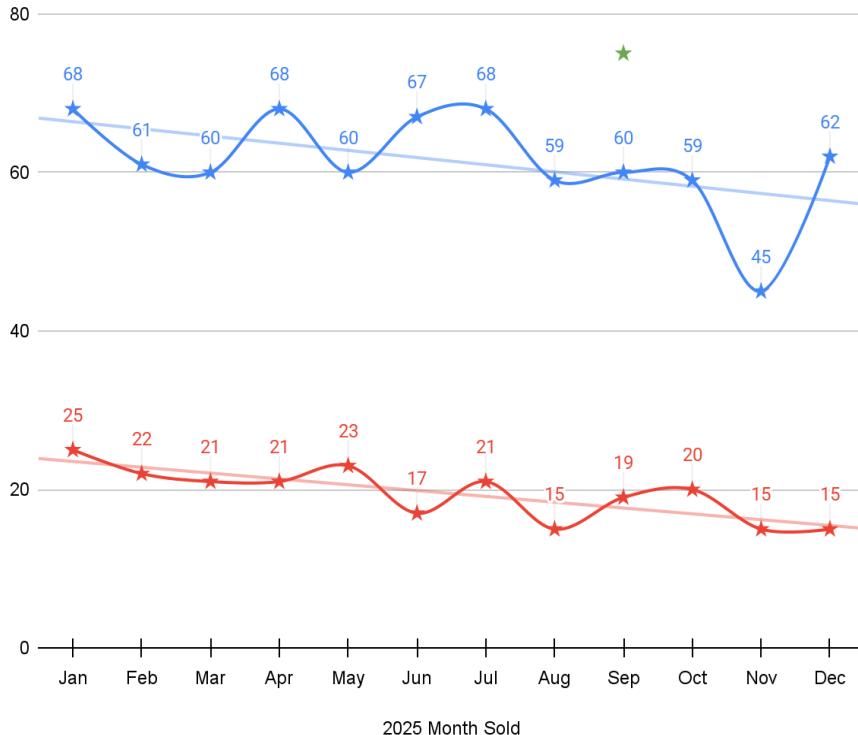
● Rx Count ■ Pharmacy Count ○ Prescriber Count ★ Outreach Letter



Infractions Comparison:

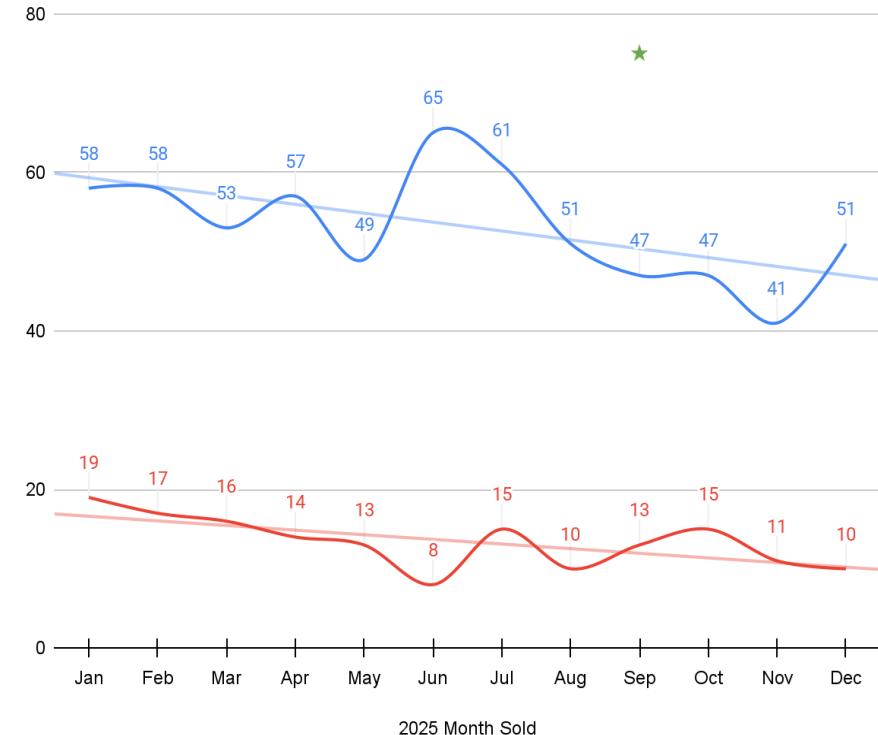
ALL

★ # of pharmacies w/ single infractions ★ # of pharmacies w/ multiple infractions
★ Outreach Letter



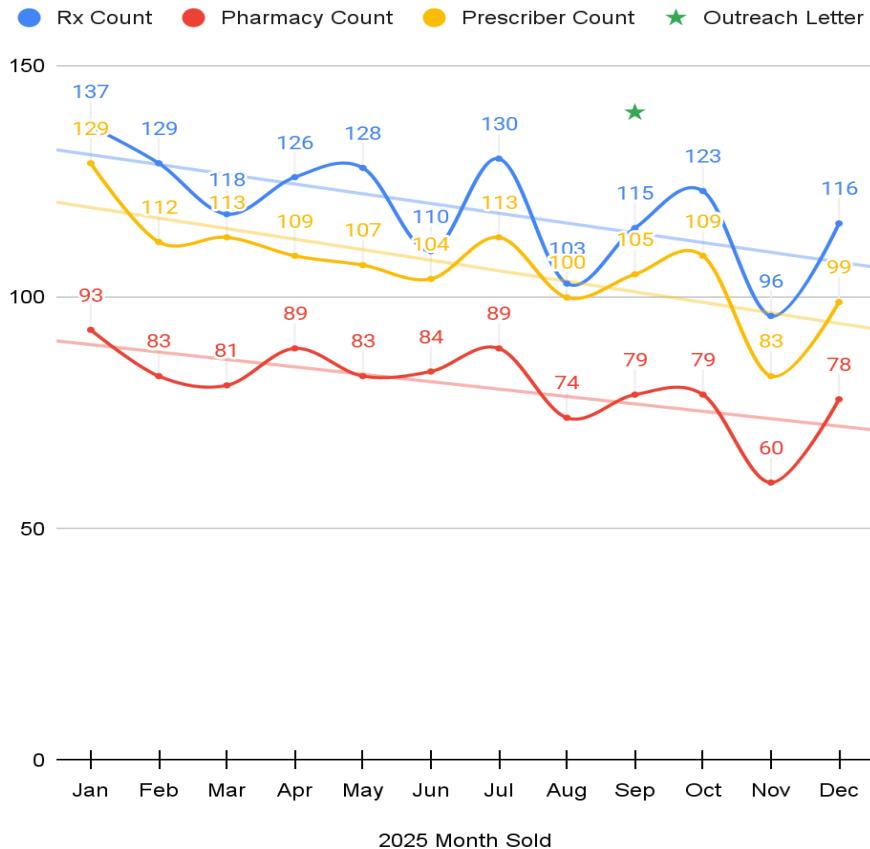
PILLS ONLY

— # of pharmacies w/ single infractions — # of pharmacies w/ multiple infractions
★ Outreach Letter

