

Up and Coming Changes to the Role of a Pharmacist

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North Dakota's legislation recently passed legislation during the 2021 Session that grants pharmacists prescribing authority for two public health issues. This means that pharmacists in North Dakota can now independently prescribe and dispense orders for immunizations and for tobacco cessation drug therapy.

As the pharmacy profession has grown, so has the responsibilities of the pharmacist. Due to the COVID-19 pandemic and the implementation of the Public Readiness and Emergency Preparedness (PREP) act, pharmacists have been ordering and administering COVID-19 immunizations and other related therapies without needing a collaborative agreement with a prescriber. The precedence may have come about due to the emergent nature of the pandemic, but nonetheless, it has set a precedence that pharmacists can handle and perform more clinical roles even in the community setting.

The future is bright for pharmacy in North Dakota, and a growing prescribing authority for pharmacists is a part of that future. Pharmacists have been adaptive to continually provide better care and more resources to their patients. Accessibility is always a concern, especially within rural North Dakota, and these laws will help to provide some relief to the healthcare system while also increasing accessibility to patients.

The protocols for these two laws have been approved by the North Dakota State Board of Pharmacy. These protocols, and their supplementary guidance documents, will be available on the Board's website at <https://www.nodakpharmacy.com/>. The guidance documents are quick references that are simplified versions of the full protocol. Please refer to the full protocol for greater detail, or for any questions that are not addressed in the guidance document. The North Dakota State Board of Pharmacy may also be contacted for any questions regarding the protocols. Referenced below are the guidance documents for prescribing immunizations and tobacco cessation drug therapy.

Pharmacist Prescribing Authority for Immunizations

Now with the enacting legislation and the Board's rules, the Board's current protocol states that authorized pharmacists may independently order and administer immunizations while exercising their professional judgement for patients 3 years old or older. An authorized pharmacist may also delegate administration to a qualified pharmacy technician (according to NDAC 61-04-11) or another healthcare professional (if authorized by their respective healthcare act). Please refer to the full protocol for more information.

Addressing conflict of guidelines: Protocol is based upon current criteria established by the United States CDC and/or ACIP. If a conflict does arise between this protocol and future guidelines, the most current CDC and/or ACIP guidelines will supersede.

Types of immunizations: This protocol applies to ACIP/CDC approved vaccinations from their regular and catch-up schedules, immunizations recommended for travel, and emergency immunizations approved during a public health emergency.

Provided to the patient: Patient handouts and/or VIS paperwork should be given to the patient prior to administration. Authorized pharmacists shall screen each patient for appropriateness of receiving a vaccine and provide recommendation to the patient prior to vaccine ordering and administration. The patient shall be observed for immediate adverse reactions by the authorized pharmacist. The patient should be requested to remain in an observation area for a minimum of 15 minutes.

Records and Reporting: Must obtain informed consent prior to administration. This consent may be done verbally or written. Must record all immunizations ordered and administered. These records need to be kept at least 5 years from the date of administration. Any immunization ordered and administered must be reported to NDIIS within 14 days of its administration. This step can be done by either the authorized pharmacist or their designee. Report any adverse events following an immunization administration, even if the cause of said event is unclear. Also notify a patient's primary care provider of this events if they occur.

Safety: Authorized pharmacists shall have CPR or BLS certification, access to epinephrine and other related emergency supplies. They will also follow OSHA regulations and state law for injection needle safety and disposal.

Prescribing Tobacco Cessation Products Guidance Document

With the development of e-cigarettes and vaping, nicotine dependence has begun to steadily increase, and so has the demand for tobacco cessation resources. To increase accessibility to those that want to pursue quitting, NDAC 61-04-15 grants qualified pharmacists independent prescribing authority for tobacco cessation, as outlined in the protocol. For greater detail, please refer to the full protocol.

Tobacco products: Includes traditional tobacco-containing products, such as cigarettes, smokeless tobacco, etc., and/or e-cigs and other devices used for nicotine inhalation/dependence.

Qualifications: Must have an active ND pharmacist license. Had completed training approved by the Board of Pharmacy for prescribing tobacco cessation drug therapy, or training in line with NDAC 61-04-15-02. Is acting in good faith and providing care that aligns with current clinical guidelines.

Products that can be prescribed: Any FDA-approved medication with an indication for tobacco/smoking cessation. May not prescribe medications for off-label use according to the current protocol.

Procedure: Process can start by patient request or by pharmacist offering to initiate based on professional judgement. May offer tobacco cessation services even if patient not deemed ready to quit. Patient readiness should be assessed using the 5 A's or by a similar strategy. Assessment should be performed using current evidence. A health screening must be performed and documented. This should be used to identify candidates for treatment by the pharmacist, or to identify high-risk patients who should be referred on to an appropriate provider.

Counseling and Follow-up: Are highly recommended to be done with the patient. Encourage the patient to ask questions. Counseling includes medication and tobacco cessation behavioral counseling, as providing both is considered to be best practice. Tobacco cessation behavioral counseling can be done by the pharmacist or referred to an appropriate source.

Therapy options: Shall be decided on in consultation with the patient. May select and dispense either single or combination tobacco cessation therapy. Combination therapy options can be selected based on clinical guidelines, and/or on published peer-reviewed literature. Product selection should be based on patient factors and preferences.

Reporting and documentation: Informed consent can be obtained verbally, but should always be documented. The pharmacist shall provide product information and educational material to the patient. Shall notify the patient's primary care provider of the therapy provided within a reasonable timeframe, if the patient has one. Maintain all records of interaction for at least 5 years.