

*Last updated May 2025*

A Helping Hand

**The IHS Syndemic Resource Guide for Pharmacists**

**Hepatitis C**

**Engaging Pharmacists in Syndemic Work**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In October 2023, the Indian Health Service (IHS) announced an agency-wide [National Sexually Transmitted Infection (STI) Initiative](https://www.ihs.gov/nptc/strategic-initiatives/sti/). This initiative included the release of a [STI toolkit and Community and Patient Resources](https://www.ihs.gov/sti/ihsnationalstiinitiative/), developed in collaboration with the IHS National Pharmacy & Therapeutics Committee (NPTC), IHS Chief Clinical Consultant in Infectious Disease, and the IHS Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), and STI (HIV/HCV/STI) Branch to address the public health challenges affecting Indian Country from the syphilis epidemic. The IHS Chief Medical Officer (CMO) provided additional [strategic guidance](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2024_Letters/DTLL_DUIOLL_021524.pdf) for syphilis testing, treatment, and prevention in 2024 to further support IHS, Tribal Health Programs, and Urban Indian Organization (I/T/U) facilities, and the IHS NPTC has created additional [clinical guidance](https://www.ihs.gov/nptc/clinicalguidance/) for Doxycycline Post-Exposure Prophylaxis (DoxyPEP), STIs, Benzathine Penicillin G, HIV pre-exposure prophylaxis (PrEP) and treatment and HCV treatment.

The National Pharmacy Council Syndemic Ad Hoc Committee is pleased to provide sample policies and protocols, training, resources, and implementation pearls for you and your facility to engage pharmacy in broader syndemic work. While the term syndemic may seem complex, it is used when two or more diseases or health conditions cluster and interact within a population because of social and structural factors, leading to an excess disease burden and continuing health disparities. This guide serves as a practical resource designed to assist pharmacy programs in addressing interrelated epidemics – HIV, HCV, and STIs – that compound disease burden. While the opioid epidemic intersects with the HIV, HCV, and STI epidemics, programs are encouraged to review the information on the [IHS Heroin, Opioid, and Pain Efforts (HOPE)](https://www.ihs.gov/opioids/) website for additional resources developed. By engaging pharmacists—already trusted, accessible, and integrated into our healthcare systems—we can transform how we address these intersecting epidemics.

The following resources were created by subject matter experts in the field to encourage rapid uptake and implementation of pharmacy-based interventions to impact the significant number of cases of HIV, HCV, and STIs impacting American Indian and Alaska Native (AI/AN) people. This guide includes sample policies, protocols, and templates to assist in expanding clinical pharmacy services and support healthcare teams to address the syndemic. Ensuring patients receive comprehensive, high-quality care will require a multidisciplinary approach.

The availability of these resources represents a critical step in expanding access to essential services that can help alter the trajectory of rising infection rates, but it cannot stand alone. As IHS remains committed to delivering the highest standard of care, integrating harm reduction strategies, maternal and child health initiatives, and behavioral health support will be essential in holistically addressing these public health challenges.

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# **Start Here: Process Mapping**

* **Data Collection and Needs Assessment**

Before implementing a new clinical service, collect data and perform a [needs assessment](https://www.ihs.gov/hpdp/communityhealth/tools/) for your specific site. You may consider collecting data for the number of people living with HIV in your area, the number of HIV/HCV/STI diagnoses given at your site, local overdose rates, your screening rates compared with national averages, etc.

* **Proposal and Leadership Buy-In**

The toolkit was created by subject matter experts within this field and is endorsed by the IHS Chief Medical Officer (CMO), Principal Pharmacy Consultant, Infectious Disease Consultant, and the IHS HIV/HCV/STI Branch. IHS strives to address the syndemic through prevention, testing, and treatment. In April 2025, the IHS CMO communicated support for these pharmacy-based efforts.

* **Identify Key Stakeholders**

Consider your workflow and determine which departments will be affected and involved in providing syndemic services. Allow these groups to be involved in policy review and implementation. Identify a pharmacist and provider champion at each site to provide a clear point of contact.

