

VIRGINIA BOARD OF PHARMACY

Guidance Regarding Collaborative Practice Agreements

To clarify whether a collaborative practice agreement is required for each patient, the Board offers the following guidance.

1. A pharmacist and a practitioner or other authorized person as found in the definition of “collaborative agreement” in §54.1-3300 may enter into a collaborative practice agreement. Such agreement is not executed for each patient, but rather serves as a general agreement between the pharmacist and practitioner for how a pharmacist may implement, modify, continue, or discontinue drug therapy; order laboratory tests; or complete other patient care management measures related to monitoring or improving the outcomes of drug or device therapy.
2. The agreement may only be implemented for an individual patient pursuant to an order from the practitioner for that patient.
3. A patient who meets the criteria for inclusion in the category of patients whose care is subject to a collaborative agreement but who chooses to not participate in a collaborative procedure must notify the prescriber of his/her refusal to participate in such collaborative procedure.

References:

Code of Virginia:

§ 54.1-3300. Definitions.

"Collaborative agreement" means a voluntary, written, or electronic arrangement between one pharmacist and his designated alternate pharmacists involved directly in patient care at a single physical location where patients receive services and (i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed, registered, or certified by a health regulatory board of the Department of Health Professions who provides health care services to patients of such person licensed to practice medicine, osteopathy, or podiatry; (ii) a physician's office as defined in § [32.1-276.3](#), provided that such collaborative agreement is signed by each physician participating in the collaborative agreement; (iii) any licensed physician assistant working under the supervision of a person licensed to practice medicine, osteopathy, or podiatry; or (iv) any licensed nurse practitioner working in accordance with the provisions of § [54.1-2957](#), involved directly in patient care which authorizes cooperative procedures with respect to patients of such practitioners. Collaborative procedures shall be related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes. A collaborative agreement is not required for the management of patients of an inpatient facility.

§ 54.1-3300.1. Participation in collaborative agreements; regulations to be promulgated by the Boards of Medicine and Pharmacy.

A. A pharmacist and his designated alternate pharmacists involved directly in patient care may participate with (i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed, registered, or certified by a health regulatory board of the Department of Health Professions who provides health care services to patients of such person licensed to practice medicine, osteopathy, or podiatry; (ii) a physician's office as defined in § [32.1-276.3](#), provided that such collaborative agreement is signed by each physician participating in the collaborative agreement; (iii) any licensed physician assistant working in accordance with the provisions of § [54.1-2951.1](#); or (iv) any licensed nurse practitioner working in accordance with the provisions of § [54.1-2957](#), involved directly in patient care in collaborative agreements which authorize cooperative procedures related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes for patients who meet the criteria set forth in the collaborative agreement. However, no person licensed to practice medicine, osteopathy, or podiatry, or licensed as a nurse practitioner or physician assistant, shall be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists.

B. A patient who meets the criteria for inclusion in the category of patients whose care is subject to a collaborative agreement and who chooses to not participate in a collaborative procedure shall notify the prescriber of his refusal to participate in such collaborative procedure. A prescriber may elect to have a patient not participate in a collaborative procedure by contacting the pharmacist or his designated alternative pharmacists or by documenting the same on the patient's prescription.

C. Collaborative agreements may include the implementation, modification, continuation, or discontinuation of drug therapy pursuant to written or electronic protocols, provided implementation of drug therapy occurs following diagnosis by the prescriber; the ordering of laboratory tests; or other patient care management measures related to monitoring or improving the outcomes of drug or device therapy. No such collaborative agreement shall exceed the scope of practice of the respective parties. Any pharmacist who deviates from or practices in a manner inconsistent with the terms of a collaborative agreement shall be in violation of § [54.1-2902](#); such violation shall constitute grounds for disciplinary action pursuant to §§ [54.1-2400](#) and [54.1-3316](#).

D. Collaborative agreements may only be used for conditions which have protocols that are clinically accepted as the standard of care, or are approved by the Boards of Medicine and Pharmacy. The Boards of Medicine and Pharmacy shall jointly develop and promulgate regulations to implement the provisions of this section and to facilitate the development and implementation of safe and effective collaborative agreements between the appropriate practitioners and pharmacists. The regulations shall include guidelines concerning the use of protocols, and a procedure to allow for the approval or disapproval of specific protocols by the Boards of Medicine and Pharmacy if review is requested by a practitioner or pharmacist.

E. Nothing in this section shall be construed to supersede the provisions of § [54.1-3303](#).

Regulations of the Board:

18VAC110-40-20. Signed authorization for an agreement.

A. The signatories to an agreement shall be a practitioner involved directly in patient care and a pharmacist involved directly in patient care. Within the agreement, the pharmacist may designate alternate pharmacists, provided the alternates are involved directly in patient care at a single physical location where patients receive services.

B. An agreement shall only be implemented for an individual patient pursuant to an order from the practitioner for that patient. A patient who meets the criteria for inclusion in the category of patients whose care is subject to a collaborative agreement and who chooses to not participate in a collaborative procedure shall notify the prescriber of the patient's refusal to participate in such collaborative procedure.

1. The patient may decline to participate or withdraw from participation at any time.

2. The patient shall be informed by the practitioner or the pharmacist of the collaborative procedures that will be used pursuant to an agreement, and such discussion shall be documented in the patient record.

3. The practitioner and the pharmacist shall provide written disclosure to the patient of any contractual arrangement with any other party or any financial incentive that may impact one of the party's decisions to participate in the agreement.