

LAI Medication Pharmacist Certificate Program

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KW1

Learning Objectives



Identify the key components of Collaborative Practice Agreements associated with LAI medications



Describe the key components of the Notes on Injection Clinical Encounter (NICE) documentation form



Apply different best practices for documentation, maintenance of files, and communications with prescribers



List the main steps of aseptic techniques associated with intramuscular and subcutaneous injections.

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Slide 2

KW1 There is nothing here about aseptic technique which we spend a lot of time on

Waters, Kristin, 2026-02-12T18:05:30.548

Disclosures



Dr. Rickles is a consultant of the Boehringer-Ingelheim. All relevant financial relationships listed for this individual have been mitigated.



Dr. Waters is a speaker for Johnson & Johnson and Teva Pharmaceuticals. All relevant financial relationships listed for this individual have been mitigated.

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CPA Overview

Who: Pharmacist and a prescribing practitioner

What: Permits the pharmacist to administer an LAI injection

Where: Private room on site of the pharmacy

When: The prescribing practitioner writes a prescription for a CPA-specified LAI

Why: Improving patient access to LAIs and optimize treatment outcomes

How: Pharmacist must meet training, certification, and approval requirements

Collaborative Drug Therapy Management Inclusive Sections §§ 20-631-1—20-631-3. Connecticut Department of Consumer Protection. Accessed January 6, 2026.
https://eregulations.ct.gov/eRegsPortal/Browse/getDocument?guid=%7B50A2E155-0300-C728-9CE9-36516A7B0845%7D&utm_source=chatgpt.com

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CPA Process: The Prescribing Practitioner

- Identify & approach clinicians to discuss injection capabilities/services
 - Describe pharmacist-administered LAI injections, 5+-year history in Connecticut, and benefits
 - Highlight the protocol and have prescriber sign the CPA; a CPA can include multiple prescribers in a practice
 - Instruct prescriber to write prescription as “may be administered by pharmacist”

Collaborative Drug Therapy Management Inclusive Sections §§ 20-631-1—20-631-3. Connecticut Department of Consumer Protection. Accessed January 6, 2026.
https://eregulations.ct.gov/eRegsPortal/Browse/getDocument?guid=%7B50A2E155-0300-C728-9CE9-36516A7B0845%7D&utm_source=chatgpt.com

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CPA Process: The Pharmacist



- Complete Notes on Injection Clinical Encounter (NICE) Form during appointment
 - Fax this form to the prescriber and maintain in electronic records
 - Follow up with the prescriber regarding concerns
- Schedule follow-up appointment
- Maintain clinical file system

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Buprenorphine Administration by Pharmacist

- Mainstreaming Addiction Treatment Act of 2022- pharmacists were given buprenorphine prescriptive authority and removal of requirements to obtain Drug Addiction Treatment Act X waivers before prescribing.
- The SUPPORT for Patients and Communities Reauthorization Act of 2025 was signed on December 1, 2025 removed additional state-level barriers for pharmacist prescribing. It allows pharmacists to complete 8 hours of continuing pharmacy education to fulfill prescribing requirements.
- In CT, pharmacists still do not have broad prescriptive authority and thus the stricter state law of limited prescribing to certain conditions preempts the federal law. The only way to prescribe and administer Buprenorphine independently is within a Collaborative Practice Agreement (CPA).

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The NICE Form: At the Visit's Start

- Data collection begins when first greeting patients
 - At first visit, patients should sign the LAI consent forms and HIPPA release form (gives time for patients to relax and to get to know each other)
 - Record vital signs and new weight. Note weight changes since last visit in the change blank
- OBSERVE
 - Affect
 - Appearance
 - Interaction
 - INTERVIEW
 - Ask patients how they are feeling. Is their mood on interview congruent with observations and why or why not?
 - Ask about sleep and appetite

Check items that which seems appropriate on observation or interview; add other observations under "other" (mood separate as below).

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Administration Technique

Administering LAIs is not like giving a flu shot.

The relationship between patients and pharmacists is intended to be long-term.

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Aseptic Technique

- Complete proper hand hygiene before injection preparation and administration
 - Wash hands when they are visibly soiled
 - Alcohol-based hand products are sufficient when hands appear clean
 - Wash hands before donning and after doffing gloves
- Prepare injections in a clean, designated area void of possible contaminants

Ernstmeyer K, Cristman E. Aseptic technique introduction. Nursing Skills [Internet]. 2nd edition, 2023. Accessed January 6, 2026. <https://www.ncbi.nlm.nih.gov/books/NBK596727/>

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Aseptic Technique

- Use a separate needle and syringe for each injection
- Always check expiration dates for both medications and supplies
- Wear gloves when administering injections and other means of direct patient care
 - Never reuse gloves, especially between patients

