

## SAMPLE

### Collaborative Practice Agreement:

#### Pharmacist Protocol for Management of Opioid Use Disorders

- I. Authority: California Business and Professions Code §§ 4050-4052.2.
- II. Purpose: To formally identify the function that the undersigned pharmacist(s) may perform in providing drug therapy management to patients with opioid use disorder (OUD) in collaboration with the undersigned provider(s) consistent with the policies, procedures, and protocols of the undersigned [provider or prescriber].
- III. Referral criteria
  - a. Patients with a known or suspected opioid use disorder are referred by a provider, patient care team member, or
  - b. By patient self-referral.
- IV. Pharmacist may perform the following authorized functions in accordance with this protocol and the standards of care for the treatment of opioid use disorder:
  - a. Assessment of opioid use disorder including physical and laboratory examination for signs and symptoms of opioid use and opioid use disorder sequelae.
  - b. Medication Management
    - i. Initiate, modify, discontinue, and administer medications for the treatment of opioid withdrawal symptoms including but not limited to alpha-2 agonists, antiemetics, antihistamines, anticonvulsants,

antidiarrheal agents, analgesics, and sedative-hypnotics.

- ii. Initiate, modify, discontinue, and administer formulations of buprenorphine indicated for OUD in collaboration with a DATA 2000 waived prescriber.
  - iii. Initiate, modify, discontinue, and administer naltrexone for opioid use disorder.
  - iv. Initiate, modify, discontinue, and administer naloxone for overdose prevention.
  - v. Initiate, modify, discontinue, and administer medications for the treatment of opioid induced side effects.
- c. Develop a treatment plan for opioid use disorder including referral to medical services, case management, psychosocial services, substance use counseling, and residential treatment as indicated.
- i. For patients who self-refer to the pharmacist for treatment, the pharmacist will have direct communication with the collaborating physician to review the treatment plan by a method and frequency determined by the collaborating physician.

#### V. Documentation

- a. The pharmacist's assessment, clinical findings, and plan of care will be documented in a health record mutually accessible by the referring provider, collaborating physician, and/or primary care provider. If a mutually accessible health record is not available documentation will be shared via facsimile or other secured communication platform.

VI. References

- a. Substance Abuse and Mental Health Services Administration. Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63. HHS Publication No. (SMA) 18-5063EXSUMM. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

VII. Signatures

Physician	License #	Date
Sign		

Pharmacist	License #	Date
Sign		

This collaborative practice agreement remains in effect unless withdrawn by either party.