* **EXAMPLE Policy and Protocol Revision and Approval**

The toolkit is intended as a starting point for local implementation. Many sites implement broad collaborative practice agreements with fewer details than those provided in this guide; however, details have been included for those who desire more in-depth policies. All documents are EXAMPLE documents designed to be adapted to local needs and aligned with local policies and activities at the site. Every I/T/U is very different in how items may be rolled out, what order sets are used, how positive tests may be addressed, how various disciplines interact in the normal course of providing syndemic care, etc. Collaboration with the medical/clinical director and facility leadership is critical.

* **Note Template Modification and Approval**

The note templates provided have been compiled from several sites providing syndemic services and are intended to align with the example policies and protocols. The templates should be modified to fit your needs. Approval of templates from local or area leadership may be required, as it is customary at your facility and follows local policy. Ensure appropriate key allocation has been granted.

* **Laboratory Considerations**

Laboratory capability and capacity should be evaluated. Collaborate with your local laboratory to identify necessary tests and additional requirements needed, such as CLIA waivers. Laboratory order sets can be variable due to available technologies and testing at each I/T/U. Example order sets are provided; however, nomenclature may vary from site to site. Collaborate with your local Clinical Applications Coordinator and laboratory department to build order sets or quick orders tailored to your facility.

* **Build Clinic Calendar and/or Scheduling System**

Work with pharmacy and facility leadership to determine how pharmacy-based syndemic services will be offered at your facility. Walk-in testing may be provided without formal scheduling; however, some appointments may need to be coordinated and scheduled (e.g., provision of test results and treatment plans). Determine days and hours of operation, duration of appointment times, telephone appointments vs. in-person encounters, the number of appointments per period, and identify who can schedule appointments.

* **Determine Location**

Where will the visits take place? Does the workflow make sense with registration, lab, etc.? Gather and store the needed supplies.

* **Determine and Complete Training and/or Competencies**

Our training and resources section includes training resources and technical assistance programs. Competency requirements vary among sites and are determined at the local level. Some options may include required continuing education hours, competency exams, in-person training, or certifications. Individual policies should be updated to include your plan for determining competency.

*Disclaimer: This manual is intended as a guide, not a substitute for any applicable IHS policy or clinical judgment.*

# **Frequently Asked Questions**

**Are all protocols aligned with National Clinical Pharmacy Specialist (NCPS) Committee requirements?**

* The pharmacy-based syndemic example protocols and policies may be adopted and endorsed locally. NCPS endorsement is an optional but non-required additional level of certification that incorporates comprehensive care management in addition to specific disease state management. The NCPS Committee assesses Collaborative Practice Agreements (CPA). It evaluates them utilizing the “NCPS Critical Elements in Designing a CPA/Clinical Protocol Checklist” in the National Clinical Pharmacy Specialist Committee Handbook. The pharmacy-based syndemic example protocols and policies were created with the required NCPS CPAs/protocols elements in mind. However, NCPS requires CPAs to incorporate local data, be locally tailored, implement performance improvement measures, and track and report outcomes. Individual facilities must thoroughly review the syndemic resources to ensure local data and additional information are incorporated to meet NCPS requirements if NCPS endorsement is desired.

**Are pharmacy-based syndemic services billable through third-party providers and insurance companies?**

* Reimbursement for pharmacy clinical services varies widely across the country. Pharmacists are not currently recognized as independently billable providers through Medicare Part B. However, some state Medicaid programs and private insurers recognize certain pharmacist clinical services as billable. Contact your state Medicaid program, pharmacy billing specialists, and leadership about potential billing opportunities. Collaborate with your local service unit/facility Business Office to identify opportunities to bill under “incident to” billing.

**Is outcomes reporting required for pharmacy-based syndemic services?**

* Collection of outcomes data is essential to document pharmacists' impact on patient care and the contributions made to curb the syndemic. Local sites should identify the administrative and clinical outcome measures to be collected and the process for obtaining, documenting, and reporting outcome data locally. Though national data reporting will not be required, the data may help create IHS pharmacy success stories, disseminate best practices, and demonstrate pharmacists' impact on syndemic-related patient care. The process for obtaining, documenting, and reporting annual outcomes to local leadership should be determined when implementing the Test-to-Treat protocols and policies locally.

