

COVID-19 VACCINE COLLABORATIVE PHARMACY PRACTICE AGREEMENT

Section 1: Purpose

The purpose of this collaborative pharmacy practice agreement is to order and administer a COVID-19 vaccine for the State's TennCare population.

As one of healthcare's most accessible practitioners, the pharmacist is uniquely positioned to support public health initiatives. Pharmacists can utilize their unique access to patients as well as their knowledge and skills to help reduce the spread of a coronavirus and COVID-19, a disease caused by a coronavirus. They can do this by ordering and administering a COVID-19 vaccine.

This collaborative pharmacy practice agreement establishes the protocols and requirement that shall allow licensed and qualified pharmacists to initiate a prescription and administer a COVID-19 vaccine.

Section 2: Qualifications of Pharmacist(s)

For a pharmacist to be eligible to order and administer a COVID-19 vaccine under this collaborative pharmacy practice agreement, she/he must possess an active Tennessee Pharmacist license in good standing.

Section 3: Patient Indications for COVID-19 Vaccinations

Any person requesting vaccination, who meets all FDA criteria and has none of the contraindications listed by the FDA or CDC, which may vary depending on the specific product being administered. No patient should receive more than two doses of Moderna or Pfizer vaccine, or more than the indicated number for additional products which are approved by the FDA. Two doses of Pfizer-BioNTech vaccine should be administered at least 21 days apart, and Moderna doses should be administered at least 28 days apart. The vaccine should not be administered concurrently with or within 14 days of any other vaccine, other than Hepatitis A vaccine. FDA and CDC Advisory Committee on Immunization Practices (ACIP) recommendations should be adhered to for any vaccine delivered.

Section 4: Route(s) of Administration

Intramuscularly, or as directed for any FDA-approved product.

Section 5: Requirements of Each Pharmacist under this Agreement

(1) The COVID-19 vaccine which is ordered and administered shall be authorized or approved by the United States Food and Drug Administration;

(2) Prior to ordering and administering a COVID-19 vaccine, the licensed pharmacist shall complete a vaccine administration training program approved by the Accreditation Council for Pharmacy Education ("ACPE") related to vaccine administration. This training program shall include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines;

- (3) Prior to ordering and administering a COVID-19 vaccine, the licensed pharmacist shall obtain current certificate in basic cardiopulmonary resuscitation;
- (4) The licensed pharmacist shall complete a minimum of two hours of ACPE-approved, immunization-related continuing pharmacy education during each renewal period while authorized to order and administer a vaccine under this collaborative pharmacy practice agreement;
- (5) The licensed pharmacist shall comply with all federal and State recordkeeping and reporting requirements, which include, but are not limited to:
- (i) Informing the patient's primary-care provider when available;
 - (ii) Submitting the required immunization information to the State's vaccine registry;
 - (iii) Complying with requirements related to reporting adverse events; and
 - (iv) A review the vaccine registry or other vaccination records prior to administering a vaccine.
- (6) The licensed pharmacist shall perform counseling and a Drug Regimen Review pursuant to the Official Compilation of the Rules and Regulations of the State of Tennessee 1140-03-.01(1) and (3); and
- (7) The licensed pharmacist shall maintain documentation of completion of a ACPE-approved vaccine administration training program; the certificate in basic cardiopulmonary resuscitation; and of two hours of ACPE-approved, immunization-related continuing pharmacy education and shall make this documentation available to the Department of Health upon request.

Section 6: Modification, Termination and Exclusion


The chief medical officer reserves the right to terminate this collaborative practice agreement at any time as well as the right to override the actions of any collaborating pharmacist, which override decision shall be communicated to the pharmacist in writing within seven (7) business days. Further, the chief medical officer may modify, change, or add exclusions to this collaborative pharmacy practice agreement with notice to the participating parties in writing. The notice provided for in this section shall be made at the address of record of the pharmacist on file with the Tennessee Board of Pharmacy.

Chief Medical Officer for the Tennessee Department of Health (Authorizing Physician):

I, Tim Jones M.D. licensed in the state of Tennessee and chief medical officer of the Tennessee Department of Health, do hereby authorize licensed and qualified pharmacists to order and administer a COVID-19 vaccine in accordance with guidance promulgated by the United States Department of Health and Human Services (“HHS”) for purposes of serving the State’s vulnerable population. This authorization shall cease and no longer be effective immediately upon my resignation, removal or retirement as the chief medical officer of the Tennessee Department of Health, the termination of such agreement by the Tennessee Department of Health, or a declaration by the secretary of HHS that a public health emergency no longer exists related to COVID-19 pursuant to section 319 of the Public Health Service Act, 42 U.S.C. § 247d.

Physician Name: Tim Jones
Physician State License Number: 30704
Address: 710 James Robertson Parkway
City: Nashville State: TN Zip Code: 37243

Phone: 615-532-7760

Physician Signature: 

Date: 3/1/21

Authorized Pharmacist:

By signing this COVID-19 Collaborative Pharmacy Practice Agreement for ordering and administering a COVID-19 vaccine, I attest that I have read and understand this agreement and completed appropriate training.

Pharmacist Name: Pharmacist State License #:

Pharmacist Signature:

Date:

Pharmacist Email:

This collaborative pharmacy practice agreement was issued on _____. Both parties shall agree to any changes to the protocol. Should the chief medical officer that signs this agreement no longer hold the office, the Tennessee Department of Health terminate this agreement, or a declaration by the secretary of HHS that a public health emergency no longer exists related to COVID-19 pursuant to section 319 of the Public Health Service Act, 42 U.S.C. § 247d, then the Department of Health shall issue notification to the authorized pharmacist, and this notice may contain a new collaborative practice agreement to minimize any gap in care to the affected patient population.