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By: Don Kingdom  
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**POLICY TITLE**

**Clinical Psychiatric Pharmacist Scope of Practice for Medication Therapy Management**

Policy No: 501-1-1

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**PURPOSE**

This policy and procedure is intended to formally recognize the role of clinical psychiatric pharmacists (pharmacist) in the provision of medication management services within Alameda County Behavioral Health Care Services (BHCS) and to fully utilize their skill set to support the health, wellness and recovery of clients, and to maximize the effectiveness of the medical-clinical team.

**AUTHORITY**

Expanded clinical functions of pharmacists under Business and Professions Code sections 4050-4052 and the medication support services defined by California Code of Regulations Title IX section 1810.225.

**SCOPE**

This policy applies to clinical psychiatric pharmacists working in both BHCS-operated county clinics as well as BHCS-contracted provider clinics in mental health programs and substance abuse programs. This policy also applies to BHCS-employed or BHCS-contracted clinical psychiatric pharmacists working within a Federally Qualified Health Center (FQHC).

**POLICY**

This policy defines the scope of practice for clinical psychiatric pharmacists, creates the guidelines for referral of clients to psychiatric clinical pharmacist services, and creates practice guidelines for clinical pharmacists within the BHCS system.

**PROCEDURE**

I. Clinical Psychiatric Pharmacist Services

- A. Medication Selection: Pharmacists shall seek to find the best medication regimen for an individual patient. This decision is based on target symptoms, current and past medication trials, adverse effects, and concurrent conditions.
- B. Medication Monitoring: Once medications have been selected, pharmacists shall monitor for clinical response and the emergence of side effects and medication related problems.

- C. Patient Education: Pharmacists shall provide patients and caregivers with education on how and when medications should be taken. They discuss common concerns and the realistic expectations.
- D. Clinical Psychiatric Pharmacist Scope of Practice: Activities of a clinical psychiatric pharmacist include but is not limited to the following:

Client Medication Management	Group Medication Management	Consultation Services
<u>Provider Referral</u> <ul style="list-style-type: none"> <li>Ongoing management</li> <li>Medication adjustments</li> <li>Intensive follow-up</li> <li>Medication adherence</li> <li>Drug specific monitoring</li> <li>Laboratory monitoring</li> <li>Treatment planning</li> </ul> <u>Patient Drop-in</u> <ul style="list-style-type: none"> <li>Missed appointment</li> <li>Bridge to provider follow-up</li> <li>Evaluation of side effects</li> </ul> <u>Care Coordination</u> <ul style="list-style-type: none"> <li>Transitions of care</li> <li>Medication planning</li> </ul>	<u>Medication Group</u> <ul style="list-style-type: none"> <li>Patient assessment</li> <li>Side effect monitoring</li> <li>Adherence counseling</li> <li>Patient education</li> </ul> <u>Clozapine Group</u> <ul style="list-style-type: none"> <li>CBC monitoring</li> <li>Side effect management</li> <li>Metabolic monitoring</li> <li>Dietary counseling</li> </ul> <u>Smoking Cessation Group</u> <ul style="list-style-type: none"> <li>Motivation and health education</li> <li>Provision of smoking cessation medications</li> <li>Relapse prevention</li> <li>Monitoring and management of psychotropic medications and mental illness</li> </ul>	<u>Prescriber Consultation</u> <ul style="list-style-type: none"> <li>Treatment resistance</li> <li>Side effect management</li> <li>Titration/tapering strategies</li> <li>Polypharmacy</li> </ul> <u>Drug Information</u> <ul style="list-style-type: none"> <li>Evaluation of drug-drug, drug-food, drug-herb interactions</li> <li>Medication use in pregnancy and lactation</li> <li>Assessment of adverse effects</li> <li>Literature analysis/evaluation</li> </ul> <u>Patient Education</u> <ul style="list-style-type: none"> <li>Medication counseling</li> <li>Medication/pharmacy access</li> </ul> <u>Presentations and In-services</u> <ul style="list-style-type: none"> <li>Providers</li> <li>Patients</li> </ul>

II. Medication Management Protocol

- A. For expanded clinical functions of pharmacists under Business and Professions Code sections 4050-4052 and the medication support services defined by California Code of Regulations Title

IX section 1810.225, clinical pharmacists shall have a Medication Management Protocol, jointly signed by the Lead Psychiatrist /Clinic Medical Director and the Clinical Pharmacist, for each practice site.

- B. Any specific modifications to this protocol may be added as amendments to the protocol.
- C. The original copy of the signed protocol shall be retained by the BHCS Director of Pharmacy for BHCS-operated clinics and a copy retained by the BHCS Medical Director and BHCS Clinical Pharmacist.
- D. For BHCS-contracted programs, the original copy of the signed protocol shall be retained by the program's designated staff.
- E. Referral: Patients shall be referred by the clinic psychiatrist who has completed a thorough diagnostic evaluation and deemed the patient to be appropriate for medication management by the clinical psychiatric pharmacist. Patients may be referred for drop-in services when a medication supply is needed before the next physician appointment.
- F. Upon referral by a psychiatrist, psychotropic medication shall be co-managed by the clinical pharmacist under the supervision of a psychiatrist. The clinical pharmacist shall function as part of a multidisciplinary collaborative drug therapy management team in accordance with this protocol.