**Will there be technical support after we implement a new pharmacy-based syndemic service?**

* Pharmacy-based syndemic work is already a mainstay in some IHS facilities, and we have many local and national subject matter experts available to support sites. Also, many IHS sites and Areas are working feverishly to reduce syndemic infections, and many best practices and support resources are available. Support will be available in multiple ways, including IHS Headquarters-supported technical assistance from the IHS HIV/HCV/STI Branch. In addition, the National Pharmacy Council Pharmacy-Based Syndemic Ad Hoc Committee plans to provide mentoring and support. If your site needs support, contact Bethany Johnson, PharmD, BCIDP ([bethany.johnson@ihs.gov](mailto:bethany.johnson@ihs.gov)) or Holly Van Lew, PharmD, BCPS, AAHIVP ([holly.vanlew@ihs.gov](mailto:holly.vanlew@ihs.gov)).

**Are pharmacists allowed to initiate PrEP and PEP without a medical provider’s prescription in all states?**

* Pharmacy practice varies by state and practice environment. The leadership at your facility can guide you and assist with implementing policies and procedures under standing orders, collaborative practice, etc. Some states allow pharmacists to initiate PrEP and PEP therapy. Please visit the [National Alliance of State and Territorial AIDS Director’s resource](https://nastad.org/sites/default/files/2024-12/Pharmacist_Initiated_PrEP_PEP_IssueBrief_120624.pdf), which has compiled a list of these allowances by state.

# A book cover with a logo and text AI-generated content may be incorrect.Example Pharmacy-Based Policies and Protocols

## Hepatitis C Treatment

**Hepatitis C Treatment and Care**

***Example* Pharmacy Policy**

**PURPOSE:**

To authorize pharmacists to provide comprehensive Hepatitis C treatment and care at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Unit or field sites serviced by Indian Health Service (IHS) pharmacy staff from this Service Unit.

**DEFINITIONS:**

Screening: To detect potential health disorders or diseases in people who may or may not have disease symptoms.

Syndemic: Synergistic and interacting epidemics explicitly referring to Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), and sexually transmitted infections (STIs).

Syndemic Approach: An approach to addressing HIV, STIs, and viral hepatitis cases, which all share similar risk factors for transmission. Screening is recommended for all infections with shared risk factors, including HIV, STIs, and viral hepatitis labs when testing.

**BACKGROUND:**

HCV affects nearly 2.4 million people and is a leading cause of chronic liver disease in the United States.  New infections have been increasing since 2011 and are driven in large part by injection drug use.  In 2018, the Centers for Disease Control (CDC) estimated American Indians/Alaska Natives (AI/AN) to be the most afflicted race or ethnicity by HCV, with a prevalence of 3.6 cases per 100,000 people.  In 2019, IHS published a memorandum to Area directors to implement universal screening for and treatment of chronic HCV, highlighting disparities between AI/AN populations and the general population.

HCV clinical pharmacists are integral to staying current with new guidelines, treatment regimens, and safety monitoring. Compliance with medication is paramount to prevent treatment failure and potential resistance. However, due to adverse effects, pill burden, and social/economic barriers, adherence to HCV regimens can be a challenge for many patients. HCV clinical pharmacists will monitor patients to improve medication tolerability and ensure optimal adherence.

**POLICY:**

Under this policy and attached protocol, pharmacists are authorized to initiate Hepatitis C treatment medications and order and interpret laboratory tests applicable to the appropriate monitoring of those medications. Evidence-based medicine, as it emerges in published literature, expert consensus guidelines, and clinical practice guidelines, will serve as the guiding principles for treatment.

**PROTOCOL:**

* **REFERRAL PROCESS**

1. Patients may be referred to the HCV clinic by any provider through a consult in the EHR or any existing test-to-treat policies at the individual site.

