

## **Tennessee Board of Pharmacy Policy Statement on Preventive Care**

This Tennessee Board of Pharmacy policy is intended to provide guidance to pharmacists regarding collaborative pharmacy practice agreements with prescribers authorizing the provision of preventive care which promotes patient health and does not require diagnosis appropriately made and documented by the physician, advanced practice nurse or physician assistant, as identified in Tennessee Board of Pharmacy Rule 1140-03-.17 (5)(b). Under this Board rule “all care and services provided, except immunizations, opioid antagonists, and preventive care, must be pursuant to a diagnosis appropriately made and documented by the physician, advanced practice nurse or physician assistant.” In addition to immunizations, opioid antagonists, and preventive care identified in this Board rule, Tennessee Board of Pharmacy Rule 1140-15 authorizes pharmacists to prescribe and dispense hormonal contraceptives through non-patient specific collaborative pharmacy practice agreements, which does not require a diagnosis, with prescribers.

Preventive care maintains patients’ health to avoid or delay the onset or progression of certain preventable diseases, conditions, and other illnesses. Specific to this Board rule, pharmacists are authorized to provide preventive care, including the identification of potentially serious health conditions and provision of early treatment of those conditions, pursuant to collaborative pharmacy practice agreements with prescribers which do not require a diagnosis. Pharmacist-provided preventive care under this rule may include screening and identification, performing CLIA-waived laboratory tests, ordering laboratory tests, treatment, clinical interventions, medication optimization services (including the prescribing, administration, and therapeutic optimization of medications and non-medication therapies), and initiation of patient referrals to physicians, advanced practice nurses, and physician assistants.

Under this Board policy, the Tennessee Board of Pharmacy provides the following policy statement regarding preventive care in Board Rule 1140-03-.17. Preventive care may include, but is not limited to:

- Emergency allergic reactions
- Seasonal and chronic allergic rhinitis
- Travel health
- Smoking cessation
- Screening, prevention, and treatment of influenza and streptococcal infections
- Herpes and herpes-related conditions
- Tuberculosis
- Dermatologic conditions
- Reduction in therapeutic gaps in care for chronic conditions (such as diabetes, hypertension, hyperlipidemia, chronic heart failure, chronic lung disease)
- Alcohol and drug abuse
- Lifestyle modifications and weight loss management
- Mental health and depression
- Prevention of falls
- Osteoporosis and bone health
- Medication-related clinical guideline optimization (such as BEERS and STOPP/START criteria, reduction of duplicate meds, discontinuation of unnecessary or potentially inappropriate medication therapies)

- Acid reflux, gastroesophageal reflux disease, and heartburn
- Anticoagulation
- Migraines
- Lice and scabies
- Vitamins and supplements (such as folic acid, prenatal vitamins for fetal health, vitamin B12, Vitamin D)
- Penicillin skin testing
- Prophylaxis of cytomegalovirus, pneumocystis jiroveci pneumonia, and other common infections in immunocompromised patients
- Prophylaxis of urinary tract infections
- Prophylaxis of meningitis
- Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)

This policy is not intended to change or conflict with pharmacist-provided care and services currently authorized under a pharmacist's scope of practice in Tennessee Code Annotated 63-10-204(39)(a) and (b).

This policy does not supersede or replace any requirement or obligation listed in statutes or rules pertaining to collaborative pharmacy practice. This policy defines preventative care as excluding the requirement for a patient-specific diagnosis. All other requirements of collaborative pharmacy practice remain in place.

**ADOPTED BY THE TENNESSEE BOARD OF PHARMACY ON March 12, 2019.**

## **TCA 63-10-204(39)(a) and (b) "Practice of Pharmacy"**

(39) (A) "Practice of pharmacy" means a patient-oriented health service profession in which pharmacists interact and consult with patients and other health care professionals to enhance patients' wellness, prevent illness, and optimize outcomes. The practice involves:

- (i) Interpretation, evaluation and implementation of medical orders and prescription orders;
- (ii) Responsibility for compounding and dispensing prescription orders, including radioactive substances;
- (iii) Participation in drug, dietary supplement and device selection, storage, distribution and administration;
- (iv) Drug evaluation, utilization or regimen review;
- (v) Maintenance of patient profiles and other pharmacy records;
- (vi) Provision of patient education and counseling;
- (vii) Provision of patient care services and activities pursuant to a collaborative pharmacy practice agreement;
- (viii) Drug or drug-related research; and
- (ix) Those professional acts, professional decisions or professional services necessary to maintain all areas of a patient's pharmacist-provided care;

