

Attachment 1



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 * Austin, Texas 78701
 512-305-8000 * www.pharmacy.texas.gov

NOTIFICATION OF PHYSICIAN DELEGATION TO A PHARMACIST (LIMITED AUTHORITY FOR A PHARMACIST TO SIGN A PRESCRIPTION FOR A DANGEROUS DRUG WHILE ENGAGED IN DRUG THERAPY MANAGEMENT)

PHARMACIST INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	LICENSE NUMBER
Pharmacist Contact information			
PHONE NUMBER: () - -		EMAIL ADDRESS:	
HOSPITAL, HOSPITAL-BASED CLINIC OR ACADEMIC HEALTHCARE INSTITUTION INFORMATION			
NAME OFF HEALTHCARE FACILITY PRACTICE LOCATION		ADDRESS OF HEALTHCARE FACILITY PRACTICE LOCATION (street, city, state, zip)	
FACILITY PHONE NUMBER & FAX NUMBER	DEPT. STATE HEALTH SERVICES (DSHS) TEXAS HOSPITAL FACILITY LICENSE #:	FACILITY TEXAS PHARMACY LICENSE #:	
() - -			
() - -			
DELEGATING/SUPERVISING PHYSICIAN(S) INFORMATION (Additional space on page 2)			
LAST NAME	FIRST NAME	TELEPHONE NUMBER	TEXAS MEDICAL BOARD LICENSE NUMBER
PROTOCOL, STANDING MEDICAL ORDER, STANDING DELEGATION ORDER INFORMATION:			
DRUG THERAPY MANAGEMENT PROGRAMS/DISEASE STATES WITHIN WHICH PRESCRIPTIONS DRUG ORDERS FOR DANGEROUS DRUGS MAY BE SIGNED BY AUTHORIZED PHARMACIST UNDER PHYSICIAN DELEGATION			PROTOCOL EXPIRATION DATE

I hereby attest that the information on this form, as well as the information on any attachment(s) to this form, is true and correct to the best of my knowledge and the information is given of my own free will. I agree that any misstatement(s) and/or omission(s) will constitute violation of the Texas Pharmacy Act, and may subject me to disciplinary action by the board.

Signature of Pharmacist _____ Date _____ PRINT Page 1

Submit this completed form and a copy of the protocol to DTM@pharmacy.texas.gov. Due to the number of applications and protocols, email submission will be the only mode of receipt and processing at TSBP. Allow 45 business days processing time once a completed application and protocol have been submitted.

For renewals: Please submit your application and protocol 60 days prior to the expiration date of the previous protocol to avoid any lapse or removal from the TSBP website. NOTE: Protocols MUST be signed and dated by EACH physician.

Questions regarding the application should be sent to DTM@pharmacy.texas.gov

Written Protocols MUST include the following:

- A. A statement identifying the individual physician authorized to prescribe drugs and responsible for the delegation of drug therapy management;
- B. A statement identifying the individual pharmacist authorized to dispense drugs and to engage in drug therapy management as delegated by the physician;
- C. A statement identifying the types of drug therapy management decisions that the pharmacist is authorized to make which shall include:
 - (i) a statement of the ailments or diseases involved, drugs, and types of drug therapy management authorized; and
 - (ii) a specific statement of the procedures, decision criteria, or plan the pharmacist shall follow when exercising drug therapy management authority;
- D. A statement of the activities the pharmacist shall follow in the course of exercising drug therapy management authority, including the method for documenting decisions made and a plan for communication or feedback to the authorizing physician concerning the specific decisions made. Documentation shall be recorded within a reasonable time of each intervention and may be performed on the patient medication record, patient medical chart, or in a separate log book;
- E. A statement that describes appropriate mechanisms and time schedule for the pharmacist to report to the physician monitoring the pharmacist's exercise of delegated drug therapy management and the results of the drug therapy management; and
- F. The expiration date of the protocol granting the authority to sign a prescription.