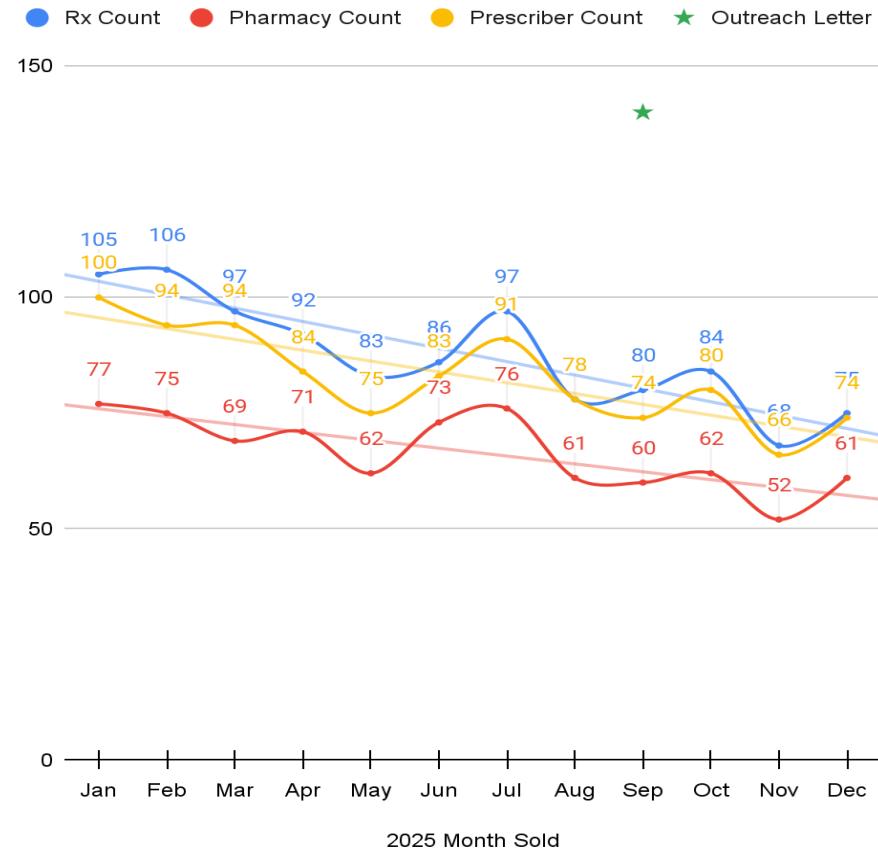


Count Comparison:

ALL



PILLS ONLY



Guidance for pre-exposure and post-exposure prophylaxis of HIV
approved TBD

This guidance authorizes qualified Utah-licensed pharmacists ("pharmacists") to perform the necessary assessments and prescribe a drug or device within the scope of the pharmacist's training and experience under the conditions of this guidance, pursuant to Utah Code § 58-17b-627, and according to current CDC guidelines.

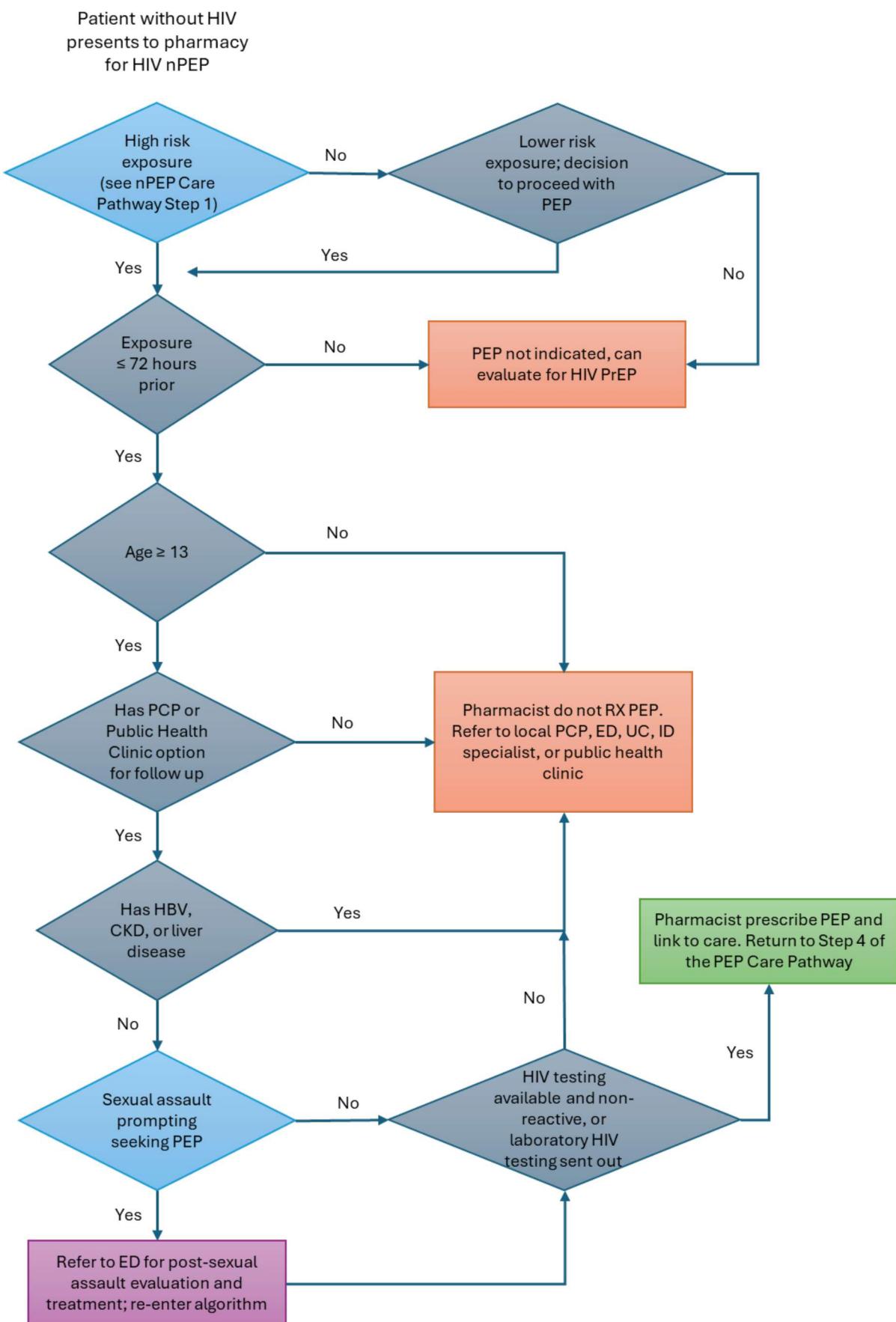
This pharmacy practice guidance is pursuant to Utah Admin. Code § R156-17b-627, and includes a pre-exposure self-screening patient intake form, and the pre-exposure prophylaxis (PrEP) assessment and treatment care pathway.

