

Committee: New York City Society of Health-System Pharmacists
Topic: Penicillin Skin Testing by Pharmacists
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Whereas, according to Centers for Disease Control and Prevention, approximately 10% of all U. S. patients report having an allergic reaction to a penicillin class antibiotic in their past. However, many patients who report penicillin allergies do not have true IgE-mediated reactions. When evaluated, fewer than 1% of the population are truly allergic to penicillin.¹

Whereas, Broad-spectrum antibiotics are often used as an alternative to penicillins. The use of broad-spectrum antibiotics in patients labeled “penicillin-allergic” is associated with higher healthcare costs, suboptimal antibiotic therapy, increased risk for antibiotic resistance, and higher rates of MRSA, VRE and *C. difficile*.² Therefore, correctly identifying those who are not truly penicillin-allergic is extremely important.

Whereas, Allergy assessments and penicillin skin testing in patients labeled “penicillin allergic” can enhance the use of appropriate first line agents. Studies have demonstrated the reduction in use of broad-spectrum agents – which are associated with numerous adverse events and reduction of healthcare costs—through the use of penicillin skin testing.³

Whereas, Studies have demonstrated the implementation of a pharmacist-driven skin testing program successfully optimized antimicrobial therapy and decreased length of stay.³

Whereas, Administration of medications by pharmacists in New York State is narrowly defined to immunizing agents and does not include administration of penicillin skin testing reagents.⁴

Whereas, Pilot programs in other states have demonstrated that, with appropriate education and training, pharmacist-driven skin testing can be overseen by their Boards of Pharmacy and later added to the pharmacist scope.⁵

Resolved That: The New York State Council of Health-system Pharmacists supports development of a penicillin skin testing pilot program that includes pharmacist administration, with oversight by the Board of Pharmacy with a goal of updating the definition of the practice of pharmacy.

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