(B) Nothing in this chapter authorizes a pharmacist to order laboratory tests or prescribe any prescription drugs except pursuant to a medical order by the attending prescriber for each patient or pursuant to a collaborative pharmacy practice agreement jointly agreed upon by a pharmacist or pharmacists and a prescriber or prescribers; provided, that pharmacists are authorized to conduct and assist patients with tests approved for home use. Pharmacists may convey orders for laboratory tests when authorized by the attending prescriber and may prescribe prescription drugs when required to carry out a medical order or perform activities pursuant to a collaborative pharmacy practice agreement when authorized by the attending prescriber;

## **Background/Rationale**

### **Emergency Allergic Reaction**

**Rationale:** Preventing the worsening of an allergic reaction and/or death prior to the arrival of emergency medical services by utilizing emergency medications for patients who are experiencing acute anaphylaxis.

**Examples/Model States:**

- Idaho
  - If in an emergency, after contacting emergency medical services, a situation exists that, in the professional judgment of the pharmacist, threatens the health or safety of the patient, a pharmacist may prescribe the following FDA approved drugs in the minimum quantity necessary until the patient is able to be seen by another provider.
    - Diphenhydramine
    - Epinephrine
    - SABAs

### **Seasonal and Chronic Allergic Rhinitis**

**Rationale:** Preventing seasonal and chronic allergic rhinitis from worsening and/or continuing without treatment.

**Examples/Model States:**

- Florida allows prescribing of certain antihistamines and decongestants.
- Could include additional medications used to prevent seasonal and chronic allergic rhinitis

### **Travel health**

**Rationale:** Preventing future illness in patients related to travel

**Examples/Model States:**

- California: §1746.5 Pharmacists Furnishing Travel Medications
- Idaho: A pharmacist who successfully completes an accredited CPE or CME course on travel medicine may prescribe any non-controlled drug recommended for individuals traveling outside the United States that are specifically listed in the federal CDC Health Information for International Travel (e.g., Yellow Book). The pharmacist may only prescribe drugs that are indicated for the patient's intended destination for travel.

### **Smoking Cessation**

**Rationale:** Preventing smoking and future complications from smoking in patients

**Examples/Model States:**

- California: §1746.2 Protocol for Pharmacists Furnishing Nicotine Replacement Products
- New Mexico Protocol
  - Pharmacists may prescribe:

- Nicotine replacement therapies
- Patch
- Gum
- Inhaler
- Lozenge
- nasal spray
- Bupropion
- Other FDA approved products for tobacco cessation.
- General recommendations:
  - Pharmacists will follow the US Department of Health and Human Services, Public Health Services, Clinical Practice Guideline – Treating Tobacco Use and Dependence.
  - Pharmacists will implement the Five A's (ask, advise, assess, assist, arrange) to help patients quit using all forms of tobacco.
  - Pharmacists will include an education component including both face to face and telephonic/electronic interventions to patients of 90 minutes.
  - Referral
    - Pregnancy
    - Current seizure disorder for bupropion therapy.
    - Current eating disorder for bupropion therapy
  - Full protocol:
    - <https://www.nmpharmacy.org/Resources/Documents/rx%20authority/protocol-tobacco.pdf>

## **Identification, Prevention, and Treatment of Influenza and Streptococcal Infections**

**Rationale:** Preventing the spread of influenza and streptococcal infections in patients and communities

**Examples/Model States:**

- Washington Influenza Treatment or Prophylaxis Protocol
  - [http://www.nwcphp.org/documents/training/cdta\\_flu\\_template.pdf](http://www.nwcphp.org/documents/training/cdta_flu_template.pdf)
- Idaho Influenza Treatment Protocol
  - Provides accessible and timely treatment of influenza for low-risk patients in consideration of the clinical guidelines of the Infectious Diseases Society of America (IDSA).
  - Patients Eligible for Neuraminidase Treatment Under this Protocol (Inclusion Criteria):
    - Patients 6 years of age or older exhibiting signs of influenza-like illness (e.g., fever, cough, sore throat, nasal congestion, muscle/body aches, etc.) for 48 hours or less who test positive to a CLIA-waived test indicated for influenza.
    - Patients Ineligible for Neuraminidase Treatment Under this Protocol (Exclusion and Referral Criteria):
      - Patients exhibiting signs of influenza-like illness (ILI) for greater than 48 hours
      - Patients who report they are pregnant or breastfeeding
      - Patients who report they are immunocompromised by medication or condition
    - Patients who have one or more of the following:
      - Systolic hypotension <100mgHg

