The following protocol summarizes medication and laboratory prescribing privileges granted to the below listed Clinical Pharmacist Practitioner (CPP) by the below listed supervising physician(s) for patients of the below listed practice site(s).

**Medical Conditions**

Patients seen at one of the below listed practice sites and evaluated by one of the below listed supervising physicians may be referred to the below listed CPP for drug therapy management of the following medical conditions.

|  |  |  |  |
| --- | --- | --- | --- |
| Diabetes | Hypertension | Hyperthyroidism | Tobacco use disorder |
| Hyperlipidemia | Hypothyroidism | Osteoporosis | Vaccines |
| PreP | HIV | Chlamydia | Gonorrhea |

**Medication Therapy**

The following medication classes are authorized by the below listed supervising physicians for prescription order by the below listed CPP.

|  |  |  |
| --- | --- | --- |
| InsulinsSulfonylureas / MeglitinidesThiazolidinedionesBiguanidesAlpha-Glucosidase InhibitorsIncretin MimeticsAmylin MimeticsSGLT2 InhibitorsAntineuropathic AgentsThyroid HormonesAntithyroid AgentsNicotine Replacement TherapyBupropionVareniclinePneumococcal vaccinesCOVID vaccinesShingles vaccinesHepatitis A vaccinesHepatitis B vaccinesRabies vaccines | HMG-CoA Reductase InhibitorsFibric Acid DerivativesCholesterol Absorption InhibitorsBile Acid SequestrantsNiacinOmega-3 Fatty AcidsPCSK9 InhibitorsDiureticsBeta BlockersAlpha BlockersACE InhibitorsAngiotensin Receptor BlockersCalcium Channel BlockersAlpha 2 Adrenergic AgonistsVasodilatorsTyphoid vaccinesMeningococcal ACWY vaccinesMeningococcal B vaccinesTd and Tdap vaccinesFlu vaccines | BisphosphonatesCalcitoninVitamin D AnalogsSerum Estrogen Receptor ModulatorsParathyroid Hormone AnalogsMonoclonal Antibody to RANKLMacrolidesCephalosporinsTetracyclines/doxycyclineNRTIsNNRTIsProtease inhibitors Integrase inhibitors Chemokine receptor antagsReverse Transcriptase Inhibitor |
|  |  |  |

Medication dosage forms include oral, intravenous, transdermal, inhaled, intranasal and subcutaneous therapies. Dose and schedule is determined according to standard medical, pharmacy, and drug information references as well as primary literature sources, including consensus guidelines.

Substitution of chemically dissimilar products is not permitted without written physician authorization.

**Tests and Monitoring**

The following tests are authorized by the below listed supervising physician(s) for ordering by the below listed CPP. Tests will be used as a means of appropriately dosing and monitoring efficacy and safety of medication therapy.

|  |  |  |
| --- | --- | --- |
| Blood glucose | Fructosamine | Alkaline phosphatase |
| Hemoglobin A1C | Lipid panel | Uric acid |
| Liver enzymes | Creatine phosphokinase | Electrocardiogram |
| Complete metabolic panel | Apolipoprotein B | Bone mineral density (DXA) |
| Complete blood count | Thyroid stimulating hormone | Urine toxicology |
| B12 | Free / total triiodothyronine (T3) | Urine microalbumin / creatinine |
| Folate | Free / total thyroxine (T4) | Urinalysis |

**Emergency Plan**

Medical emergencies will be handled following practice site procedures for such situations. In the event of a cardiopulmonary arrest, cardiopulmonary resuscitation will be initiated while office staff calls 911.

**Consultation and Supervision**

Physician consultation will be sought by the CPP for all of the following situations as well as any other deemed appropriate.

* Any situation extending beyond the protocol intent, scope of practice, or CPP experience level
* A patient’s condition fails to respond to the management plan in an appropriate time frame
* Any uncommon, unfamiliar, or unstable patient condition is encountered
* Any condition which does not fit the commonly accepted diagnostic pattern for a disease/condition
* All emergency situations (after initial stabilizing care has been started)

Notation of the physician consultation, including the physician’s name, will be made in the encounter note included in the patient’s health record.

**Quality Control and Review**

For the first six months of the agreement, the CPP(s) will meet at least monthly with the Primary Supervising Physician (or Back-Up Supervising Physician if the Primary is unavailable). Subsequently, these meetings will occur at a frequency of at least every six months. The purpose of these meetings is to discuss practice-relevant clinical issues and quality improvement measures. Documentation of these meetings will: a) outline clinical issues discussed and actions taken; b) include signature and date of those in attendance; c) be retained by both the CPP and the Primary (or Back-Up) Supervising Physician for a period of five calendar years, in the event of request for inspection by members or agents of either the North Carolina Board of Pharmacy or the North Carolina Medical Board.

**Patient Notification**

Patients will be notified of their referral to the CPP at the time of the referral. The practice agreement will be explained to the patient at the beginning of the first encounter with the CPP.

**Termination Provision**

The practice agreement will be terminated if either the CPP or the supervising physician resigns from the agreement.

**CERTIFICATION OF UNDERSTANDING AND COMPLIANCE:**

The undersigned have read this form and certify that the information contained herein is correct to the best of their knowledge.

The undersigned further certify that they have carefully read and understand the law and regulations regarding clinical pharmacist practitioners. The undersigned agree to fully comply with such statutes and regulations.

The undersigned physician accepts responsibility for the applicant’s conduct as a clinical pharmacist practitioner under the physician’s supervision and understands that conduct which violates the laws and regulations governing clinical pharmacist practitioners may subject the supervising physician to sanctions including suspension or revocation of the physician’s license to practice medicine in North Carolina.

Protocol agreement approved by:

Clinical Pharmacist Practitioner:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name (Print and Sign and Date) |  |  |

Primary Supervising Physician:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name (Print and Sign and Date) |  | NC Medical License Number |
|  |  |  |

Back-up Supervising Physician(s):

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name (Print and Sign and Date) |  | NC Medical License Number |
|  |  |  |
| Name |  | NC Medical License Number |
|  |  |  |
| Name |  | NC Medical License Number |
|  |  |  |
| Name |  | NC Medical License Number |
|  |  |  |
| Name |  | NC Medical License Number |
|  |  |  |
| Name |  | NC Medical License Number |

Practice Site(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Practice Name |  |  |  |  |
|  |  |  |  |  |
| Street Address |  | City |  | State/Zip |
|  |  |  |  |  |
| Phone |  | Fax |
|  |  |  |  |  |
| Practice Name |  |  |  |  |
|  |  |  |  |  |
| Street Address |  | City |  | State/Zip |
|  |  |  |  |  |
| Phone |  | Fax |

*\*if you need to list additional physicians or practice sites, please print another copy of this page\**