PROTOCOL FOR PHARMACIST DISPENSING OF ALLERGIC RHINITIS THERAPIES v2

Approved 12/11/2019

PURPOSE

This protocol specifies the criteria and procedures for pharmacist(s) to initiate the dispensing of medications for symptomatic relief of allergic rhinitis.

PHARMACIST EDUCATION AND TRAINING

Prior to initiating the dispensing of allergic rhinitis therapies under this protocol, pharmacist(s) must have received education and training in the treatment of allergic rhinitis from a provider accredited by the Accreditation Council for Pharmacy Education, or by a comparable provider approved by the Kentucky Board of Pharmacy.

Provider of Training: ______________________________________

Date Training Completed: __________________________________

CRITERIA

Pharmacist(s) authorized to initiate the dispensing of allergic rhinitis therapies will follow the most current practice guidelines for allergic rhinitis treatment.[1]

Inclusion criteria:

- Any individual, 12 years or older, who currently presents with one or more symptoms of allergic rhinitis:
    - nasal congestion
    - clear rhinorrhea
    - sneezing
    - itchy nose

Exclusion criteria:

- Individuals who are pregnant or lactating
- Children under 12 years of age
- Individuals presenting with any of the following:
    - Severe persistent allergic rhinitis
    - Symptoms of undiagnosed or uncontrolled asthma
        - Prolonged expiration and diffuse wheezing

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[1] Wallace DV, Dykewicz MS, Oppenheimer J, Portnoy JM, Lang DM. Pharmacologic Treatment of Seasonal Allergic Rhinitis: Synopsis of Guidance From the 2017 Joint Task Force on Practice Parameters. Ann Intern Med. 2017;167:876–881. doi: 10.7326/M17-2203.

        - Cough
        - Difficulty breathing
    - Symptoms associated with sinusitis
        - Purulent discharge
        - Facial pain
        - Fever
    - Symptoms usually not associated with allergic rhinitis:
        - Loss of smell
        - Nasal obstruction without discharge or unilateral obstruction
        - Posterior discharge
        - Malaise
    - Earache
    - Recurrent epistaxis

MEDICATIONS

This protocol authorizes pharmacist(s) to initiate the dispensing of any medication approved by the FDA for treatment of allergic rhinitis or upper respiratory allergies included in the therapeutic classes listed below using the drugs and doses provided in the attached medication guide. Sufficient quantities to provide up to a 30-day supply of medication may be dispensed.

- Intranasal corticosteroids (INCS)
- Intranasal antihistamines
- Second generation oral antihistamines
- Oral decongestants
- Combination second generation oral antihistamines and decongestants

PROCEDURES FOR INITIATION OF THERAPY

Allergic rhinitis therapy initiation will follow current guidelines[1] and will be individualized based on relevant medical and social history, patient preferences, and consideration of contraindications and precautions of therapy as outlined below and in the attached medication guide.

Relevant Medical and Social History

- Past medical history
- Current medications
- Allergies and hypersensitivities

Contraindications Precautions (see medication guide for details)

- Known hypersensitivity
- Concurrent MAOI therapy

- Cardiovascular disease
- Uncontrolled hypertension
- Urinary retention
- Glaucoma
- Geriatrics

PROCEDURES FOR MONITORING AND CONTINUATION OR ADJUSTMENT OF THERAPIES

Follow-up monitoring and evaluation to determine effectiveness, adverse effects, and patient progress with therapy is required if therapy is to continue following the initial dispensation. If follow-up monitoring and evaluation indicates therapy continuation is warranted, medication refills may be authorized.

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 parent/guardian/caregiver, receiving allergic rhinitis therapies under the protocol will receive education regarding:

1. Nonpharmacologic recommendations to reduce allergic response.
2. Education specific to the individual medication(s) dispensed.

DOCUMENTATION

Pharmacist(s) shall document via prescription record each person who receives allergic rhinitis therapies under this protocol, including:

1. Documentation as required in 201 KAR 2:170 for the dispensing of prescription medication; and
2. Documentation that the individual receiving the allergic rhinitis therapy (or caregiver) was provided with the required education pursuant to this protocol
3. Documentation of the history and assessment, the plan of care implemented, and follow-up monitoring and evaluation.

NOTIFICATION

Pharmacist(s) shall ask all persons receiving allergic rhinitis therapies under this protocol for the name and contact information of the individual's primary care provider and shall provide notification of the medications dispensed under the protocol to the identified primary care provider within two (2) business days. Any individual affirmatively stating that the individual does not have a primary care provider may still have allergic rhinitis therapies under this protocol provided all other applicable requirements of the protocol are met.

[If directed by the authorizingprescriber, the pharmacist(s) shall provide written notification via fax or other secure electronic means to the authorizing prescriber of persons receiving allergic rhinitis therapies under this protocol within 7 days of initiating dispensing]

TERMS

This protocol is effective as of the date parties execute this document. It shall remain in effect for a period of one year and shall automatically renew for successive one-year periods unless otherwise terminated by any party, with or without cause. Any termination without cause shall require prior notice to all parties of no less than sixty (60) days.

SIGNATURES

___________________________________ ____________________

Prescriber Name Date

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Prescriber Signature

___________________________________ ____________________

Pharmacist Name Date

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Pharmacist Signature

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