- Tachypnea >25 breaths/min (>20 breaths per minute for patients <18 years)
    - Tachycardia >100 beats/min (>119 beats/min for patients <18 years)
    - Oxygenation <90% via pulse oximetry
    - Body temperature >103OF (>102OF for patients <18 years)
  - Patients who report any of the following:
    - History of renal dysfunction
    - History of allergic reaction to any previous neuraminidase therapy
    - History of psychologic side effects from any previous neuraminidase therapy
    - Use of antiviral therapy in past 4 weeks
  - Follow-up within 48 hours after initial interaction to determine efficacy of treatment initiated or need for referral.
- Idaho Influenza Prophylaxis Protocol
  - Provides prophylactic therapy to high-risk household contacts of a patient being treated for active influenza in a timely and accessible fashion in accordance with guidelines of the Centers for Disease Control and Prevention.
    - Patients Eligible for Neuraminidase Prophylaxis Under this Protocol (Inclusion Criteria):
      - Patients who are 6 years of age or older who meet at least one of the following criteria:
        - Has asthma or other chronic pulmonary disease
        - Has diabetes mellitus
        - Has congestive heart failure or coronary artery disease
        - Is immunocompromised by medication or condition
        - Has HIV
        - Has sickle cell anemia or other hemoglobinopathies
        - Has chronic renal dysfunction
        - Has cancer
        - Has neuromuscular disorders, seizure disorders, or cognitive dysfunction that may compromise handling of respiratory secretions
        - Has not yet received influenza vaccine during this influenza season
        - Is age 65 years or older
    - Patients Ineligible for Neuraminidase Prophylaxis Under this Protocol (Exclusion and Referral Criteria):
      - Patients under the age of 6
      - Patients who are pregnant or breastfeeding
      - Patients with current symptoms of influenza-like illness
      - Patients who report any of the following:
        - History of allergic reaction to any previous neuraminidase therapy
        - History of psychologic side effects from any previous neuraminidase therapy
        - Use of antiviral therapy in past 4 weeks
- Idaho Streptococcal Pharyngitis Protocol

- Provides timely and accessible treatment of group A streptococcal (GAS) pharyngitis for low-risk, symptomatic patients in consideration of the clinical guidelines established by the Infectious Diseases Society of America (IDSA).
  - Patients Eligible for Antibiotic Therapy Under this Protocol (Inclusion Criteria):
    - Symptomatic patients between the ages of 6 and 45 who score a 2 or higher on the Centor Score and then test positive to a CLIA-waived test indicated for GAS pharyngitis.
  - Patients Ineligible for Antibiotic Therapy Under this Protocol (Exclusion and Referral Criteria):
    - Patients younger than 6 years of age or older than 45 years
    - Patients who received antibiotic therapy within the previous 30 days
    - Patients who report they are pregnant or breastfeeding
    - Patients who report they are immunocompromised by medication or condition
    - Adult patients who have one or more of the following:
      - Systolic hypotension <100 mgHg
      - Tachypnea >25 breaths/min (>20 breaths per minute for patients <18 years)
      - Tachycardia >100 beats/min (>119 beats/min for patients <18 years)
      - Oxygenation <90% via pulse oximetry
      - Body temperature >103OF (>102OF for patients <18 years)
      - History of renal dysfunction
  - Follow-up within 48 hours after initial interaction to determine efficacy of treatment initiated or need for referral.