* **EXCLUSION CRITERIA FOR PHARMACY-BASED CLINIC**

1. Short life expectancy due to liver disease or limited life expectancy (<12 months) due to non-liver-related comorbid conditions.
2. Patients who have experienced decompensated cirrhosis.
3. Known or suspected hepatocellular carcinoma (HCC)
4. Prior liver transplantation
5. Pregnancy

* **PRETREATMENT ASSESSMENT**

1. Determine if the patient is treatment-naive or treatment-experienced.
2. Determine the patient’s vaccination status and offer any appropriate vaccines.
3. Evaluate for **cirrhosis** through direct biomarkers or vibration-controlled transient liver elastography. The AST-to-platelet ratio index (APRI) or FIB-4 index score may be used if unavailable.
4. If cirrhosis is present, calculate the Child-Turcotte-Pugh (CTP) score.
   1. CTP score ≥ 7 indicates decompensated cirrhosis: the patient is not eligible for the pharmacy-based clinic.
   2. CTP score <7 indicates compensated cirrhosis: must evaluate ultrasound of the liver (performed within 6 months before initiating treatment) to exclude HCC and subclinical ascites
5. Perform medication reconciliation for current prescription/OTC drugs and herbal/dietary supplements. Evaluate for potential drug interactions.
6. Consultation with an infectious disease specialist (either at the local facility or through [Indian Country Hepatitis C Project ECHO](https://www.indiancountryecho.org/program/hepatitis-c/)) will be required and documented for:
   1. Treatment-experienced patients to evaluate for retreatment
   2. Patients with HBV or HIV co-infection

* **LABORATORY TESTING**

1. Any time before starting antiviral therapy: viral load, HIV antigen/antibody test, Hepatitis B surface antigen, HCV genotype.
2. No cirrhosis
   1. Within **6 months** of initiating treatment: CBC, hepatic function panel (including AST, ALT, albumin, and bilirubin), eGFR.
3. Compensated cirrhosis
   1. Within **3 months** of initiating treatment: CBC, INR, hepatic function panel (including AST, ALT, albumin, and bilirubin), eGFR.
4. Before initiating antiviral therapy, perform a serum pregnancy test when appropriate.

* **TREATMENT INITIATION**

1. Treatment is ordered as appropriate according to clinical guidelines.
2. Provide counseling on HCV treatment medications and education on the disease process and transmission risk.
   1. This includes but is not limited to the rationale for therapy, duration of treatment, administration, potential side effects, and actions to take if they occur, drug interactions, and the importance of compliance
3. Discuss new or existing non-HCV prescription, traditional/alternative, and/or over-the-counter (OTC) medications.
4. If needed, an in-person or telehealth/phone visit may be scheduled for patient support, assessment of symptoms, and/or new medications.

* **MONITORING**

1. Sustained virologic response (SVR) should be evaluated ≥12 weeks after complete treatment.
2. Obtain other relevant labs according to guideline recommendations and as needed.

* **FOLLOW-UP**

1. After achieving SVR:
   1. No liver-related follow-up is recommended for noncirrhotic patients
   2. For patients with cirrhosis, refer to a medical provider for ultrasound surveillance for HCC (with or without alpha-fetoprotein testing) every six months. Upper endoscopic surveillance for esophageal varices is also recommended.
   3. Patients with ongoing risk for HCV infection (e.g., intravenous drug use or MSM engaging in unprotected sex) should be counseled about harm reduction and tested for HCV RNA annually and whenever they develop elevated ALT, AST, or bilirubin.
   4. Advise patients to avoid excess alcohol use.
   5. Advise patients that the hepatitis C antibody will remain favorable for life and is not an indicator of infection unless accompanied by an active viral load due to re-infection.
2. Patients who did not achieve SVR:
   1. The referring provider will be informed and asked to place a referral for a specialist.
   2. Until retreatment occurs, the referring provider should assess for disease progression every 6 to 12 months with a hepatic function panel, CBC, and INR.
   3. Ultrasound surveillance for HCC (with or without alpha-fetoprotein testing) every 6 months is recommended for patients with cirrhosis.
   4. Advise the patient to avoid excess alcohol use.
3. All patient visits/education will be documented in the patient’s electronic health record (EHR).
4. Ensure the consult has been updated with the completion of therapy and virologic cure status.

* **REFERENCES**

1. Bhattacharya D, Aronsohn A, Price J, Lo Re V; AASLD-IDSA HCV Guidance Panel. Hepatitis C Guidance 2023 Update: AASLD-IDSA Recommendations for Testing, Managing, and Treating Hepatitis C Virus Infection. Clin Infect Dis. Published online May 25, 2023. DOI:10.1093/cid/ciad319

# **Example Note Templates and Documentation**

## Hepatitis C Treatment

**Hepatitis C Treatment**

**Key:**

Pre-populated text

Pulled from EHR data

Selection/Free-type

Either/Or Option

Hepatitis C Treatment

============================================================================

|Clinic/Hospital Name|

============================================================================

Patient Name: |PATIENT NAME| Visit Date: |VISIT DATE|

Date of Birth: |PATIENT DATE OF BIRTH| Chart Number: |PATIENT HRN|

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|PATIENT NAME| is a |PATIENT AGE| year old |PATIENT SEX| being followed by pharmacy.

