

AHP - Pharmaceutical Services

MEDS MEDICATION

Gener General Formulary

Contr Controlled Substance Formulary

Speci Antipsychotics

Speci Antiseizure

AGE AGE RANGE

110 Adult Patients

120 Pediatric Patients (>=8 yr Adolescent only)

SET SETTING

130 Inpatient

140 Outpatient

CORE CORE PRIVILEGES

Initial and ongoing assessment of patients for their medical, physical, and psychosocial status including:

Taking and recording a medication history, analyzing history and physical information to develop an appropriate medication management plan, ordering and interpreting medication related laboratory studies and assessment procedures, administration of medications as defined in the protocol, instruct, and educate patients and families concerning medications, initiate referral to appropriate physician or other healthcare professionals as defined in the protocol.

MEDICATION Formulary:

Initiate, adjust or discontinue medications and provide treatment within the clinical pharmacist's scope of practice, as designated in the standardized protocol and consistent with the clinical pharmacist's skill, training, competence and professional judgment or any applicable jointly agreed upon standardized protocol. This shall include the prescribing of controlled substances from schedules II-V as permitted by the practitioner's DEA certification. Does not include blood products. Does not include admitting privileges

Level of supervision: Indirect

Initial Criteria:

Successful completion of a pharmacy program, AND
 Board Certification or Current California pharmacist license, AND
 Certification of completion of a Pharmacy Practice Residency or equivalent clinical experience, AND
 Current Federal Drug Enforcement Agency (DEA) certificate, AND

Completed and approved Formulary, AND
BLS Certification.

Maintenance/Renewal Criteria

Documentation of compliance with the California State Board of Pharmacy CEU requirement for re-licensure. Educational activities must relate, in part to the privileges requested and granted, AND
Maintenance of a current California pharmacist license, AND
Maintenance of a current DEA Certification, AND
Completed and Approved Formulary, AND
Maintenance of BLS Certification, AND
Assessment of at least 10 patient/year

ADV P Advanced Pharmacy Practices

AP1 Advanced Pharmacy Practices (Prior physician consultation/approval for medication orders)

Initial Criteria:

Assessment of Competency will be conducted by the supervising physician until the level of performance is determined to be satisfactory. (At least three (3) direct observations, review of orders and/or medical record reviews are required), AND
Completed and Approved Formulary.

Maintenance/Renewal Criteria:

Maintenance of DEA Certification
AND
Completed and Approved Formulary

AP2 Advanced Pharmacy Practices (Independent prescriptive authority)

Initial Criteria:

Current Federal Drug Enforcement Agency (DEA) certificate
AND
Completed and Approved Formulary

Maintenance/Renewal Criteria:

Maintenance of DEA Certification
AND
Completed and Approved Formulary
AND

Demonstration of continued competence will be monitored through the annual evaluation and documentation of successfully performing advanced pharmacy practice for 3 patient within the past year and review of the practices and any complication associated with them

110 Anti-Depressant Medication Management (Outpatient)

120 Anti-Seizure Medication Management (Outpatient)

Including ancillary medication to treat side-effects of anti-seizure medications.
Activation of the Specialty Medication Formulary for anti-seizure medications.

PRINT NAME - APPLICANT

SIGNATURE

DATE

PRINT NAME - PROCTOR / SUPERVISING PHYSICIAN SIGNATURE - SUPERVISING PHYSICIAN DATE

PRINT NAME - DEPARTMENT CHIEF

SIGNATURE - DEPARTMENT CHIEF

DATE

PRINT NAME - DEPARTMENT CHAIR

SIGNATURE - DEPARTMENT CHAIR

DATE