## **Herpes and Herpes-Related Conditions**

**Rationale:** Preventing the worsening of herpes infection and the spread of herpes infection throughout the community.

### **Examples/Model States:**

- Idaho Protocol
  - Provides timely and accessible treatment for low-risk patients with recurrent herpes labialis, including episodic treatment and short-term prevention.
    - Patients Eligible for Treatment Under This Protocol (Inclusion Criteria):
      - Patients 6 years of age or older who report a previous history of cold sores and who present with:
        - Prodromal symptoms that are typical of a cold sore or a lesion that is typical of a cold sore that has lasted <48 hours.
    - Patients Who Must Be Referred By the Pharmacist to a More Appropriate Venue of Care (Exclusion and Referral Criteria):
      - Patients under the age of 6 years
      - Patients who report no prior history of having a cold sore
      - Patients who have one or more of the following:
        - Lesion appears excessively red, swollen, or contains pus
        - Lesion appears on area other than around the mouth and lips
        - Lesions have not healed from a prior episode o

- Reports symptoms of systemic illness are present (fever, swollen glands, malaise)
- Reports being immunocompromised by medication or condition
- Reports that lesions have occurred more than 6 times in the past 12 months
- Follow-Up to Assess Need for Referral
  - Follow-up in 7 days. Referral needed if lesions spread or persist without improvement despite treatment.

## **Tuberculosis**

**Rationale:** Preventing the spread of tuberculosis infection throughout the community, and current tuberculosis infection from continuing unidentified and untreated.

### **Examples/Model States:**

- New Mexico TB skin testing protocol
  - [https://www.nmparmacy.org/Resources/Documents/rx%20authority/TB\\_BOP\\_Rules-Protocol.pdf](https://www.nmparmacy.org/Resources/Documents/rx%20authority/TB_BOP_Rules-Protocol.pdf)

## **Dermatologic Conditions**

**Rationale:** Preventing the worsening of dermatologic conditions.

### **Examples/Model States:**

- Florida allows prescribing of certain topical medications on a formulary
  - <https://www.flrules.org/gateway/RuleNo.asp?title=PHARMACY%20PRACTICE&ID=64B16-27.220>

## **Reduction in therapeutic gaps in care for chronic conditions (such as diabetes, hypertension, hyperlipidemia, chronic heart failure, chronic lung disease)**

**Rationale:** Prevention of morbidity and mortality related to chronic conditions by addressing therapeutic gaps in care based on current guidelines, untreated previously diagnosed chronic conditions based on current guidelines, worsening of patients' chronic conditions lasting greater than three months which cannot be prevented by immunizations or cured by medications due to lack of access to medications, and poor adherence caused by lack of access to medications.

### **Examples/Model States:**

- Idaho Statins for Patients w/ Diabetes Protocol
  - Reduces cardiovascular (CV) risk in patients with diabetes and promote optimal patient care in accordance with the guidelines of the American College of Cardiology/American Heart Association.
    - Patients Eligible for Treatment under This Protocol (Inclusion Criteria):
      - Patients between the ages of 40 and 75 years who report a previous diagnosis of diabetes.
    - Patients who must be referred by the pharmacist to a more appropriate venue of care (Exclusion and Referral Criteria):
      - Patients younger than 40 years or older than 75 years
      - Patients who do not report a previous diagnosis of diabetes

- Patients who report they are pregnant, may become pregnant, or are breastfeeding
  - Patients who have or report one or more of the following:
    - Active liver disease
    - Unexplained elevated hepatic transaminase levels (ALT) >3 times upper limit of normal
    - History of statin-induced rhabdomyolysis
    - On hemodialysis or peritoneal dialysis
    - Hypersensitivity to any component of a statin
  - The pharmacist should investigate further the appropriateness of initiating statin therapy for patients who report one or more of the following:
    - NHYA class II-IV ischemic systolic Heart Failure
    - History of cognitive impairment
    - Previous statin intolerance
  - Follow-Up to Assess Need for Referral
    - Follow-up 4 to 12 weeks after initiation of a statin to assess medication adherence and to assess the safety and tolerability of statin therapy.
    - Notify the patient's provider of record within five business days of any clinically significant information collected upon follow-up.
- California: 4052.6. Advanced Practice Pharmacist; Permitted Procedures (Must have 1) Earn certification in a relevant area of practice; 2) Complete a postgraduate residency program; 3) Have provided clinical services to patients for one year under a collaborative practice agreement or protocol with a physician, APP pharmacist, CDTM pharmacist, or health system)
  - (a) A pharmacist recognized by the board as an advanced practice pharmacist may do all of the following:
    - (1) Perform patient assessments.
    - (2) Order and interpret drug therapy related tests.
    - (3) Refer patients to other health care providers.
    - (4) Participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers.
    - (5) Initiate, adjust, or discontinue drug therapy in the manner specified in paragraph (4) of subdivision (a) of Section 4052.2.
- Iowa: 657—39.13 (155A) Collaborative drug therapy management.
  - Both in the community and in the hospital setting
- Idaho Short-Acting Beta Agonists Refill Renewal Protocol
  - Fills a gap in care for low-risk asthma patients who run out of refills of their short-acting beta agonist (SABA) rescue inhaler prescription in consideration of the National Heart, Lung, and Blood Institute clinical guidelines.
    - Patients Eligible for Treatment Under this Protocol (Inclusion Criteria)
      - Patients with asthma over the age of 6 years old who meet all of the following conditions:
        - Reports a previous prescription for a SABA rescue inhaler that is out of refills; and
        - Reports a current prescription for a long-term asthma control medication (e.g., inhaled corticosteroid, long-acting beta agonist, etc.);
        - Reports a previous medical office visit in the past fifteen (15) months.

