August 6, 2018

Dear NV State Board of Pharmacy Members,

I am submitting this letter of request to provide pharmacy services to patients at the CareMore Care Centers in Las Vegas and Henderson. I would like to request and appearance before the Board at the September meeting for review of the services provided. Since this is considered an alternate site, I am including the following details as requested in NAC 639.403 sections (a) through (k).

a. Rosemary T. Gonzalez, RPh

b. Medication management for the following reasons for Self-referred patients or those referred to a clinical pharmacist by CCC NPs, PAs, Extensivists, Specialists and Primary Care Providers

Poly-pharmacy, medication simplification, medication adherence

Medication dose optimization (e.g. insulin)

Medication reconciliation

Medication conversions

Pharmacist consultation requested

Group classes such as smoking cessation and diabetes

CareMore initiatives (table A)

Initiation of appropriate meds (e.g. gaps in care meds such as statins in diabetics)

c. The pharmacist will work between the following clinic locations.

Flamingo CCC
3041 E Flamingo Rd Suite A
Las Vegas, NV 89121

Henderson CCC
100 N Green Valley Pkwy #235
Henderson, NV 89074

Tenaya CCC
2601 N Tenaya Way
Las Vegas, NV 89128

d. Members of CareMore Health Plan NV.

e. Services provided to CareMore members only.

f. Pharmacist will use the following resources:
Patient EHR including, provider notes, labs, medication list, hospital discharge summary, case management notes. CareMore policies and procedures, Micromedex, Global RPh, Monthly Prescribing Reference, Up to Date, CareMore Formulary, Express Scripts claims data, and other evidence –based sources of medical information.

g. Clinic hours are 8:00 AM to 5:00 PM Monday through Friday.

h. Appointments will be made during the clinic hours Monday through Friday. Patients will be advised that the pharmacist is available during clinic hours. In case of an urgent issue in which the pharmacist is not in the clinic, the patient will be referred to one of the clinic Nurse Practitioners for assistance.

i. All documentation will be made in the patient's Electronic Health Record in NextGen.

j. The services provided are not affiliated with a licensed pharmacy.

k. No business plan is needed. No payment will be exchanged for pharmacy services.

Please contact me if any additional information is needed. Thank you for reviewing this request.

Regards,

Rosemary T. Gonzalez,RPh

Rosemary.Gonzalez @CareMore.com

Protocol Number	
Protocol Title	Standardize Procedure for Clinical Pharmacist Intervention and Prescribing Program
Program	Clinical Pharmacist Intervention and Prescribing
Protocol Origination Date	02/24/2016
Protocol Approval Date	
Protocol Revision Date(s)	7/10/2018
Products:	CareMore Health Plan

Commented [RG1]: Do we want to change or eliminate this header when we send to the board?

A. Authority:

Drs Syed Akhtar MD and Milish Risbood MD authorize Rosemary T. Gonzalez, RPh who holds an active license to practice pharmacy in the State of Nevada to manage/treat patients pursuant to the parameters outlined in this agreement. This agreement follows the laws and regulations of the State of Nevada.

B. Purpose and Goal:

The purpose of the CareMore Clinical Pharmacist Provider Program is to integrate qualified ambulatory care pharmacists as providers in the CareMore Care Centers (CCC) in order to evaluate, interpret and manage the rational and cost-effective use of pharmaceutical agents. All recommendations are based on clinical practice guidelines, CareMore policies and published literature for the management of Diabetes mellitus Type II, Hypertension, COPD and ESRD.

The primary goal is to customize medication management for each patient to improve clinical outcomes such as A1C control, COPD, CHF and hypertension control, reducing complications of chronic conditions and the reduction in hospitalization.

Secondary goals include providing patient education regarding healthy lifestyle changes to manage the condition with the least medication possible by using evidence-based therapies and optimal dosing of medications.

Other goals to eliminate unnecessary medication treatment and decrease cost to the member.

C. SCOPE OF PRACTICE

Nevada Revised Statues (NRS **639.2809 Implementation, monitoring and modification of drug therapy by pharmacist) and NRS 639.230 (Licenses: registered pharmacists and practitioners not prohibited from collaborating in implementation, monitoring and modification of drug therapy) regulate this practice. Pharmaceutical care services include information stated in the above NRS, and will be reevaluated if pharmacy practice regulation changes. Pharmaceutical care services include evaluation and management patients with the following chronic conditions: Chronic Obstructive Pulmonary Disease, Hypertension, Hyperlipidemia, Diabetes Mellitis and Heart Failure.**

D. AGREEMENT REVIEW AND DURATION

This agreement shall be valid for a period not to exceed 1 year from the effective date of the original agreement. This program will be reviewed again at 6 months and one year from the date of signed subsequent amendments. However, it may be reviewed and revised at any time at the request of the physician. This protocol is valid August 1st 2018, through July 31st, 2019. Upon signature of pharmacist and physician, a copy will be provided to both providers, and additional copy will be mailed to the Nevada State Board of Pharmacy.
Each party to this agreement will keep a signed copy of this agreement on file at his or her primary place of practice.