Referring provider: [text box]

Visit conducted: [check box: in-person, by phone encounter] for

* Hepatitis C Treatment
* Hepatitis C Follow Up
* Hepatitis C Sustained Virologic Response (SVR) Evaluation

**Initial Evaluation Visit Template Starts Here:**

===============================================================================

SUBJECTIVE

===============================================================================

Chief Complaint:

[text box]

History of Illness:

[text box]

Medication Reconciliation:

|DETAILED ACTIVE MEDS|

EHR medication list reviewed. [selection: no reported changes, changes are as follows: (text box)]

Patient reports use of other medications/OTCs/Herbals: [text box]

Patient reports:

Alcohol use [yes/no]

If yes, how many drinks per week? [text box]

Substance use [yes/no]

If yes, how many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons? [text box]

Commercial tobacco use [yes/no]

If yes, how many milligrams of nicotine per week? [text box]

Have you ever received treatment for HCV? [yes/no]

Additional Subjective Information:

[text box]

===============================================================================

OBJECTIVE

===============================================================================

Genotype:|LAST HCV GENOTYPE|

Viral load: |LAST HCV BY PCR|

FIB-4 score: [text box]

APRI score: [text box]

Pretreatment laboratory testing:

|LAST CBC|

|LAST CMP|

|LAST HIV AG/AB|

|LAST HEPATITIS PANEL|

|LAST URINE HCG|

===============================================================================

ASSESSMENT

===============================================================================

Purpose of Visit:|POV|

Cirrhosis: [yes/no]

Renal Impairment: [yes/no]

[selection]

* The patient is a candidate for hepatitis C treatment. The patient is feeling well and is motivated to cure hepatitis C infection.
* The patient is a candidate for hepatitis C treatment. The patient is aware of hepatitis C infection; however, they are not yet ready to begin treatment. [text box]
* The patient is not a candidate for hepatitis C treatment. [text box]

Potential drug-drug interaction assessment: [text box]

Additional Considerations and Follow-Up Needed:

[text box]

This pharmacist has completed screening for precautions and contraindications to therapy and determined treatment and follow-up based on genotype, presence or absence of cirrhosis, and eligibility for the simplified treatment algorithm.

===============================================================================

PLAN

===============================================================================

HCV treatment prescribed:

* Glecaprevir/Pibrentasvir
* Sofosbuvir/Velpatasvir
* Sofosbuvir/Velpatasvir/Voxilaprevir
* Other [text box]

[today’s meds]

Duration:

* 8 weeks
* 12 weeks
* 16 weeks

Planned start date: [date], with SVR 12 weeks after completion of therapy.

Will obtain medication through:

* Patient Assistance Program
* Prescription Insurance
* Other [text box]

Patient Education:

[check box] Pregnancy risk of HCV medications offered to women of childbearing age.

[check box] Discussed potential side effects of medications and provided literature.

Scheduled follow-up call date: [date]

The patient has authorized the pharmacy to contact [text box]

Future appointments:|FUTURE APPTS|

Time in [text box]

Time out [text box]

Total time spent with patient: [text box]

**Follow-Up Visit Template Starts Here:**

===============================================================================

SUBJECTIVE

===============================================================================

Current Hepatitis C Treatment Medication:

* Glecaprevir/Pibrentasvir
* Sofosbuvir/Velpatasvir
* Sofosbuvir/Velpatasvir/Voxilaprevir
* Other [text box]

Patient started medication on [date]

Has the patient missed any doses or experienced compliance issues?