- Patients Who Must Be Referred By the Pharmacist to a More Appropriate Venue of Care (Exclusion and Referral Criteria)
    - Patients under the age of 6 years
    - Patients who report no previous diagnosis of asthma
    - Patients who report no previous SABA prescription
    - Patients who report no current prescription for a long-term asthma control medication
    - Patients who report no medical office visit in the past fifteen (15) months
    - Patients who report or present with one or more of the following:
      - Current shortness of breath, chest pain, or other acute symptoms; or
      - Current productive cough (e.g. colored mucus); or
      - Pregnancy or breastfeeding; or
      - Evidence of SABA overuse (e.g., use >2 days/week for >4 weeks) or more than 2 inhalers in the past month for no explainable reason (e.g., recent travel loss)
    - Has already received two albuterol inhalers through independent pharmacist prescribing in the past twelve (12) months
- California: 4052.6. Advanced Practice Pharmacist; Permitted Procedures (Must 1) Earn certification in a relevant area of practice; 2) Complete a postgraduate residency program; 3) Have provided clinical services to patients for one year under a collaborative practice agreement or protocol with a physician, APP pharmacist, CDTM pharmacist, or health system
  - (a) A pharmacist recognized by the board as an advanced practice pharmacist may do all of the following:
    - (1) Perform patient assessments.
    - (2) Order and interpret drug therapy related tests.
    - (3) Refer patients to other health care providers.
    - (4) Participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers.
    - (5) Initiate, adjust, or discontinue drug therapy in the manner specified in paragraph (4) of subdivision (a) of Section 4052.2.

## **Alcohol and Drug Abuse**

**Rationale:** Preventing future alcohol and drug abuse by utilizing drug screenings, as well as preventing current alcohol and drug abuse from continuing unidentified and untreated.

### **Examples/Model States:**

- California: 4052.(a)(12) Order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies. A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber
  - Includes drug screenings

## **Lifestyle Modifications and Obesity**

**Rationale:** Preventing the worsening of obesity individually and in the community by providing billable lifestyle modification counseling.

**Examples/Model States:**

- Pharmacists can provide education and care related to obesity prevention and lifestyle modification

## **Mental Health and Depression**

**Rationale:** Preventing the worsening of mental health issues and depression, including suicide, by utilizing mental health screenings. Mental health screenings can also prevent current mental health issues and depression from continuing unidentified and untreated.

**Examples/Model States:**

- California: 4052.(a)(12) Order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies. A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber
  - Includes depression screenings

## **Prevention of Falls**

**Rationale:** Prevention of falls in patients

**Examples/Model States:**

- A pharmacist can order medical equipment to assist in the prevention of falls such as canes or walkers.
- A pharmacist can discontinue unnecessary or potentially inappropriate medications that may increase the risk of falls (see Medication-related clinical guideline optimization below)

## **Osteoporosis and Bone Health**

**Rationale:** Preventing future osteoporosis and the worsening of bone health by utilizing lab tests and bone density screenings. Also prevent current osteoporosis from continuing unidentified and untreated.

