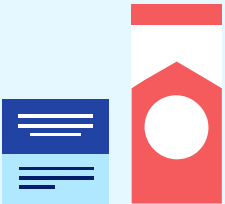





Expanding the Pharmacist's Scope: New Prescribing Opportunities in North Dakota



Elizabeth Skoy, PharmD, APhA
Professor, NDSU School of Pharmacy
Director, Center for Collaboration and Advancement in Pharmacy



Collaborative Practice

Agreement between pharmacist and provider (NP/MD/DO)

Prescriber delegates tasks to the specific pharmacist(s)

Typical Tasks:

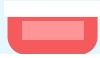
- Medication Management: initiate, modify, stop
- Examples: Element with ND Pharmacy Service Corp.

If initiating, medication it is under the provider's name

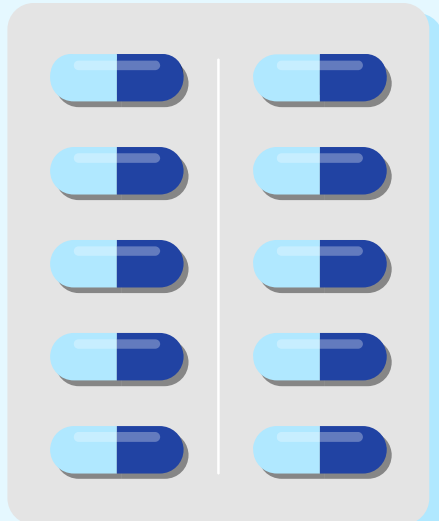


Protocol

- Set by the institution/state that provides the pharmacist the ability to prescribe
- May set requirements who can participate
- Prescribed medication it is under the RPh name



Protocol



“Public Health Issue”

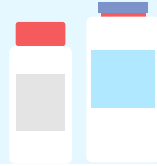
Immunizations, tobacco cessation, and other issues deemed appropriate by the board

“To establish limited prescriptive authority through a statewide protocol for public health issues within the scope of practice for a pharmacist. The board shall adopt rules to establish standards of care.”



ND Statewide Protocols

- Immunizations
- Naloxone
- Tobacco Cessation



ND Updates

- Pharmacist authority:
 - Order labs
 - Provide any CLIA-Waived test
- Independent prescribing
 - Educationally prepared/competent
 - Physically located in ND
 - Relationship
 - Obtain adequate information on health status
 - Varies with what you are prescribing

Prescriptive Authority

Short acting beta agonist

Travel Meds

Lice

Cold Sores

Hypoglycemia

Epinephrine

Lyme disease

SARS-CoV-2*

HIV PEP

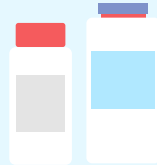
Influenza prophylaxis*

Motion Sickness

Influenza treatment*

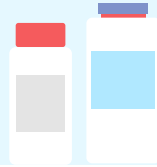
Group A Strep*

*Symptomatic and positive CLIA-Waived Test



Prescriptive Authority (drugs)

- HIV Post-Exposure
 - Non-occupational
- Short-acting beta agonist
 - Has asthma
 - Prior short-acting beta agonist prescription
 - Current prescription for long-term asthma control
- Travel medicine
 - Completion of an ACPE accredited program

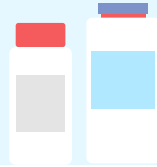


Prescriptive Authority (drugs)

- Emergency situation
 - Short-acting beta agonist
 - Epinephrine
 - Diphenhydramine
- Antimicrobial prophylaxis for Lyme disease
 - CDC guidelines

Patient Assessment Protocol

- Maintain only for drugs/drug categories (not devices)
- Based on current clinical guidelines/best practices
- Patient **Inclusion** Criteria
- Patient **Exclusion** Criteria
- Medical **Referral** Criteria



Prescriptive Authority (drugs)

- Follow-up care plan
 - Monitoring parameters
 - When to follow-up with pharmacist or primary provider
- Primary care provider or provider of record
 - Inquire
 - Notify within 3 business days (if listed)
 - Test result (if applicable) and any prescription
 - Documentation
 - Justification, provider notification, care plan

Assessment Protocol

GROUP A STREPTOCOCCAL PHARYNGITIS

Pharmacy Assessment Protocol

ELIGIBILITY FOR SERVICE

The pharmacy will refer patients with the any of the following symptoms/conditions for further medical evaluation:

- Patients that are pregnant
- Children <3 years of age
- Temperature >104° F
- Respiratory rate of >20 breaths per minute

TESTING CRITERIA

- Anyone presenting with sore throat and have had GAS household exposure
- Anyone presenting with sore throat AND have two or more of the following:

Absence of cough	Fever	Swollen/tender cervical lymph nodes
Tonsils inflamed and/or with exudate	Headache	Age <45 years