[selection: YES/NO (DEFAULT: NO)]

The patient reports side effects with medication therapy:

[selection: YES/NO (DEFAULT: NO)]

Comments: [text box]

Problem List: |ACTIVE PROBLEM LIST|

Allergies/ADRs: |ALLERGIES/ADR|

Medication Reconciliation: |DETAILED ACTIVE MEDS|

EHR medication list reviewed. [selection: no reported changes, changes are as follows: (text box)]

Patient reports use of other medications/OTCs/Herbals: [text box]

===============================================================================

OBJECTIVE

===============================================================================

Vitals:

BP:|LAST BP|

Pulse: |LAST PULSE|

Laboratory Data:

|LAST CBC|

|LAST CMP|

|LAST HEPATITIS PANEL|

|LAST URINE HCG|

(add others as needed)

===============================================================================

ASSESSMENT

===============================================================================

Purpose of Visit:

|POV|

Medication Assessment:

* Current treatment is appropriate and should be continued.
* Current treatment should be discontinued due to recent lab work.
* Current treatment should be discontinued due to adverse effects.

Additional Follow-Up Needed: [text box]

===============================================================================

PLAN

===============================================================================

* Continue current treatment.
* Discontinue treatment.

Medications: [today’s meds]

Labs to be drawn: [text box]

Follow-up items needed: [text box]

Sustained virologic response will be due: [date]

Scheduled HCV follow-up date: [date]

Future appointments:

|FUTURE APPTS|

The patient appears to have a |Level of Understanding| level of understanding.

**Evaluation for SVR Visit Template Starts Here:**

===============================================================================

SUBJECTIVE

===============================================================================

First day of therapy: [date]

Number of missed doses: [text box]

HCV Treatment:

* Glecaprevir/Pibrentasvir
* Sofosbuvir/Velpatasvir
* Sofosbuvir/Velpatasvir/Voxilaprevir
* Other [text box]

Anticipated SVR evaluation date: [date]

Actual SVR evaluation date: [date]

===============================================================================

OBJECTIVE

===============================================================================

Vitals:

BP:|LAST BP|

Pulse: |LAST PULSE|

Laboratory Data:

|LAST HCV RNA|

===============================================================================

ASSESSMENT

===============================================================================

Purpose of Visit: |POV|

The patient (has/has not) achieved SVR.

===============================================================================

PLAN

===============================================================================

* Click here if SVR was achieved.

SVR was achieved, indicating a cure for HCV. The problem list was updated to deactivate chronic hepatitis C and Replaced with \_\_\_\_.

Patient Education:

[check box] Safer injection drug use practices, harm reduction, naloxone, and

FTS/XTS offered.

[check box] Risk of re-infection: Achieving SVR indicates a cure but does not ensure immunity.

Prevent re-infection by practicing safe injection practices, using

condoms, and accessing clean needles.

[check box] Once you have encountered an infection with Hepatitis C,

the HCV antibody will remain positive for life. This does not necessarily indicate a

new infection if no risk factors were introduced after treatment.

* Click here if SVR was NOT achieved.

SVR was NOT achieved, indicating that the patient needs further follow-up.

Patient Education:

[check box] Safer injection drug use practices, harm reduction, naloxone, and

FTS/XTS offered.

[check box] Linkage to care offered: [text box]

Follow-up needed:

[text box]

Future appointments:

|FUTURE APPTS|

The patient appears to have a |Level of Understanding| level of understanding.

Time in [text box]

Time out [text box]

Total time spent with patient: [text box]

# **Training and Competencies**

Pharmacists wanting to engage in Pharmacy-Based Syndemic Test-to-Treat activities should consider training and certification programs tailored to the disease states of interest. The local facility, privileging the pharmacist, must determine the exact competency and training requirements and any subsequent training maintenance. Several training and certification programs are listed below, most of which are offered at no cost, have continuing education credits, and offer certificates of completion. Those programs with a cost associated are signified by $$$ after the program name.