Ernstmeyer K, Cristman E. Aseptic technique introduction. Nursing Skills [Internet]. 2nd edition, 2023. Accessed January 6, 2026. <https://www.ncbi.nlm.nih.gov/books/NBK596727/>; INVEGA SUSTENNA (paliperidone palmitate). Janssen Pharmaceuticals, Inc. 2021. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/022264s037/bleedt.pdf?utm_source=chatgpt.com; ABILIFY MAINTENA® (aripiprazole). Otsuka Pharmaceutical Co., Ltd. 2025. https://www.otsuka-us.com/media/static/Abilify-M-PI.pdf?utm_source=chatgpt.com; RISPERDAL CONSTA® (risperidone). Janssen Pharmaceuticals, Inc. 2025. <https://www.jnllabels.com/package-insert/product-monograph/prescribing-information/RISPERDAL+CONSTA-pi.pdf>

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Aseptic Technique

- Disinfect the medication vial's rubber stopper with alcohol before piercing with a needle
- Wipe the injection sites with an alcohol swab prior to injection

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Sharps Safety

Needlestick injuries can lead to infection with bloodborne pathogens such as Hep B, Hep C, and HIV

- Keep sharps container nearby for easy and quick needle disposal
- After injection, immediately engage needle's safety mechanism
 - Check the prescribing information to be familiar with each product's needle safety device before you start
- Keep sharps pointed away from oneself

INVEGA SUSTENNA (paliperidone palmitate). Janssen Pharmaceuticals, Inc. 2021. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/022264s0371bledt.pdf?utm_source=chatgpt.com; ABILIFY MAINTENA® (aripiprazole). Otsuka Pharmaceutical Co., Ltd. 2025. https://www.otsuka-us.com/media/static/Abilify-M-PI.pdf?utm_source=chatgpt.com; RISPERDAL CONSTA® (risperidone). Janssen Pharmaceuticals, Inc. 2025. <https://www.injilabels.com/package-insert/product-monograph/prescribing-information/RISPERDAL+CONSTA-pi.pdf>

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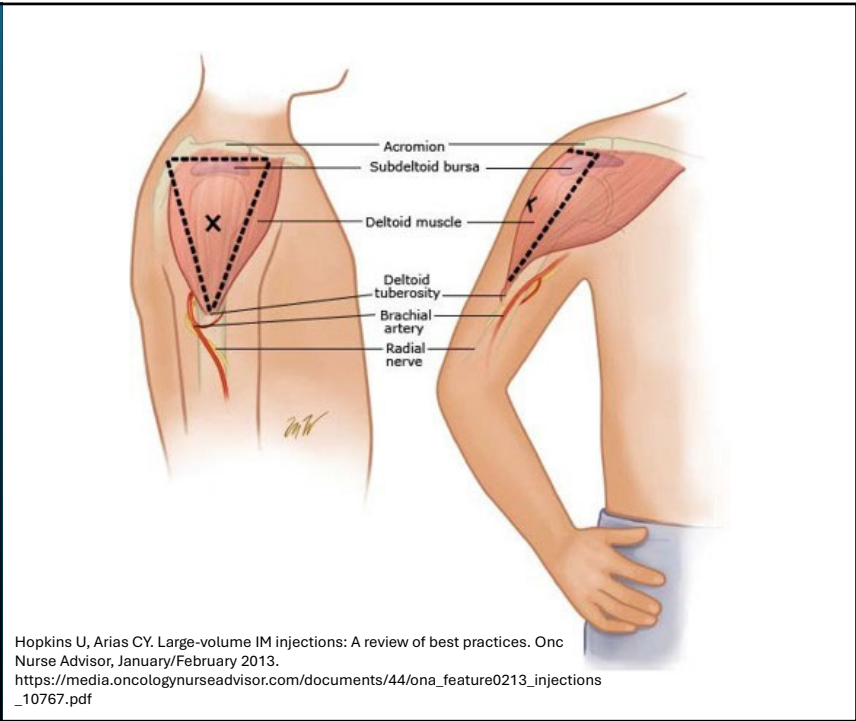
Sharps Safety

- Be prepared to discard sharps immediately once after you inject
 - Know the product's safety device
 - Have your sharps container on the side of your dominant hand
- Never recap used needles
- Replace sharps containers before they become overfilled
- Immediately report all needle-related injuries and seek medical treatment
 - Start post-exposure prophylaxis ASAP but within 72 hours

Zanni GR, Wick JY. Preventing needlestick injuries. *Consult Pharm.* 2007;22(5):400-409. doi:10.4140/tcp.n.2007.400

