

CLINICAL PHARMACIST PRACTITIONER PROTOCOL

Supervising physician(s):

Jane Smith

Clinical Pharmacist Practitioner(s):

John Doe

Practice Site(s):

North Carolina Clinic

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

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

Diagnoses

Diabetes	Hypertension	Hyperthyroidism	Tobacco use disorder
Hyperlipidemia	Hypothyroidism	Osteoporosis	

Medication Therapy

The following medication classes are authorized by the supervising physician(s) for written, electronic or telephone prescription order by a CPP.

Insulins	HMG-CoA Reductase Inhibitors
Sulfonylureas	Fibric Acid Derivatives
Thiazolidinediones	Bile Acid Sequestrants
Biguanides	Niacin
Alpha-Glucosidase Inhibitors	Omega-3 Fatty Acids
Meglitinides	Levothyroxine
Dipeptidyl Peptidase IV (DPP-IV) Inhibitors	Liothyronine
Amylin Mimetics	Thyroid, dessicated
Incretin Mimetics	Antithyroid agents (methimazole, PTU)
SGLT2 inhibitors	Bisphosphonates
Tricyclic antidepressants (neuropathy therapy)	Calcitonin
Gabapentin (neuropathy therapy)	Calcitriol
Duloxetine (neuropathy therapy)	Raloxifene
Diuretics	Parathyroid Hormone Analog (teriparatide)
Beta Blockers	Nicotine Replacement Therapy
Alpha Blockers	Partial Nicotine Agonist (varenicline)
ACE Inhibitors/Angiotensin Receptor Blockers	Bupropion (as smoking cessation aid)
Calcium Channel Blockers	
Alpha 2 Adrenergic Agonist	
Vasodilators	

Supervising physician initials:

Jane Smith		
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Medication dosage forms include oral, transdermal, inhaled, intranasal and subcutaneous therapies. Dose and schedule is determined according to standard medical, pharmacy, and drug information references (e.g. *Lexi Comp Drug Information Handbook*) as well as primary literature sources, including consensus guidelines such as those of the American Diabetes Association.

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

Tests and Monitoring

The following tests are authorized by the supervising physician(s) for ordering by a 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 clinic visit note included in the patient’s medical record.

Quality Control, Review and Countersignature

The CPP and supervising physician will meet weekly in a face-to-face conference for the purpose of quality control and review. The supervising physician will countersign all clinic notes made by the CPP within seven days of the visit.

Patient Notification

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

Termination Provision

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

Supervising physician initials:

Jane Smith		
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Approved by:

Supervising physician(s) –

Jane Smith, MD

Date

Clinical Pharmacist Practitioner(s) –

John Doe, PharmD

Date