Commented [RG2]: The 6 mos and 1 yr seems to be a theme in all of the the agreements I researched.

E, WITHDRAWAL OR ALTERATION OF AGREEMENT

The physician may withdraw from the agreement at any time or may override this agreement whenever he deems such action necessary or appropriate for a specific patient.

F. INFORMED CONSENT

The pharmacist will obtain written informed consent from the patient upon the first patient meeting. This consent will provide an explanation of the collaborative practice agreement between the pharmacist and physician, .Patients will also be informed of their right to opt out of care.

G. PATIENT ELIGIBILITY:

1. Self-referred or referred to a clinical pharmacist by CareMore Care Center Nurse Practitioners, Physician Assistants, Extensivist Physicians, Specialists and Primary Care Providers for the following reasons:
    a. Poly-pharmacy, medication simplification, medication adherence
    b. Medication dose optimization (e.g. insulin)
    c. Medication reconciliation
    d. Medication conversions
    e. Pharmacist consultation requested
    f. Group classes such as smoking cessation and diabetes
    g. CareMore initiatives (table A)
    h. Initiation of appropriate meds (e.g. gaps in care meds such as statins in diabetics)
    i. Comprehensive medication reviews (CMR)
2. Referral not needed if it is part of a CareMore Health Plan initiative and clinical pharmacist will see patients if the clinical criteria are met.

H. PATIENT CARE FUNCTIONS AUTHORIZED:

The pharmacist will have the authority to manage and/or treat patients is accordance with this section.

H.1 Hypertension

The pharmacist will evaluate hypertension therapy as outlined in the current Evidence-based Guidelines for the Management of High Blood Pressure in Adults Report (JNC8) and other nationally recognized standards of care supported by current literature, The pharmacist will authorize continued therapy or therapeutic interchange or adjust or initiate therapy for the treatment of hypertension including but not limited to the following classes of drugs: beta-blockers, ACE inhibitors, angiotensin II receptor blockers, calcium channel blockers, diuretics and alpha blockers. Pharmacist will order and/or interpret necessary labs.

H.2 Diabetes

The pharmacist will evaluate diabetes therapy as outlined in the current American Diabetes Association Standards of Medical Care in Diabetes and other nationally recognized standards of care supported by current literature. The pharmacist will authorize continued therapy or therapeutic interchange or adjust or initiate therapy for the treatment of diabetes which may include but are not limited to the following therapies: metformin, insulin, sulfonylureas, thiazolidinediones, alpha-glucosidase inhibitors DPP-4 Inhibitors or other appropriate therapies. Pharmacist will order and/or interpret necessary labs.

H.3 Dyslipidemia

The pharmacist will evaluate dyslipidemia as outlined in the current ACC/AHA Guidelines on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiac Risk in Adults and other nationally recognized standards of care supported by the current literature. The pharmacist will authorize the continuation of therapy or therapeutic interchange or initiate or adjust therapy for the treatment of lipids which may include but are not limited to the following classes: HMG-CoA reductase inhibitors (statins), fibrates, omega 3 fatty acids and bile- acid sequestrants. Pharmacist will order and/or interpret necessary labs.

H.4 COPD

The pharmacist will evaluate COPD as outlined in the current Global Initiative for Obstructive Lung Disease (GOLD) Guidelines and other nationally recognized standards of care supported by the current literature. The pharmacist will authorize the continuation of therapy or therapeutic interchange of inhaled corticosteroid, bronchodilator or anticholinergic inhalers and/or any combination of these medications to a therapeutically equivalent drug formulation for use in a nebulizer.

Commented [RG3]: Sufficient for switching to Conversio?

H.5 HEART FAILURE

The pharmacist will evaluate heart failure as outlined in the current American College of Cardiology / American Heart Association guidelines and other nationally recognized standards of care supported by the current literature. The pharmacist will authorize the continuation of therapy or therapeutic interchange or initiate or adjust

therapy for CHF which may include but are not limited to the following therapies: ACE inhibitors, angiotensin II receptor blockers, calcium channel blockers, nitrates, hydralazine and aldosterone receptor antagonists. Pharmacist will order and/or interpret necessary labs.

