Pharmacist Prescriptive Authority: A Regulatory Perspective

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Idaho State Board of Pharmacy
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Presentation Overview

• Describe the four (4) current models of pharmacist prescriptive authority at the state level

• Identify common concerns with pharmacist prescriptive authority

• Describe a specific example of pharmacist prescriptive authority and the outcomes achieved
## Definitions of Prescribing Activities

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Continuum of Pharmacist Prescriptive Authority

Collaborative Prescribing

Autonomous Prescribing

Continuum of Pharmacist Prescriptive Authority

Collaborative Prescribing

Patient-Specific CPA

Population-Specific CPA

Autonomous Prescribing

Continuum of Pharmacist Prescriptive Authority

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- Patient-Specific CPA
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- Statewide Protocol

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# Collaborative Prescribing

## Patient-Specific CPA
- Requires a partnering prescriber
- Voluntarily negotiated
- Applies to individual patients
  - Require patients listed in agreement
  - Limited to patient panel of collaborating prescriber
  - Limited to post-diagnostic care
- Multi vs. single prescriber
- Used for chronic disease management

## Population-Specific CPA
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Continuum of Pharmacist Prescriptive Authority

Crossing the Continental Divide

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Statewide Protocol
## Crossing the Continental Divide

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### Statewide Protocol
- Does not require a partnering prescriber
- Issued by an authorized body of the state (e.g. take it or leave it)
- Apply to patient populations
- Promotes consistency in service provided across state
- Used for conditions that do not require a specific diagnosis
**Standing Order**

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Collaborative Prescribing

- Patient-Specific CPA
- Population-Specific CPA

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- Statewide Protocol
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A Tale of Two States

Oregon

Tennessee
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New Oregon Law Allows Pharmacists to Prescribe Birth Control Pills

by Laura Geggel, Staff Writer | January 04, 2016 05:10pm ET

Women in Oregon no longer need a doctor’s prescription to get birth control pills, according to a new state law. Instead, they can fill out a health questionnaire and receive oral contraceptives from a...
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Senate approves bill to let pharmacists prescribe birth control

The Tennessee state Senate on Wednesday approved a bill to provide easier access to birth control by allowing women 18 or older to obtain contraceptives directly from pharmacists.

Woman seeking birth control in Tennessee have to obtain a prescription from a physician. But under the provisions outlined in a bill sponsored by Sen. Steve Dickerson, R-Nashville, a woman could obtain a prescription from a pharmacy.
A Tale of Two States

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• In accordance with rules adopted by the State Board of Pharmacy...a pharmacist may prescribe and dispense hormonal contraceptive patches and self-administered oral hormonal contraceptives to a person who is...

Tennessee

“...a pharmacist, in good faith, is authorized to provide hormonal contraceptives according to a valid collaborative pharmacy practice agreement containing a nonpatient-specific prescriptive order...executed by one (1) or more authorized prescriber.”
Learning Objectives

• Describe the four (4) current models of pharmacist prescriptive authority at the state level

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Concerns with Pharmacist Prescribing

Training:

• What credentials and experience should be required?
• “I put in a lot of years of training and then 30 years of practice, and I don’t think a pharmacist is going to be able to reproduce that.”
• “[This] far exceeds what constitutes safe and legal medical and pharmacy practices.”
Concerns with Pharmacist Prescribing

**Patient Safety:**

• “[A pharmacist] might diagnose a flu case but miss the fact the patient has underlying heart problems.”

**Conflict of Interest:**

• Perceived conflict in both prescribing and dispensing a patient’s prescription
• Concerns surrounding over-prescribing
Concerns with Pharmacist Prescribing

Fragmentation of Care:

- Lack of access to medical charts, laboratory or diagnostic reports.
- “[This] will contribute to the fragmentation of care, where doctors don’t know which treatments other providers have given.”
- “[This will] create unaccountable silos of care.”
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Influenza CPA Study

• 55 pharmacies in 3 states (Michigan, Minnesota, Nebraska).
  • Meijer, Hometown, Hy-Vee, Thrifty White

• All pharmacists completed the POC certificate training program

• All pharmacies identified a physician to sign a population-specific collaborative practice agreement.

Population-Specific CPA

- Eighteen (18) years of age or older
- Complain of signs/symptoms consistent with influenza-like illness (fever/feverish AND cough OR sore throat) that began within the past 48 hours
- Positive nasal swab rapid diagnostic influenza test
- Clinical stability, defined as the absence of the following:
  - Altered mental status
  - Systolic blood pressure < 90mmHg or diastolic blood pressure < 60mmHg
  - Pulse > 125 beats/minute
  - Respiratory rate > 30 breaths/minute
  - Oxygen saturation < 92% on room air
  - Temperature > 103°F

Influenza CPA Study

- Approximately 11% of patients evaluated tested positive for influenza and received antiviral
- Zero patients received an antibiotic
- No adverse clinical outcomes were noted
- 44% of patients visited the pharmacy outside of established physician office hours
- 37.3% of patients did not identify a primary care provider
- Patient satisfaction with pharmacist provided service was >90%

Extralegal Protections

- Consumer acceptance and demand
- Payer policies
- Private accreditation or credentialing
- Facility policies
- Liability insurance
- Professional ethics
- Self restraint
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