Attachment 2

Attachment A

Collaborative Practice Agreement (CPA)
Texas Tech University Health Science Center at El Paso (TTUHSC at El Paso),
Paul L. Foster School of Medicine (PLFSOM),
ADD SPECIFIC CLINIC NAME HERE

EFFECTIVE DATE:

APPROVED BY:

ENDORSED BY:

REVIEW DATE:

The Pharmacy Practice Act allows pharmacists to practice under a Collaborative Practice Agreement (CPA) with individual physicians. Pharmacists may participate in the practice of managing and modifying drug therapy according to a written collaborative agreement between the specific pharmacist(s) and the individual physician(s) who is/are responsible for the patient's care and authorized to prescribe drugs.

By signing this document, the named providers agree that the named pharmacists may enter into a Collaborative Practice Agreement with supervision by the physicians named herein.

COLLABORATIVE AGREEMENT APPROVED BY:

PHYSICIAN:

Chair and Medical Director

DATE OF IMPLEMENTATION: _____

DATES ANNUAL REVIEW COMPLETED: _____

Pharmacotherapy Collaborative Practice Agreement (CPA)

The following Collaborative Practice Agreement (CPA) between the pharmacist(s) and providers listed on this document describes the clinical privileges and limits granted to the pharmacist(s) in the CPA, in compliance with Paragraph 3.061 and Paragraph 17(x) and Chapter 157 of the Medical Practice Act, and Texas Pharmacy Rules 22 TAC, Part XV, §295.13. In no instance should the contents of these documents be considered as standards of professional practice, or as rules of conduct, or for the benefit of any third party. These documents herein are based on national and state guidelines and allow for professional discretion and deviation that the individual delegating providers deem to be appropriate as allowed by law.

The pharmacist(s) practicing under this CPA will collaborate with providers to: **optimize** patient medication outcomes through disease state management; **increase** patient access and care coordination; **promote** health, wellness, and disease prevention; **provide** close patient monitoring; **reinforce** the application of evidence based guidelines and physician orders; **develop** clinical decision-making tools; **educate** patients and caregivers while incorporating sensitivity to culture and health literacy; and **advocate** for patients, caregivers, and families. Referrals to the pharmacist(s) can assist in leveraging provider time and improve provider productivity. In addition, the pharmaceutical care provided by the pharmacist(s) can improve patient and population outcomes by helping to decrease patient hospitalizations and emergency room visits, thereby improving the patient's quality of life, and decreasing health-care costs for the patient, for third-party payers, and the community.

- A. The individual providers responsible for the delegation of this CPA are listed in the signatory page of this document. Delegation **must** follow a thorough diagnostic work-up and initial patient assessment by the referring provider (Chapter 157.101). The referral must clearly specify and indicate the disease state(s) that the pharmacist(s) can manage, as well as the delegated activities (e.g. education, medication review, medication management). New providers may be added to the end of the signatory page and this CPA will be updated annually.
- B. The pharmacist(s) authorized to sign prescription drug orders for the dangerous drugs specified under this provider-initiated CPA are: _____, _____, _____, and any new qualified* pharmacists may be added to the end of this document and this CPA will be updated annually.
- C. In accordance with the treatment guidelines listed in this document, the pharmacist may provide care for patients at the **ADD SPECIFIC CLINIC NAME HERE** under this CPA as follows:
 1. **Perform patient assessment** (within the scope of pharmacy practice including targeted physical assessment) of patients' therapeutic needs as specified per provider referral. Referrals **must** clearly state the reason for referral. Disease states/ailments included are as follows: Anticoagulation (AC), Asthma/COPD, Depression/Generalized Anxiety, Diabetes Mellitus (DM), Dyslipidemia, GERD, Heart Failure, Hypertension (HTN), Immunizations, Osteoporosis, Smoking Cessation (SC), and Thyroid Disorders. **UPDATE LIST OF DISEASE STATES HERE AS APPROPRIATE TO CLINIC SETTING.**
 2. **Provide comprehensive medication review and reconciliation.** During this process, pharmacists will evaluate and educate on pharmacologic, non-pharmacologic, and alternative treatment regimens as appropriate. Pharmacists will also formulate clinical assessments, develop therapeutic plans, and provide an updated medication list to the patient.

