

# Implementing Expanded Pharmacist Prescribing

Marcus Hurst, PharmD  
Pharmacy Supervisor  
Broulim's Pharmacy  
marcus.hurst@broulims.com  
September 28, 2018



---

---

---

---

---

---

---

---

## Disclosures

- None

---

---

---

---

---

---

---

---

## Learning Objectives

- Understand the history of pharmacist prescriptive authority
- Appreciate the importance of developing protocols
- Understand the need for patient screening
- Recognize opportunities to provide services

---

---

---

---

---

---

---

---

## Idaho Pharmacy History

- The Board was organized March 23, 1905, under provisions of the law by the legislature of the same year.
- From July 1939 until July 1974, the State Board of Pharmacy was an independent agency.
- As of July 1, 1974, the Executive Reorganization placed the Board under the Department of Self-Governing Agencies.
- The primary and over-riding mandate of every board is to protect the health, safety, and welfare of the general public.
- A board should not see itself, or be viewed, as a "promoter" or "advocate" for the profession.

<https://bop.idaho.gov/about/about.html>

---

---

---

---

---

---

---

---

## Prescriptive Authority Past

### Idaho Code 54-1733

- 1999 – Vaccines via collaborative practice
- 2011 – Fluoride
- 2011 – Vaccines, no more collaborative practice
- 2015 – Opioid Antagonists
- 2016 – Lowered vaccine age to 6+, Epi Pens
- 2017 – Smoking Cessation, Tuberculosis skin test

### 2017 – HB191 amended Idaho Code 54-1704 Practice of pharmacy

- Pharmacists can prescribe based on board rules
  - Do not require a new diagnosis
  - Are minor and generally self-limiting
  - Have tests to guide diagnosis/decision making and are CLIA waived
  - Threaten safety if not immediately dispensed

---

---

---

---

---

---

---

---

## Prescriptive Authority Present

### 2018 rules – 27.01.04

#### Pharmacists can prescribe for:

- Minor Conditions – Lice, Cold Sore, Motion sick prev., UTI
- Devices – Spacer, Nebulizer, Pen needle, Syringe, Blood sugar testing
- CLIA test – Group A Strep, Influenza
- Gaps in Therapy – Statins, SABA
- Travel Drugs – Yellow book
- Infusion Equipment – Flush, pump, tubing, filters, IV port anesthetic
- Emergency – Diphenhydramine, Epinephrine, SABA
- Lyme Disease Prophylaxis

---

---

---

---

---

---

---

---

## Assessment Question #1

- For how many years has a pharmacist been able to prescribe independently?
  - A. 1 year
  - B. 12 years
  - C. 7 years
  - D. 5 years
  - E. 19 years

Answer:  
C. 7 years

---

---

---

---

---

---

---

---

---

---

## Developing Protocols

Incorporate laws, rules, guidelines, questionnaires, and assessments into one document.

Where to begin?

- Treatment Conditions
  - There are more differences than similarities
  - Each condition or device that you are prescribing for is going to be as unique as the patient situation
- Laws and Rules
- Education
- Patient Assessment
- Decision making
- Treatment options

---

---

---

---

---

---

---

---

---

---

## Laws and Rules

Pharmacy rules require

### 1. Education

The pharmacist may only prescribe... for conditions for which the pharmacist is educationally prepared.

### 2. Pharmacist must have a patient-prescriber relationship

### 3. Patient Assessment

The pharmacist must obtain adequate information about the patient's health status to make appropriate decisions based on the applicable standard of care.

- At a minimum... a patient assessment protocol based on current clinical guidelines or evidence-based research findings that specifies the following:
  - Patient inclusion and exclusion criteria; and
  - Explicit medical referral criteria
- The pharmacist must revise the patient assessment protocol... to ensure continued compliance with clinical guidelines or evidence-based research findings
- Any patient assessment protocol for a drug or drug category that is made available by the Board satisfies Paragraphs a. through c. of this subsection.

