# **Collaborative Practice Agreement**

For authorization of therapy continuation, therapeutic interchange and follow-up labs

## A. Authority and Purpose

I, Dr. xxx and Dr. xxx authorize the pharmacist(s) named herein, who hold an active license to practice from the State of California Board of Pharmacy and Inland Behavioral & Health Services, Inc., to manage and/or treat patients pursuant to the parameters outlined in this agreement. This authority follows the Federal laws that refers to the law and regulations of the State of California. The purpose of this agreement is to facilitate consistent access to medications and ordering of laboratory services for the collaborating providers' mutual patients.

## B. <u>Parties to the Agreement</u>

The following providers agree to the parameters outlines in this agreement:

Pharmacist:	Prescribers:
Dr. xxx	Dr. xxx
Dr. xxx	Dr. xxx

This agreement includes patients under the care of the practitioner(s) and extends for a period of two (2) years from this date unless rescinded earlier in writing.

#### C. Patients



## D. Patient Care Functions Authorized

Pharmacist(s) included in Section B of this agreement will have the authority to manage and/or treat patients in accordance with this section.

In managing and/or treating patients, the pharmacist(s) may authorize: 1) continuation of drug therapy, 2) modifications of drug therapy to a therapeutic alternative medication, or 3) missing medication to address gaps in care (defined as a medication in the same class with an equivalent dose, per IEHP formulary, or if appropriate and utilizing Evidenced-based therapeutic guideline and clinical judgement), and 4) ordering pertinent laboratory services related to drug therapy or the assessment of chronic disease states. Please see chronic disease states below:

- D.1 Diabetes (see Appendix 1)
- D.2 Hypertension (See Appendix 1)
- D.3 Hyperlipidemia (See Appendix 1)
- D.4 COPD (See Appendix 1)
- D.5 Asthma (See Appendix 1)
- D.6 Smoking Cessation (See Appendix 1)
- D.7 Pain Management (See Appendix 1)

E. <u>Training/Education</u> All

F. Liability Insurance

- G. Patient Informed Consent
- H. Documentation
- I. <u>Communication</u>

The pharmacist shall provide the patient's original prescriber with notification in the form of secure email in the EHR, via Skype, by telephone, or in person, when their patient's therapy is continued or therapeutically interchanged pursuant to this agreement. In this notification, the pharmacist will include any relevant information that was collected from the patient such as current blood pressure, adherence issues, or any socioeconomic challenges identified.

- J. Quality Assurance
- K. Agreement Review and Duration

This

L. <u>Record Retention</u>

## M. Rescindment or Alteration of Agreement

A signatory may rescind from this agreement or a patient may withdraw from treatment under this agreement at any time. The prescriber(s) may override this agreement whenever he/she deems such action necessary or appropriate for a specific patient without affecting the agreement relative to other patients.

## N. Agreement Signatures

This agreement includes patients under the care of the practitioner(s) and extends for a period of two (2) years from this date unless rescinded earlier in writing.

Signatures:

Prescriber name	Prescriber Signature	License #	Date
Prescriber name	Prescriber Signature	License #	Date
Pharmacist name	Pharmacist Signature	License #	Date
Pharmacist name	Pharmacist Signature	License #	Date

# APPENDIX 1:

# Pharmacological Clinical Protocols / Guidelines and Evidence-based Medicine documentation

# 1. Asthma

- Guide for Asthma Management and Prevention (GINA Pocket Guide)
  - i. https://ginasthma.org/pocket-guide-for-asthma-management-and-prevention/

# 2. COPD

- The Global Initiative for Chronic Obstructive Lung Disease (GOLD)
  - i. <u>https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=</u> 2ahUKEwiBs4KLjLbIAhWFu54KHSACARQQFjAAegQIBRAC&url=https%3A%2F%2F goldcopd.org%2Fwp-content%2Fuploads%2F2018%2F11%2FGOLD-2019-POCKET-GUIDE-FINAL\_WMS.pdf&usg=AOvVaw1yB1\_r8eSi14aQWQktDONh

## 3. Diabetes

- American Diabetes Association Clinical Practice Guidelines, Diabetes Care

   https://care.diabetesjournals.org/content/42/Supplement 1/S90
- American Association of Clinical Endocrinologist / American College of Endocrinology Guidelines
  - i. <u>https://www.aace.com/disease-state-resources/diabetes/clinical-practice-guidelines-treatment-algorithms/comprehensive</u>

## 4. Hyperlipidemia

- 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease Executive Summary.
  - i. <u>https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=11&ved</u> =2ahUKEwjm14yyjrblAhXDvJ4KHdr6ClgQFjAKegQIARAC&url=https%3A%2F%2Fh ealthmetrics.heart.org%2Fwp-content%2Fuploads%2F2019%2F04%2F2019-ACCAHA-Guideline-on-the-Primary-Prevention-of-Cardiovascular-Disease-Executive-Summary.pdf&usg=AOvVaw2CPeAmEqUKTlu7XWsJZVaT
- American Heart Association: Recommendations for Management of Clinically Significant Drug-Drug Interactions with Statins and Select Agents used in Patient with Cardiovascular Disease.
  - i. https://www.ahajournals.org/doi/10.1161/CIR.000000000000456

- 5. Hypertension
  - The Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 8)
    - i. https://www.aafp.org/afp/2014/1001/p503.html
- 6. Smoking Cessation:
  - Treating Tobacco Use and Dependence. Quick Reference Guide for Clinicians. Rockville, MD: U.S. Department of Health and Human Services Public Health Service.
    - i. <u>https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&ved=</u> <u>2ahUKEwjZ5sXsj7bIAhWJop4KHVx2B7gQFjADegQIBhAC&url=http%3A%2F%2Fw</u> <u>ww.tobaccoprogram.org%2Fclientuploads%2Fdocuments%2FConsumer%2520</u> <u>Materials%2FClinicians%2520Systems%2520Mat%2F2008-</u> <u>Guidelines.pdf&usg=AOvVaw2jOGS0xpLwrux7oobvD6Xv</u>

# 7. Pain Management

- UC Davis Pain Management fellowship.
  - i. https://health.ucdavis.edu/pain/academic/fellowship.html