I. MEDICATIONS EXCLUDED:

Medications Excluded from Clinical Pharmacist Prescribing:

1. Medications on Medicare's High Risk Medication (HRM) list
2. Controlled substances
3. Anticoagulants

Procedure:

I. Pharmacists will function as providers in the CCC to enhance patient access and experience.

II. Pharmacists will see members face to face in the CCC or telephonically and all encounters will be documented in the patient's electronic health record in NextGen. Actions during encounters include but are not limited to:

a. To initiate, adjust, refill or stop medication for chronic conditions per standard of care such as hypercholesterolemia, diabetes, COPD, and hypertension.
b. To order necessary medical supplies for chronic disease management. (e.g. lancets, test strip, nebulizer supplies)
c. To convert drugs from 'high risk medications' or to simplify poly-pharmacy therapy.
d. To order appropriate tests such as labs to monitor medication therapy.
e. To provide education through to patients regarding lifestyle changes and medication therapy.
f. Pharmacist to refer patients to other specialties when appropriate

I. Medication Management

a. Has been referred to clinical pharmacist by CCC NPs, PAs, and Primary Care Provider or self referred

i. Poly-pharmacy, medication simplification

ii. Medication dose optimization (e.g. insulin)

iii. Medication reconciliation

1. Including post hospital discharge

iv. Cost effective alternatives

II. Referral not needed if it is part of the CareMore Health Plan initiatives and clinical pharmacist will see patients if the clinical criteria of the initiative are met.

III. Medications management by the clinical pharmacist

a. Clinical pharmacist may extend, stop or initiate medication therapy for chronic disease medications such as but not limited to:

i. Diabetes Medications

ii. Hypertension

iii. Lipid Medications

iv. Chronic Obstructive Pulmonary Disease

b. Medications Excluded from Clinical Pharmacist Prescribing Protocol unless by psych pharmacist

i. Initiate medications on Medicare's HRM list

ii. Controlled substances

iii. Anticoagulants

IV. Drug Conversions

a. Convert high risk medications drugs to non-highr isk medications used for a similar purpose.
b. Simplification of Therapy
c. Other Formulary Conversions
d. Appropriate medication selection due to cost, side effects and efficacy

V. Subsequent care by the pharmacists

a. Pharmacists will follow up with patients in the CCC or telephonically.
b. Frequency of follow-ups will be defined by pharmacists' clinical judgment
c. Pharmacists may refer patients back to CCC clinicians or PCPs when appropriate

VI. Medical Supplies

a. The clinical pharmacist may initiate and/or extend medical supplies to the products below:
    i. Diabetes supplies
    ii. Respiratory therapy supplies
        1. Spacers, aerochambers (non-formulary)
        2. Nebulizer machines and supplies
    iii.

J. Ordering medications:

Commented [RG4]: Remove since covered in other areas?

1. The pharmacist shall prescribe under a physician/RMO or other designated prescriber in the patient's Electronic Health Record (EHR).
2. Clinical pharmacist to prescribe or de-prescribe un-necessary or deleterious medications via EHR or via verbally to the patient's pharmacy.
3. Clinical pharmacist to order necessary labs and diagnostic necessary to manage/monitor a patient taking anti -hypertensives and/or with diabetes such as A1c and CMP, etc
    a. Clinical pharmacist to refer to necessary services to manage a patient that the pharmacist is managing/monitoring to services such as podiatry, dietician, psychiatrist or neurologist.

4. Documentation
    a. All pharmacist interventions/encounters with patients will be documented into EHR (NextGen).

K. Communication to providers

External providers - Clinical summary of the intervention/encounters will be communicated via fax to external providers after each visit. Clinical summaries can be mailed to external providers if the fax system is not functioning. Pharmacists can also call or secure email (Tiger Text) external providers as deemed necessary.

Internal providers can access the encounters in EHR.

L. Quality Assurance

Care provided as a result of this agreement will be routinely evaluated to assure high- quality patient care. Annual evaluation of pharmacist may include clinical outcomes: A1C at goal, blood pressure at goal, decreased costs to patient, better medication adherence or patient satisfaction.

