

North Carolina Board of Pharmacy

CPP Application/Agreement FAQs

1. Do the NCBOP CPP Advisory Committee Members determine if a physician is supervising excessive CPP FTEs? **No. The NC Medical Board makes this determination. The rule governing CPP practices specifies that a supervising physician shall “supervise no more than three pharmacists.” 21 NCAC 46.3101(g)(4).** The CPP Joint Subcommittee has interpreted that limitation to mean that a supervising physician may not supervise more three (3) CPP full time equivalents (FTEs).

2. What are the minimum requirements for a CPP Agreement?

The rule governing CPP practice specifies that a CPP Agreement shall:

- a. Be approved and signed by the Primary Supervising Physician, each Back-Up Supervising Physician, and the CPP. The protocol must be maintained at each practice site.**
- b. List the Supervising Physician-made diagnoses that the CPP can manage with drug therapy.**
- c. List the medication classes that the CPP can prescribe and manage**
- d. List the tests that the CPP can order to monitor the effectiveness of CPP-prescribed prescription drugs**
- e. Include a statement that a patient must be evaluated by a supervising physician (Primary or Back-Up) prior to referral to the CPP. A CPP may not accept “general referrals.” All patients treated by a CPP must be patients of a Supervising Physician. See 21 NCAC 46.3101(a)(3) & (i).**
- f. Prohibit the substitution of a chemically dissimilar drug product without the written consent of a Supervising Physician**
- g. Outline a pre-determined plan for emergency services.**
- h. Outline those scenarios in which Supervising Physician consultation will be sought, with notation of such consultation made in the medical record**
- i. Provide for a schedule of meetings monthly between the Primary Supervising Physician to discuss the operation of the CPP Agreement for the first six months of the Agreement, and at least every six months afterward.**

3. Are the CPP Advisory Committee Members reviewing CPP Agreements for therapeutic appropriateness? **No. The Committee Member reviews the CPP Agreement with the application to ensure that the CPP designation is required for what the CPP Agreement is proposing to do, as well as to ensure that all required components are included in the protocol.**

4. Do the Supervising Physicians (Primary and Back-Up) initial EACH page of the protocol? **No. Only the last page of the protocol must be signed by all the Supervising Physicians (Primary and Back-Up).**

5. How is the required “Clinical Experience” of the CPP Applicant determined??

Depending on the applicant’s overall qualifications, a CPP must have two (2), three (3), or five (5) years of Clinical Experience prior to approval. See 21 NCAC 46.3101(b). Clinical Experience is measured as follows:

a. International Candidates: “experience” begins at the time a license to practice pharmacy in the United States is obtained.

b. Per decision of the CPP Joint Subcommittee, Advanced Pharmacy Practice Experiences (APPEs) during the final year of a pharmacy school’s PharmD program count as one year of experience.

c. Each year of residency training counts as one year of experience.

d. Each year of patient-contact pharmacy practice post-licensure counts as a year of clinical experience.

6. How do Committee Members determine if a “certificate program” satisfies the statutory requirement and is clinically applicable?

a. Pharmacy Rule 21 NCAC 46.3101(b)(2) details the minimum core curriculum required for a certificate program.

b. Pharmacy Rule 21 NCAC 46.3101(b)(1)(B)(ii) specifically mentions the North Carolina Center for Pharmaceutical Care (NCCPC) and the American Council on Pharmaceutical Education (ACPE) as approved providers of certificate programs in the area of practice covered by the CPP agreement.

i. ACPE-accredited courses followed by a “C” in the area of practice are acceptable.

ii. The NCCPC no longer exists.

iii. It is possible that there is not an ACPE-accredited certificate program in the area of practice covered by the protocol for a specific CPP applicant. In this instance, it is up to the professional judgment of the Advisory Committee member to determine if a given certificate program is appropriate to satisfy the intent of the rule.

iv. A committee member may request a table of contents or topic list to determine the clinical appropriateness of the certificate program.

