Example B

Pharmacist Prescriptive Authority for Influenza and Pneumococcal Vaccines Protocol and Authorizing Statement

The undersigned physician delegates prescriptive authority to prescribe influenza and pneumococcal vaccines to:

________________ License Number __________________ and associated pharmacists and pharmacy interns _______________, _________________ and ____________________.

Pharmacists and interns must be CDC certified to prescribe and administer immunizations to patients in accordance with the laws (RCW 18.64.011) and regulations (WAC 246.863.100) of the state of Washington. In exercising this authority the pharmacists shall comply with the protocol Administration of Immunizations and Recommendations of the Center for Disease Control.

Purpose

As health care’s most accessible practitioner, the pharmacist has a unique opportunity to advocate public health initiatives and offer immunization services for the public. Low rates of immunization have supported a federal mandate to increase coverage and a national task force has recommended expanding administration of vaccines beyond physicians and nurses. Using this protocol, pharmacists will utilize their unique access to patients and their knowledge and skills to prescribe and administer immunizations. This protocol will help maintain the immunizations boosters for adults.

Training and Procedures

The pharmacists and pharmacy interns will be CDC certified. The Procedures utilized for Immunization in the pharmacy will comply with the recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Guide to Contraindications and Precautions to immunizations developed by ACIP. The package inserts from influenza and pneumococcal vaccine products will be used for informational purposes.

The pharmacists will need to incorporate their activities into community surveillance programs. As with the use of other legend drugs, the pharmacist’s communication and patient referral to other health care providers is critical to patient care.

Vaccines to be Administered

Influenza virus
Pneumococcal polyvalent
Guidelines for Prescriptive Authority Decisions

The pharmacist will use the *Immunization Patient Informed Consent Form* and professional judgement to make decisions concerning prescribing and administration of vaccines. The consent form includes questions involving contraindications to delivery of the specified vaccine.

**Documentation**

The Pharmacy will document all immunizations as required by statute. The *Immunization Patient Informed Consent Form* will be utilized to record necessary information regarding the vaccine administered and necessary patient information.

If the patient has a regular health care provider in the community, the pharmacist may provide the immunization record information to that provider. Otherwise, the pharmacist will provide documentation on the administration of vaccines to primary health providers in the community upon request.

**Patient Population**

All patients are eligible to receive this service except when contraindications to vaccination are present. Children under 12 years old will be encouraged to see their health care provider prior to vaccine administration.

**Feedback and Review**

On a quarterly basis, the authorizing prescriber and the pharmacist will perform a quality assurance review on the prescribing decisions according to mutually acceptable criteria.

This authorization will be in effect for two years unless rescinded earlier in writing to the Washington State Board of Pharmacy by either party. Any significant changes in the protocol must be agreed upon by the participants and submitted to the Board.

__________________________  MD  License Number  Date

__________________________  RPh  License Number  Date