The National Curriculum Modules for HIV, Hepatitis C, and STI are established and maintained by the University of Washington (UW) and sponsored by the Centers for Disease Control and Prevention (CDC). The programs are updated with evolving recommendations, and the platform is a hub for multiple modules. The UW national curriculum benefits include: the same username and password can be used for the modules (HIV, HCV, STI), certificates of completion are available, learning groups can be created, and program managers can assign modules within each curriculum (HIV, HCV, STI) and track progress.

|  |  |
| --- | --- |
| **Topic** | **Pharmacist Training and Competency Courses Options\*** |
| PrEP | APhA Pharmacy-Based HIV Prevention Services Certificate Program - **$$$**   * [Pharmacy-Based HIV Prevention Services](https://www.pharmacist.com/Education/Certificate-Training-Programs/Pharmacy-Based-HIV-Prevention-Services)   National HIV PrEP Curriculum   * [National HIV PrEP Curriculum (uw.edu)](https://www.hivprep.uw.edu/)   PrEP Navigator Training for Community and Public Health Staff – (No CPE credit)   * [PrEP Navigator Training](https://cardea.matrixlms.com/visitor_catalog_class/show/1285219) |
| HIV | The National HIV Curriculum Modules   * [National HIV Curriculum (uw.edu)](https://www.hiv.uw.edu/)   The American Academy of HIV Medicine – HIV Expert   * [American Academy of HIV Medicine | HIV Expert™ (aahivm.org)](https://aahivm.org/hiv-expert/) - **$$$**   The American Academy of HIV Medicine – HIV Pharmacist   * [American Academy of HIV Medicine | HIV Pharmacist™ (aahivm.org)](https://aahivm.org/hiv-pharmacist/) - **$$$** |
| STI | The National STD Curriculum Modules   * [National STD Curriculum (uw.edu)](https://www.std.uw.edu/) * [Chlamydial Infections - STD Lessons - National STD Curriculum (uw.edu)](https://www.std.uw.edu/custom/self-study/chlamydial-infections) * [Gonococcal Infections - STD Lessons - National STD Curriculum (uw.edu)](https://www.std.uw.edu/custom/self-study/gonococcal-infections) * [Syphilis - STD Lessons - National STD Curriculum (uw.edu)](https://www.std.uw.edu/custom/self-study/syphilis) * [Trichomoniasis Question Bank - National STD Curriculum (uw.edu)](https://www.std.uw.edu/page/qb/topic/2021-guidelines/trichomoniasis) * [Mycoplasma genitalium - STD Lessons - National STD Curriculum (uw.edu)](https://www.std.uw.edu/custom/self-study/mycoplasma-genitalium) |
| HCV | Hepatitis C Online Modules   * [Hepatitis C Online (uw.edu)](https://www.hepatitisc.uw.edu/)   VA Viral Hepatitis and Liver Disease Website Course   * [Evaluating Liver Test Abnormalities](https://www.hepatitis.va.gov/HEPATITIS/course/index.asp?page=/provider/courses/livertests/livertests-01) |
| MOUD | ASHP Medications for Opioid Use Disorder (MOUD) Training Program   * [Medications for Opioid Use Disorder (MOUD) Training Program - ASHP](https://elearning.ashp.org/products/11000/medications-for-opioid-use-disorder-moud-training-program) - **$$$**   Providers Clinical Support System (PCSS) Courses   * [MOUD Education Options - PCSS-MOUD](https://pcssnow.org/medications-for-opioid-use-disorder/8-hour-moud-education-options/) |

*\*The Indian Health Service (IHS) does not endorse or promote any individual training, program, or organization listed in this guide. The resources included are provided for informational purposes only and are intended to support awareness and access to training opportunities.*

# **Acknowledgments**

The National Pharmacy Council Syndemic Ad Hoc Committee chairs thank the contributors who shared their insights and best practices to strengthen the pharmacy-based syndemic response and the reviewers who meticulously examined the content, ensuring its accuracy and relevance. Your collective efforts have made this guide a meaningful and practical resource for pharmacists nationwide.

We also recognize the countless hours spent by those who helped shape the structure, refine the details, and ensure that this resource guide serves as a comprehensive and accessible guide for the pharmacy community. Your dedication to advancing pharmacy practice and public health does not go unnoticed, and we are profoundly grateful for your efforts.

This resource is a testament to the power of collaboration, expertise, and a shared commitment to serving our communities. Thank you for your hard work, passion, and leadership in making this initiative successful.

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* CAPT Kailee Fretland, PharmD, BCPS – Principal Pharmacy Consultant, IHS Headquarters
* Holly Van Lew, PharmD, BCPS, AAHIVP - HIV/HCV/STI & Communicable Disease Pharmacy Consultant, IHS Headquarters
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