

## VT Form A: Pharmacist/Prescriber Collaborative Practice Agreement and Protocol

I, \_\_\_\_\_, as a licensed health care provider authorized to prescribe medications in the State of Vermont, authorize \_\_\_\_\_, R.Ph./Pharm D to initiate emergency contraception drug therapy according to the protocol that follows. The protocol provides written guidelines for initiating drug therapy in accordance with the statutes and regulations of the State of Vermont.

**Purpose:** Provide access to emergency contraception within the required time frame and to ensure the client receives adequate information to successfully complete therapy.

**Procedure:** When the client requests emergency contraception (EC) drug therapy, the pharmacist will assess the need for EC drug therapy and will dispense EC drug therapy, as agreed with the health care provider regarding the type, timing, and dosage, according to the protocol established in this agreement and according to the practices recommended in the pharmacist training as approved by the Vermont Board of Pharmacy.

**Referrals:** If EC drug therapy services are not available at the pharmacy, the client will be referred to another EC provider or to a family planning health center. The pharmacist should refer the client to a health care provider or family planning health center if established pregnancy cannot be ruled out.

If there is a concern that the client may have contracted a sexually transmitted infection through unprotected sex, and/or if the client indicates that she has been sexually assaulted, the pharmacist will provide appropriate referral information while providing ECP's. Referrals can be made to health care providers, community clinics, a sexual assault hot line, or a hospital emergency department with a Sexual Assault Nurse Examiner (SANE) program. See Form C.

**Prophylactic Provision:** The pharmacist may dispense a course of EC drug therapy to a client in advance of the need for emergency contraception. In addition, the pharmacist will counsel the client on available options for regular contraceptive methods or offer to refer the client to a health care provider or family planning health center for additional contraceptive services.

**EC Product Selection:** The pharmacist will only dispense medication from a list of products approved for emergency contraception and agreed upon as part of this agreement. The pharmacist should seek to provide the most effective EC product to the client. The list will contain EC drug therapies and adjunct medications for nausea and vomiting associated with EC drug therapy. The list will be maintained at the pharmacy and shared by all participants in the agreement. Along with the medications, the client will be provided with information concerning dosing, potential adverse effects, and follow-up contraceptive care.

**Documentation and Quality Assurance:** Each prescription initiated by the pharmacist will be documented in a client profile as required by law and maintained at the pharmacy. EC drug therapy prescriptions and other client information shall be provided the same confidentiality as all other client records maintained at/by the pharmacy.

**Communication with PCP:** The pharmacist may, at the request of the client, communicate information to either the client's primary care provider or OB/GYN for purposes of being referred to a practitioner as a new client regarding her care relevant to emergency contraception drug therapy.

On an annual basis (or more often as agreed upon by prescriber and pharmacist) the authorizing prescriber and the pharmacist will perform a quality assurance review of the decisions made according to mutually acceptable criteria.

Other provisions consistent with the intent of 26 V.S.A. § 2079(a):

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The pharmacist named below has completed a training program approved by the Vermont Board of Pharmacy covering procedures listed above, the management of the sensitive communications often encountered in emergency contraception, and the appropriate use of referral sources.

Authorized Prescriber Signature: _____	Date: _____	
Authorized Prescriber Printed Name: _____		
Type or Print Full Name		
VT Medical License #: _____	Vt. Medicaid # _____	
DEA# _____	NPI# _____	
Authorized Prescriber's Office Address: _____		
Street Address		
_____		
City	State	Zip Code
Phone#: _____	Fax#: _____	
Email: _____		

  

Licensed Pharmacist Signature: _____	Date: _____	
Licensed Pharmacist Printed Name: _____		
Type or Print Full Name		
VT Pharmacist License #: _____	Pharmacist NPI# _____	
Pharmacy Address: _____		
Street Address		
_____		
City	State	Zip Code
Phone#: _____	Fax#: _____	
Email: _____		

The name of this collaborating pharmacist will be provided to the Vermont Department of Health for posting on the Vermont Department of Health's website's EC Collaborative Practitioner listing.

If you do not wish to be included in this listing check here:

This agreement must be renewed every two years. The original copy shall be kept with Pharmacist's files along with EC training certification. One copy shall be maintained at the Prescriber's Office. One copy shall be sent to the Vermont Board of Pharmacy/Office of Professional Regulation. The pharmacist participating in a collaborative practice agreement must notify the prescriber and the Board of Pharmacy of any changes in his/her practice site.