Table of Contents

27.01.04 – Rules Governing Pharmacist Prescriptive Authority

IDAPA 27
TITLE 01
CHAPTER 04

27.01.04 – RULES GOVERNING PHARMACIST PRESCRIPTIVE AUTHORITY

000. LEGAL AUTHORITY.
This chapter is adopted under the legal authority of the Uniform Controlled Substances Act, Title 37, Chapter 27, Idaho Code; the Idaho Pharmacy Act, the Idaho Wholesale Drug Distribution Act, and the Idaho Legend Drug Donation Act, Title 54, Chapter 17, Idaho Code; and specifically pursuant to Sections 37-2702, 37-2715, 54-1717, 54-1753, 54-1755, and 54-1763, Idaho Code. (7-1-18)

001. TITLE AND SCOPE.
In addition to the General Provisions set forth in IDAPA 27.01.01, "General Provisions," the following title and scope shall apply to these rules: (7-1-18)

01. Title. The title of this chapter is "Rules Governing Pharmacist Prescriptive Authority," IDAPA 27, Title 01, Chapter 04. (7-1-18)

02. Scope. The scope of this chapter includes, but is not limited to, provision for, and clarification of, the Board's assigned responsibility to determine which drugs or devices pharmacists can prescribe independently, and further establish criteria for collaborative pharmacy practice and statewide protocol agreements. (7-1-18)

002. WRITTEN INTERPRETATIONS.
In accordance with Title 67, Chapter 52, Idaho Code, this agency may have written statements that pertain to the interpretation of, or to compliance with the rules of this chapter. Any such documents are available for public inspection and copying at cost at the Idaho Board of Pharmacy office. (7-1-18)

003. ADMINISTRATIVE PROCEEDINGS AND APPEALS.
Administrative proceedings and appeals are administered by the Board in accordance with the "Idaho Rules of Administrative Procedure of the Attorney General," IDAPA 04.11.01, Subchapter B -- Contested Cases, Rules 100 through 800. (7-1-18)

01. Place and Time for Filing. Documents in rulemakings or contested cases must be filed with the executive director of the Board at the Board office between the hours of 8 a.m. and 5 p.m., Mountain Time, Monday through Friday, excluding state holidays. (7-1-18)

02. Manner of Filing. One (1) original of each document is sufficient for filing; however, the person or officer presiding over a particular rulemaking or contested case proceeding may require the filing of additional copies. A document may be filed with the Board by e-mail or fax if legible, complete, and received during the Board's office hours. The filing party is responsible for verifying with Board staff that an e-mail or fax was successfully and legibly received. (7-1-18)

004. INCORPORATION BY REFERENCE.
No documents have been incorporated by reference into these rules. (7-1-18)

005. BOARD OFFICE INFORMATION.

01. Street Address. The office is located at 1199 Shoreline Lane, Suite 303, Boise, Idaho. (7-1-18)

02. Mailing Address. The mailing address is P.O. Box 83720, Boise, Idaho 83720-0067. (7-1-18)

03. Telephone Number. The telephone number is (208) 334-2356. (7-1-18)

04. Fax Number. The fax number is (208) 334-3536. (7-1-18)

05. Electronic Address. The website address is https://bop.idaho.gov. (7-1-18)

06. Office Hours. The office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, excluding state holidays. (7-1-18)

006. PUBLIC RECORDS ACT COMPLIANCE.
Board of Pharmacy records and filings are subject to compliance with the Idaho Public Records Act, Title 74, Chapter 1, Idaho Code. (7-1-18)

007. OFFICIAL BOARD JOURNAL.
The official journal of the Board is the electronic Idaho State Board of Pharmacy Newsletter. A link to recent versions of the newsletter is posted on the Board's website. Board licensees and registrants are presumed to have knowledge of the contents of the newsletter on the date of publication. The newsletter may be used in administrative hearings as proof of notification. (7-1-18)

008. – 009. (RESERVED)

010. DEFINITIONS AND ABBREVIATIONS.
The definitions set forth in Sections 54-1705 and 37-2701, Idaho Code, are applicable to these rules. In addition, the definitions and abbreviations found at IDAPA 27.01.01.010 through 012 are applicable to these rules. (7-1-18)