3. **Order, interpret, and monitor all pertinent medication therapy related test(s)/equipment** related to the specified reason for referral and necessary for medication management.
 4. **Initiate, adjust, refill, and discontinue medications under prescriptive authority** in accordance with attached pharmacologic privileges and Texas Pharmacy Rules. Based on these rules, pharmacists under this CPA have the authority to sign prescription drug orders for the dangerous drugs specified in this protocol (See Section entitled "Prescriptive Authority Privileges"). The prescription drug order must include the pharmacist's name, address, and telephone number as well as the name, address, and telephone number of the delegating physician on each prescription for a dangerous drug signed by the pharmacist.
 5. **Assist in the management** of medical emergencies, adverse drug reactions, and/or acute and chronic disease states.
 6. **Administer** medications from clinic floor stock when requested by provider or as delineated per standing orders.
 7. **Distribute** prescription drug samples as appropriate per individual patient needs while maintaining a record of distribution that includes the date of distribution, the patient's name, the name and strength of the drug and directions for use in accordance with applicable laws and regulations.
 8. **Educate** patients/caregivers while incorporating sensitivity to culture and health literacy needs.
 9. **Set goals for self-management** using motivational interviewing.
 10. **Document** patient visits, patient care, and treatment decisions in the electronic medical record to allow for further review by the referring provider and for outcomes evaluation. The clinical pharmacist(s) will route notes for review to the physician for review and co-signature as appropriate to the clinical situation and patient needs and at least quarterly for quality assurance.
 11. **Provide care coordination** for health services promoting wellness and prevention of disease. Consult with the referring provider and other members of the interprofessional team to facilitate referral of ancillary services (mental health, dental, podiatry, dietary, social work, physical therapy, occupational therapy, etc.).
 12. **Obtain authorization** from the referring provider when deviations from the CPA are necessary. *However, every effort must be made to stay within protocol at all times.*
 13. **Continuous quality improvement (CQI) and outcomes evaluation** will be performed as needed by the ambulatory care pharmacist(s) and providers.
- D. The pharmacist(s) may utilize the evidence-based guidelines listed in this document for management of Anticoagulation (AC), Asthma/COPD, Depression, Diabetes Mellitus (DM), Dyslipidemia, GERD, Heart Failure, Hypertension (HTN), Immunizations, Osteoporosis, Smoking Cessation (SC), and Thyroid Disorders. **UPDATE LIST OF DISEASE STATES HERE AS APPROPRIATE TO CLINIC SETTING.**
- E. This CPA **does not delegate** diagnosis to the pharmacist(s).
- F. This CPA must be reviewed, updated, and signed annually by the providers and pharmacists.
- G. **Supervision:** Physician supervision shall be as specified in the Medical Practice Act, Chapter 157 and shall be considered adequate if the delegating physician:

1. is responsible for the formulation or approval of the written protocol and any patient-specific deviations from the protocol and review of the written protocol and any patient-specific deviations from the protocol at least annually;
 2. has established and maintains a physician-patient relationship with each patient provided drug therapy management by a delegated pharmacist and informs the patient that drug therapy will be managed by a pharmacist under written protocol;
 3. is geographically located so as to be able to be physically present daily to provide medical care and supervision;
 4. receives and reviews patient progress notes at least on a quarterly basis including any problem or complication encountered;
 5. is available through direct telecommunication for consultation, assistance, and direction; and
 6. determines that the pharmacist to whom the physician is delegating drug therapy management establishes and maintains a pharmacist-patient relationship with the patient.
- H. CPA pharmacist(s) must maintain CPR certification and a minimum of 6 hours of continuing education each year related to the disease states managed [TAC §295.13, subsection d (2)].
- I. CPA pharmacist(s) must follow the credentialing and privileging process through the Texas Tech University Health Science Center at El Paso (TTUHSC at El Paso), Paul L. Foster School of Medicine (PLFSOM).
- J. CPA **Qualified* Pharmacist(s)** must meet one of the following criteria:
1. Have received a Doctor of Pharmacy (PharmD) degree and completed a pharmacy residency that includes direct patient clinical practice experience; **or**
 2. Have received a Doctor of Pharmacy (PharmD) degree with **five** years of pharmacy practice experience, plus Board Certification (Board of Pharmacy Specialties- e.g. BCPS), or completion of a certificate program recognized by the Council in Credentialing in Pharmacy; **or**
 3. Have received a Bachelor of Science (BS) degree with **seven** years of pharmacy practice experience, plus Board Certification (Board of Pharmacy Specialties- e.g. BCPS) or completion of two certificate programs recognized by the Council in Credentialing in Pharmacy.
- K. Maintenance of records.
1. Every record required to be kept under this section shall be kept by the pharmacist and be available, for at least two years from the date of such record, for inspecting and copying by the Texas State Board of Pharmacy or its representative and to other authorized local, state, or federal law enforcement or regulatory agencies.
 2. Records may be maintained in an alternative data retention system, such as a data processing system or direct imaging system provided:
 - a. the records maintained in the alternative system contain all of the information required on the manual record; and
 - b. the data processing system is capable of producing a hard copy of the record upon the request of the board, its representative, or other authorized local, state, or federal law enforcement or regulatory agencies.