How to use this document:

Required elements of pharmacy-based provision of HIV, PrEP, and nPEP are located in this document as assessment and treatment care pathways for the respective prophylactic measures. Intake forms and sample documents for recommended labs, prescriptions, provider communications, and patient counseling materials associated with each care pathway are included. Use of these sample documents is optional, as pharmacists and pharmacies may wish to adapt to their own unique setting while still meeting the required elements of the care pathway and the CDC HIV PrEP and nPEP guidelines.

Post-exposure prophylaxis (PEP) of human immunodeficiency virus (HIV) assessment and treatment care pathway

HIV PEP determination flow



Post-exposure prophylaxis (PEP) self-screening patient intake form

(CONFIDENTIAL—protected health information)

Date ____/____/____

Date of birth ____/____/____ Age ____

Legal name _____

Preferred name _____

Sex assigned at birth (circle) M / F

Gender _____

Preferred pronouns (circle) She/her/hers, He/him/his, They/them/their, Ze/hir/hirs, Other _____

Street address _____

Phone () _____

Email address _____

Healthcare provider name _____

Phone () _____ Fax () _____

Do you have health insurance? Yes no

Insurance provider name _____

Any allergies to medications? Yes no

If yes, please list _____

Background information: Your pharmacist will use this information to determine if HIV PEP is recommended.

1. Have you had sex or shared injection drug use equipment with someone with HIV, or someone whose HIV status you don't know? If NO, have you been exposed to HIV another way?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. What was the date and estimated time of the exposure? Estimate the time if you're unsure.	<u> </u> / <u> </u> / <u> </u> at <u> </u> : <input type="radio"/> AM <input checked="" type="radio"/> PM
3. Did any blood, body fluids, or other items listed below from the other person(s) come into contact with broken skin, eyes, mouth, anus, rectum, penis, vagina, on your body, or puncture through your skin (check all that apply): <input type="checkbox"/> Blood <input type="checkbox"/> Needles <input type="checkbox"/> Semen <input type="checkbox"/> Other shared injection equipment <input type="checkbox"/> Vaginal fluids <input type="checkbox"/> <input type="checkbox"/> Rectal fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
4. Was your exposure due to unwanted physical contact or a sexual assault?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
5. If potentially exposed through sex, did you have anal or vaginal sex without a condom? If YES, do you know the HIV status of the partner(s)? If YES, and if any partner(s) were persons with HIV, did they have an undetectable viral load?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
6. If potentially exposed through injection drug equipment, did you know the HIV status of those using shared equipment? If YES, and the sharing group were person(s) with HIV, did they have an undetectable viral load?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

Medical history:

1. Have you ever been diagnosed with human immunodeficiency virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
2. Have you ever been diagnosed with hepatitis B infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
3. Have you ever received vaccine for hepatitis B? If yes, when (if known): _____ If no, would you like a vaccine today? Yes/No (circle one)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
4. Have you ever been diagnosed with kidney disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
5. Are you currently pregnant or breastfeeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
6. Do you take any of the following over-the-counter medications or herbal supplements? <input type="checkbox"/> Antacids (Tums® or Rolaids®), <input type="checkbox"/> Vitamins or multivitamins containing iron, calcium, magnesium, zinc, or aluminum	<input type="checkbox"/> Yes <input type="checkbox"/> No

7.	Do you have any other health issues or take any medications, including herbs or supplements? If yes, list them here: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
----	--	--

Signature_____ Date_____

HIV PEP SAMPLE prescription

Patient name:	Date of birth:
Address:	
City/state/ZIP code:	Phone number:

Verified DOB with valid photo ID

Rx

Single pill regimen:

Biktarvy (bictegravir 50mg/emtricitabine 200mg/tenofovir alafenamide 25mg)
Take 1 tablet by mouth daily for 30 days, #30, no refills

- OR -

Two pill regimen:

Dolutegravir 50mg
Take 1 tablet by mouth daily for 30 days in combination with Truvada or Descovy, #30, no refills

- AND, either -

Truvada (emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg)
Take one tablet by mouth daily for 30 days in combination with dolutegravir, #30, no refills

- OR -

Descovy (emtricitabine 200mg/tenofovir alafenamide 25mg)
Take 1 tablet by mouth daily for 30 days in combination with dolutegravir, #30, no refills

Written date: _____

Prescriber name: _____ Prescriber signature: _____

Pharmacy address: _____ Pharmacy phone: _____

-or-

Patient referred

Hepatitis B vaccination administered:

Lot: _____ Expiration date: _____ Dose: _____ of 2 or 3 (circle one)

Notes:

HIV post-exposure prophylaxis (PEP)

SAMPLE provider notification

Pharmacy name: _____

Pharmacy address: _____

Pharmacy phone: _____ Pharmacy fax: _____

Dear provider _____ (name), (____) ____ - ____ (FAX)

Your patient _____ [name] ____ / ____ / ____ [DOB] has been prescribed HIV post-exposure prophylaxis (PEP) at _____ Pharmacy.

This regimen consists of:

- Biktarvy (bictegravir 50mg/emtricitabine 200mg/tenofovir alafenamide 25mg), 1 tablet daily for 30 days
- OR
- Dolutegravir 50mg, 1 tablet daily for 30 days, **plus**
- Truvada (emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg), 1 tablet daily for 30 days, or
- Descovy (emtricitabine 200mg/tenofovir alafenamide 25mg), 1 tablet daily for 30 days.

This regimen was initiated on _____ [date].

The following tests checked off below were performed as part of PEP initiation at the pharmacy. Any of the following not completed are recommended to be done in follow-up with their provider, tailored by the clinical situation.

