

MOST RESTRICTIVE -----> LEAST RESTRICTIVE

COLLABORATIVE PRACTICE-->STANDING ORDER-->STATEWIDE PROTOCOL-> PRESCRIPTIVE AUTHORITY

STANDING ORDERS- Physician order that can be carried out by other health care workers when predetermined conditions have been met

PROS: Form of collaborative practice so could be done now

CONS: Variability of orders from physician to physician, company to company

- Challenge of finding providers to sign

- Liability risk for providers due to US MEC requirements

- Discrepancies on the training requirements, if any

- No consistent expectations for patients

- No mechanism for pharmacists to bill for evaluation

STATEWIDE PROTOCOL- Framework that specifies conditions under which pharmacists are authorized to prescribe a specific medication or category of medication when providing a clinical service. It is issued by an empowered state body. Can be used when a diagnosis is not needed or documented diagnosis is known.

PROS: No provider is needed

- Specifies required training and qualifications for pharmacists

- Well defined statewide protocol (consistent throughout the state)

- Provides consistent service across the state

CONS: Issues around ability of pharmacist to bill for evaluation

- Even additional coverage language may still not fix this (secondary codes)

PHARMACIST PRESCRIPTIVE AUTHORITY—Allows pharmacist to prescribe only for drug or category specified in statute; Training and protocols follow as stated in SWP above just appears in statute and rule

PROS: All of the pros listed in SWP

Best way to allow pharmacists to bill for service as they become a provider

CONS: Lack of support from Medical Society

Concerns over expansion of pharmacists as providers