SCOPE OF PRACTICE — PHARMACISTS

AAFP Position
The American Academy of Family Physicians (AAFP) recognizes the evolving complexity and proliferation of pharmaceutical agents and the important role pharmacists play in the delivery of high-quality health care. The pharmacy professional and physician should work collaboratively to optimize the therapeutic effect of pharmaceutical agents in patient care through the use of collaborative arrangements between pharmacists and physicians, such as collaborative drug therapy management (CDTM). However, the AAFP believes that only licensed doctors of medicine, osteopathy, dentistry, and podiatry should have the statutory authority to prescribe drugs. The AAFP believes that independent prescription authority for pharmacists will further fragment care and will undermine the national goals of integrated, accountable care. Pharmacists should not alter a prescription written by a physician, except in an integrated practice supervised by a physician or when permitted by state law. Further, the AAFP opposes state legislation allowing pharmacists to dispense medication beyond the expiration of the original prescription for other than emergency purposes.

Education and Training
Pharmacists are required to complete a two-year Doctor of Pharmacy (PharmD) degree from an accredited pharmacy school or college and require two years of undergraduate study or a bachelor's degree. PharmD programs generally take four years to complete and usually involve both pharmacy coursework, centered around pharmaceutical chemistry, pharmacognosy, pharmacology, and business management and administration, and supervised work experiences. Prior to practice, pharmacists must obtain both North American and state licenses to practice. State licensure requirements vary but typically include an exam and a specified number of hours as an intern. Pharmacists are best qualified to deal with issues of medication use and tolerability, patterns of medication use, assessment of therapeutic response, and dosing adjustments. Additional specialty certifications exist for pharmacists to obtain an advanced level of knowledge in a specific area.

Collaborative Practice Agreements
Like other health professionals, pharmacists are seeking to expand their influence and scope of practice. Expanded roles for pharmacists have been promoted via legislative and regulatory action. Currently, 48 states and the District of Columbia have collaborative drug therapy management legislation or regulations. Alabama and Delaware remain as the only states without collaborative practice agreements.1 These laws allow physicians and pharmacists to enter into voluntary written agreements to manage the drug therapy of a patient or group of patients. These agreements including initiating, modifying, and monitoring a patient’s drug therapy, ordering and performing laboratory and related tests, assessing patient response to therapy, and counseling and educating patients about their medications. There is a growing body of evidence that medication management programs can make positive contributions to patient health. In many of these studies, pharmacists lead the medication management programs. Additionally, pharmacists have an important role in providing direction to patients seeking advice on over-the-counter medications.

Pharmacists’ Vaccine Authority

All states and DC allow pharmacists to administer vaccinations of pneumococcal, zoster, Td/Tdap, meningococcal, and influenza vaccinations; however, states have various limitations based on age, consent of a parent or guardian, required protocol or prescription, or a standing order.² All states (except NH, NY, and DC) permit pharmacists to administer the HPV vaccine. New York is the only state that does not permit pharmacists to administer the Hepatitis B vaccine. Furthermore, all states (except NY, WV, and DC) permit pharmacists to administer the measles, mumps, and rubella (MMR) vaccine.³ Twenty-seven states (AL, AK, CA, CO, DE, GA, ID, IN, IA, KY, LA, MI, MS, MO, NE, NV, NH, NM, OK, OR, SC, SD, TN, TX, UT, VA, WA) allow pharmacists to administer vaccines to patients of any age; three states (CT, FL, VT) restrict pharmacists to adult vaccines.

Seventeen states (AK, AZ, CA, ID, LA, MD, ME, MT, NH, NM, OR, SC, SD, TX, VA, WV, WY) allow pharmacists to independently administer the influenza vaccine (with various age restrictions) while the other 33 states (AL, AR, CO, CT, DE, FL, GA, HI, IL, IN, IA, KS, KY, MA, MI, MN, MS, MO, NE, NV, NJ, NY, NC, ND, OH, OK, PA, RI, TN, UT, VT, WA, WI) and DC allow pharmacists to administer flu shots only through CPAs, standing orders, prescriptions from authorized providers, or other protocols.³ The AAFP recommends that vaccine administration be provided in the medical home setting. When vaccines are administered elsewhere, the information should be transmitted back to the patient’s primary care physician and their state registry when one exists so that there is a complete vaccination record to assure continuity of the patient’s medical record.

**Pharmacists’ Prescriptive Authority**

Pharmacist scope of practice regulations generally target drug dispensing and administration of clinical services. Within these areas, state laws regarding pharmacist practice address issues such as prescriptive authority; authority to monitor or modify patient medication therapy; prescription or administration of clinical services such as vaccines, flu shots, and contraception without a prescription; and instruction or interpretation of laboratory testing.

The extent of authority for pharmacists to prescribe with or without standing orders varies by state and is determined through legislation and the state Department of Health and Boards of Pharmacy. All states have standing orders in place to allow pharmacists to dispense naloxone to treat substance use disorder, while four states (AK, AZ, NE, SC) authorize pharmacists to dispense naloxone without a prescription. Sixteen states (CA, CT, IA, ID, KS, MA, ME, ND, NJ, NM, OK, OR, TN, VT, WV, WY) and DC have a statewide protocol specifying conditions under which pharmacists are permitted to prescribe naloxone.⁴

Nine states (CA, CO, HI, ID, MD, NM, OR, UT, WA, WV) and DC have regulations allowing pharmacists to prescribe oral contraceptives. Some states (NH, OH, UT, WV) allow pharmacists the authority to dispense, not prescribe, contraception under standing orders.⁵ Others, including Colorado and Oregon, have laws to allow pharmacists to provide limited emergency refills without a prescription, often to supply chronic care maintenance drugs like insulin.

Idaho’s law goes further by allowing pharmacists to independently prescribe a number of medications for any condition that doesn’t require a new diagnosis and is “relatively minor” or for any patient undergoing an emergency condition. It also allows pharmacists to prescribe medications to treat the flu and strep throat. Through this expanded prescriptive authority, pharmacists are more often prescribing without access to patient medical records and limited training on patient history, physical exams, differential diagnoses, and testing, providing treatment without the information needed to make informed, appropriate, decisions. Pharmacists do not possess the skills, training, experience, or knowledge needed to provide comprehensive medical care, health maintenance, and preventative services for a range of medical and behavioral health issues. States should not pursue this legislation as it will continue to fragment care and put patient’s safety at risk.

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