---

---

---

---

---

---

---

---

---

---

## Rules, rules, rules

4. Collaboration with Other Health Care Professionals
  - Partner with PCP to make good decisions
  - Practice makes perfect
5. Follow-up care plan
  - including monitoring parameters, in accordance with clinical guidelines
6. Notification
  - Must notify PCP within 5 days, if identified
  - My recommendation – Notification after patient follow-up
7. Documentation
  - Justify care
  - Prescription record
  - Monitoring
  - Notification
  - Follow up

---

---

---

---

---

---

---

---

---

---

## Example Protocols

- “Any patient assessment protocol for a drug or drug category that is made available by the Board satisfies”...requirements
- Board of Pharmacy Protocols (Highly recommend)
  - Cold Sores
  - Flu Treatment
  - Flu Prophylaxis
  - Strep
  - UTI
  - Statins for Diabetics
  - SABA
- Found on the IDAHO BOP website in the top right
  - You have 7 items already started for you.




---

---

---

---

---

---

---

---

---

---

## Example Protocol

### Pharmacist Prescriptive Authority Protocol for Seasonal Influenza Treatment with Neuraminidase Inhibitors

**Purpose:**  
To provide 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 <100mmHg
  - 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 >103°F (>102°F 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.

- Based on clinical guidelines or evidence-based research findings
- Inclusion
- Exclusion
- Referral criteria
- Follow up care plan

---

---

---

---

---

---

---

---

---

---

## Education

*You are your greatest asset. Put your time, effort and money into training, grooming, and encouraging your greatest asset. - Tom Hopkins*

Pharmacy Rules:

- Blanket statement:
  - Education. The pharmacist may only prescribe drugs or devices for conditions for which the pharmacist is educationally prepared and for which competence has been achieved and maintained.
- Specific training:
  - Pharmacist prescribing of travel drugs
    - "A pharmacist who successfully completes an accredited CPE or CME course on travel medicine may prescribe any non-control" ... specifically listed in the Yellow Book.
- Your Training Resources:
  - ISHP
  - Pharmacists letter
  - ISU COP CPE - Continuing Pharmacy Education
  - Insert your favorite training resource here: \_\_\_\_\_

---

---

---

---

---

---


---

---

## Assessment Question #2

- Which of the following is NOT required by board rule for pharmacist prescribing?
  - Patient Assessment
  - Patient-Prescriber Relationship
  - Education and training on a topic
  - PharmD Degree
  - Document, Document, Document
  - Notify PCP if identified

**The MOST impressive trick EVER!**



Answer:  
D. PharmD Degree  
You can teach an old dog new tricks

---

---

---

---

---

---

---

---

## Patient Assessment

3

Three step approach to patient screening =  
3 Three opportunities to get the right information

- Before Questionnaire 3
  - Three Quick questions for most common exclusion criteria
- After Questionnaire
  - Review the patient answers and look for exclusion criteria
- During evaluation
  - Confirm patient answers
  - Check vitals 3
  - Perform tests

3

---

---

---

---

---

---

---

---

## Patient Questionnaire

- Is the patient included or excluded
  - Patient Driven
  - Primary source of data
  - Prescription history?
- Verbally ask the patient your 3 primary exclusion questions
- Have the patient complete the questionnaire
  - Yes/No or Check the box questions to record answers
    - Walk the patient through a series of simple questions
    - Ask relevant questions to eliminate patients who should be referred
  - Keep it simple
    - Arrange questions for quick visual evaluation
      - Inclusion questions on top
      - Exclusion questions on bottom

---

---

---

---

---

---

---

---

---

---

---

---

## Questionnaire

**Uncomplicated Urinary Tract Infection - Point of Care Screening**

Full Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex: \_\_\_\_\_ Male/Female  
Males: (Penis / Erection(s))  
Females: (Vagina / Discharge)

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street City State Zip

Primary care provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

1. Medical History (Choose all that Apply)  
 Previous UTI  Recent Pap smear/gynec exam (3 days)  Urinary Tract Surgery  
 Chronic Kidney Dysfunction  Immune compromised  Diabetes

2. Describe your symptoms? (Choose all that apply)  
 Frequent Urination  Painful Urination  Urgent Urination  Blood in Urine  
 Side Pain  Fever  Chills  Fatigue  
 Nausea/Vomiting  Sweating  Shaking  Vaginal Discharge