Table A: CareMore Pharmacy Initiatives (9/28/2016)

Conversions

- Analog Basal/Bolus insulin to human insulin
- Metformin ER 1000mg to metformin ER 500mg
- Namenda XR to memantine IR
- High cost generics to lower cost generics

Inhaled COPD inhalers to compounded nebulized solution

Brand to generic equivalent conversions

De-prescribing of Dipeptidyl peptidase-4 (DPP4-e.g. Januvia) and Sodium-glucose Cotransporter-2 inhibitors (SGLT-2 e.g. Invokana)

Post-hospital discharge medication reconciliation

Comprehensive Medication Reviews (CMRs)

HEDIS COA medication review measure

Approval and Agreement:

All Clinical Pharmacists and associated physicians/providers will signify agreement to the Standardized Procedures following the annual approval of the document by the same parties. By signing this Statement of Approval and Agreement we, the named persons:

- Approve of the Standardize Procedures and all the policies and guidelines contained in this document,
- Agree to maintain a collaborative and collegial relationship with all parties, and
- Agree to abide by the Standardized Procedures in theory and in practice.
- Clinical pharmacists and supervising physicians who join the staff mid-year or who cover the practice must also signify approval of the Standardized Procedures. It is the task of the Director of Pharmacy to see that written agreement by all the above parties is obtained.

_____ _____

Rosemary Gonzalez, RPh Date Provider Name
Clinical Pharmacist

_____

Provider Signature Date

_____

RMO Signature Date

_____

ARMO Signature Date

Appendix A: State Regulation

Nevada Revised Statutes 639.2809 Implementation, monitoring and modification of drug therapy by pharmacist: Restrictions; notice; regulations.

1. Written guidelines and protocols developed by a registered pharmacist in collaboration with a practitioner which authorize the implementation, monitoring and modification of drug therapy:
    a. May authorize a pharmacist to order and use the findings of laboratory tests and examinations.
    b. May provide for implementation, monitoring and modification of drug therapy for a patient receiving care:
        - In a licensed medical facility; or
        - If developed to ensure continuity of care for a patient, in any setting that is affiliated with a medical facility where the patient is receiving care. A pharmacist who modifies a drug therapy of a patient receiving care in a setting that is affiliated with a medical facility shall, within 72 hours after implementing or modifying the drug therapy, provide written notice of the implementation or modification of the drug therapy to the collaborating practitioner or enter the appropriate information concerning the drug therapy in an electronic patient record system shared by the pharmacist and the collaborating practitioner.
    c. Must state the conditions under which a prescription of a practitioner relating to the drug therapy of a patient may be changed by the pharmacist without a subsequent prescription from the practitioner.
    d. Must be approved by the Board.
2. The Board may adopt regulations which:
    a. Prescribe additional requirements for written guidelines and protocols developed pursuant to this section; and
    b. Set forth the process for obtaining the approval of the Board of such written guidelines and protocols.

Appendix B: CareMore Pharmacy Initiatives as of 6/6/2017

Conversions

- Analog Basal/Bolus insulin to human insulin
- Brand to generic equivalent
- High cost generics to lower cost generics
- Metered-dose inhalers to compounded nebulized solution

De-prescribing

- Dipeptidyl peptidase-4 (DPP4-e.g. Januvia)
- High Risk Medications (HRM)
- Medications without indication
- Sodium-glucose Cotransporter-2 inhibitors (SGLT-2 e.g. Invokana)

Post-hospital discharge medication reconciliation

Comprehensive Medication Reviews (CMRs)

Classes by Pharmacists (Diabetes, Smoking cessation, CKD)

HEDIS Care of Older Adults Medication Review

Appendix C: Protocol Inclusions: Conditions, Disorders, And Diseases

The pharmacist is authorized to implement, modify, and monitor drug therapy for:

• Allergic Rhinitis • Anemia • Angina • Anxiety • Asthma • Atherosclerotic Cardiovascular Disease (ASCVD) • Benign Prostatic Hyperplasia (BPH) • Cardiovascular Risk Reduction • Coronary Artery Disease (CAD) • Chronic Kidney Disease (CKD) • Chronic Obstructive Pulmonary Disease (COPD) • Diabetes, Pre- • Diabetes, Type 1 (T1DM) • Diabetes, Type 2 (T2DM) • Dementia • Depression • Drug-Induced Disease • Dyslipidemia • Edema • Electrolyte Abnormalities • End Stage Renal Disease (ESRD)	• Falls, History of • Gastroesophageal Reflux Disease (GERD) • Glaucoma • Gout and Hyperuricemia • Heart Failure, Diastolic • Heart Failure, Systolic • Hyperaldosteronism • Hyperparathyroidism • Hypertension • Hyperthyroidism • Hypothyroidism • Ischemic Heart Disease • Nephritic and Nephrotic Syndromes • Osteoporosis • Peripheral Arterial Disease (PAD, PVD) • Peripheral Neuropathy • Preventative Wellness • Proteinuria • Solid Organ Transplant • Urinary Incontinence • Vitamin Deficiencies