Assessment Protocol

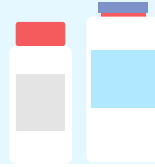
PRESCRIBING

Upon a positive rapid antigen detection test (RADT), the pharmacist shall prescribe the most appropriate treatment:

First Line Treatment Options		
Antibiotic	Dose	Duration
Amoxicillin	50 mg/kg PO once daily (Max 1000 mg/day) Alternative: 25mg/kg twice daily (max 500mg per dose)	10 Days
Penicillin V <27 kg	250 mg PO twice daily	10 Days
Penicillin V >27 kg	500 mg PO twice daily or 250mg four times daily	10 Days
Alternative Treatment Options		
Azithromycin	500mg PO day 1, 250mg PO days 2-5 Alternative: 12mg/kg once (max 500mg) then 6mg/kg (max 250mg) daily x 4 days	5 Days
Cephalexin	20 mg/kg PO twice daily (Max 500 mg/dose)	10 Days
Clindamycin	7 mg/kg PO three times daily (Max 300 mg/dose)	10 Days

FOLLOW-UP

The patient should be instructed to contact the pharmacy if symptoms do not improve within 48 hours so the pharmacist can refer the patient for further medical evaluation. In the event of a negative RADT for a child or adolescent, the pharmacist may refer the patient to obtain a throat culture. If a prescription is provided, and a primary care provider is identified, the pharmacy will notify the provider of record within three business days following the patient encounter.



Medical History

Allergies: None Penicillin Erythromycin Sulfa Other: _____

Current prescription/over-the-counter/herbal medications include:

As needed medications include: _____

Antibiotic use for sore throat or upper respiratory infection in past 30 days (Y/N): _____

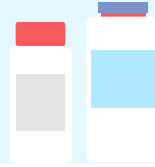
Medical conditions: None Chronic heart or lung condition Compromised immune system
 Pregnancy Tonsils removed Other: _____

Current primary care provider: _____

History of Current Illness

Description of Symptoms:

- | | |
|--|--|
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Fever |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Conjunctivitis |
| <input type="checkbox"/> Malaise | <input type="checkbox"/> Nausea & Vomiting |
| <input type="checkbox"/> Hoarseness | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Difficulty Swallowing | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Nasal congestion | <input type="checkbox"/> Other: _____ |



Objective Data

VITALS

Blood Pressure: _____ Pulse: _____ Respiratory Rate: _____ Temperature: _____

VISUAL THROAT EXAM

- Enlarged tonsils
- Reddened tonsils
- Grayish-white patches on tonsils/throat

PALPITATION OF CERVICAL NODES

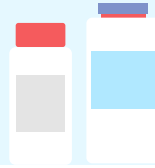
- Enlarged lymph nodes
- Tender lymph nodes

Rapid Antigen Test: _____
Lot #: _____ Expiration: _____
Manufacturer: _____

RESULTS:
 Positive
 Negative

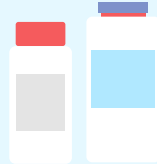
Assessment

**Include all pertinent information that guides the decision to complete or not complete rapid screening test.*



Patient Follow-Up and Instructions

Follow-up phone call:



Plan

- Refer patient to healthcare provider for additional work-up

Supportive Care:

- Fluids
- Bed Rest
- Tylenol (CHILD): 10-15 mg/kg/dose every 4-6 hours PRN; Dose: _____
- Tylenol (ADULT): 500-1000 mg every 4-6 hours PRN
- Ibuprofen (CHILD): 5-10 mg/kg/dose every 6-8 hours PRN; Dose: _____
- Ibuprofen (ADULT): 200-400 mg every 6-8 hours PRN

Therapeutic Substitution

Excluded

- Antidepressants
- Antipsychotics
- Chemotherapy
- Schedule II controlled
- Biological products
- NTI drugs

Requirements

- Cost/benefit or access
- Discuss with patient
- Notify provider (24 hours)

Devices

- **Inhalation spacer**
- **Nebulizer**
- **Disposable diabetes blood sugar testing supplies**
- **Pen needles**
- **Auto-injectors (anaphylaxis/allergies)**



CAP Center Assistance



- Protocol examples
- Medicaid credentialing
- Rural Health Transformation
- Resources
 - Guidelines
 - CE Links (travel med, test/treat, etc.)
 - Physical assessment CE
- Others?

Infectious Disease Prescribing Reference Guide

March 2026

Guideline Based Treatment for

- Cold Sores
- SARS-CoV-2 (COVID-19)
- HIV PEP
- Influenza
- Lice
- Lyme Disease Prophylaxis
- Strep Throat



<https://www.ndsu.edu/centers/cap>

NDSU.CAPCenter@ndsu.edu