### III. Criteria for Referral

#### A. Inclusion Criteria:

- i. Registered patient with BHCS
- ii. Evaluated by an onsite psychiatrist
- iii. Referred by an onsite psychiatrist for medication management
- iv. Referral must be documented in the health record and discussed with the clinical pharmacist
- v. Diagnosis of a primary psychiatric or substance use disorder according to the current version of the Diagnostic and Statistical Manual

#### B. Exclusion Criteria:

- i. Suicidal ideation with imminent danger to harm self
- ii. Homicidal ideation with imminent danger to harm others
- iii. Target psychiatric symptoms not amenable to drug therapy
- iv. Those in need of additional diagnostic assessment (i.e. current NOS diagnosis, or requesting evaluation for disability)

### IV. Disease States Managed

- A. Psychiatric conditions diagnosed by the referring psychiatrist as listed in the current version of the Diagnostic and Statistical Manual that need non-emergent medication assessment and/or medication adjustments prior to the next physician re-evaluation.
- B. Treatment emergent EPS and acute EPS, with appropriate referral.
- C. Other treatment emergent side effects including but not limited to: constipation, xerostomia, incontinence, and sexual dysfunction.

V. History Obtained and Patient Assessment Performed

- A. The pharmacist shall refer to patients' medical record, and shall seek other sources of information to obtain additional medical, psychiatric, and medication history, laboratory results, and relevant findings.
- B. The pharmacist shall assess and monitor psychiatric medication effects, adherence, adverse drug reactions, and outcomes related to treatment.
- C. The pharmacist shall evaluate the development of new, unanticipated, or recurrent problems and shall consult with the physician supervisor and/or refer the patient to the appropriate service or personnel.
- D. The pharmacist functions may include obtaining a medication history, and ordering laboratory tests as appropriate.

VI. Procedure and Criteria for Adjusting Drug Therapy

- A. Medication management shall include initiating or adjusting the medication regimen and dosage schedule to minimize adverse effects and optimize therapeutic response including managing medication titration and tapering schedules.
- B. Adjusting the medication regimen may include substituting or selecting a different drug.

VII. Clinical Intervention Algorithm

- A. If there is no significant change in the patient's symptoms or functional status: authorize and/or provide medication orders, and order laboratory tests as needed.
- B. If the patient needs a medication regimen adjustment: adjust medication regimen, and order medication and laboratory tests as needed. In addition, document medication changes in the medical record within 24 hrs.
- C. If the patient shows signs and symptoms of significant decompensation: consult with the supervising psychiatrist or available physician and refer for re-evaluation and more intensive treatment.
- D. Counsel patient on the therapeutic effects of medication, the use of the medication, and side effects.
- E. Refer patients to appropriate clinician for additional services or consultation when needed.
- F. Consult with supervising psychiatrist for any complications or areas of concern.
- G. Schedule follow up appointments according to each patient's individual needs and treatment plan.

VIII. Drugs and Drug Classes Managed

- A. Medications covered by this protocol: medications used in the treatment or management of mental illness or substance abuse, and for the treatment of side effects of these medications.

IX. Laboratory Tests Ordered and Criteria for Ordering Such Tests

- A. The pharmacist may order routine laboratory tests to monitor the efficacy and safety of medications in the treatment or management of psychiatric disorders or substance use disorders.

X. Specific Criteria for Physician Referral and Consultation

- A. The patient's co-managing psychiatrist, or, if not available, another physician shall be consulted under the following circumstances:
  - i. When any significant deterioration or significant change from a patient's previous clinical status occurs.
  - ii. If a patient experiences a severe or unusual side effect or adverse drug reaction.
  - iii. If there is an unexpected finding by history, physical assessment, or laboratory result.
  - iv. When a psychiatrist evaluation or re-evaluation has not been done in the last 12 months.

XI. Billing and Documentation in the Medical Record

- A. Services shall be billed as medication support services.
  - i. **99605** – Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient.
  - ii. **99606** – Initial 15 minutes, established patient.
  - iii. **99607** – Each additional 15 minutes (list separately in addition to code for primary service).
- B. All pharmacist medication assessments and interventions shall be documented in the patient's medical record following standards set forth in the BHCS Clinical Documentation Standards Manual.

XII. Pharmacist Supervision and Evaluation

- A. Each individual pharmacist practicing under this protocol shall be under the clinical supervision of a licensed physician at each specific practice site. The supervising physician shall meet as often as clinically indicated with the pharmacist to review cases.
- B. For BHCS-employed or contracted pharmacists:
  - i. Cases managed by BHCS pharmacists shall be included in those cases selected for medication monitoring and the physician peer review process.
  - ii. The BHCS Director of Pharmacy Services shall report routinely to the BHCS Medical Director on the status of the program.
  - iii. The BHCS Medical Director, BHCS Clinic Medical Director/Lead Psychiatrist, and BHCS Director of Pharmacy Services shall review the protocol and program periodically and report their findings.

XIII. Training

- A. Clinical psychiatric pharmacist competence requirements shall be determined by the Medical Director of each program and shall include:
  - i. Conducting mental status exams
  - ii. Treating acute extrapyramidal symptoms (EPS)

- iii. Medication treatment guidelines
- iv. Other areas deemed pertinent and in accordance with this policy.

B. Prior to performing any procedure authorized by this policy a pharmacist shall have demonstrated competence as determined by the each program’s Medical Director, Pharmacy Director or other medical professional designated by the program AND ONE of the following:

- i. Successfully completed clinical residency training
- ii. Received Board Certification as a Psychiatric Pharmacist
- iii. Demonstrated clinical experience in direct patient care delivery to the satisfaction of the Medical Director or program designee.

**CONTACT**

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**DISTRIBUTION**

This policy shall be distributed to the following:

- ACBHCS Staff
- ACBHCS County and Contract Providers

**ISSUANCE AND REVISION HISTORY**

**Original Authors:** Charles Raynor, PharmD., Director of Pharmacy

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**Date of Revision:**

Revise Author	Reason for Revise	Date of Approval by (Name)