



Collaborative Pharmacy Practice Checklist

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REQUIREMENTS FOR PARTICIPATION IN COLLABORATIVE PHARMACY PRACTICE:

- ☐ **Collaborating Pharmacists** – Any pharmacist who is a participant in a Collaborative Pharmacy Practice Agreement (CPPA) must be provided a copy of said CPPA by the director of pharmacy, pharmacist-in-charge, or designated pharmacist in a group. Pharmacists involved in the CPPA must meet one of the following requirements:
 - *Doctor of Pharmacy (PharmD) degree from an ACPE-accredited school or college; or*
 - *Bachelor of Science in Pharmacy (DPh) degree and be in the active practice of pharmacy.*

- ☐ **Authorizing Providers** – Physicians, advanced practice nurses and physician assistants may only engage in CPPA's with pharmacists when an appropriately executed CPPA has been executed.
 - *An authorizing physician must have a direct provider/patient relationship with the patients served under the CPPA or must be the supervising physician of advanced practice nurses or physician assistants who have such a direct relationship.*
 - *In the case of a multi-specialty practice, the authorizing physician must be the representative or chief (chief medical officer or medical director) responsible for particular specialty care within that multispecialty practice recognized and certified by the American Board of Medical Specialties (hereinafter "ABMS") or the American Osteopathic Association Bureau of Osteopathic Specialists (hereinafter "AOABOS").*
 - *Physicians with responsibility for supervision and control of advanced practice nurses or physician assistants who are a party to a CPPA must approve and sign the CPPA.*
 - *Collaborating prescribers (physicians, advanced practice nurses, or physician assistants) must have a direct provider/patient relationship with the patients served by the CPPA and must have prepared the patient-specific, drug-specific, disease- or condition-specific plan of care based on a physical examination of the patient where required.*

- ☐ **Written Attestation to Applicable Boards** – Written attestation must be filed with the licensing boards for all providers (pharmacists, physicians, advanced practice nurses, and/or physician assistants) participating in the CPPA notifying those boards of the existence of such CPPA. A copy of the CPPA is not required to be sent to the licensing boards, but all providers are required to notify their licensing boards of the existence of a CPPA agreement with the required information listed below.
 - *The written attestation shall include the names of all signatories and providers participating in the CPPA, the date of the CPPA, and a description of the scope of the services covered by the CPPA.*
 - *For practices located outside of institutional-based pharmacy settings (such as institutional facilities, long-term care facilities, or academic health care institutions), the written attestation shall also include a formulary of the categories of drugs and services authorized by the CPPA.*
 - *The written attestation must be provided to the appropriate licensing boards of the signatories no later than thirty (30) days following the effective date of the CPPA.*

- ☐ **Unencumbered License** – All collaborating providers must hold an active, unencumbered license.

- ☐ **Professional Liability Insurance** – All collaborating providers must maintain at least \$1,000,000 (one million dollars) per occurrence in professional liability insurance coverage.

MINIMUM COMPONENTS OF A COLLABORATIVE PHARMACY PRACTICE AGREEMENT:

