

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 1/8/2016	NUMBER: E-43.2 Page 1 of 3
	Replaces: 10/30/2013	
	Formulated: 7/02 Reviewed: 10/15	
DRUG THERAPY MANAGEMENT BY A PHARMACIST		

PURPOSE: To establish guidelines for drug therapy management (DTM) under physician supervision.

POLICY: Properly trained pharmacists may perform drug therapy management under written protocol as authorized by the supervising physician and in accordance with the Texas Medical Board and Texas State Board of Pharmacy Rules.

PROCEDURE:

- I.
 - A. Delegation - A physician licensed to practice medicine in Texas may delegate to a properly qualified and trained pharmacist.
 - B. Supervision -
 - 1. The supervisor of delegated DTM shall be the physician at the facility where services are provided.
 - 2. The physician must establish and maintain a physician-patient relationship with each patient provided DTM by a pharmacist.
 - 3. The pharmacist may not provide DTM services unless the supervising physician has provided a diagnosis, initial patient assessment, and drug therapy order for the patient.
 - 4. The pharmacist must verify that the patient has been seen by the supervising physician at least annually for the condition being followed in the DTM clinic prior to seeing the patient in clinic. If the patient has not been seen by the supervising physician, the pharmacist should not see the patient and the patient should be referred back to the supervising physician.
 - C. Protocols
 - 1. Protocol Authorization

The supervising physician, clinical pharmacist and the supervisor for clinical pharmacists shall develop, approve and sign the facility protocol for DTM by a pharmacist (Appendix A). DTM may take the form of a pharmacist operated patient care clinic. The facility protocol must conform to the minimum requirements stipulated in this policy and may be more stringent at the discretion of the supervising physician. Issues related to patient scheduling and selection, and the logistics of clinic operation shall be defined at the facility level.
 - 2. Authorized Activities
 - a. The clinical pharmacist may operate a clinic involving review of the patient medical records, patient interview, assessment of disease state control, patient education, ordering or discontinuing medications used in the treatment/control

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of disease and ordering laboratory tests or other measures related to assessment and monitoring of chronic disease as defined in the protocol.

- b. Clinical pharmacists will follow current treatment standards of practice and/or CMC disease management guidelines. These activities may include all chronic disease states, limited chronic disease states or acute complaints of a minor nature as specified in the facility protocol.
 - i. Diagnosis of new chronic disease or acute complaints of more than a minor nature shall be referred to the supervising physician.
 - ii. Patients with chronic diseases that have progressed significantly or acute disease that is unresponsive to initial treatment shall be referred to the supervising physician.
 - c. Clinical pharmacists may not authorize patient passes or refer patients to specialist care without prior physician approval as indicated by physician co-signature. Clinical pharmacists may issue passes to allow for assessment and monitoring of disease state control such as blood pressure monitoring and blood glucose monitoring in accordance with unit protocol.
3. Agents authorized for Clinical Pharmacist Prescriptive Authority
- a. Chronic Disease Treatment
Pharmacist may prescribe agents used in the management of chronic disease as defined in the protocol and in keeping with institutional policies.
 - b. Acute Disease Treatment (Minor Complaints)
Pharmacists may prescribe medications used for the treatment of minor acute complaints as defined by facility specific protocols and in keeping with institutional policies. Approved acute care drugs and the duration of use shall be specifically identified in the facility protocol and should be primarily limited to over the counter medication.

D. Annual Review

The physician supervisor and clinical pharmacist will review the clinical pharmacist's performance and the facility DTM protocols at least annually by completing the Annual Evaluation form (Appendix B).

E. Patient Notification

The physician or pharmacist will notify each patient seen by the pharmacist that the patient's drug therapy is being managed by a pharmacist in cooperation with the supervising physician. This notification will occur at the initial consult and will be documented by the pharmacist in the patient's medical record. Patients have the right to refuse to be seen by a pharmacist for drug therapy management

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II. Records

A. Notification

1. Health Services

Facility personnel shall be notified prior to the implementation of a pharmacist DTM clinic.

2. Regulatory Agencies

The Pharmacist will notify the Texas State Board of Pharmacy annually by providing copies of the DTM protocol and notification of Pharmacist DTM (Appendices A and C Pharmacy Manual #55-10) as required by law.

B. Documentation

Pharmacist care plans will be communicated via SOAP notes in the TDCJ patient medical record on the same day of the clinic appointment. Clinical pharmacist's orders require physician co-signature consistent with Health Services Policy H-60.1 (10% retrospectively reviewed and co-signed) Clinical pharmacist medication orders must be entered into electronic medical record by the clinical pharmacist.