**Examples/Model States:**

- California: 4052.(a)(12) Order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies. A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber
  - Includes bone density testing
- A pharmacist can evaluate patients based on their lab values and prescribe bisphosphonates for patients that meet the criteria per guidelines.
- A pharmacist can recommend OTC calcium and vitamin D supplements for patients based on their lab values

## **Medication-related Clinical Guideline Optimization (such as BEERS and STOPP/START criteria, reduction of duplicate meds, discontinuation of unnecessary or potentially inappropriate medication therapies)**

**Rationale:** Prevention of medication-related adverse events in patients

**Examples/Model States:**

- California: 4052.6. Advanced Practice Pharmacist; Permitted Procedures (Must 1) Earn certification in a relevant area of practice; 2) Complete a postgraduate residency program; 3) Have provided clinical services to patients for one year under a collaborative practice agreement or protocol with a physician, APP pharmacist, CDTM pharmacist, or health system
  - (a) A pharmacist recognized by the board as an advanced practice pharmacist may do all of the following:
    - (1) Perform patient assessments.
    - (2) Order and interpret drug therapy related tests.
    - (3) Refer patients to other health care providers.
    - (4) Participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers.
    - (5) Initiate, adjust, or discontinue drug therapy in the manner specified in paragraph (4) of subdivision (a) of Section 4052.2.

## **Acid Reflux, Gastroesophageal Reflux Disease, and Heartburn**

**Rationale:** Preventing acid reflux, GERD, and heartburn from worsening and/or continuing without treatment.

**Examples/Model States:**

- Florida allows prescribing of certain H2 antagonists
  - <https://www.flrules.org/gateway/RuleNo.asp?title=PHARMACY%20PRACTICE&ID=64B16-27.220>

## **Anticoagulation**

**Rationale:** Preventing adverse effects such as bleeding events from anticoagulation therapy by utilizing lab tests such as INR. These lab tests can also be used to prevent thromboembolic events from the lack of anticoagulation therapy.

**Examples/Model States:**

- California: 4052.(a)(12) Order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies. A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber
  - Includes INR among other tests
- Iowa: 657—39.13 (155A) Collaborative drug therapy management.
  - Both in the community and in the hospital setting

## **Migraines**

**Rationale:** Preventing future migraine attacks from occurring with migraine prophylaxis drugs in eligible patients based on current guidelines. Also preventing acute migraine attacks from worsening by prescribing triptan medications.

**Examples/Model States:**

- A pharmacist can prescribe migraine prophylaxis drugs based on guidelines if the patient meets specific criteria.
- A pharmacist can evaluate a patient having an acute migraine and prescribe a triptan medication to treat that acute attack.

## **Lice and Scabies**

**Rationale:** Preventing the spread of lice and scabies throughout the community.

**Examples/Model States:**

- Idaho allows pharmacists to prescribe drugs approved by the FDA for Lice treatment
- Florida allows pharmacists to prescribe medicinal drug shampoos containing Lindane. The pharmacist shall:
  - Limit the order to the treatment of head lice only;
  - Order no more than four (4) ounces per person; and,
  - Provide the patient with the appropriate instructions and precautions for use.

## **Vitamins and Supplements (such as folic acid, prenatal vitamins for fetal health, vitamin B12, Vitamin D)**

**Rationale:** Preventing the adverse effects of vitamin deficiencies by prescribing prescription vitamins. Preventing future fetal abnormalities through prescribing of prescription prenatal vitamins.

**Examples/Model States:**

- A pharmacist can assess a patient and their lab values and determine if they need Prescription Vitamins or Prenatal Vitamins. A pharmacist can prescribe these and bill for them.
  - A pharmacist can suggest OTC vitamins to patients seeking help or information.

## **Penicillin Skin Testing**

**Rationale:** Preventing possible allergic reactions from occurring in patients with a penicillin allergy who are prescribed a penicillin antibiotic.

