

Pharmacy Name: _____

Pharmacy Permit Number: _____

**SELF-CARE CONDITIONS: DIABETES TESTING AND INJECTION SUPPLIES
PROTOCOL**

**Approved
07/24/2024
V5**

PURPOSE

This protocol specifies the criteria and procedures for pharmacist(s) to initiate the dispensing of diabetes testing and injection supplies for diabetes self-care and management, including hypodermic syringes and needles as authorized under KRS 217.177.

PHARMACIST EDUCATION AND TRAINING

Prior to initiating the dispensing of diabetes testing supplies under this protocol, pharmacist(s) must have received education and training in diabetes and the supplies necessary to test blood glucose levels and properly administer injectable medications for diabetes, including review of the most current American Diabetes Association (ADA) Standards of Medical Care in Diabetes and the monitoring parameters associated with pharmacologic therapies for the treatment of diabetes. The education of pharmacist(s) must be conducted by a provider accredited by the Accreditation Council for Pharmacy Education, or by a comparable provider approved by the Kentucky Board of Pharmacy.

CRITERIA

Pharmacist(s) authorized to initiate the dispensing of diabetes testing and injection supplies will follow the most current ADA Standards of Medical Care in Diabetes for pharmacologic options and the associated guidelines for medication administration and blood glucose monitoring.

Inclusion criteria:

- Any individual who currently has a diagnosis of diabetes, as defined by the ADA Standards of Medical Care for Diabetes and is interested in obtaining diabetes testing and injection supplies for self-care purposes in an outpatient setting.

Exclusion criteria:

- Any individual who exhibits symptoms of hyperglycemic crisis. For both diabetic ketoacidosis (DKA) and hyperosmolar hyperglycemic state (HHS), the classic clinical picture includes a history of polyuria, polydipsia, weight

loss, vomiting, dehydration, weakness, and mental status change. These individuals should be referred to a setting where they can receive immediate medical attention.

DIABETES TESTING AND INJECTION SUPPLIES

This protocol authorizes pharmacist(s) to initiate the dispensing of the following diabetes testing and injection supplies for self-care purposes in quantities sufficient to provide adequate testing and glucose-lowering medication administration based upon patient history, including refills for up to 12 months.

- Glucometer
- Glucometer test strips
- Over-the-counter continuous glucose monitor system
- Lancet devices
- Lancets
- Blood glucose control solutions
- Alcohol wipes
- Syringes and needles
- Pen needles

PROCEDURES FOR INITIATING DISPENSING OF DIABETES TESTING AND INJECTION SUPPLIES

Diabetes testing and injection supply initiation will be individualized based on the diagnosis and pharmacologic treatment of diabetes as defined by the current ADA Standards of Medical Care in Diabetes and individual preferences and goals:

Testing strip supplies (example of potential testing frequency based on pharmacologic treatment):

- Intensive insulin therapy: 4-10 tests per day
- Basal insulin and oral, or injectable glucose-lowering agents: 1-3 tests per day
- Non-pharmacologically managed diabetes: 1-3 tests per day

Injection supplies:

- Insulin syringes and needles appropriate to the type of injectable glucose-lowering medication utilized by the patient: quantity sufficient to administer up to 90 days of glucose-lowering injectable medications as prescribed for the patient

PROCEDURES FOR MONITORING AND CONTINUATION OF DISPENSING DIABETES TESTING AND INJECTION SUPPLIES

Follow-up monitoring and evaluation shall occur at a minimum of every 90 days to determine:

- Changes in pharmacologic treatment for diabetes
- How the individual is utilizing testing and injection supplies and efficacy of performing self- monitoring of blood glucose (SMBG)

If pharmacist(s) believes that SMBG is being performed incorrectly, education is to be provided to the individual in regard to proper use of diabetic testing supplies, as well as education on interpretation of blood glucose levels. If pharmacist(s) suspects an individual is consistently hyperglycemic or periodically hypoglycemic, the provider of the individual is to be contacted.

Should follow-up evaluation and monitoring indicate an adjustment in therapy is warranted, all procedures as outlined for initiation of therapies, including education, documentation, and notification, will be followed.

EDUCATION REQUIREMENTS

Individuals, or their caregiver, receiving diabetes testing and injection supplies under the protocol will receive education regarding:

- Monitoring technique both initially and at regular intervals
- Proper review and interpretation of the data provided
- Signs and symptoms of hypoglycemia and instructions on steps to take if blood glucose level is 70 mg/dL or less
- Appropriate use and disposal of sharps and supplies

DOCUMENTATION

Pharmacist(s) shall document via prescription record each person who receives any diabetes testing and injection supplies under this protocol, including:

- Documentation as required in 201 KAR 2:171 for the dispensing of prescription medication
- Documentation that the individual receiving the diabetes testing and injection supplies was provided with the required education pursuant to this protocol
- Documentation of the diagnosis and pharmacologic treatment of diabetes, the plan of care implemented, and follow-up monitoring and evaluation

NOTIFICATION

Pharmacist(s) shall ask all individuals receiving diabetes testing and injection supplies under this protocol for the name and contact information of the individual's primary care provider and other appropriate care providers and shall provide notification of the diabetes testing and injection supplies dispensed under the protocol to the identified primary care provider and other appropriate providers within two (2) business days. Any individual affirmatively stating that the individual does not have a primary care provider may still receive diabetes testing and injection supplies under this protocol provided all other applicable requirements of the protocol are met.

[If directed by the authorizing prescriber, the pharmacist(s) shall provide written notification via fax or other secure electronic means to the authorizing prescriber of persons receiving diabetes testing and/or injection supplies under this protocol within 7 days of initiating dispensing.]

Resources Available Online for Pharmacist Reference and Used in the Development of this Protocol:

Diabetes Technology: Standards of Care in Diabetes – 2024. Diabetes Care 47. Supplement 1 (2024): S126-S144. [https:// . https://diabetesjournals.org/care/issue/47/Supplement_1](https://diabetesjournals.org/care/issue/47/Supplement_1). Accessed May 2024.

Glycemic Goals and Hypoglycemia: Standards of Care in Diabetes – 2024. Diabetes Care 47. Supplement 1 (2024): S111-125. https://diabetesjournals.org/care/issue/47/Supplement_1. Accessed May 2024.

TERMS

This protocol is authorized pursuant to 201 KAR 2:380 and is effective when it is submitted to the registry. Any termination shall require prior notice to all parties no later than 30 days after discontinuing the protocol.

SIGNATURES

Prescriber Name

Date

Prescriber Kentucky License Number

Prescriber Signature

Pharmacist Name

Date

Pharmacist Kentucky License Number

Pharmacist Signature

Course Taken for Training: _____

Provider of Training: _____

Date Training Completed: _____

Any pharmacist not party to the protocol will be subject to discipline should they utilize the protocol. A pharmacist utilizing the protocol must be employed by or contracted with the permit listed in the executed protocol.

For additional pharmacists party to this protocol, the pharmacy should keep a list of the additional pharmacists and their training at the pharmacy.

ADDITIONAL SIGNATURE PAGE

By signing below, I attest that I read and understand the Board-authorized protocol, entitled : _____ and that I will follow all guidelines and requirements included in the Board-authorized protocol.

Pharmacist Name

Date

Pharmacist Kentucky License Number

Pharmacist Signature

Course Taken for Training: _____

Provider of Training: _____

Date Training Completed: _____