



Collaborative Drug Therapy Agreements consist of an authorizing document and a protocol describing the activities of the pharmacist.

Collaborative Agreement for Immunizations/ _____ **Pharmacy**
PHARMACY NAME
and _____ **, MD/ARNP/DO**
PRESCRIBER NAME

I, _____ MD/ARNP/DO licensed in the State of Washington, do hereby authorize _____, R.Ph./PharmD of _____

Pharmacy to prescribe and administer the vaccines listed in the protocol to infants, children and adults 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 recommendations of the Advisory Committee on Immunization Practices (ACIP).
- The pharmacist will document all vaccines administered as required by statute, and on each patient's personal immunization record.
- As the authorizing prescriber I will, on a quarterly basis, review the activities of the pharmacists administering vaccines.

This authorization will be in effect for two years, unless rescinded earlier in writing to the Washington State Board of Pharmacy by either party.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.

 PRESCRIBER SIGNATURE

 LICENSE NUMBER

 PHARMACIST SIGNATURE

 LICENSE NUMBER

 DATE

Protocol for Administration of Vaccines

Training and Procedures:

- Current certification of immunization training and current CPR card will be required to participate in this Collaborative Agreement Protocol.
- Each patient shall be screened for contraindications – If the pharmacist encounters a patient from whom one of the contraindications or precautions is present, the prescriber must be contacted prior to administration of the vaccine, or the patient must be referred back to the prescriber without the vaccine having been administered.
- Emergency procedures for adverse reactions: An emergency kit containing a blood pressure cuff and stethoscope, tourniquet and 2 epi-pens (to be prescribed by the authorizing physician) will be available to the pharmacist for all immunizations/immunization clinics.

Vaccines to be Administered:

- Influenza, Pneumococcal, Hepatitis A, Hepatitis B (alone or in combination), tetanus and Td, DT, DTP/DTaP, Hib, Measles, MMR, Varicella, Meningococcal and travel vaccines, and any other vaccines mutually agreed upon.

Patient Evaluation:

- The Immunization Patient Informed Consent Form will be utilized in conjunction with professional judgment and current ACIP Vaccination guidelines to make decisions concerning prescribing and administration of vaccine.

Documentation:

- The Immunization Patient Informed Consent Form will be utilized to record necessary information regarding the vaccine administered and necessary patient information, and be kept on file at the pharmacy as required by state law. This document will be utilized in conjunction with professional judgment to make decisions concerning prescribing and administration of vaccine.
- 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 pharmacy personnel will provide documentation on the administration of vaccines to primary health providers in the community upon request and consent of the patient.