

Collaborative Drug Therapy Management

1. Number _____
2. Number _____
3. Adjective _____
4. Number _____
5. Adjective _____
6. Location _____
7. Location _____
8. Location _____
9. Location _____
10. Location _____
11. Location _____
12. Location _____
13. Location _____
14. Location _____
15. Location _____
16. Location _____
17. Noun _____
18. Number _____
19. Noun _____
20. Noun _____
21. Number _____
22. Number _____
23. Noun _____

24. Number

25. Noun

26. Number

27. Verb

28. Number

29. Noun

30. Noun

31. Noun

32. Noun

33. Noun

34. Noun

35. Noun

36. Noun

Collaborative Drug Therapy Management

As a pharmacist interested in developing a collaborative practice agreement, you should know that you would need to obtain _____ Number additional continuing education hours per year. You also need to protect yourself with at least _____ Number (per occurrence) of professional liability insurance. Since you are from Northeastern, you will have _____ Adjective PharmDs and be able to establish a CDTM agreement after graduation. If you don't have a PharmD, you will need to work as a licensed pharmacist for at least _____ Number years before developing an agreement. You are _____ Adjective _____

You can develop a CDTM agreement in the _____ Location a _____ Location _____ Location

_____ Location _____ Location an inpatient or outpatient _____ Location _____ Location _____ Location
_____ Location or a _____ Location _____ Location.

In the hospital and clinic, you can develop your protocol to have prescriptive authority, you will need to obtain a controlled substance registration from the state. However, if you want to write for _____ Noun drugs schedule _____ Number such as _____ Noun or alprazolam, you will need to obtain a _____ Noun number from the federal

government.

In the community setting, you cannot prescribe or be authorized to prescribe Schedule _____ Number _____ through _____ Number _____ controlled substances. However, your prescriptive authority will allow you to _____ Noun _____ medications for _____ Number _____ days. You may do this twice for the same patient then the patient will need to see their physician. As a community pharmacist, you may prescribe medications for disease states such as _____ Noun _____ diabetes, hypertension, or osteoporosis under the agreement. However, you should send a copy of the prescription or any changes to meds to the supervising physician within _____ Number _____ hours. This prescription must remain in the medical record with the physician. You can also _____ Verb _____ which main chain and retail pharmacies are currently doing. It is important to remember that a community pharmacist cannot provide CDTM services to patients less than _____ Number _____ years of age.

Your agreement with your supervising physician is very important and must include some key portions. The _____ Noun _____ which you can comanage must be outlined as well as whether it is the primary or comorbid condition. Additionally, your agreement must say what _____ Noun _____ you have the authority to prescribe, _____ Noun _____ you

may order, and a protocol of how you will practice. Another important part of the agreement is _____ Noun _____ of orders and progress notes. In case of an emergency or if your supervising physician is not on site, a designated _____ Noun _____ must be available for consultation.

In the community setting, a detailed informed _____ Noun _____ from the patient and a _____ Noun _____ from the physician must be kept for your records on site and readily retrievable at the request of the Boards of _____ Noun _____ and Medicine.