3. Do you have allergies to the following medications? (Choose all that apply)  
 Intravenous monobactams (Meropenem)  Trimethoprim-sulfamethoxazole (Bactrim/Septin)  
 ciprofloxacin  Other: \_\_\_\_\_

4. Have you received treatment for a urinary tract infection in the past?  Yes  No

5. Do you have a history of kidney dysfunction?  Yes  No

6. Is your immune system compromised by medication or health conditions?  Yes  No

7. Have you received antibiotic therapy within the last 4 weeks for UTI?  Yes  No

8. Do you currently have an indwelling urinary catheter, stent or nephrostomy tube?  Yes  No

9. Have you had surgical changes or birth defects relevant to the urinary tract?  Yes  No

---

---

---

---

---

---

---

---

---

---

---

---

## Patient Assessment

- Patient Evaluation
- Pharmacist or technician recorded
  - Train all pharmacy staff:
    - Blood pressure
    - Pulse oximetry
    - Temperature
    - Heart rate
    - Respiratory rate
    - Weight for dosing
  - CLIA waived testing
  - Administered by any staff member
  - Results interpreted by the pharmacist

**Group A Streptococcal Pharyngitis - Point of Care Screening**

Full Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CENTOR SCORE:**

Age  45+ (-1 point)  15-44  3-14 (1 point)

Exudate or swelling tonsils  No  Yes (1 point)

Tender/swollen anterior cervical lymph nodes  No  Yes (1 point)

Temp > 100.4°F  No  Yes (1 point)

Cough  Present  ABSENT (1 point)

Evaluation	Exclusion/Referral Criteria
Blood Pressure: _____	Systolic hypotension <100mmHg
Pulse: _____	> 100BPM (>110 BPM age <18)
Respiratory Rate: _____	> 25 breaths/min (>20 breaths/min age <18)
O2 Saturation: _____	< 90% on room air via pulse oximetry
Temperature: _____	> 103°F (>102 age <18)
Weight: _____	

CLIA Diagnostic Test - Strep / Throat Swab  
 By: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacist Evaluation  
 Diagnostic Result:  Positive  Negative

---

---

---

---

---

---

---

---

---

---

---

---



## Treatment opportunities

- Look for treatment opportunities
  - Patients approach pharmacists for OTC advice all the time.
    - Scenario 1
      - Patient recently started experiencing symptoms
      - Can't get in to see their primary care provider for a few days
      - Idaho ranks 49<sup>th</sup> in physicians per capita
    - Scenario 2
      - Patient dealing with the symptoms for a few days
      - Seeking OTC solution
      - Cannot afford insurance or insurance co-pay
    - Scenario 3
      - The patient is from out of town
      - PCP out on vacation

---

---

---

---

---

---

---

---

## CLIA Lab

- CLIA = Clinical Laboratory Improvement Amendments
  - 1988 lab standards
  - CLIA waived tests: simple, easy, very low risk of erroneous result
- CoW = Certificate of Waiver
- You MUST obtain a CLIA CoW in order to begin performing waved tests
  - Fill out 2 forms
    - Idaho Bureau of Labs – FREE
    - Federal CMS 116 - \$150 every 2 years
- 120+ CLIA waived tests
  - Group A Strep
  - Influenza
  - HepC
  - HIV
  - A1c
- Designate a lab director
- Train all pharmacy staff on test administration
  - Simply follow manufacturer instructions
- Walkthrough - FREE CPE on the Idaho Board of Pharmacy website

---

---

---

---

---

---

---

---

## Assessment Question #4

- A pharmacy staff member must be trained in order to complete a CLIA waived test?
  - A. True
  - B. False

Answer:  
A. True

---

---

---

---

---

---

---

---



Implementing Expanded Pharmacist Prescribing

**Questions?**  **Questions?**

Marcus Hurst, PharmD  
Pharmacy Supervisor  
Broulim's Pharmacy  
marcus.hurst@broulims.com



---

---

---

---

---

---

---

---