

Tennessee Pharmacists Association

RESOLUTION 20.3 TPA House of Delegates

Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)

WHEREAS, approximately 40,000 Americans are infected with Human Immuno-deficiency Virus (HIV) every year; and,

WHEREAS, the Centers for Disease Control and Prevention (CDC) recommends pre-exposure prophylaxis (PrEP) to prevent HIV in high risk individuals; and,

WHEREAS, the CDC recommends post-exposure prophylaxis (PEP) within 72 hours of possible exposure to HIV to prevent infection; and,

WHEREAS, barriers to obtaining PrEP or PEP may increase the risk of contracting HIV; and,

WHEREAS, pharmacists are among the most accessible healthcare providers and have the highest level of training and expertise in medication therapy; and,

WHEREAS, the Tennessee Board of Pharmacy has adopted a policy statement on preventive health that includes a variety of common conditions that pharmacists are authorized to manage through non-diagnostic collaborative pharmacy practice agreements with prescribers; and,

WHEREAS, access to pharmacist-initiated HIV PrEP and PEP may remove barriers to accessing PrEP and PEP and decrease rates of HIV infection; and,

WHEREAS, the Tennessee Pharmacists Association (TPA) is committed to improving public health through pharmacist-provided patient care services;

NOW, THEREFORE LET IT BE RESOLVED, this House of Delegates urges TPA to work collaboratively with the Tennessee Medical Association, the state of Tennessee, and other provider groups, to increase patient access to pharmacist-provided PrEP and PEP through legislation, regulation, and policy changes; and,

BE IT FURTHER RESOLVED, the TPA advocates that health insurance issuers and managed care organizations be required to compensate pharmacists for providing patient care services related to PrEP and PEP and include PrEP and PEP in their list of covered medications without prior authorization or step therapy; and,

BE IT FURTHER RESOLVED, the TPA advocates for the expansion of patient assistance programs to further promote access to PrEP and PEP for any patient in need of these medication therapies.

Submitted by Justin Griner, PharmD, BCPS, and Drew Armstrong, PharmD, BCACP, AAHIVP
January 31, 2020

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Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates
February 25, 2020



Tennessee Pharmacists Association

RESOLUTION 20.2 TPA House of Delegates

Expedited Partner Therapy (EPT)

WHEREAS, approximately 550,000 Americans are infected with gonorrhea every year; and,

WHEREAS, gonorrhea infection rates have risen by 75% in the past decade; and,

WHEREAS, Expedited Partner Therapy (EPT) is the practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner; and,

WHEREAS, the Centers for Disease Control and Prevention (CDC) recommends EPT as a useful option to facilitate partner treatment of gonorrhea; and,

WHEREAS, increased access to EPT may remove barriers to the prevention and treatment of gonorrhea; and,

WHEREAS, the state of Tennessee currently authorizes EPT for chlamydia; and,

WHEREAS, seven states bordering Tennessee, including Arkansas, Georgia, Kentucky, Mississippi, Missouri, North Carolina, and Virginia, currently allow EPT for gonorrhea; and,

WHEREAS, the Tennessee Pharmacists Association (TPA) is committed to improving public health through pharmacist-provided patient care services;

NOW, THEREFORE LET IT BE RESOLVED, TPA urges the state of Tennessee to authorize EPT for gonorrhea via legislation or regulation.

Submitted by Justin Griner, PharmD, BCPS, and Drew Armstrong, PharmD, BCACP, AAHIVP
January 31, 2020

A Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates
February 25, 2020