**Examples/Model States:**

- A pharmacist can do penicillin skin testing as part of a protocol in a hospital
- Related links:
  - <https://mopa.memberclicks.net/assets/SpeakerPresentations/Harmon%20Presentation.pdf>
  - [https://www.jaci-inpractice.org/article/S2213-2198\(16\)30499-8/pdf](https://www.jaci-inpractice.org/article/S2213-2198(16)30499-8/pdf)
  - [https://academic.oup.com/ofid/article/3/suppl\\_1/1857/2636073](https://academic.oup.com/ofid/article/3/suppl_1/1857/2636073)

## **Prophylaxis of Cytomegalovirus, Pneumocystis Jiroveci Pneumonia, and Other Common Infections in Immunocompromised Patients**

**Rationale:** Prevention of common infections in immunocompromised patients that have higher susceptibility to infection based on current guidelines.

**Examples/Model States:**

- A pharmacist can assess a patient's lab values like a CD4 count and determine if a patient needs prophylaxis for PCP, *Toxoplasma gondii*, Cytomegalovirus and *Mycobacterium avium* and then prescribe them based on existing HIV and ID guidelines.

## **Prophylaxis of Uncomplicated Urinary Tract Infections**

**Rationale:** Prevention of future uncomplicated UTIs in patients with a history of recurrent UTIs based on current guidelines.

### **Examples/Model States:**

- Idaho Uncomplicated UTI Protocol
  - Purpose: To provide timely and accessible treatment of uncomplicated urinary tract infections (UTI) for low-risk patients in accordance with the clinical guidelines of the Infectious Disease Society of America or the American Congress of Obstetricians and Gynecologists.
    - Patients Eligible for Treatment Under This Protocol (Inclusion Criteria):
      - Women aged 18 or older who present with at least two of the following symptoms: dysuria, urinary frequency, urinary urgency, or suprapubic pain.
    - Patients Who Must Be Referred By the Pharmacist to a More Appropriate Venue of Care (Exclusion and Referral Criteria):
      - Men
      - Women who meet or report one or more of the following:
        - Under the age of 18
        - Pregnant
        - Post-menopausal
        - Immunosuppressed by medication or condition
        - No previous history of uncomplicated UTI
        - Has had previous antibiotic therapy within the past 4 weeks
        - Has had surgical changes or birth defects relevant to the urinary tract
        - Has undergone urinary tract instrumentation in the past 4 weeks or has any current catheterization
        - Has or reports any symptoms suggestive of systemic illness, including:
          - Fever
          - Sweating
          - Flank pain
          - Shaking chills
          - Nausea
          - Vomiting
          - Systolic hypotension <100mgHg
          - Tachypnea >25breaths/min
          - Tachycardia >100beats/min
          - Oxygenation <90% via pulse oximetry
          - Body temperature >103OF
      - Abnormal vaginal discharge or other symptom suggestive of a sexually transmitted infection
      - Poorly controlled diabetes

## **Prophylaxis of Meningitis**

**Rationale:** Preventing the spread of meningococcal disease in patients and the community

**Examples/Model States:**

- A pharmacist can administer the meningococcal vaccine to eligible patients based on CDC guidelines.
- New Mexico Protocol
  - A pharmacist can prescribe antimicrobial chemoprophylaxis for close contacts of sporadic cases of meningococcal disease per guidelines. The rate of secondary disease is highest during the first few days after onset of disease in the primary patient, so antimicrobial chemoprophylaxis should be administered as soon as possible (ideally within 24 hours). Pharmacists can assist with ensuring close contacts of meningococcal disease cases receive antimicrobial chemoprophylaxis as soon as possible.
    - Antimicrobial chemoprophylaxis options include rifampin, ciprofloxacin, or ceftriaxone.

## **Human Immunodeficiency Virus (HIV) Pre-Exposure Prophylaxis (PEP) and Post-Exposure Prophylaxis (PrEP)**

**Rationale:** Preventing future HIV infection in an individual and the spread of infection in the community

**Examples/Model States:**

- Washington- “One-step PReP” pilot done under a collaborative practice agreement at Kelly Ross Pharmacy. Also has PEP for emergencies.
  - <https://www.kelley-ross.com/polyclinic/pep/>