- Point-of-care HIV Ag/Ab (initiation visit only)
- HIV Ab/Ag (laboratory-based)
- HIV NAT (for persons with injectable antiretroviral exposure in the last 6 months)
- Serum creatinine
- AST
- ALT
- Pregnancy test (urine)
- HBV serology
- HCV antibody
- Syphilis antibody
- Gonorrhea NAT
- Chlamydia NAT
- Trichomonas NAT (for persons with receptive vaginal sex)

We recommend an in-clinic office visit with you or another provider on your team within 1-2 weeks of starting HIV PEP. Key points regarding recommended laboratory follow-up with HIV PEP can be found at: <https://www.cdc.gov/mmwr/volumes/74/rr/rr7401a1.htm>

If you have further questions, please contact the prescribing pharmacy or call the HIV Warmline. The HIV Warmline offers consultations for providers from HIV specialists and is available every day at: (888) 448-4911. For more information about PEP, please visit the CDC website at

<https://www.cdc.gov/hiv/prevention/pep.html>.

Post-exposure prophylaxis (PEP) for human immunodeficiency virus (HIV)

SAMPLE patient information/plan of care

Pharmacy name: _____

Pharmacy address: _____ Pharmacy
phone number: _____

This page contains important information for you; please read it carefully.

You have been prescribed post-exposure prophylaxis (PEP) to help prevent human immunodeficiency virus (HIV) infection. Listed below are the medications and directions you have been prescribed, some key points to remember about these medications, and a list of next steps that will need to be done in order to confirm the PEP worked for you.

Medications: You must start these within 72 hours of your exposure (check which selected)

- Biktarvy (bictegravir 50mg/emtricitabine 200mg/tenofovir alafenamide 25mg), 1 tablet daily for 30 days
OR
- Dolutegravir 50mg, 1 tablet daily for 30 days, **plus**
- Truvada (emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg), 1 tablet daily for 30 days, **or**
- Descovy (emtricitabine 200mg/tenofovir alafenamide 25mg), 1 tablet daily for 30 days.

Key points

- Take every dose. If you miss a dose, take it as soon as you remember. If it is close to the time of your next dose, just take that dose. Do not double up on doses to make up for the missed dose.
- Do not stop taking either medication without first talking with your doctor or pharmacist.
- The most common side effects (if they do happen) are stomach upset. Taking the medications with food can help. Over-the- counter nausea and diarrhea medications are okay to use with PEP if needed.

Follow-up and next steps

1. Contact your primary care provider to let them know you have been prescribed PEP because they will need to order lab tests and schedule a visit.
2. Our pharmacist will also contact your doctor (or public health office if you do not have a primary doctor) to let them know you will need a PEP visit for follow-up testing. You will need testing now, 4-6 weeks from now, and 3 months from now.
3. If you think that you might still be at risk of HIV infection after you finish the 30-day PEP treatment, talk to your doctor about starting pre-exposure prophylaxis (PrEP) after finishing PEP.

HIV non-occupational post-exposure prophylaxis (nPEP) assessment and treatment care pathway

Proceed through each step below. Note: For assistance with PEP determination and other guidance, you may want to call the HIV National Clinical Consultation Center PEPLine at (888) 448-4911. When you place referrals for PEP, make sure the patient can be seen within the 72-hour post-exposure window so the PEP eligibility period isn't missed. Adopt a low threshold for initiating PEP to individuals who express interest if there is any suspicion that the individual is uncomfortable disclosing the nature of the exposure.

1. Review [Patient intake form](#) and [PEP determination flow](#)

- For assessment of individual HIV risk by exposure type, see Figures 2-4 (pgs. 7-9) and Appendix A (pgs. 44-45) of the [CDC 2025 nPEP Guidelines](#) for flow diagrams and risk stratification to inform nPEP recommendations and case-by-case discussions.
- Stop here and consider engagement in HIV PrEP when nPEP is not indicated.

2. Provide any indicated referrals

- Note points for referral in the [PEP determination flow](#) diagram according to this RPH provision of PrEP/PEP protocol, and document referrals provided.

3. Evaluate need for HBV immunization

- Review immunization status on intake form and offer vaccination when indicated according to [ACIP](#).

4. Select PEP regimen and prescribe

Preferred regimens* for adults and adolescents (including during pregnancy) without relevant contraindications^:

Single-pill daily regimen	Two-pill daily regimen	
Bicityvy (bictegravir 50mg/emtricitabine 200mg/tenofovir alafenamide 25mg)	<p>Dolutegravir 50mg PLUS, either of the following:</p> <p>Truvada (emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg)</p> <p>Descovy (emtricitabine 200mg/tenofovir alafenamide 25mg)</p>	

*Generic options can be used when possible without increasing the daily pill burden.

^Selection of regimen should be individualized based on comorbidities, pregnancy, potential drug-drug interactions, pill burden, cost, etc.

- For persons with HBV, kidney disease, or hepatic dysfunction, refer to PCP, ED, UC, or ID specialist for PEP.
- Prescribe PEP; use the [sample prescription](#) below if preferred. CDC recommends a 28-day supply, however a 30-day supply can be used when this is how the medication is pre-packaged to minimize cost.
- See CDC HIV nPEP guidelines [Table 6](#) (pgs. 34-43) for formulations, cautions, and dosing considerations.

5. Provide counseling and education and patient care plan

- You should provide counseling and education on HIV PEP and administration of PEP medications, including information that patients should avoid multivalent cation containing vitamins/supplements 2 hours before or 6 hours after they take integrase strand inhibitors. Educational handouts for patients on HIV and STIs can be found [here](#).
- Provide an individualized plan of care to each patient. A sample patient handout is located [here](#).
- For any child who is currently in danger of serious injury, or is suspected to be currently in danger of serious injury, contact Utah Child Protective Services @ 1-855-323-3237.

6. Complete provider notification—the pharmacist will:

- Contact the patient's primary care provider or other appropriate provider to provide written notification of PEP prescription and to facilitate establishing care for baseline testing such as SCr, 4th generation HIV antigen/antibody, AST/ALT, and hepatitis B serology. A sample provider notification sheet is [here](#).
- Contact the patient 1 month after the initial prescription to advocate for appropriate provider follow-up after they complete the regimen.

Pharmacist signature_____ Date____/____/_____

Guidance for pre-exposure and post-exposure prophylaxis of HIV
approved TBD

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This pharmacy practice guidance is pursuant to Utah Admin. Code § R156-17b-627, and includes a pre-exposure self-screening patient intake form, and the pre-exposure prophylaxis (PrEP) assessment and treatment care pathway.

How to use this document:

Required elements of pharmacy-based provision of HIV, PrEP, and nPEP are located in this document as assessment and treatment care pathways for the respective prophylactic measures. Intake forms and sample documents for recommended labs, prescriptions, provider communications, and patient counseling materials associated with each care pathway are included. Use of these sample documents is optional, as pharmacists and pharmacies may wish to adapt to their own unique setting while still meeting the required elements of the care pathway and the CDC HIV PrEP and nPEP guidelines.