011. – 019. (RESERVED)

020. PHARMACIST PRESCRIBING: GENERAL REQUIREMENTS.
In addition to all nonprescription drugs and devices and the statutorily authorized drug products and categories set forth in Section 54-1704, Idaho Code, a pharmacist acting in good faith and exercising reasonable care may independently prescribe drugs, drug categories and devices as set forth in this chapter provided the following general requirements are met: (7-1-18)

01. Education. The pharmacist may only prescribe drugs or devices for conditions for which the pharmacist is educationally prepared and for which competence has been achieved and maintained. (7-1-18)

02. Patient-Prescriber Relationship. The pharmacist may only issue a prescription for a legitimate medical purpose arising from a patient-prescriber relationship as defined in Section 54-1733, Idaho Code. (7-1-18)

03. Patient Assessment. The pharmacist must obtain adequate information about the patient's health status to make appropriate decisions based on the applicable standard of care. (7-1-18)

a. At a minimum, for each drug or drug category the pharmacist intends to prescribe, the pharmacist must maintain a patient assessment protocol based on current clinical guidelines, when available, or evidence-based research findings that specifies the following: (7-1-18)

b. Patient inclusion and exclusion criteria; and (7-1-18)

c. Explicit medical referral criteria. (7-1-18)

d. The pharmacist must revise the patient assessment protocol when necessary to ensure continued compliance with clinical guidelines or evidence-based research findings. The pharmacist's patient assessment protocol, and any related forms, must be made available to the Board upon request. (7-1-18)

e. Any patient assessment protocol for a drug or drug category that is made available by the Board satisfies Paragraphs a. through c. of this subsection. (7-1-18)

04. Collaboration with Other Health Care Professionals. The pharmacist must recognize the limits of the pharmacist's own knowledge and experience and consult with and refer to other health care professionals as appropriate. (7-1-18)

05. Follow-Up Care Plan. The pharmacist must develop and implement an appropriate follow-up care plan, including any monitoring parameters, in accordance with clinical guidelines. (7-1-18)

06. Notification. The pharmacist must inquire about the identity of the patient's primary care provider; and, if one is identified by the patient, provide notification within five (5) business days following the prescribing of a drug. In the instance in which the pharmacist is prescribing to close a gap in care or to supplement a valid prescription drug order, the pharmacist must alternatively notify the provider of record. (7-1-18)

07. Documentation. The pharmacist must maintain documentation adequate to justify the care provided, including, but not limited to the information collected as part of the patient assessment, the prescription record, any notification provided as required under this section, and the follow-up care plan. (7-1-18)

021. PHARMACIST PRESCRIBING FOR MINOR CONDITIONS.
A pharmacist may prescribe any drug approved by the FDA that is indicated for the following conditions: (7-1-18)

01. Lice; (7-1-18)

02. Cold Sores; (7-1-18)

03. Motion Sickness Prevention; and (7-1-18)

04. Uncomplicated Urinary Tract Infections. (7-1-18)

022. PHARMACIST PRESCRIBING OF DEVICES.
A pharmacist may prescribe any of the following devices approved by the FDA: (7-1-18)

01. Inhalation Spacer; (7-1-18)

02. Nebulizer; (7-1-18)

03. Diabetes Blood Sugar Testing Supplies; (7-1-18)

04. Pen Needles; and (7-1-18)

05. Syringes. Syringes for patients with diabetes. (7-1-18)

023. PHARMACIST PRESCRIBING BASED ON CLIA-WAIVED TEST.
A pharmacist may prescribe any antimicrobial drug approved by the FDA that is indicated for the following conditions, provided the symptomatic patient first tests positive to a CLIA-waived test indicated for the condition: (7-1-18)

01. Influenza. When a person has tested positive for influenza, a pharmacist may additionally prescribe an antiviral medication to an individual who has been exposed to the infectious person and for whom clinical guidelines recommend chemoprophylaxis; and (7-1-18)

02. Group A Streptococcal Pharyngitis. (7-1-18)

024. PHARMACIST PRESCRIBING FOR CLINICAL GAPS IN CARE.
A pharmacist may prescribe any drug approved by the FDA for the purposes of closing a gap in clinical guidelines as follows: (7-1-18)

