

Idaho Society of Health-System Pharmacists

# Implementing Expanded Pharmacist Prescribing

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## Disclosures

- None

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## 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

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## 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>

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## 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

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## 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

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## 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

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## 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

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## 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.

- a. At a minimum... a patient assessment protocol based on current clinical guidelines or evidence-based research findings that specifies the following:
  - b. Patient inclusion and exclusion criteria; and
  - c. Explicit medical referral criteria
- d. The pharmacist must revise the patient assessment protocol... to ensure continued compliance with clinical guidelines or evidence-based research findings
- e. 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.

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## 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

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## 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.




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## 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

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## 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: \_\_\_\_\_

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## Assessment Question #2

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

**The MOST impressive trick EVER!**



### Answer:

D. PharmD Degree

You can teach an old dog new tricks

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## Patient Assessment

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

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

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## 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

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## Questionnaire

**Uncomplicated Urinary Tract Infection - Point of Care Screening**      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Full Name (Please Print): \_\_\_\_\_      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sex: \_\_\_\_\_      Male/Female  
 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

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## 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**      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 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**  
 Blood Pressure: \_\_\_\_/\_\_\_\_    Exclusion/Referral Criteria  
 Pulse: \_\_\_\_    Systolic Hypertension >100mg/dl  
 Respiratory Rate: \_\_\_\_    > 20 breaths/min (>10 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

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## 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

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## 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

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## 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

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

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