Committee: New York City Society of Health-System Pharmacists

**Topic: Allowing Pharmacist Administration of Long Acting Intramuscular Antiretroviral Therapy**

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Whereas, since the start of the human immunodeficiency virus (HIV) epidemic in the early 1980s, more than 32 million people have died worldwide and more than 38 million people are currently living with HIV.1 In efforts to end the epidemic in the United States and around the world, the Centers for Disease Control and Prevention (CDC) is redoubling efforts to ensure equitable access to services and prevention strategies, especially for those disproportionately affected by HIV.

Whereas, American Society of Health-System Pharmacists (ASHP) published guidelines on pharmacist involvement in HIV care which provided a framework for the roles of pharmacist in the care of patients with HIV infection (i.e. HIV testing, prevention and treatment of HIV infection, HIV education, etc.).2 Pharmacists continue to be indispensable members of HIV care teams and are crucial in improving the overall outcomes of HIV-infected patients.

Whereas, the management of HIV continues to evolve with the recent FDA approval of Apretude® (cabotegravir extended-release injectable suspension) for pre-exposure prevention of HIV and Cabenuva® (cabotegravir extended-release injectable suspension; rilpivirine extended-release injectable suspension) for treatment of HIV. With the introduction of these long acting injectables, patients now have the option for monthly intramuscular injections as opposed to daily oral regimens to improve medication adherence.

Whereas, the American Pharmacists Association (APhA) Stakeholder Conference on Improving Patient Access to Injectable Medications was convened to foster national dialogue to advance the pharmacist’s role in the provision of injectable medication administration and related patient care services.3 Expanding pharmacist’s authority for medication administration can allow for increased access to care, improved adherence to therapy, and increased quality of care.

Whereas, pharmacists have been trained in pharmacy-based immunization certificate training program and are prepared to administer vaccines; pharmacists can build upon this knowledge and their associated skills to administer injectable medications.

Whereas, allowing pharmacist administration of long-acting intramuscular antiretroviral therapy for the prevention and treatment of HIV can expand the access and practice of HIV services, promote long-term medication adherence, and prevent community transmission of HIV by helping patients achieve undetectable viral loads.

*Resolved that:*

 The New York State Council of Health-System Pharmacists supports the role of the pharmacist in administering intramuscular injections of long-acting antiretroviral therapy for the management of HIV to expand access to care and improve patient outcomes.

Date: January 29, 2022



By: 

 Signature of NYSCHP Active Member 1 Signature of NYSCHP Active Member 2

1. Centers for Disease Control and Prevention. *HIV Surveillance Report, 2019*; 32.
2. Schafer JJ, Gill TK, Sherman EM, McNicholl IR. *Am J Health Syst Pharm.*2016;73(7):468-94.
3. Skelton JB, Rothholz MC, Vatanka P. *JAPhA*. 2017 July 1;57(4):e01-12.