7. If a CPP applicant is employed by or has a relationship with a pharmacy, is it acceptable for the CPP to see patients, prescribe medication, and perform Medication Therapy Management (MTM) at this pharmacy? **Yes. The CPP and supervising physician are responsible for ensuring that a conflict of interest does not exist, and that any laws or regulations that may be applicable (e.g., federal Stark Law or Anti-Kickback Statute; North Carolina prohibition on referral fees among health care providers) are complied with.**

8. In a group practice setting, is it acceptable for a physician other than the supervising physician to refer patients to the CPP? **No. All patients that a CPP sees must be patients of a Supervising Physician (Primary or Back-Up). (See also question 2(e) above). A CPP may not take general referrals from other physicians. Rule 21 NCAC 46.3101(i) specifies that a CPP may be disciplined for having “engaged . . . in the provision of drug therapy management other than at the direction of, or under the supervision of, a physician licensed and approved by the Medical Board to be that CPP’s supervising physician.”**

9. In a group practice setting, is it acceptable for a physician assistant (PA) or nurse practitioner (NP) to refer patients to the CPP? **No. All patients that a CPP sees must be patients of a Supervising Physician (Primary or Back-Up). (See also question 2(e) above). A CPP may not take referrals from PAs or NPs, even if the PA or NP is also supervised by the CPP’s supervising physician. Rule 21 NCAC 46.3101(i) specifies that a CPP may be disciplined for having “engaged . . . in the provision of drug therapy management other than at the direction of, or under the supervision of, a physician licensed and approved by the Medical Board to be that CPP’s supervising physician.”**

10. Who will communicate with the CPP applicant if there are deficiencies in the application or proposed CPP Agreement? **Missy Betz, Director of Licensing, will communicate with the applicant about deficiencies or issues identified by the CPP Advisory Committee in the application or protocol.**

11. Are the CPP Agreements and application reviewed by the full Board of Pharmacy? **In general, no. After review of a CPP Application, the CPP Advisory Committee makes a recommendation to the full Board of Pharmacy concerning the application. The full Board of Pharmacy ultimately approves all CPP Applications, but does not typically engage in a second round of CPP Agreement review.**

12. What supervising physician signatures are required on the CPP Agreement?

a. The CPP's Supervising Physicians (Primary and Back-Up) must sign the last page of the protocol.

b. New Supervising Physicians (Primary and Back-Up) must be added to the CPP's protocol via the standard forms located on the North Carolina Board of Pharmacy's website: http://www.ncbop.org/pharmacists_cpp.htm

13. May a CPP Agreement expand the vaccines that can be administered beyond those identified for immunizing pharmacists in 90-85.15B? **Yes. A CPP Agreement may include the CPP's administration of vaccines beyond those specified in the immunizing pharmacist provisions of the Pharmacy Practice Act.**

14. Can a resident physician or chief resident physician serve as the Supervising Physician or Back up Supervising Physician on a CPP Agreement? **No. Rule 21 NCAC 46.3101(g)(2) specifies that a Supervising Physician (Primary or Back-Up) shall not be serving in a postgraduate medical training program.**

15. How can a Clinical Pharmacist Practitioner reinstate or reactivate her approval to practice as a CPP? **When a CPP discontinues working under an approved CPP Agreement, the CPP must notify the Board of Pharmacy within 10 days. The CPP approval terminates automatically and is placed on inactive status until a new CPP application and protocol are approved. 21 NCAC 46.3101(b)(1).**

16. What are the Continuing Education (CE) requirements for a CPP? **21 NCAC 46.3101(d) requires each CPP to earn 35 hours of practice-relevant CE each year.**

All CPPs must, of course, earn 15 hours of qualifying continuing education to renew their license to practice pharmacy each year. Rule 21 NCAC 46.2201 states that any (or all) of those hours may count toward the CPP-specific continuing education requirement as long as they are practice-relevant.

The remaining 20 hours of CPP-specific, practice-relevant continuing education are satisfied by ACPE-accredited continuing education coursework per 21 NCAC 46.3101(a)(8). Though the CPP rule defines “continuing education” as “courses . . . approved for credit by [ACPE],” it has long been the practice to accept ACCME-accredited, practice-relevant continuing education credits for CPP credential renewal.

NOTE: ACCME-accredited continuing education does NOT satisfy the general CE requirement for pharmacist licensure renewal. Board rule specifies that three types of continuing education may be used for purposes of pharmacist license renewal: (a) CE courses approved by ACPE; (b) CE courses approved by the North Carolina Association of Pharmacists; and (c) Precepting, for at least 160 hours, a student enrolled in the University of North Carolina Eshelman School of Pharmacy, the Campbell University College of Pharmacy and Health Sciences, the Wingate University School of Pharmacy, or the High Point University Fred Wilson School of Pharmacy as part of these schools’ academic program. 21 NCAC 46.2201(e)

17. I’m changing my primary supervising physician; how does this affect the monthly meeting requirement? **The monthly meeting requirement does not come back into effect if there is a change in primary physicians as long as the replacing Primary Supervising Physician had previously been a Back-up Supervising Physician in the same institution for at least six months.**

18. Are electronic signatures allowed on my protocol? **Yes.**