PROTOCOL
Physician Delegation of Authority
For Drug Therapy Management

Per §193.7 Delegated Drug Therapy Management – Texas State Board of Medical Examiners Rules
§295.13 Drug Therapy Management by a Pharmacist under Written Protocol of a Physician (MD) – Texas State Board of Pharmacy Rules

I. Purpose
To document the written protocol for drug therapy management for chronic disease states authorized by the staff physicians at the Liver Institute and delegated to ___________________, Clinical Pharmacist. This protocol was developed taking into consideration the qualifications and training of the pharmacist to manage the clinical situations expected in the delegation of the drug therapy management outlined and will be reviewed on an annual basis.

II. Scope
This protocol for drug therapy management will be limited to patients of the ____________________ who are followed at the Liver Institute. Patients eligible for this service are those at risk for medication non-adherence, polypharmacy, and those with previously diagnosed chronic health conditions related to liver dysfunction including but not limited to: hepatitis, cirrhosis, infection, and encephalopathy.

III. Types of Drug Therapy Management Authorized

A. Medication Orders
The Clinical Pharmacist may adjust medications for chronic therapy in accordance with current national guidelines and with the clinical practice guidelines at ____________________. The Clinical Pharmacist may renew prescriptions for continuation of chronic drug therapy in accordance with established therapeutic endpoints, PCP appointment history, and medication compliance. Initiation of drug therapy or changes in drug therapy by the Clinical Pharmacist will occur under approved treatment algorithms.

B. Assessment of Drug Therapy

1. Patient Assessment
   The assessment of drug therapy will include: performing drug use histories, assessing patient adherence, as well as examining all safety and efficacy parameters in order to optimize drug therapy. The assessment may also include focused physical exam of relevant organ systems, including vital signs, for monitoring of drug efficacy and adverse reactions.

2. Laboratory and drug monitoring tests
   Order, obtain, and interpret medical data including all usual tests necessary to monitor drug therapy. Point of care testing may be performed when warranted. The Clinical Pharmacist may initiate orders for diagnostic tests and laboratory tests, if done in consultation with a physician, and refer the patient to a physician for evaluation of the testing and follow-up care as necessary.

3. Medication Orders
   The Clinical Pharmacist may adjust medications for chronic therapy in accordance with current national guidelines and with the clinical practice guidelines at ____________________. Following the initial assessment and referral to the Clinical Pharmacist by the primary care provider, the initiation and modification of chronic drug therapy will be managed by the Clinical Pharmacist per protocol.

   Medications used in therapy are to be adjusted and maintained in accordance with the individual goals of each medical condition established in the patient’s medical
record by the primary care provider. The policies, procedures and protocols established for this clinic should be followed by the pharmacist. When established protocols do not fully address a clinical situation, the pharmacist, in consultation with primary providers, may use their clinical judgment in adapting clinic dosing guidelines to achieve an established goal determined by national and ______________ guidelines unless otherwise specified by the primary physician.

After referral to the Clinical Pharmacist, the patient must continue to have periodic clinic visits with his/her primary care physician. The Clinical Pharmacist will promote patient compliance with physician follow-up visits for medical management as necessary.

4. Patient Education
The Clinical Pharmacist will provide appropriate instruction and counseling to the patient on the use of any medications involved in drug therapy management, including appropriate warnings and monitoring of lab results. The pharmacist will also provide any patient education regarding disease process, complications, home monitoring device use, and medication self-administration instructions as necessary.

IV. Documentation of drug management activities
The Clinical Pharmacist will document the drug regimen, significant findings, and services rendered in the patient’s electronic medical record, according to the policies of the __________________. In situations where the PCP needs to be consulted for medication initiation or discontinuation, it will be noted in the clinical pharmacy progress note.

V. Communication between delegating physician and pharmacist
The authorizing physician(s) will be geographically located so as to be available in person or via pager to provide care and supervision. The physician(s) will be available for direct telecommunication for consultation, assistance, and direction.

The pharmacist will provide periodic status reports to the physician(s) (see section IV). Any serious complication or problem will be communicated to the supervising physician as soon as possible.

VI. Protocol review and continuing education requirements
A copy of this protocol will be maintained within the __________________ and in the pharmacist’s employee file in the Pharmacy Department. A copy will also be maintained by the Clinical Pharmacist. It will be reviewed and updated annually with the documentation of this review being maintained by the pharmacist.

The pharmacist has completed at least 30 hours of continuing education related to drug therapy during the past 2 years (approved by the American Council on Pharmaceutical Education), and will continue to update that requirement as necessary.

_______________________________
Physician #1

_______________________________
Physician #2

_______________________________
Printed Name

_______________________________
Printed Name

_______________________________
License Number

_______________________________
License Number

_______________________________
Date

_______________________________
Date