- ☐ **Names and Titles of Collaborating Providers** – All collaborating providers (pharmacists, physicians, advanced practice nurses, and physician assistants) must be identified in the CPPA.
- *Unless expressly stated, changes to the list of collaborating providers shall not automatically void the CPPA. The CPPA shall state the procedure to be followed to indicate changes in the members of the group(s) participating in the CPPA.*
 - *When a CPPA involves a group or groups of providers, the chief medical officer or medical director (authorizing physician), and the director of pharmacy or pharmacist-in-charge, shall sign the CPPA. In the case of a healthcare institution with an organized medical staff or a multi-specialty group with more than one ABMS or AOABOS recognized physician specialty, the signature of the authorizing physician representing or responsible for that specialty unit will suffice.*
 - *Each collaborating provider must affirm understanding and acceptance of the terms of the CPPA by signing an addendum to the CPPA within thirty (30) days of the effective date of the CPPA (or within thirty days of employment or association with such multi-specialty group), and all members of the medical staff or group must be provided a copy of the CPPA within fifteen (15) days of execution, with a copy also made available via online access.*
 - *Signatures may be handwritten, electronic, or any other method authorized by the Board of Pharmacy and the respective licensing board of the signatory.*
- ☐ **Authorized Care and Services** – The CPPA must contain a provision defining the nature and scope of patient care services and activities, including screening, prevention, assessment, management, and care, authorized to provide or restricted from providing by the pharmacist(s) under the CPPA.
- *All care and services authorized to be provided shall be within the routine scope of practice and services delivered by the authorizing physician and the advanced practice nurse or physician assistant, where applicable.*
 - *All care and services provided, except immunizations, opioid antagonists, and preventive care, must be pursuant to a diagnosis appropriately made and documented by the physician, advanced practice nurse or physician assistant.*
 - *A CPPA which grants the collaborating pharmacist prescriptive authority, including authority for initiation and discontinuance of drug therapy, must be specifically authorized in the authorized care and services portion of the CPPA and must contain a listing of the drugs or categories of drugs that may be prescribed by the collaborating pharmacist under the terms of the CPPA.*
 - *The scope of a CPPA shall NOT include any patient of the collaborating prescriber for whom such collaborating prescriber has not prepared a patient- specific, drug-specific, disease- or condition-specific plan of care based on a physical examination of the patient by the collaborating prescriber, with the exception of immunizations and screening/testing, which do not require such patient-specific plans, as well as the dispensing of opioid antagonists as defined in T.C.A. § 63-1-152, which require neither a physical examination nor a patient-specific plan.*
 - *The scope of a CPPA shall NOT include the prescribing of controlled substances, except by a pharmacist practicing within an institutional-based pharmacy setting or for hospice patients.*
- ☐ **Documentation and Communication** – Any patient care services provided by a pharmacist or pharmacists pursuant to a CPPA shall be documented in a patient record accessible by the pharmacist(s) and the collaborating prescriber(s) or communicated in writing to the collaborating prescriber or prescribers within three (3) business days of the service.
- *The CPPA shall describe the methods for maintenance and access to the records by the pharmacist(s) and the prescriber(s), for documentation of services performed pursuant to the CPPA and for communication and feedback between the pharmacist(s) and the collaborating prescriber(s).*
 - *All such records shall be maintained by the collaborating prescriber(s) and pharmacist(s) for a period of not less than ten (10) years from the date of the last patient contact.*

Override Clause – A provision must be included in the CPPA 1) allowing the collaborating prescriber to override the actions taken by the collaborating pharmacist specific to services provided under the CPPA if he or she determines that the override is essential to the optimal health outcomes of the patient, and 2) stating how such overrides shall be documented and communicated to the collaborating pharmacist and the patient in a timely manner.

Expiration, Modification, and Termination – The effective date of the CPPA shall be stated in the CPPA, and each CPPA must contain a term or expiration date, upon which the CPPA will expire if not renewed.

- *Every CPPA must be reviewed and updated at least every two (2) years as evidenced by signatures of the parties.*
- *Every CPPA must contain a provision stating the process for modification or termination by either party. This process shall include written notification to all affected parties when modification or termination is sought.*
- *A CPPA may be amended upon mutual approval by the collaborating prescriber, authorizing physician (where applicable) and pharmacist who have been duly authorized to execute, modify, or change the CPPA. Such amendments shall include, at a minimum, a description of the desired change and the effective date of the change.*
- *Additional prescriber(s) and additional pharmacist(s) may be added to an existing participating group through an addendum without affecting the effective date of the CPPA. Any amendment executed shall not automatically void the terms and conditions of the existing CPPA unless expressly stated.*
- *Amendments to the authorized care and services (not involving an institutional-based pharmacy setting) which institute substantive additions or reductions to the scope of patient care services provided under the CPPA, including new therapeutic classes of drugs to the authorized formulary, must be provided to the appropriate licensing boards no later than thirty (30) days from the effective date of the amendment.*

Automatic Exclusions – A provision must be included in the CPPA which identifies any terms under which a provider will be automatically excluded from participation in the CPPA. Such terms may include but need not be limited to death; suspension, surrender, revocation, or retirement of license; loss or restriction of prescriptive authority; the suspension or revocation of a Drug Enforcement Administration (DEA) registration; exclusion from any federally-funded health programs; or the formal termination of the supervising relationship between an advanced nurse practitioner or physician assistant and his or her supervising physician.

