

**CHAPTER 61-04-08**  
**LIMITED PRESCRIPTIVE PRACTICES**

Section

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**61-04-08-01. Purpose.** The purpose of these rules is to implement limited prescriptive practices provisions of the North Dakota Century Code.

**History:** Effective December 1, 1996.

**General Authority:** NDCC 28-32-02, 43-15-10(9)(12)(14), 43-15-31.4

**Law Implemented:** NDCC 28-32-02, 43-15-10(9)(12)(14), 43-15-31.4

**61-04-08-02. Definitions.** For purposes of this chapter:

1. "Collaborative agreement" means the written document signed by a practitioner and a pharmacist which describes the limited prescribing authority granted the pharmacist under North Dakota Century Code section 43-15-31.4.
2. "Immediate notification" means interactive two-way communication between the pharmacist and practitioner within twenty-four hours of the initiation or modification of drug therapy, unless specific reference is made in the collaborative agreement to situations in which a notification time limit of up to seventy-two hours is appropriate.
3. "Initiate drug therapy" means to begin administering for the first time a prescribed drug therapy for treating a patient with an existing diagnosis. A licensed practitioner shall make any diagnosis required.
4. "Medical record" means a written record of clinical care developed and maintained by a patient's practitioner which contains information and data about a patient's condition sufficient to justify the diagnosis and subsequent treatment. The record must contain further appropriate information as described in section 33-07-01.1-20.
5. "Modify drug therapy" means to change, within the same therapeutic class of drugs, a specific drug, the dosage, or route of delivery of a drug currently being administered for an existing diagnosis.
6. "Practitioner" means a licensed physician or advanced practice registered nurse.
7. "Supervision" means the active role taken by the practitioner to oversee the pharmacist throughout the provision of drug therapy to patients under the terms of a collaborative agreement.

**History:** Effective December 1, 1996; amended effective December 1, 2003; April 1, 2016.

**General Authority:** NDCC 28-32-02, 43-15-10(9)(12)(14), 43-15-31.4

**Law Implemented:** NDCC 28-32-02, 43-15-10(9)(12)(14), 43-15-31.4

#### **61-04-08-03. Eligibility and approval.**

1. A practitioner and a pharmacist who are licensed and practicing their respective professions in this state are eligible, provided the conditions of this section and any applicable statutes are met, to enter into the collaborative agreement allowing the pharmacist to provide prescription drug therapy to patients.
2. The practitioner and the pharmacist must have access to the patient's appropriate medical records. The care provided to the patient by the pharmacist must be recorded in the patient's medical records and communicated to the practitioner.
3. The collaborative agreement may be between a medical director and pharmacist-in-charge. The medical director and pharmacist-in-charge shall report to the respective board of any practitioner and pharmacist covered under the agreement.
4. Each individual collaborative agreement must be reviewed by the board of medicine or the board of nursing and the board of pharmacy, and will not become effective until the respective boards grant approval and notify the parties. Each agreement must be reviewed at least every four years or when modifications to the scope of the pharmacist's prospective practices are proposed by the parties, and must receive continued approval from both boards in order remain in effect. Removal or addition of either practitioners or pharmacists involved in the agreement shall be communicated to all respective boards. Unless deemed necessary, a change in personnel does not necessitate board approval of the collaborative agreement.
5. A collaborative agreement may be terminated by any of the involved boards for good cause, including adverse action taken against either licensee. Noncompliance with the terms of these rules or of a collaborative agreement may be considered evidence of unprofessional conduct by any of the involved boards.
6. Either party of a collaborative agreement may terminate the agreement at will by notifying either board of their desire to do so.
7. Neither party to a collaborative agreement may seek to gain personal financial benefit by participating in any incentive-based program that influences or encourages therapeutic or product changes.

**History:** Effective December 1, 1996; amended effective April 1, 2016.

**General Authority:** NDCC 28-32-02, 43-15-10(9)(12)(14), 43-15-31.4

**Law Implemented:** NDCC 28-32-02, 43-15-10(9)(12)(14), 43-15-31.4

**61-04-08-04. Procedures.** A practitioner who has signed an approved collaborative agreement with a pharmacist shall remain responsible for the care of the patient following initial diagnosis, and for the supervision of the pharmacist as prescriptive authority is exercised. The practitioner shall remain available to receive immediate notification from the pharmacist regarding prescriptive drug therapy being provided. The parties may modify as necessary, within the practice guidelines described in the collaborative agreement, their relationship in the joint provision of care to each patient as the requirements of the patient or drug therapy change.

**History:** Effective December 1, 1996; amended effective April 1, 2016.

**General Authority:** NDCC 28-32-02, 43-15-10(9)(12)(14), 43-15-31.4

**Law Implemented:** NDCC 28-32-02, 43-15-10(9)(12)(14), 43-15-31.4

**61-04-08-05. Initiation of drug therapy.** To initiate drug therapy, a pharmacist must hold a valid North Dakota pharmacist license and have a collaborative agreement with the treating practitioner. The pharmacist must provide immediate notification to the practitioner when the pharmacist initiates drug therapy.

**History:** Effective December 1, 1996; amended effective April 1, 2016.

**General Authority:** NDCC 28-32-02, 43-15-10(9)(12)(14), 43-15-31.4

**Law Implemented:** NDCC 28-32-02, 43-15-10(9)(12)(14), 43-15-31.4

**61-04-08-06. Modification of drug therapy.**

1. To modify drug therapy, a pharmacist must hold a valid North Dakota pharmacist license and have a collaborative agreement with the treating practitioner. A pharmacist may modify drug therapy as warranted to assure an appropriate course of treatment for the patient. The pharmacist must provide immediate notification to the practitioner when the pharmacist modifies drug therapy.
2. The practitioner and pharmacist entering into a collaborative agreement must have indicated on the form the scope and authority to be exercised by the pharmacist and the type or class of drugs or drug therapy to be utilized or prohibited under the agreement. Authority to prescribe schedule II drugs may not be delegated to a pharmacist. The parties may also indicate the type of medical diagnoses to be included or excluded within the collaborative relationship.
3. The current medical record of each patient receiving drug therapy must be readily accessible to the pharmacist and practitioner. The pharmacist, unless the practitioner directs otherwise, shall provide timely documentation and indications for all drug therapies initiated or modified by the pharmacist as part of the medical record.
4. Contingency treatment should be addressed for treating allergic or acute adverse drug reactions.

**History:** Effective December 1, 1996; amended effective April 1, 2016.

**General Authority:** NDCC 28-32-02, 43-15-10(9)(12)(14), 43-15-31.4

**Law Implemented:** NDCC 28-32-02, 43-15-10(9)(12)(14), 43-15-31.4

**61-04-08-07. Form.**

1. The collaborative agreement form utilized under this section is attached as an appendix to these rules as approved by the board of medicine, board of nursing, and board of pharmacy. Upon request, a board shall supply a copy of the rules and form to any interested party.
2. A copy of each collaborative agreement and subsequent amendments approved by the boards shall remain on file with the boards. Each party shall retain the original or a copy of the agreement and amendments, and either party shall provide a copy to a facility within which an agreement is operative.
3. Either board may disseminate a current listing of the individual parties who are practicing under an approved collaborative agreement.
4. More details may be provided. Further stipulations or details shall be supplied on a separate page.

**History:** Effective December 1, 1996; amended effective April 1, 2016.

**General Authority:** NDCC 28-32-02, 43-15-10(9)(12)(14), 43-15-31.4

**Law Implemented:** NDCC 28-32-02, 43-15-10(9)(12)(14), 43-15-31.4