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