HIV pre-exposure prophylaxis (PrEP) assessment and treatment care pathway

Proceed through each step below. Any person who seeks PrEP is eligible to receive PrEP, however medication selection will depend on patient factors and other considerations outlined below specific to this protocol; some may require referral to a clinical setting for PrEP services. The HIV warmline offers consultations for providers from specialists and is available every day at: (855) 448-7737. Visit the [CDC website](#) for information about PrEP.

1. Review [intake form](#) and provide counseling

- PrEP can be offered to any person who seeks this prevention strategy. Strength of recommendation varies according to HIV exposure risk, although a person does not have to disclose a particular (or any) risk factor to be eligible for PrEP. See Figures 2 (p. 23) and 3 (p. 27) in the CDC Guidelines for PrEP eligibility flow diagrams.
- Provide counseling and education on HIV PrEP and HIV/STI prevention via preferred method; [handouts available](#).
- If YES, to screen Q3, evaluate for HIV PEP before proceeding with PrEP.

2. Review [medical history](#) and referral conditions noted on history (designated with *)

- Referral conditions: HBV infection, HIV infection, or reactive/indeterminate HIV testing, kidney disease with creatinine clearance (CrCl) <30mL/min, concomitant medications that may pose drug-drug interactions or nephrotoxicity.
- In the following situations, a pharmacist may prescribe PrEP, AND referral to clinical care also indicated: Signs or symptoms of an STI.
- *For persons who have a referral condition, pharmacists are not authorized to prescribe in accordance with this RPH protocol. Refer the patient for further evaluation and management of PrEP by the patient's healthcare provider or an appropriate specialist.* When no referral conditions are present, pharmacists are authorized to prescribe and dispense PrEP in accordance with this RPH protocol.

3. Document and review required labs

- A sample documentation form is located [here](#). See Tables 1a and 1b (pgs. 15-16) and Tables 5 (p. 44) and 7 (p. 50) in the [CDC Guidelines](#) for required baseline labs for oral and injectable PrEP, respectively.
- When labs are available, RPH may prescribe a 90-day supply of PrEP and order next labs due in 90 days. When labs are not available for review, RPH may prescribe a 30-day supply of PrEP, but the patient needs to complete all required labs within 30 days.
- *For persons who have a referral condition noted after laboratory review, return to step 2.*

4. PrEP regimen selection and prescription. See the [CDC 2021 HIV PrEP guidelines](#) and the [PrEP-ing for prevention medication decision tool](#) for detailed comparison. Proceed to PrEP prescription, a sample is located [here](#).

Considerations	Preferred regimens*
At risk for HIV through sexual exposure, excluding receptive vaginal sex (see below)	Truvada Descovy Apretude†
At risk for HIV through receptive vaginal sex	Truvada Apretude
At risk for HIV through injection drug use†	Truvada Descovy^
Kidney impairment (CrCl <60mL/min, but >30mL/min) or low bone mineral density	Descovy^ Apretude
Pregnant or breastfeeding	Truvada

*Generic versions are acceptable in all cases if available.

^This option is not recommended for persons at risk for HIV through receptive vaginal sex.

†Apretude has not been studied specifically for HIV prevention in persons who inject drugs. Individuals at risk for HIV through IDU exposure may also be at risk via sexual exposure. A case-by-case assessment of risk vs. benefit of PrEP regimens is suggested.

5. Healthcare provider (HCP) notification

- The pharmacist will notify the patient's PCP or other provider about the provision of PrEP and test results as indicated. Sample HCP notification forms can be found [here](#).

HIV pre-exposure prophylaxis (PrEP) self-screening patient intake form

(CONFIDENTIAL—protected health information)

Date ____/____/____

Legal name _____ Preferred name: _____

Sex assigned at birth (circle): M / F

Gender: _____

Preferred pronouns (circle): she/her/hers, he/him/his, they/them/their, Ze/Hir/Hirs, Other _____

Street address _____

Phone () _____

Email address _____

Healthcare provider name _____

Phone () _____ Fax () _____

Do you have health insurance? Yes No

Insurance provider name _____

Any allergies to medications? Yes No

If yes, please list _____

Please answer the following screening questions to help the pharmacist to determine if starting PrEP at the pharmacy is right for you. Your test results and PrEP prescribing information will be shared with your healthcare provider listed above.

1. Are you interested in starting a medication to prevent HIV (PrEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you had sex in the last 6 months, or are you planning to have sex? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you had sex within the last 3 days without a condom? <input type="checkbox"/> Yes <input type="checkbox"/> No In the last 4 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. What sex are your partners? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both
5. Do you have a partner with HIV, or partner(s) where you don't know their HIV status? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had gonorrhea, chlamydia, or syphilis in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you use condoms with vaginal and/or anal sex? <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
8. Do you ever inject drugs and/or share drug injection equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No

Medical history:

1. Have you ever had a positive HIV test?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever had hepatitis B infection?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever received a vaccine for hepatitis B? If yes, when (if known): _____ • If NO, would you like a hepatitis B vaccine today? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been diagnosed with kidney disease?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you currently pregnant or breastfeeding (or planning to)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have any other health conditions the pharmacist should know?* If yes, list them here: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you taken PrEP before? If YES, which medication, and how long ago was your last dose? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If yes, the pharmacist may recommend a referral for PrEP to your healthcare provider or specialist.

Please list any prescription and over the counter medications or supplements you take. This helps the pharmacist make sure there are no interactions with your PrEP.

Don't hesitate to discuss any questions you have with the pharmacy staff. The pharmacist will provide you with informational materials today.

Patient signature: _____ Date: _____

HIV pre-exposure prophylaxis (PrEP) assessment—SAMPLE Required laboratory testing form
(CONFIDENTIAL—protected health information)

Name _____ Date of birth _____ Today's date _____

Testing: The pharmacist must verify appropriate labs are complete. *Italics* below indicate need for referral.

