



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 ★ Austin, Texas 78701
512-305-8000 ★ www.tsbp.state.tx.us

NOTIFICATION OF DRUG THERAPY MANAGEMENT BY A PHARMACIST UNDER WRITTEN PROTOCOL OF A PHYSICIAN

PHARMACIST INFORMATION			
FIRST NAME	MIDDLE	LAST	RPH LICENSE NUMBER
SUPERVISING PHYSICIAN INFORMATION			
FIRST NAME	MIDDLE	LAST	PROTOCOL EXPIRATION DATE
ADDRESS of HOSPITAL, HOSPITAL-BASED CLINIC OR ACADEMIC HEALTHCARE INSTITUTION			
CITY	STATE	ZIP	TELEPHONE

Attach a copy of the written protocol. The written protocol must include the following:

- A. A statement identifying the individual physician authorized to prescribe drugs and responsible for the delegation of drug therapy management;
- B. A statement identifying the individual pharmacist authorized to dispense drugs and to engage in drug therapy management as delegated by the physician;
- C. A statement identifying the types of drug therapy management decisions that the pharmacist is authorized to make which shall include:
 - (i) a statement of the ailments or diseases involved, drugs, and types of drug therapy management authorized; and
 - (ii) a specific statement of the procedures, decision criteria, or plan the pharmacist shall follow when exercising drug therapy management authority;
- D. A statement of the activities the pharmacist shall follow in the course of exercising drug therapy management authority, including the method for documenting decisions made and a plan for communication or feedback to the authorizing physician concerning specific decisions made. Documentation shall be recorded within a reasonable time of each intervention and may be performed on the patient medication record, patient medical chart, or in a separate log book;
- E. A statement that describes appropriate mechanisms and time schedule for the pharmacist to report to the physician monitoring the pharmacist's exercise of delegated drug therapy management and the results of the drug therapy management; and
- F. The expiration date of the protocol granting the authority to sign a prescription.

THIS NOTIFICATION MUST BE UPDATED ANNUALLY PRIOR TO THE EXPIRATION DATE OF THE PROTOCOL.

I hereby attest that the information on this form, as well as the information on any attachment(s) to this form, is true and correct to the best of my knowledge and the information is given of my own free will. I agree that any misstatement(s) and/or omission(s) will constitute violation of the Texas Pharmacy Act, and may subject me to disciplinary action by the board.

Signature of Pharmacist

Date