C. Records

1. Patient Care Activities

The TDCJ patient medical record shall serve as the record of pharmacist activity. Patient confidentiality will be maintained and the privacy provisions of the federal Health Insurance Portability and Accountability Act of 1996 (Pub.L.No. 104-191) and all applicable agency rules pursuant to this act shall be followed

2. Pharmacist Continuing Education Requirement

Clinical pharmacists shall complete and maintain records of the completion of at least 6 hours of ACPE approved continuing education related to DTM on an annual basis. Verification of the completion of required continuing education shall be sent to the supervisor of clinical pharmacists for placement in their personnel file.

Reference:

The Texas Register, July 5, 1996. Proposed Rules
Texas Medical Board Rules, Chapter 193.7, Standing Delegation Orders
Texas State Board of Pharmacy Rules, Chapter 295.13, Pharmacists
ACA 4-4382
NCCHC Standard P-43, Assessment Protocols (important)
Pharmacy Policy and Procedure Manual #55-10

EXAMPLE UNIT PROTOCOL – Page 1

Appendix A

PROTOCOL FOR PHARMACIST DRUG THERAPY MANAGEMENT UNDER PHYSICIAN SUPERVISION

Unit:	Date of Review and Authorization:
Supervising Physician:	Signature:
Supervisor of Clinical Pharmacist:	Signature:
Clinical Pharmacist:	Signature:

I. DRUG THERAPY MANAGEMENT AUTHORIZED

The clinical pharmacist will operate a clinic involving review of the patient medical records, medication history, patient interview, assessment of disease state control, patient education, ordering or discontinuing medications used in the treatment/control of disease and ordering laboratory tests or other measures related to assessment and monitoring of chronic disease. Clinical pharmacists will follow current treatment standards of practice and/or CMC disease management guidelines.

Chronic Disease

These activities may include all chronic disease states including, but not limited to hypertension, heart failure, angina, hyperlipidemia, arrhythmias, asthma, COPD, diabetes, thyroid disorders, gout, psoriasis, human immunodeficiency virus infection and seizure disorders. Pharmacists may prescribe agents used in the management of chronic disease and in keeping with institutional policies.

or

These activities may include the chronic diseases listed: (list diseases)

Acute Disease Treatment (Minor Complaints)

Pharmacists may prescribe medications used for the treatment of minor acute complaints as defined by institutional critical pathways and unit specific protocols and in keeping with institutional policies. Approved acute care drugs and the duration are as follows:

- 1) Simethicone or bismuth subsalicylate tablets: up to 2 tabs QID PRN, #100 to last 90 days,
- 2) Antifungal cream, apply daily, 1 tube to last 30-90 days for Tinea Pedis,
- 3) NSAIDS as PRN dosage #30 to last 30-90 days or scheduled dosage for 14 days,
- 4) Antihistamines, decongestants, antihistamine decongestant combinations and cough suppressants on scheduled dosage for up to 7 days,
- 5) Saline nasal spray, dosed up to 4 times daily x 30 days,
- 6) Stool softeners, psyllium powder, milk of magnesia, lactulose, bisacodyl, dosed daily x 7 days,
- 7) Loperamide dosed up to 6 capsules daily x 3 days,
- 8) Hydrocortisone cream 1% dosed once to twice daily x 10 days.

EXAMPLE UNIT PROTOCOL – Page 2

Appendix A

PROTOCOL FOR PHARMACIST DRUG THERAPY MANAGEMENT UNDER PHYSICIAN SUPERVISION

II. OPERATIONAL PROCEDURES

- A. Unit patient flow procedure to be filled in here.
- B. Pharmacist's care plans will be communicated via SOAP notes in the patient medical record on the same day of the clinic appointment. Clinical pharmacist's orders require physician co-signature consistent with Health Services Policy E-43.1 (10% reviewed and co-signed retrospectively) and may either be entered into the computerized medication order entry system by the clinical pharmacist.
- C. Minimum requirements as outlined in Pharmacy policy 55-10 as well as other institutional policies related to health care services shall be followed.
- D. Clinical pharmacists may not authorize patient passes or refer patients to specialist care without prior physician approval as indicated by physician co-signature. Clinical pharmacists may issue passes to allow for assessment and monitoring of disease state control such as blood pressure monitoring and blood glucose monitoring in accordance with unit protocol. Clinical pharmacists will not adjust PUHLES scores or issue work restrictions or HSM-18 forms.
- E. Diagnosis of new chronic disease or acute complaints of more than a minor nature shall be referred to the supervising physician.
- F. Patients with chronic diseases that have progressed significantly or acute disease that is unresponsive to initial treatment shall be referred to the supervising physician.
- G. A copy of the protocol will be maintained on the facility and in the pharmacy administrative files.
- H. The physician or pharmacist will notify each patient seen by the pharmacist that the patient's drug therapy is being managed by a pharmacist in cooperation with the supervising physician.