Test name	Date of test	Result	Needs referral
• HIV 1/2 Ag/Ab test:	_____/_____/_____	<input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Negative	<input type="checkbox"/> Yes
• HIV-1 RNA Qualitative: <i>(If any antiretrovirals within the last 90 days, or long-acting cabotegravir within the last 12 months)</i>	_____/_____/_____	<input type="checkbox"/> Detected <input type="checkbox"/> Not detected	<input type="checkbox"/> Yes
<i>Reactive/detectable and indeterminate tests are an automatic referral to county health or the patient's healthcare provider for confirmatory testing. Pharmacist may not prescribe PrEP. NOTE: HIV test must be performed within the 7 days prior to prescribing and dispensing PrEP.</i>			
• Syphilis screen:	_____/_____/_____	<input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Negative	<input type="checkbox"/> Yes
<i>Reactive testing will result in an automatic referral to county health or the patient's primary care provider for follow-up and confirmatory testing.</i>			
• Hepatitis C antibody	_____/_____/_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Yes
<i>Positive HCV antibody suggests current or past infection and should be referred to primary provider or county health clinic for confirmatory testing. When reflex RNA testing is available and negative, referral is not required.</i>			
• Hepatitis B surface antigen:	_____/_____/_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Yes
• Hepatitis B surface antibody	_____/_____/_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
• Hepatitis B core antibody	_____/_____/_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
<i>Positive surface antigen or core antibody may indicate ongoing hepatitis B infection; PrEP should be referred to county health or a specialist physician. A negative surface antibody prompts evaluation for immunization.</i>			
• Gonorrhea/chlamydia:	_____/_____/_____		<input type="checkbox"/> Yes
Urinalysis result: <input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Negative		Pharyngeal test result: <input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Negative	
		Rectal test result: <input type="checkbox"/> Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Negative	
<i>All reactive or indeterminate chlamydia and gonorrhea results will result in an automatic referral to county health or the patient's healthcare provider for evaluation and treatment.</i>			
• Renal function (CrCl mL/min):	_____/_____/_____	_____ mL/min	<input type="checkbox"/> CrCl > 60 <input type="checkbox"/> CrCl 30-60 <input type="checkbox"/> CrCl < 30
<i>CrCl < 30 mL/min: referral for evaluation/follow-up.</i>			

SAMPLE HIV PrEP prescription

Patient name:	Date of birth:
Address:	
City/state/ZIP code:	Phone number:

Verified DOB with valid photo ID

Rx **Truvada (emtricitabine/tenofovir disoproxil fumarate) 200/300mg tablets**
Take 1 tablet by mouth daily for 90 days, #90 tabs, 0 refills

-OR-

Descovy (emtricitabine/tenofovir alafenamide) 200/25mg tablets
Take 1 tablet by mouth daily for 90 days, #90 tabs, 0 refills

-OR-

Apretude (cabotegravir ER) 600mg/3mL injection
Inject 600mg intramuscular (IM), #1 each, 0 refills

Written date: _____

Expiration date: (This prescription expires 90 days from the written date) _____

Prescriber name: _____ Prescriber signature: _____

Pharmacy address: _____ Pharmacy phone: _____

-or-

Patient referred

Hepatitis B vaccination administered:

Lot: _____ Expiration date: _____ Dose: ____ of 2 or 3 (circle one)

Notes: _____

Manufacturer copay card information:

RXBIN:	RXPCN:	GROUP:
ISSUER:	ID:	

HIV pre-exposure prophylaxis (PrEP)

SAMPLE Provider notification form

Pharmacy name: _____

Pharmacy address: _____

Pharmacy phone: _____ Pharmacy fax: _____

Dear provider _____ [Name] (____) ____ - ____ [FAX]

Your patient _____ [Name] ____ / ____ / ____ [DOB] has been prescribed HIV pre-exposure prophylaxis (PrEP) by _____, RPH. This regimen was filled on ____ / ____ / ____ [date] and follow-up HIV testing is recommended in approximately 90 days ____ / ____ / ____ [date] for oral PrEP, or within 1 month ____ / ____ / ____ [date] for injectable PrEP.

The prescribed regimen consists of the following (check one):

Truvada (emtricitabine/tenofovir disoproxil fumarate) 200/300mg tablets. Take 1 tab by mouth daily. 90 day supply.

Descovy (emtricitabine/tenofovir alafenamide) 200mg/25mg tablets. Take 1 tab by mouth daily. 90 day supply.

Apretude (cabotegravir ER) 600mg/3mL for IM injection administered on [date] _____, with next dose due [date] _____

Pharmacy monitoring of HIV PrEP:

- The pharmacy prescribing and dispensing PrEP conducts and reviews results of HIV testing, STI testing, and baseline testing as part of their patient assessment.
- Patients who test reactive or indeterminate for HIV, gonorrhea/chlamydia, syphilis, or hepatitis B will be referred to your office for evaluation, diagnosis, and treatment.
- Your office may take over management of this patient's HIV PrEP from the pharmacy at any time.

If you have additional questions, please contact the prescribing pharmacy, or call the HIV National Clinical Consultation Center. The HIV Warline offers consultations for providers from HIV specialists and is available every day at: (855) 448-7737. For Information about PrEP, visit the [CDC website](#).

List of Potential Citation Policy Options for Consideration

Any recommendations made by the Board will be included in the internal report as the Board's official recommendation, along with a description of the Board's reasoning. The Board selecting an option does not guarantee the policy option will be selected or implemented, but the recommendation will influence the internal report on the potential policy options and will be considered.

Option 1 - Additional Reductions or Modifications on Citation Response Form

Currently, DOPL has an option for respondents to request fine reductions or sanction modifications when responding to citations. DOPL currently grants a 50% reduction of the initial fine in most cases when this option is selected on the citation response form. This policy option would expand the existing process for certain first-time offenses that are deemed to not impact public safety. Two new reductions will be available with this policy option; DOPL not publishing the citation to our website and a reduction to a Letter of Concern. Any previous violations that resulted in a Letter of Concern or a citation would disqualify the respondent from receiving the new reductions, regardless of the severity of the subsequent violation.

DOPL would produce a matrix of potential violations that could lead to a citation that indicates the potential reductions respondents could be eligible for. This matrix would consider the potential reductions differently depending on how the section of statute or administrative rule was violated, rather than considering all violations of a section the same. The matrix would be brought to the Board for review, prior to implementation. The Chief Investigators would maintain the ability to review citations on a case-by-case basis, allowing for appropriate consideration of aggravating and mitigating circumstances. Respondents would be required to provide a written request specifying the reduction they are requesting, along with proof of compliance (when applicable). If compliance is unable to be met within the 20 day response window, the respondent would be required to provide a timeline of compliance. If the Chief Investigator determines the timeline is reasonable to correct the compliance issue, the Chief Investigator would extend the response window through the provided timeline. The respondent would be required to verify compliance at the end of the extension to receive the requested reduction.