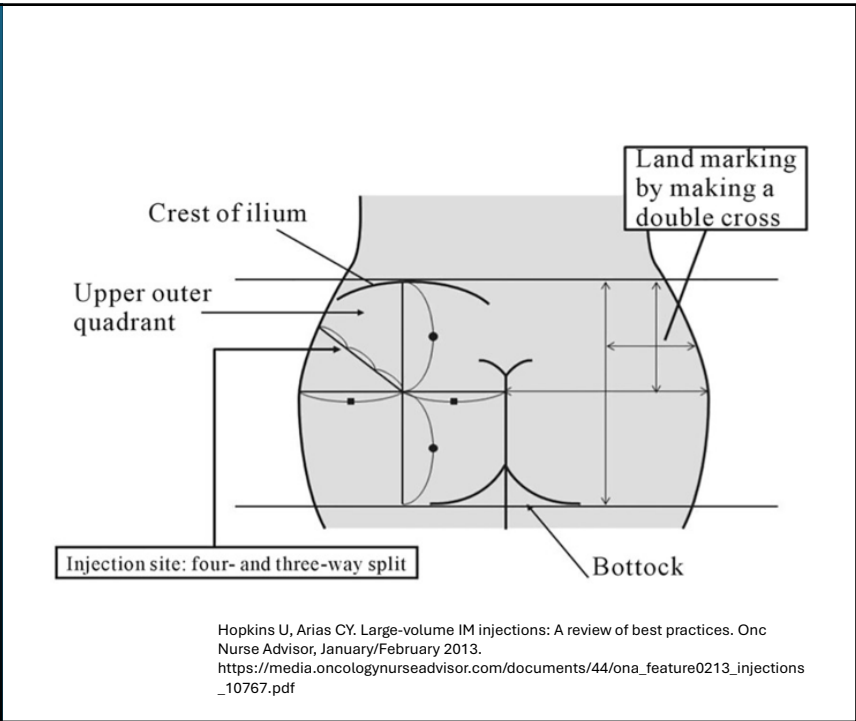
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Basics of Deltoid Injections



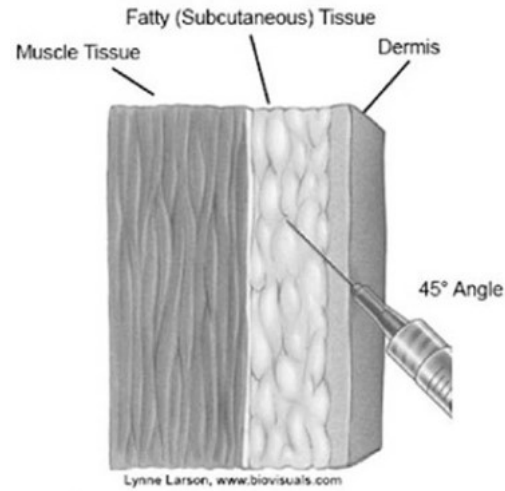
17

Basics of Gluteal Injections



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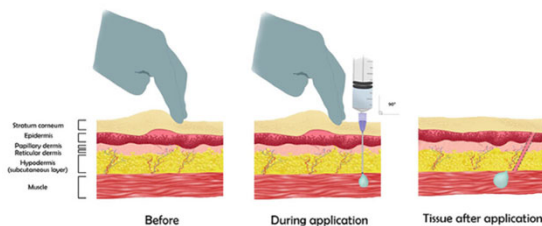
Basics of Subcutaneous Injections



Hopkins U, Arias CY. Large-volume IM injections: A review of best practices. *Onc Nurse Advisor*, January/February 2013.
https://media.oncologynurseadvisor.com/documents/44/ona_feature0213_injections_10767.pdf

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Basics of Z-track Injections



The Z-Track intramuscular (Zigzag) application technique. The skin before, during and after application.

- Use your non-dominant hand to pull the skin gently and firmly in one direction 2 to 3 cm away from the injection site
- Holding the skin with your non-dominant hand, use your other hand to insert the needle at a 90 degree angle
- Depress the syringe plunger slowly and gently to inject the medication into the patient's muscle
 - Avoid pushing needle further in while pushing the plunger
- Continue to hold the skin with your non-dominant
- Once the syringe is empty, pull the entire syringe out of the muscle in the same angle you inserted it
- Release the skin to allow it to return to its original position; do not rub the injection site

Hopkins U, Arias CY. Large-volume IM injections: A review of best practices. *Onc Nurse Advisor*, January/February 2013.
https://media.oncologynurseadvisor.com/documents/44/ona_feature0213_injections_10767.pdf

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Conclusion

- Collaborative Practice Agreements (CPAs) are the primary legal mechanisms to administer Long-Acting Injectable (LAI) medications. They can involve a 1:1 relationship between pharmacist and 1 prescriber or 1 pharmacist among a practice of prescribers.
- The Notes on Injection Clinical Encounter (NICE) Form can be used to document the patient's background, clinical and administrative aspects of the injection.
- The NICE Form is also used to communicate with prescribers about the injection appointment. Other tools of appointment reminders and computer file folders are recommended to maintain organized electronic files on each injection for each patient.
- Always engage in best practices for LAI administration: prepare for injection with all materials needed in advance, prepare LAI for administration using sterile techniques, identify your target site of injection, prepare site for injection with an alcohol swab, inject site as per training, and discard needle in red sharps container.

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Mock Patient

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