

CLINICAL PHARMACIST PRACTITIONER PROTOCOL AGREEMENT

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.

Insulins	HMG-CoA Reductase Inhibitors	Bisphosphonates
Sulfonylureas / Meglitinides	Fibric Acid Derivatives	Calcitonin
Thiazolidinediones	Cholesterol Absorption Inhibitors	Vitamin D Analogs
Biguanides	Bile Acid Sequestrants	Serum Estrogen Receptor Modulators
Alpha-Glucosidase Inhibitors	Niacin	Parathyroid Hormone Analogs
Incretin Mimetics	Omega-3 Fatty Acids	Monoclonal Antibody to RANKL
Amylin Mimetics	PCSK9 Inhibitors	
SGLT2 Inhibitors		
Antineuropathic Agents	Diuretics	Macrolides
	Beta Blockers	Cephalosporins
Thyroid Hormones	Alpha Blockers	Tetracyclines/doxycycline
Antithyroid Agents	ACE Inhibitors	NRTIs
	Angiotensin Receptor Blockers	NNRTIs
Nicotine Replacement Therapy	Calcium Channel Blockers	Protease inhibitors
Bupropion	Alpha 2 Adrenergic Agonists	Integrase inhibitors
Varenicline	Vasodilators	Chemokine receptor antags
		Reverse Transcriptase Inhibitor
Pneumococcal vaccines	Typhoid vaccines	
COVID vaccines	Meningococcal ACWY vaccines	
Shingles vaccines	Meningococcal B vaccines	
Hepatitis A vaccines	Td and Tdap vaccines	
Hepatitis B vaccines	Flu vaccines	
Rabies vaccines		

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

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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.

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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.

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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