- *Any CPPA involving an advanced practice nurse or physician assistant participating in a CPPA shall contain a procedure for immediate notification to the collaborating pharmacist(s) if that supervisory relationship is terminated for any reason.*

Quality Assessment – The authorizing physician(s) and pharmacist(s) shall create written measurable and objective performance goals for evaluating the quality of care provided for the patients treated pursuant to the CPPA.

- *The CPPA must provide for such goals and data as identified by the collaborating providers, to be aggregated and reviewed by the participants to the CPPA at least quarterly. Such quarterly review shall include consideration of any changes necessary to the CPPA, authorized formulary, and patient orders, in addition to strategies regarding patient education and medication adherence, increased or improved monitoring of side effects, and the need for further screening/testing.*
- *The CPPA shall also provide, at a minimum, for monthly patient record review by the authorizing physician(s) of at least five per cent (5%) of the patients treated pursuant to the CPPA.*
- *The quality assessment review shall be properly documented, retained by the participating parties of the CPPA, and available for review by representatives of the various licensing boards for at least ten (10) years.*

MAINTENANCE OF CPPA, PRACTICE SITE, CONTINUING EDUCATION, AND OTHER PROVISIONS:

- ☐ The patient or the patient's authorized representative must sign a general consent that the patient is to receive services from a healthcare team, including a pharmacist. However, no such general consent shall be required in an institutional based pharmacy setting where consent to treatment has already been given. All consent given related to treatment at an institutional facility or to treatment under a CPPA is to be made part of the patient record.
- ☐ A copy of the CPPA, including any addendum, modification or termination shall be accessible at each practice site and shall be made available to the applicable regulatory board for review upon request.
- ☐ Pharmacists engaging in the collaborative pharmacy practice must utilize an area for in-person, telephonic or other approved consultations with patients that ensures the confidentiality of the communication.
- ☐ Physicians, advanced practice nurses and physician assistants engaged in a CPPA shall retain professional responsibility to his/her patients for the management of their drug therapy, establish and maintain a physician-patient relationship with each patient subject to the CPPP, and be available at all times through direct telecommunication for consultation, assistance and direction, or shall make arrangements for a substitute physician to be available.
- ☐ Any pharmacist issuing a prescription order, as defined in T.C.A. § 63-10-204, or medical order, as defined in T.C.A. § 63-10-204, pursuant to a CPPA shall issue the prescription order or medical order in accordance with the requirements set forth in Tennessee Board Rule 1140-03-.03 and within the terms set forth in the CPPA.
- ☐ All CPPA's authorizing pharmacists to provide services and activities shall include language that ensures compliance with all applicable by-laws, policies, and procedures of that facility.
- ☐ For patient care services performed by a pharmacist and authorized only pursuant to a CPPA, the Board of Pharmacy expressly adopts the guidelines, rules, and standards of practice of the Board of Medical Examiners, Board of Osteopathic Examiners, or other Tennessee Health Related Boards, as applicable.
- ☐ Pharmacists engaged in the collaborative pharmacy practice are strongly encouraged to complete ten (10) hours of the biennially-required thirty (30) hours of continuing education in topics related to the clinical practice of pharmacy.
- ☐ All signatories and other parties engaging in a collaborative pharmacy practice shall be subject to disciplinary action by their licensing boards if the licensee violates the terms of these rules or the terms of the CPPA. Each board with jurisdiction over any of the signatories to the CPPA shall report to the other appropriate board any conduct which it believes to be in violation of any such CPPA.
- ☐ Pharmacists who hold a current DEA license must complete a minimum of two (2) hours biennially of continuing education related to controlled substance prescribing, which must include instruction in the Department of Health's treatment guidelines on opioids and chronic pain and may include such other topics as medicine addiction, risk management tools, and other topics as approved by the Board of Pharmacy. Such continuing education hours shall be counted toward the pharmacist's mandatory continuing education requirement.

DISCLAIMER: This checklist was prepared as a service for Tennessee pharmacists and is only intended to be a general summary and is not to take the place of applicable laws. You are encouraged to review applicable laws for a full and accurate statement of their contents and requirements. Nothing herein is intended to be legal advice or counsel.