



STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BOARD OF PHARMACY
P.O. BOX 110806, JUNEAU, ALASKA 99811-0806
(907) 465-2589 ★ E-mail: license@commerce.state.ak.us

PHARMACIST COLLABORATIVE PRACTICE APPLICATION

Instructions: Complete this application form and submit it, along with the written protocol, to the above address for approval by the board. (NOTE: Effective June 1, 2006, physicians licensed under the State Medical Board must also comply with the State Medical Board's regulations and enter into their own "Cooperative Practice Agreement" under the State Medical Board before participating in a practice agreement with a pharmacist.)

General Information:

- Documentation related to the written protocol must be maintained for at least two years.
- Any modification to the written protocol must be approved by the board. Complete this form and submit it with new protocol.
- The written protocol may be terminated upon written notice by the authorizing practitioners or pharmacists. The pharmacists must notify the board in writing within 30 days after a written protocol is terminated.
- 12 AAC 52.240 does not apply to participation by a pharmacist practicing in an institutional facility, in drug therapy protocols and guidelines approved by the institutional facility's pharmacy and therapeutics committee or by another medical staff governing body of that institutional facility, if records related to the drug therapy protocols and guidelines are maintained and made available to the board upon request.

1. Title of Protocol: _____

2. _____ License # _____
Principal Pharmacist

3. _____ License # _____
Pharmacy Name

Practice Pharmacy Location (physical address) _____

_____ Telephone Number: _____
City/State/Zip Code

4. For protocols involving multiple pharmacists, list participating pharmacists and license numbers, or identify by description those participating (i.e., all pharmacists employed by XYZ Pharmacy):

5. Principal Prescribing Practitioner: _____ Type of License: _____

_____ License # _____
Name

6. Practice location of Practitioner: _____

_____ Telephone Number: _____
City/State/Zip Code

7. For protocols involving multiple prescribing practitioners, list participating practitioners and license numbers, or identify by description those participating (i.e., all staff physicians at XYZ Hospital):

Required in accordance with 12 AAC 52.240:

- | | YES | NO |
|---|--------------------------|--------------------------|
| (1) Does the protocol contain an agreement in which practitioners authorized to prescribe legend drugs in this state authorize pharmacists licensed in this state to administer or dispense in accordance with that written protocol? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Does the protocol contain a statement identifying the practitioners authorized to prescribe and the pharmacists who are party to the agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Is a time period for the protocol specified? (May not exceed two years)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Does the protocol include the types of collaborative authority decisions that the pharmacists are authorized to make, including | | |
| (A) types of diseases, drugs, or drug categories involved and the type of collaborative authority authorized in each case? | <input type="checkbox"/> | <input type="checkbox"/> |
| (B) procedures, decision criteria, or plans the pharmacists are to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Does the protocol include activities the pharmacists are to follow in the course of exercising collaborative authority, including documentation of decisions made, and a plan for communication and feedback to the authorizing practitioners concerning the specific decisions made? | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) Does the protocol contain a list of the specific types of patients eligible to receive services under the written protocol?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (7) Does the protocol include a plan for the authorizing practitioners to review the decisions made by the pharmacist at least once every three months? | <input type="checkbox"/> | <input type="checkbox"/> |
| (8) Does the protocol include a plan for providing the authorizing practitioners with each patient record created under the written protocol? | <input type="checkbox"/> | <input type="checkbox"/> |
| (9) Are the authorizing practitioners in active practice, and is the prescriptive authority within the scope of the practitioners' practice? | <input type="checkbox"/> | <input type="checkbox"/> |
| (10) Does the protocol specify and require completion of additional training, if required for the procedures authorized under the protocol? | <input type="checkbox"/> | <input type="checkbox"/> |
| (11) If the practitioner is a physician licensed under the State Medical Board, has that physician received approval from the State Medical Board under 12 AAC 40.983 to enter into this agreement? | <input type="checkbox"/> | <input type="checkbox"/> |

If no, please explain: _____

| Renewal of Protocol: | YES | NO |
|---|--------------------------|--------------------------|
| To renew a protocol previously approved by the board, please, complete this entire application. | | |
| Has there been a change in the protocol which was previously approved by the board? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "yes," attach a copy of amended protocol. | | |

Signature of Principal Pharmacist

Signature of Principal Prescriber

Date

Date

COLLABORATIVE PRACTICE REGULATIONS

12 AAC 52.240. PHARMACIST COLLABORATIVE PRACTICE AUTHORITY. (a) A pharmacist planning to exercise collaborative practice authority in the pharmacist's practice by initiating or modifying drug therapy in accordance with a written protocol established and approved for the pharmacist's practice by a practitioner authorized to prescribe drugs under AS 08 must submit the completed written protocol to the board and be approved by the board before implementation.

(b) A written protocol must include

(1) an agreement in which practitioners authorized to prescribe legend drugs in this state authorize pharmacists licensed in this state to administer or dispense in accordance with that written protocol;

(2) a statement identifying the practitioners authorized to prescribe and the pharmacists who are party to the agreement;

(3) the time period during which the written protocol will be in effect, not to exceed two years;

(4) the types of collaborative authority decisions that the pharmacists are authorized to make, including

(A) types of diseases, drugs, or drug categories involved and the type of collaborative authority authorized in each case; and

(B) procedures, decision criteria, or plans the pharmacists are to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved;

(5) activities the pharmacists are to follow in the course of exercising collaborative authority, including documentation of decisions made, and a plan for communication and feedback to the authorizing practitioners concerning specific decisions made;

(6) a list of the specific types of patients eligible to receive services under the written protocol;

(7) a plan for the authorizing practitioners to review the decisions made by the pharmacists at least once every three months; and

(8) a plan for providing the authorizing practitioners with each patient record created under the written protocol.

(c) To enter into a written protocol under this section, practitioners authorized to prescribe must be in active practice, and the authority granted must be within the scope of the practitioners' practice.

(d) Unless the board is satisfied that the pharmacist has been adequately trained in the procedures outlined in the written protocol, the board will specify and require completion of additional training that covers those procedures before issuing approval of the protocol.

(e) Documentation related to the written protocol must be maintained for at least two years.

(f) The written protocol may be terminated upon written notice by the authorizing practitioners or pharmacists. The pharmacists shall notify the board in writing within 30 days after a written protocol is terminated.

(g) Any modification to the written protocol must be approved by the board as required by this section for a new written protocol.

(h) This section does not apply to participation, by a pharmacist practicing in an institutional facility, in drug therapy protocols and guidelines approved by the institutional facility's pharmacy and therapeutics committee or by another medical staff governing body of that institutional facility, if records related to the drug therapy protocols and guidelines are maintained and made available to the board upon request.

12 AAC 52.995. DEFINITIONS.

(c) In AS 08.80.030(b)(7), "monitoring of drug therapy" means a review of the drug therapy regimen of patients by a pharmacist for the purpose of evaluating and rendering advice to the prescribing practitioner regarding adjustment of the regimen. "Monitoring of drug therapy" includes

(1) collecting and reviewing records of patient drug use histories;

(2) measuring and reviewing routine patient vital signs, including pulse, temperature, blood pressure, and respiration; and

(3) ordering and evaluating the results of laboratory tests relating to drug therapy, including blood chemistries and cell counts, drug levels in blood, urine, tissue, or other body fluids, and culture and sensitivity tests that are performed in accordance with a written protocol approved under 12 AAC 52.240.