

Collaborative Pharmacy Practice Agreement (CPA)

Pursuant to the Tennessee Code Annotated, Title 63, Chapter 10; Title 63, Chapter 6 and Title 63, Chapter 9, relative to collaborative pharmacy, this Collaborative Pharmacy Practice Agreement (CPA) is made between:

Duly licensed pharmacist in the State of Tennessee and employed by XXXXXXXXXXXX XXXXXXXXXXXX

This agreement provides the pharmacist named above to provide services outlined below in the XXXXXXXXXXXX XXXXXXXXXXXX in addition to the duties/services described by the Tennessee State Board of Pharmacy and policies/protocols approved by XXXXXXXXXXXX XXXXXXXXXXXX. Additional services include:

- Practice of managing and modifying patient medication therapies,
- Ordering medication / authorizing medication refills,
- Authority to manage **Diet & Exercise** therapy as required to support the achievement of therapeutic goals for other therapies authorized in this section. In doing so, the pharmacist will have authority to manage the use of drugs specified in the patient-specific order,
- Authority to do **Drug Therapy Regimen Reviews** in order to optimize drug therapy regimens. This will involve all aspects of care including therapeutic and preventative drug regimens, laboratory and clinical monitoring for response and toxicity, compliance with medical therapy, assuring use of the most cost-effective therapeutic options, streamlining unnecessary or duplicative therapies, and communication with and education of physicians, nurses, and patients.

Medications for the following conditions/disease states will be included into this agreement:

HTN	DM	GI	Lipids	Allergy	Antidepressants
Cardiac	Thyroid	Arthritis	Gout	Osteo.	Pulmonary
Smoking Cessation		Vaccines			

References

1. **Ninth ACCP Conference on Antithrombotic and Thrombolytic Therapy.**
Chest Volume 126/1(Suppl.) September 2012.
2. **American Diabetes Association: Clinical Practice Recommendations 2015.**
Diabetes Care, Volume 38, Supplement 1, January 2015.
3. **The American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for the Management of Diabetes Mellitus: The ACCE Diabetes Mellitus Clinical Practice Guide Task Force.** *Endocrine Practice* Vol. 13 (suppl 1) May/June 2007.
4. **2013 ACC/AHA guidelines on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults.** *Journal of the American College of Cardiology* 2013 DOI: 10.1015/j.jacc.2013.11.002

5. **The Eighth Report of the Joint National Committee on the Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: The JNC-VII Report.** *JAMA* 2013 DOI: 10/1001/jama.2013.284427
6. **Clinical Practice Guideline, Treating Tobacco Use and Dependence.** U.S. Department of Health and Human Services, Public Health Service June 2009.
7. **2013 Focused Update: ACCF/AHA Guidelines for the Diagnosis and Management of Heart Failure in Adults. *Circulation* 2013; 128: 1-375**

This agreement is reviewed and renewed every two (2) years (per statute) from effective date, is non-transferrable, and is voided if either party is no longer approved for professional practice at XXXXXXXXXXXX Health.

Pharmacist name printed

Pharmacist signature & date

Physician named printed

Physician signature & date

Clinical pharmacy, supervisor name printed

Clinical pharmacy, supervisor signature & date

Director of pharmacy named printed

Director of pharmacy signature & date

Effective Date: _____