

**ARTICLE XXXVI PHARMACEUTICAL HEALTH CARE/INITIATION
AND/OR MODIFICATION OF DRUG THERAPY UNDER
PROTOCOL**

1. Pharmacists may provide pharmaceutical health care to patients by initiating and/or modifying prescription drug therapy after a written protocol, indicating approval by a licensed practitioner who is authorized to prescribe prescription drugs, has been placed on file at the office of the Board. Any such protocol must define the agreement by which the practitioner delegates this authority and any such authority granted must be within the scope of the practitioner's prescribing authority and current practice. Any modification of the agreement must be treated as a new protocol.

For purposes of this ARTICLE, "written protocol" shall mean an agreement in which any practitioner authorized to prescribe drugs delegates to a pharmacist authority to conduct specific initiation and/or modification of drug therapy functions in an institutional setting. In a community pharmacy out-patient setting, a specific protocol agreement shall be signed on each patient for whom a practitioner delegates any authority to initiate or modify drug therapy.

2. Unless specifically authorized by the Board, no person shall initiate or modify drug therapy under a protocol agreement unless he/she is certified and possesses the following qualifications: and
 - A. Have and maintain a license to practice pharmacy issued by the Mississippi Board of Pharmacy; and
 - B. Have attended and successfully completed at least sixteen (16) hours of continuing education consisting of basic pharmaceutical care, development of patient care plans, and the clinical practice of pharmacy which has been approved by the Board; and in addition
 - C. Have attended and successfully completed a Board pre-approved study course consisting of not less than sixteen (16) hours of continuing education focusing on a specific disease state, patient care plans, and protocol management.

Pharmacists shall, on a biennial basis, obtain re-certification in each disease state by successfully completing a continuing education program consisting of not less than six (6) hours focusing on nationally recognized updates.

Pharmacists who have successfully completed any study course(s) focusing on disease state management and protocols or re-certification, shall send to the Board office copies of any documents certifying such on request.

3. Protocol agreements shall meet the following requirements:
 - A. Identification of the practitioner who agrees to supervise the pharmacist, and the scope of the practitioner's active practice; and
 - B. Describe the specific responsibilities authorized by the supervising practitioner; and

- C. Describe the method the pharmacist shall use to document decisions or recommendations the pharmacist makes to the supervising practitioner; and
- D. Describe the patient activities the supervising practitioner requires the pharmacist to monitor; and
- E. Describe the types of reports the supervising practitioner requires the pharmacist to report and the schedule by which the pharmacist is to submit these reports; and
- F. Include a statement of the medication categories and the type of initiation and modification of drug therapy that the supervising practitioner authorizes the pharmacist to perform; and
- G. Describe the procedures or plan that the pharmacist shall follow if the pharmacist exercises initiation and modification of drug therapy; and
- H. Indicate the date the supervising practitioner's supervision ends. The duration of the protocol agreement shall not exceed one (1) year; and
- I. Be dated and signed by the pharmacist(s) and the supervising practitioner. If more than one practitioner agrees to supervise the pharmacist(s), each practitioner and pharmacist(s) shall sign and date the protocol; and
- J. Include a statement that stipulates that the patient has been notified by the pharmacist(s) and the supervising practitioner that a protocol agreement exists.