Collaborative Drug Therapy Agreement (CDTA) Process

1. A CDTA is permitted to include a single pharmacist or a group of pharmacists exercising prescriptive authority under the delegation of a practitioner authorized to prescribe.
   a. The authorizing prescriber shall determine the appropriate number of pharmacists authorized to prescribe under the prescriber’s authority.
   b. The authorizing prescriber shall determine the scope of practice delegated and shall set any limitations of the prescribing that has been delegated.

2. A CDTA shall be filed with the Pharmacy Quality Assurance Commission (PQAC) in the following formats:
   a. A document listing a single prescriber and a single pharmacist with both parties’ signatures, or
   b. A document listing a single prescriber and multiple pharmacists with the prescriber and multiple pharmacists’ signatures.

   Electronic or wet signature of the prescriber must be dated after all pharmacist(s) have signed and dated the agreement.

3. Upon filing of the CDTA with the PQAC each pharmacist will be assigned a unique CDTA identifier.

4. A CDTA:
   a. Shall be continually updated to reflect all current pharmacist(s) covered by the agreement. This includes both additions and deletions of pharmacist(s). A change in the authorizing prescriber will require a new CDTA be filed.*
   b. A new pharmacist may be added to the agreement during the two-year period the agreement is on file by submitting to the PQAC a document signed by the authorizing prescriber and the pharmacist and a copy of the CDTA previously filed.
   c. The addition or deletion of a pharmacist(s) does not extend the PQAC’s assigned expiration date.

5. Employers may facilitate the filing and management of a CDTA on behalf of a pharmacist(s) and prescriber however;
   a. A CDTA is an agreement between a pharmacist and a prescriber.
   b. It is not an agreement between a corporation or an employer and a prescriber.
   c. Employers may not restrict or impose limitations on communication between the pharmacist(s) and the authorizing prescriber.

6. When a CDTA is facilitated by an employer:
   a. The employer may coordinate the QA program or systems that support WAC 246-863-100 (2) (d) used to provide the authorizing prescriber with documentation of decisions, communication and feedback.
   b. An employer through policy may limit the implementation of a pharmacist’s CDTA within the employer’s setting.

*Note: When multiple prescribers have signed the CDTA:
   a. A change in one or more of the authorizing prescribers does not require a new CDTA as long as at least one of the other authorizing prescribers is continuing to authorize the prescription authority delegated in the CDTA.
   b. A new CDTA shall be required if there is a change in scope of the delegation, whether by amendment from the authorizing prescriber or by removal of an authorizing prescriber who had delegated specific (qualified or limited) prescription authority and no other authorizing prescriber on the CDTA is delegating the specific prescription authority to the pharmacist(s) in the CDTA.

Mail CDTA to: HSQAFacilitiesCredentialing@doh.wa.gov or to the address on the review form.
Pharmacist prescriptive authority—Prior board notification of written guideline or protocol required.

(1) A pharmacist planning to exercise prescriptive authority in his or her practice (see RCW 18.64.011(11)) by initiating or modifying drug therapy in accordance with written guidelines or protocols previously established and approved for his or her practice by a practitioner authorized to prescribe drugs must have on file at his/her place of practice a properly prepared written guideline or protocol indicating approval has been granted by a practitioner authorized to prescribe. A copy of the written guideline or protocol must also be on file with the board of pharmacy.

(2) For purposes of pharmacist prescriptive authority under RCW 18.64.011(11), a written guideline or protocol is defined as an agreement in which any practitioner authorized to prescribe legend drugs delegates to a pharmacist or group of pharmacist’s authority to conduct specified prescribing functions. Any modification of the written guideline or protocol shall be treated as a new protocol. It shall include:

(a) A statement identifying the practitioner authorized to prescribe and the pharmacist(s) who are party to the agreement. The practitioner authorized to prescribe must be in active practice, and the authority granted must be within the scope of the practitioners' current practice.

(b) A time period not to exceed 2 years during which the written guideline or protocol will be in effect.

(c) A statement of the type of prescriptive authority decisions which the pharmacist(s) is (are) authorized to make, which includes:

(i) A statement of the types of diseases, drugs, or drug categories involved, and the type of prescriptive authority activity (e.g., modification or initiation of drug therapy) authorized in each case.

(ii) A general statement of the procedures, decision criteria, or plan the pharmacist(s) is (are) to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved.

(d) A statement of the activities pharmacist(s) is (are) to follow in the course of exercising prescriptive authority, including documentation of decisions made, and a plan for communication or feedback to the authorizing practitioner concerning specific decisions made. Documentation may occur on the prescription record, patient drug profile, patient medical chart, or in a separate log book.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. WSR 91-18-057 (Order 191B), recodified as § 246-863-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). WSR 81-19-086 (Order 163, Resolution No. 8/81), § 360-12-140, filed 9/17/81. Statutory Authority: RCW 18.64.005 (4) and (11). WSR 80-08-035 (Order 155, Resolution No. 6/80), § 360-12-140, filed 6/26/80, effective 9/30/80.]