**Collaborative Practice Agreement**

**Hyperlipidemia Management**

{PHARMACY/INSTITUTION NAME}

Collaborative Practice Agreements (CPAs) are used to create formal relationships between pharmacists and physicians that allow for expanded patient care services the pharmacist can provide to patients and the healthcare team.

The authority to obtain patient history, collaborate on physical assessments, order and assess diagnostic tests, make medication related medical decisions, and modify therapy management options is derived from the delegation of that authority by the Wisconsin licensed physicians signed below, in accordance with Wisconsin Act 294, Pharmacy Chapter 450.033, which reads

**450.033 Services delegated by physician.** A pharmacist may perform any patient care service delegated to the pharmacist by a physician, as defined in s. 448.01 (5).

The Wisconsin licensed physician(s) signed below are working in collaboration with the following clinical pharmacists, licensed in Wisconsin, and agree to delegate and supervise delegated medical acts as defined in the attached Scope of Pharmacy Practice Guidelines and Treatment Protocols.

|  |  |  |
| --- | --- | --- |
| (Name, MD/DO, WI License #, Date) |  | (Name, PharmD, WI License #, Date) |
| (Name, MD/DO, WI License #, Date) |  | (Name, PharmD, WI License #, Date) |
| (Name, MD/DO, WI License #, Date) |  | (Name, PharmD, WI License #, Date) |
| (Name, MD/DO, WI License #, Date) |  | (Name, PharmD, WI License #, Date) |
| (Name, MD/DO, WI License #, Date) |  | (Name, PharmD, WI License #, Date) |

**Scope of Pharmacy Practice Guidelines**

**Purpose**

The goal of this agreement is to improve care, achieve optimal outcomes, and provide continuity of care to patients through the provision of pharmacy patient care services, which include therapy care plan development, medication management, education, monitoring, and follow-up, as it relates to the management of adults with primary or secondary atherosclerotic cardiovascular disease (ASCVD).

**Organization**

**Guidelines for referral**

Any patients who have an MD or DO working at {PRACTICE LOCATION} listed as their Primary Care Provider (PCP) in {EHR}, whose PCP has signed this agreement may be referred for hyperlipidemia management by the pharmacist. An MD or DO may also refer a specific patient for pharmacist services through documentation in the patient’s chart in {EHR}.

For pharmacist-identified patients who have not had an office visit with PCP in over 1 year and does not have an office visit scheduled in the next 6 months, the pharmacist will offer an appointment to the patient for an office visit with PCP.

**Patient care services provided by the pharmacist include, but are not limited to,**

* Obtain patient medical history
* Order and evaluate laboratory results
* Make medical decisions including initiating, modifying, or discontinuing treatment
* Refill authorization
* Provide patient counseling on medications and lifestyle modification, including diet and exercise

**Documentation**

All patient encounters will be documented in the patient record and will be available to the supervising physician for review.

**Quality Improvement**

Data will be continuously monitored to ensure that patients are receiving optimal care. Clinical activities will be reviewed periodically by the clinical pharmacist and physician providers and revised as needed. This CPA will be valid for 2 years from the date it is signed and must be reviewed and resigned by all parties after 2 years to remain effective.

**Modifications**

Any modifications to this agreement must be dated and signed by all collaborative partners.

**Treatment Protocol**

The clinical pharmacist will apply nationally recognized evidence-based treatment guidelines, as well as up to date clinical research information when providing hypertension management services. The following treatment guideline(s) and resources will be utilized to help direct the treatment of patients.

* 2018 Guideline on the Management of Blood Cholesterol (ACC/AHA, et al.)
* National Lipid Association – Recommendations for Patient-Centered Management of Dyslipidemia

**Contraindications**

Patients diagnosed with the following will not be eligible for hyperlipidemia management by the pharmacist as afforded by this CPA:

* Patients with stage 4-5 kidney disease
* Patients on dialysis
* Pregnancy or lactation
* Patients with New York Heart Association (NYHA) class II-IV heart failure
* Patients with HIV infection
* Patients with liver disease or history of cirrhosis
* Patients with an organ transplant
* {pharmacy/institution may add, remove, or modify any contraindications}

**Prescribing Provider Consultation**

The supervising provider will be consulted for the presence of any potentially serious consequences of hyperlipidemia or its treatment, including, but not limited to the following:

* Patient experiences an adverse reaction and/or intolerance, including a suspected statin-induced myopathy
* Abnormal labs
  + Baseline triglycerides above 400 mg/dL
  + Baseline LDL-C < 70 mg/dL or > 190 mg/dL
  + AST or ALT elevated on 2 or more occasions
* {Pharmacy/institution may add, remove, or modify any qualifications}

**Treatment Goals**

Antihyperlipidemic agents will be initiated and/or titrated to the patient-specific cholesterol goals documented in {EHR} by the referring provider. These goals will subsequently be documented in the patient’s problem list by the pharmacist.

**Monitoring**

The pharmacist will place an order for a repeat lipid panel within 4-12 weeks of initiating therapy or 4-6 weeks after modifying therapy. Additionally, the pharmacist will follow-up with the patient within 4 weeks of medication initiation or adjustment to assess tolerance, adherence, and therapeutic response.

Disclaimer: This Collaborative Practice Agreement (CPA) Hyperlipidemia Management example template is intended to assist pharmacists in the development of a CPA for management of hyperlipidemia with a corresponding physician(s). This information is not intended to be a substitute for professional training and judgment. It is always best to consult additional references to confirm doses. Use of this information indicates acknowledgement that neither PSW nor its contributing authors will be responsible for any loss or injury, including death, sustained in connection with or as a result of using this information. PSW is under no obligation to update the information contained herein.