## State Overviews

- **Washington** allows all pharmacists to prescribe medications under collaborative practice agreement without restrictions/limitations.
- **Iowa** allows prescribing under a collaborative practice agreement
- **California** you must be an “Advanced Practice Pharmacist” and be in a collaborative practice agreement to prescribe
- **Idaho** allows prescribing for certain conditions/drugs without a collaborative practice agreement
  - <https://adminrules.idaho.gov/rules/current/27/270104.pdf>
- **Oregon** allows prescribing of medications or devices that are on a formulary to be established by an executive committee. Changes to the formulary can be made by the BOP via rule. The committee is in the process of being formed or was recently formed.
  - <https://www.oregon.gov/pharmacy/Imports/Rules/Formulary.pdf>
- **Florida** allows independent prescribing of certain medications that are on a formulary without a collaborative practice agreement.
  - <https://www.flrules.org/gateway/RuleNo.asp?title=PHARMACY%20PRACTICE&ID=64B16-27.220>
- **New Mexico** allows prescriptive authority for hormonal contraception, emergency contraception, tobacco cessation medication, and naloxone.
  - It also has a certification for pharmacist clinician, which allows pharmacists to prescribe, perform physical exams, and order lab tests under a collaborative practice agreement.
    - Guidelines for pharmacist clinician prescriptive authority protocol:
      - [https://www.nmpharmacy.org/Resources/Documents/PhC/Pharmacist\\_Clinician\\_Practice\\_Guidelines\\_template-1-.pdf](https://www.nmpharmacy.org/Resources/Documents/PhC/Pharmacist_Clinician_Practice_Guidelines_template-1-.pdf)
- **Montana** has a process to become a Clinical Pharmacist Practitioner that allows prescribing under a collaborative practice agreement.
  - Clinical Pharmacist Practitioner Requirements:  
<http://www.mtrules.org/gateway/ruleno.asp?RN=24.174.526>
- **Maryland** allows prescribing of hormonal contraceptives, where pharmacists are seen as providers and Medicaid will cover the medication.

## Links

1. CPA Authority Laws by State (pg 30-35):  
[https://www.cdc.gov/dhds/pubs/docs/pharmacist\\_state\\_law.pdf](https://www.cdc.gov/dhds/pubs/docs/pharmacist_state_law.pdf)
2. Idaho Protocols:  
[https://bop.idaho.gov/code\\_rules/2018\\_04\\_13\\_Final%20BOP%20Protocol%20Packet.pdf](https://bop.idaho.gov/code_rules/2018_04_13_Final%20BOP%20Protocol%20Packet.pdf)
3. Idaho Rules:  
<https://adminrules.idaho.gov/rules/current/27/270104.pdf>
4. California: <https://cpha.com/advocacy/provider-status/expanding-pharmacist-services/>
5. California Lab Testing: <https://cpha.com/wp-content/uploads/2017/09/Guidelines-for-pharmacists-ordering-tests-in-California-5-0.pdf>
6. [http://www.nwcphp.org/documents/training/cda\\_flu\\_template.pdf](http://www.nwcphp.org/documents/training/cda_flu_template.pdf)
7. Washington Collaborative Agreement Review Form:  
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/690212.pdf>
8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5374920/>
9. Meeting Report on Statewide Protocols: <https://naspa.us/wp-content/uploads/2016/06/SWP-Meeting-Report-Final.pdf>
10. Iowa BOP Expanded Practice Standards: <https://www.legis.iowa.gov/docs/iac/chapter/10-10-2018.657.39.pdf>
11. Florida Rules:  
<https://www.flrules.org/gateway/RuleNo.asp?title=PHARMACY%20PRACTICE&ID=64B16-27.220>
12. New Mexico Pharmacist Clinician:  
[https://www.nmpharmacy.org/Resources/Documents/PhC/BOP\\_regulations\\_PhC.pdf](https://www.nmpharmacy.org/Resources/Documents/PhC/BOP_regulations_PhC.pdf)
13. New Mexico Pharmacist Prescriptive Authority:  
<http://164.64.110.134/parts/title16/16.019.0026.html>
14. Maryland BOP Rules:  
[http://www.dsd.state.md.us/comar/subtitle\\_chapters/10\\_Chapters.aspx#Subtitle34](http://www.dsd.state.md.us/comar/subtitle_chapters/10_Chapters.aspx#Subtitle34)
15. Montana Law on CPA Requirements:  
<http://www.mtrules.org/gateway/ruleno.asp?RN=24%2E174%2E524>
16. Montana Clinical Pharmacist Practitioner Info:  
<https://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2017/provnotice2744025556ClinicalPharmacistPractitioner07032017.pdf>