- L. Confidentiality. In addition to the confidentiality requirements specified in §291.27 of the TAC Rules (relating to Confidentiality) a pharmacist shall comply with: 1) the privacy provisions of the federal Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191) and any rules adopted pursuant to this act, 2) the requirements of Medical Records Privacy contained in Chapter 181 of the Texas Health and Safety Code, and 3) the Privacy of Health Information requirements contained in Chapter 602 of the Texas Insurance Code; and any other confidentiality provisions of federal or state laws.
- M. Sanction/Exclusion. Pharmacist and supervising physician practicing under this Delegation Protocol agree to immediately notify one another if any of the following occur:
- Any sanctions imposed by a licensing board against the pharmacist or supervising physician's license or DEA certificates.
 - Exclusion from participation in federal and/or state health care programs including, but not limited to, being listed on any federal or state exclusion or debarment list.
- N. Compliance. The supervising physician and pharmacist acknowledge that as individuals and employees of health care entities, each is subject to applicable federal and state laws and regulations and policies and requirements of various accrediting organizations, and will each work to comply with all applicable requirements. The pharmacist will make available information and records as may be reasonably requested by physician, or by physician's employer, needed to facilitate compliance with applicable laws, regulations, and policies within a reasonable period of time.

Prescriptive Authority Privileges[§]

(SAMPLE-UPDATE LIST OF DISEASE STATES HERE AS APPROPRIATE TO CLINIC SETTING)

CATEGORY A
<i>Independent – No routine MD consultation required</i>
<ul style="list-style-type: none"> • Antihistamines (oral and intranasal) • Antihyperlipidemics (fibrates, statins, Lovaza[®], ezetimibe) • Antihypertensives (e.g. ACEIs, ARBs, beta-blockers, thiazide diuretics, calcium channel blockers) • Bronchodilators (e.g. beta-agonists, anticholinergics) • Durable Medical Equipment Products (e.g. glucometers and supplies) • Hypoglycemic agents (e.g. metformin, insulin, incretin mimetics) • Inhaled or intranasal corticosteroids • Over the counter (OTC) medications and supplements • Smoking cessation products (e.g. Chantix[®], Wellbutrin[®]) • Vaccines (IM, SQ, intranasal)
CATEGORY B
<i>MD consultation required for initiating therapy only Independent for renewing and adjusting</i>
<ul style="list-style-type: none"> • Antidotes/Anaphylactic agents (i.e. Glucagon, EpiPen[®]) • Anticoagulants (warfarin, apixaban, dabigatran, rivaroxaban, heparins (UFH/LMWH)) • Antidepressants • Anti-thyroid medications (PTU, methimazole) • Bisphosphonates (oral) • Diabetic peripheral neuropathy medications (gabapentin, TCAs, duloxetine) • Heart Failure Medications (ACEI, ARB, loop diuretics, beta-blockers) • Oral corticosteroids (for asthma/COPD exacerbations) • Thyroid hormones (e.g. levothyroxine)
CATEGORY C
<i>MD Consultation Required for Initiating, Renewing, and Adjusting</i>
<ul style="list-style-type: none"> • Antibiotics/antifungals/antivirals • Antiemetics/Laxatives • Dermatologic agents • Heart Failure (digoxin, spironolactone) • Osteoporosis (i.e. injectable bisphosphonates, Forteo[®], Prolia[®]) • Potassium Supplements • Prescription Proton Pump Inhibitors (PPI) • Urinary Antispasmodics • Vaginal Products (Prescription)