Option 2 - Separate Program for Letter of Concern Reductions

DOPL would implement a program that would allow certain violations that lead to a citation to receive a reduction to a Letter of Concern on first offenses. These would be violations that DOPL determines do not directly impact public safety, with approval from the relevant licensing Board. The violations would be considered depending on how the section of statute or administrative rule was violated, rather than considering all violations of a section the same. Any previous violations that resulted in a Letter of Concern or a citation would disqualify the respondent from receiving a reduction to a Letter of Concern, regardless of the severity of the second violation. Respondents would be required to demonstrate compliance within a specified period of time to be eligible for a reduction to a Letter of Concern.

Option 3 - Changes to Website Publication Timelines

DOPL would lower the time that citations are made public on our website (currently 10 years) and the time that a respondent must wait before petitioning to have a citation removed from our website (currently 5 years). The current timeline matches the timeline for all other disciplinary action that the Utah Administrative Procedures Act requires. Changing this timeline would only change the timeline for citations, not other disciplinary actions.

Option 4 - Lower Class of Citation

DOPL would create a lower class of citation that has been determined to not directly impact public safety. The determination of what would not directly impact public safety would be made by DOPL, with approval from the licensing board. The violations would be considered depending on how the section of statute or administrative rule was violated, rather than considering all violations of a section the same. Citations that are issued under the lower class of citation would not be published to DOPL's website. This option would not require any proof of compliance or a request from the respondent for DOPL to not publish the citation on our website. These citations would continue to be reported to the National Practitioner Data Bank and on official verifications of licensure. Any second citation would not be eligible to be classified under the lower class of citation, and would be published to the website regardless of the severity.

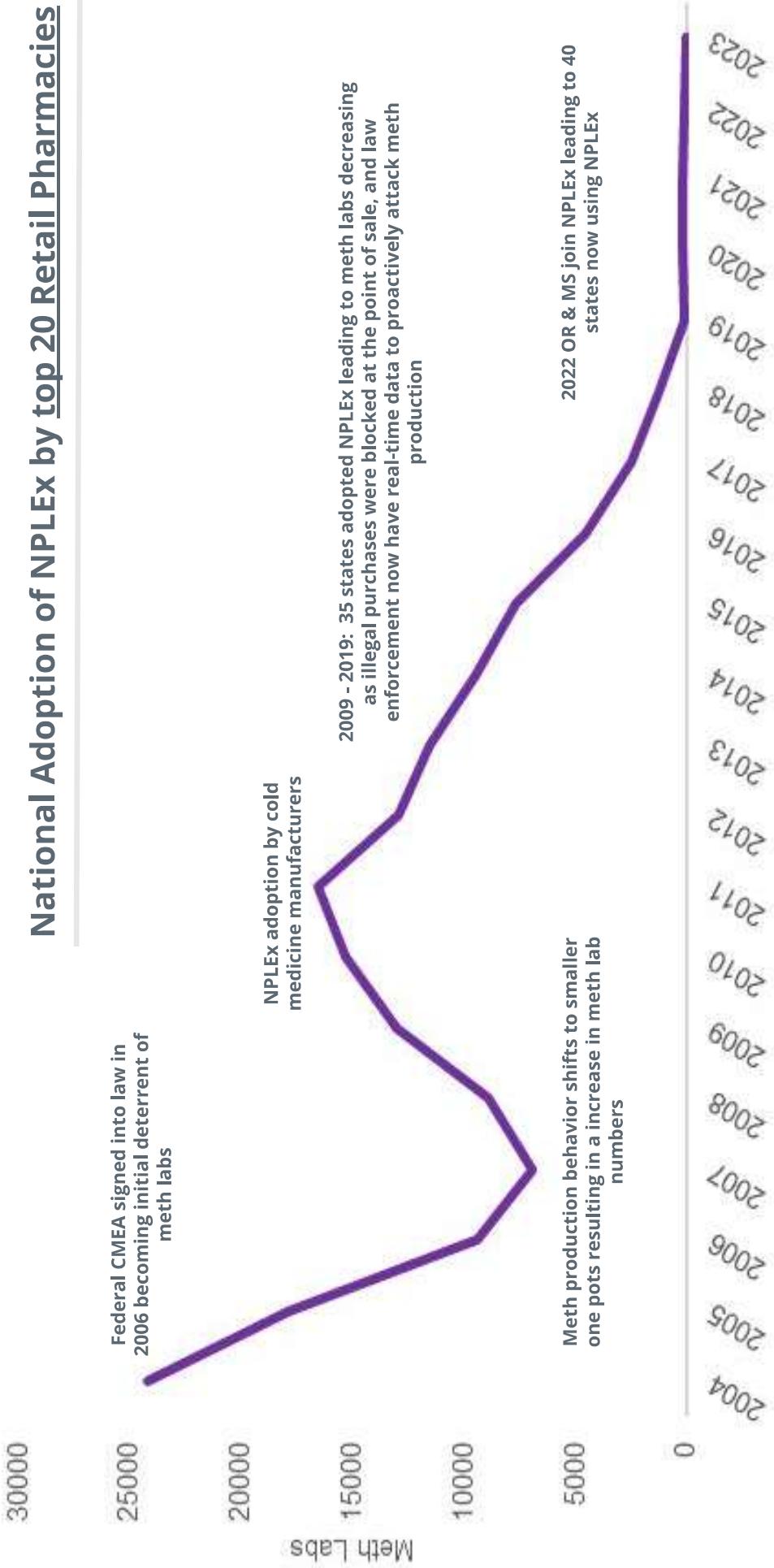
Option 5 - No Changes to Existing Policy

DOPL would make no changes to our existing citation policy. Specifically, this means that all citations will be published to our website for 10 years, unless a petition is filed to remove the citation between 5 and 10 years. This also means there will be no formal process for citations to be reduced to Letters of Concern. The primary reduction for all citations would be up to a 50% reduction of the fine.