01. Statins. Statins, for patients who have been diagnosed with diabetes; and (7-1-18)T

02. Short-Acting Beta Agonists. Short-acting beta agonists (SABA), for patients with asthma who have had a prior prescription for a SABA, and who have a current prescription for a long-term asthma control medication. (7-1-18)

025. PHARMACIST PRESCRIBING OF TRAVEL DRUGS.
A pharmacist who successfully completes an accredited CPE or CME course on travel medicine may prescribe any

non-controlled drug recommended for individuals traveling outside the United States that are specifically listed in the federal CDC Health Information for International Travel (e.g., Yellow Book). The pharmacist may only prescribe drugs that are indicated for the patient's intended destination for travel. (7-1-18)

026. PHARMACIST PRESCRIBING TO SUPPLEMENT AN INFUSION ORDER.
A pharmacist may prescribe any of the following FDA approved drugs or devices to supplement a valid prescription drug order or institutional drug order for drugs intended to be administered to a patient via infusion; (7-1-18)

01. Flush. Heparin, in concentrations of one hundred (100) units per milliliter or less, and saline; (7-1-18)

02. Devices. Infusion pumps and other rate control devices; (7-1-18)

03. Supplies. Tubing, filters, catheters, intravenous (IV) start kits, central line dressing kits, and injection caps; and (7-1-18)

04. Local Anesthetics for IV Port Access. (7-1-18)

027. PHARMACIST PRESCRIBING IN EMERGENCY SITUATIONS.
If in an emergency, after contacting emergency medical services, a situation exists that, in the professional judgment of the pharmacist, threatens the health or safety of the patient, a pharmacist may prescribe the following FDA approved drugs in the minimum quantity necessary until the patient is able to be seen by another provider. (7-1-18)

01. Diphenhydramine; (7-1-18)

02. Epinephrine; and (7-1-18)

03. Short-Acting Beta Agonists. (7-1-18)

028. PHARMACIST PRESCRIBING FOR LYME DISEASE PROPHYLAXIS.
After a recognized tick bite, a pharmacist may prescribe antimicrobial prophylaxis, for the prevention of Lyme disease in accordance with current CDC guidelines. (7-1-18)

029. – 199. (RESERVED)

200. COLLABORATIVE PHARMACY PRACTICE AND STATEWIDE PROTOCOL AGREEMENTS.

01. Collaborative Agreement. Pharmacists or pharmacies and prescribers may enter into collaborative pharmacy practice through a written collaborative pharmacy practice agreement that defines the nature and scope of authorized DTM or other patient care services to be provided by a pharmacist. (7-1-18)

a. Agreement Elements. The collaborative pharmacy practice agreement must include: (7-1-18)

i. Identification of the parties to the agreement; (7-1-18)

ii. The establishment of each pharmacist's scope of practice authorized by the agreement, including a description of the types of permitted activities and decisions; (7-1-18)

iii. The drug name, class or category and protocol, formulary, or clinical guidelines that describe or limit a pharmacist's authority to perform DTM; (7-1-18)

iv. A described method for a prescriber to monitor compliance with the agreement and clinical outcomes of patients and to intercede where necessary; (7-1-18)

v. A provision allowing any party to cancel the agreement by written notification; (7-1-18)

vi. An effective date; and (7-1-18)

vii. Signatures of the parties to the agreement and dates of signing. (7-1-18)

b. Agreement Review. The collaborative pharmacy practice agreement must be reviewed and revised when necessary or appropriate. (7-1-18)

02. Statewide Protocol Agreement. A pharmacist may perform DTM or other patient care services according to a statewide protocol agreement issued by the director of the Idaho Department of Health and Welfare, in conjunction with the Board, for the purpose of improving public health. The protocol agreement must include: (7-1-18)

a. An effective date range; (7-1-18)

b. The geographical portion of the state where the protocol agreement is to be effective; and (7-1-18)

c. The drug name, class or category and protocol, formulary, or clinical guidelines that describe or limit a pharmacist's authority to perform DTM or other patient care services. (7-1-18)

03. Prescribing Exemption. The general requirements set forth in Section 020 of these rules do not apply to collaborative agreements and statewide protocol agreements. (7-1-18)

201. – 999. (RESERVED)

Subject Index