§Prescriptive Authority Privileges outlined in this CPA only apply to dangerous drugs and not controlled substances. Patients who may benefit from therapy from a controlled substance will be referred back to their provider.

Reference	Guidelines (SAMPLE - UPDATE LIST OF DISEASE STATES HERE AS APPROPRIATE TO CLINIC SETTING)
I	Anticoagulation
I.1	CHEST Guidelines Executive Summary
II.	Asthma/COPD
II.1	NIH Asthma Guidelines Summary Report
II.2	GOLD-COPD Guidelines- Update
III.	Depression
III.1	American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder
III.2	TMAP Major Depressive Disorder Algorithm
IV.	Diabetes Mellitus (DM)
IV.1	ADA Standards of Care
IV.2	American Association of Clinical Endocrinologists Comprehensive Diabetes Management
IV.3	ADA/EASD Management of Hyperglycemia in Type 2 Diabetes
IV.4	AGS/ADA Consensus Report
V.	Dyslipidemia
V.1	ACC/AHA Guideline on Treatment of Blood Cholesterol to Reduce ASCVD Risk in Adults
VI.	Gastroesophageal Reflux Disease (GERD)
VI.1	ACG Guidelines for Diagnosis & Management of GERD
VI.2	AGA Guidelines for Management of Gastroesophageal Reflux Disease
VII.	Heart Failure (HF)
VII.1	ACCF/AHA Guidelines for the Diagnosis & Management of Heart Failure in Adults
VIII.	Hypertension (HTN)
VIII.1	JNC 7 Quick Reference Guide/Executive Summary and JNC 8
VIII.2	ASH/ISH Guidelines for the Management of Hypertension
IX.	Immunizations
IX.1	CDC Recommended Adult Immunization Schedule and ACIP Recommendations
X.	Osteoporosis
X.1	American Association of Clinical Endocrinologists
X.2	National Osteoporosis Foundation
X.3	U.S. Preventive Services Taskforce
XI.	Smoking Cessation
XI.1	PHS Guidelines for Treating Tobacco Use and Dependence Update (Corrections and Additions included)
XII.	Thyroid Disorders

XII.1	AACE Guidelines for Evaluation & Treatment of Hyperthyroidism & Hypothyroidism
XII.2	Endocrine Society's Guidelines for Management of Thyroid Dysfunction during Pregnancy

Annual Review Date:

Pharmacists:

We, the pharmacists listed below, take responsibility to adhere to this CPA.

_____	_____	_____
Name (Signature)	Printed Name	Date
_____	_____	_____
Name (Signature)	Printed Name	Date
_____	_____	_____
Name (Signature)	Printed Name	Date
_____	_____	_____
Name (Signature)	Printed Name	Date

I have successfully completed the minimal educational requirements (6.0 hours) required by the Texas State Board of Pharmacy specific to disease state management. I will be able to provide a copy of the completion forms if requested by the providers or the Texas State Board of Pharmacy.

Print Name	Signature	Date
1)		
2)		
3)		
4)		
5)		
6)		

This Collaborative Practice Agreement (CPA) was reviewed and approved by:

Chair and/or Medical Director

The following physicians are authorized to prescribe drugs and is responsible for the delegation of drug therapy management under this CPA.

Name, MD/ Date

Name, MD/ Date

Name, MD/ Date

Name, MD/ Date

Name, MD/ Date

Name, MD/ Date

Name, MD/ Date

Name, MD/ Date

Name, MD/ Date

Name, MD/ Date