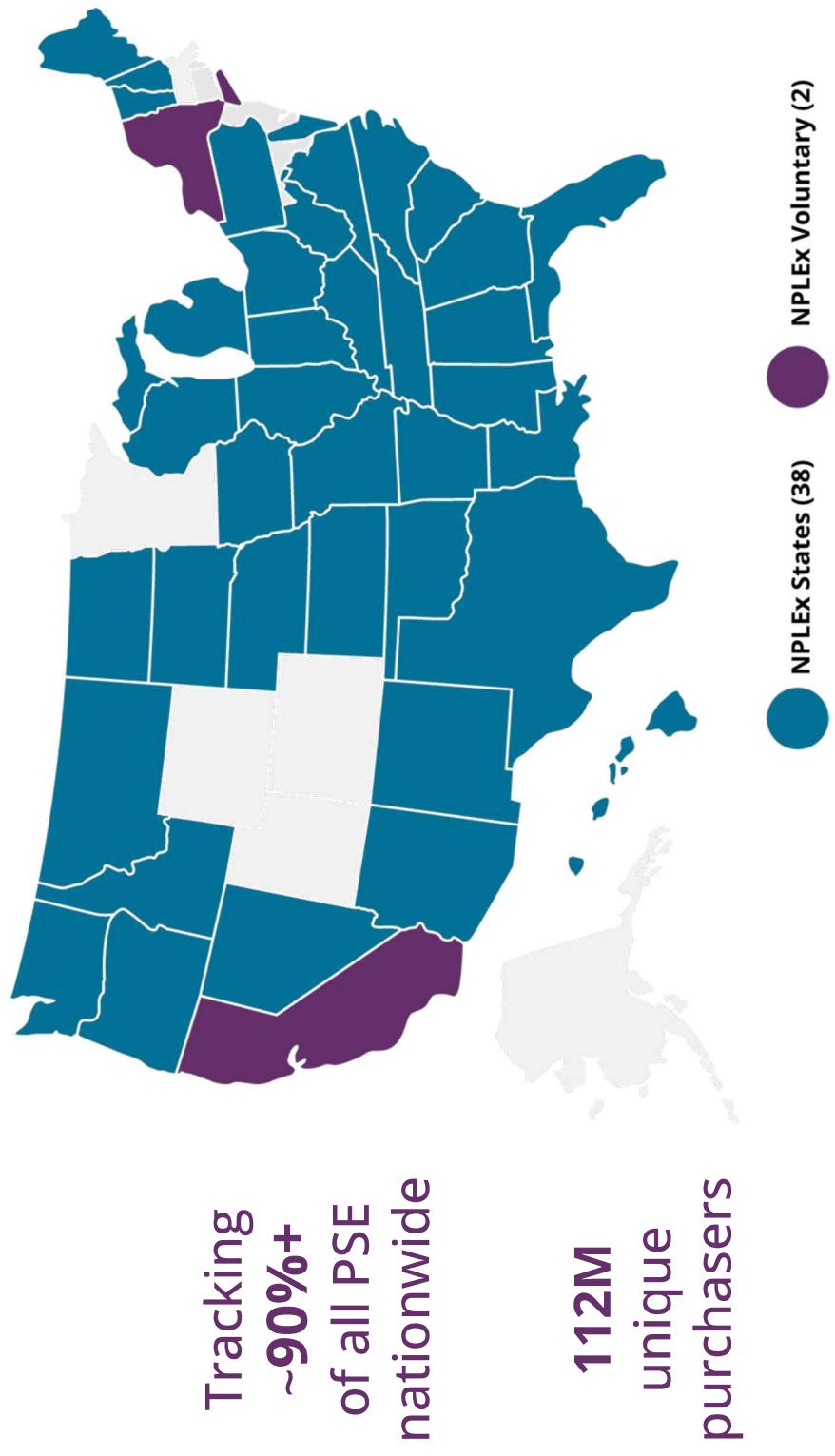
National Precursor Log Exchange (NPLEx[®]) Overview



NPLEX & The Decrease in Meth Production



NPLEX States



CMEA: Mail-Order Regulation (Subpart C)

Mail Order Regulation Requirements

- Limited to 3.6g per day, 7.5g per 30 days
- Limits applied based on person's address
- Purchasers provide a photocopy of federal or state ID; regulated seller must determine that the name and address on the ID correspond to the name and address provided by the purchaser
- Monthly DEA report

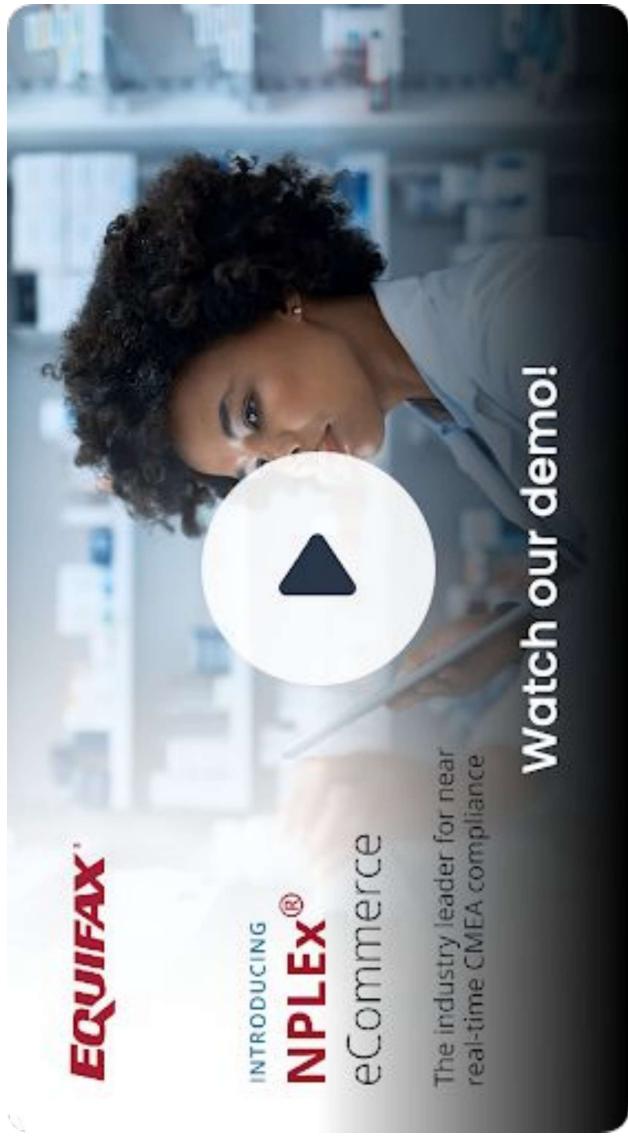


Mail-Order PSE Sales

To meet current customer expectations in a post-COVID world, retail pharmacies have sought a comprehensive solution for distributing PSE online. Now, increased consumer demand for ePharmacy services and the evolving retail pharmacy footprint necessitate a consumer-friendly, safe, reliable, and compliant online PSE solution.

- Limits applied based on person's address
- Online transactions will be tracked alongside in-person sales that already being recorded
- Solution will include ID verification as well as electronic signature and recordkeeping as required by states today
- Once an online transaction is completed, the sale will be immediately recorded in the database, leaving no gap for a nefarious customer to try to exploit
- Transactions will be stored as they are today, available to law enforcement, and provided to DEA on a monthly basis

NPLEX Online Demo



Sample Online PSE Ordering Workflow



Laura is struggling with congestion from a nasty sinus infection. She would like to purchase pseudoephedrine medication online and have it delivered to her home so she can continue resting and avoid potentially exposing others to illness.