Copy To: Clinical Pharmacist
 Supervising Physician
 Supervisor of Clinical Pharmacist
 Unit Practice Manager

**Appendix B
ANNUAL EVALUATION**

DRUG THERAPY MANAGEMENT BY A PHARMACIST

Clinical Pharmacist: _____ Supervising Physician: _____

Unit: _____

- | | | | | |
|----|--|-----|----|----|
| 1) | Completes ITP/clinic note appropriately?
If no, please explain:
_____ | Yes | or | No |
| 2) | Develops appropriate treatment and monitoring plan?
If no, please explain:
_____ | Yes | or | No |
| 3) | Follows drug therapy management protocol agreement?
If no, please explain:
_____ | Yes | or | No |
| 4) | Discusses patient drug therapy plan with supervising physician
when appropriate?
If no, please explain:
_____ | Yes | or | No |
| 5) | Continue current protocol?
If no, please attach copy of revised protocol or explain why protocol will not be continued:

_____ | Yes | or | No |

Comments:

Areas that need improvement:

(Signature of Clinical Pharmacist)

(Date of Evaluation)

(Signature of Supervising Physician)

(Date of Evaluation)

(Signature of Supervising Pharmacist)

(Date of Evaluation)

Copy To: Clinical Pharmacist
 Supervising Physician
 Supervisor of Clinical Pharmacist
 Unit Practice Manager

Appendix C



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 ★ Austin, Texas 78701
512-305-8000 ★ www.tsbp.state.tx.us

NOTIFICATION OF DRUG THERAPY MANAGEMENT BY A PHARMACIST UNDER WRITTEN PROTOCOL OF A PHYSICIAN

PHARMACIST INFORMATION			
FIRST NAME	MIDDLE	LAST	RPH LICENSE NUMBER
SUPERVISING PHYSICIAN INFORMATION			
FIRST NAME	MIDDLE	LAST	PROTOCOL EXPIRATION DATE
ADDRESS OF HOSPITAL, HOSPITAL-BASED CLINIC OR ACADEMIC HEALTHCARE INSTITUTION			
CITY	STATE	ZIP	TELEPHONE

Attach a copy of the written protocol. The written protocol must include the following:

- A. A statement identifying the individual physician authorized to prescribe drugs and responsible for the delegation of drug therapy management;
- B. A statement identifying the individual pharmacist authorized to dispense drugs and to engage in drug therapy management as delegated by the physician;
- C. A statement identifying the types of drug therapy management decisions that the pharmacist is authorized to make which shall include:
 - (i) a statement of the ailments or diseases involved, drugs, and types of drug therapy management authorized; and
 - (ii) a specific statement of the procedures, decision criteria, or plan the pharmacist shall follow when exercising drug therapy management authority;
- D. A statement of the activities the pharmacist shall follow in the course of exercising drug therapy management authority, including the method for documenting decisions made and a plan for communication or feedback to the authorizing physician concerning specific decisions made. Documentation shall be recorded within a reasonable time of each intervention and may be performed on the patient medication record, patient medical chart, or in a separate log book;
- E. A statement that describes appropriate mechanisms and time schedule for the pharmacist to report to the physician monitoring the pharmacist's exercise of delegated drug therapy management and the results of the drug therapy management; and
- F. The expiration date of the protocol granting the authority to sign a prescription.

THIS NOTIFICATION MUST BE UPDATED ANNUALLY PRIOR TO THE EXPIRATION DATE OF THE PROTOCOL.

I hereby attest that the information on this form, as well as the information on any attachment(s) to this form, is true and correct to the best of my knowledge and the information is given of my own free will. I agree that any misstatement(s) and/or omission(s) will constitute violation of the Texas Pharmacy Act, and may subject me to disciplinary action by the board.

Signature of Pharmacist

Date

LIC-1209 (Rev. 1/10)

Copy To: Clinical Pharmacist / Supervising Physician / Supervisor of Clinical Pharmacist / Unit Practice Manager