



# Washington State Board of Pharmacy

## Collaborative Drug Therapy Agreement Review Form

Chapter 246-863-100 WAC

Date: \_\_\_\_\_

Pharmacist Applicant:  
(Attach list if applicable): \_\_\_\_\_ License #: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ License #: \_\_\_\_\_

Practice Site Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name/Type of Agreement: \_\_\_\_\_

Authorizing Prescriber: \_\_\_\_\_ License #: \_\_\_\_\_

	Applicant	Board Staff	Comments
1. Agreement contains signed statement delegating prescriptive authority to pharmacist?			
2. The agreement identifies by name and license number all pharmacists who are party to the agreement?			
3. A time period for the agreement (not to exceed 2 years) is specified?			
4. Did the responsible pharmacist sign the program proposal?			
5. Agreement specifies patients who are eligible to receive services under the agreement?			
6. Delegated prescribing activities are specified (i.e., disease, drugs, categories)?			
7. Does agreement include controlled substances?			
8. The agreement specifies the type of prescriptive authority delegated to the pharmacist (e.g. initiation, continuation, or modification of drug therapy)?			
9. Agreement contains a plan or guideline for making prescribing decisions?			
10. Procedures for documenting prescribing decisions are specified?			
11. Describes a plan for periodic feedback from the authorizing prescriber and other quality assurance activities?			
12. Forms used are provided?			
13. Describes pharmacist training? Specialized training required for Immunizations and Emergency Contraception.			

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Staff Use Only		Agreement Type:
Review completed on _____ by _____		
Staff decision: <input type="checkbox"/> Approved <input type="checkbox"/> Revisions Needed <input type="checkbox"/> Board Agenda		<input type="checkbox"/> New
Board decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Notice sent to investigator		<input type="checkbox"/> Renewal