

AHP - Pharmaceutical Services

MEDS MEDICATION

Gener General Formulary

Contr Controlled Substance Formulary

Speci Specialty Formulary

Speci Anticoagulants

Speci Antipsychotics

Speci Antiseizure

Speci Biological and Immunological Agents

Speci Blood Modifiers

Speci Hematopoietic

Speci TPN/Lipid

Speci Transplant Immunosuppressants

Speci Chemotherapy

Speci General Anesthetics (Standardized Procedures Required)

Speci Neuromusclar Blocking Agents (Standardized Procedures Required)

Speci Sedation Agents (Standardized Procedures Required)

Setti Setting

110 Adult Patients

120 Pediatric Patients (≥ 8 yr Adolescent only)

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:

Formal Training:

Successful completion of a pharmacy program

AND

Board Certification:

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:

Continuing Education:

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 Formular

110 Clinical Pharmacy Discharge Program

- Clarification of pre-admit and current inpatient medication list
- Order discharge medications
- Initiate/document a follow-up anticoagulation appointment referral for patients discharged on anticoagulation with independent authority

120 Antimicrobial IV to PO Interchange Program

#NAME?

130 Antimicrobial Management Program

#NAME?

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.

130 Chemotherapy Anti-Emetic Management**140 Adult Diabetes Medication Management Program (Outpatient)****150 Electrolyte Replacement Management****160 Clinical Pharmacy Discharge Program**

- Clarification of pre-admit and current inpatient medication list

- Order discharge medications

- Initiate/document a follow-up anticoagulation appointment referral for patients discharged on anticoagulation

170 Pain Management

Including non-narcotic analgesics, narcotic analgesics, adjuvant analgesics, bowel regimen, and antiemetics.

Activation of the General Controlled Substance Formulary

180 Pain Management for Surgical Services

Including non-narcotic analgesics, narcotic analgesics, adjuvant analgesics, bowel regimens and antiemetics. Activation of the General Controlled Substance Formulary

190 Women's HIV Program (Outpatient)**200 Total Parenteral Nutrition Management Activation of the Specialty Medication Formulary for TPN/lipids**

AP3 Advanced Pharmacy Practices

110 Clarification of Chemotherapy

- Clarification of existing chemotherapy orders to include but not limited to dose adjustments for renal or hepatic dysfunction, dilution, duration and scheduling with advanced consultation and approval from an attending physician or fellow.

- Round ch

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