Washington State Department of HEALTH

Pharmacy Quality Assurance Commission
P.O. Box 47877
Olympia WA, 98504-7877
360-236-4700

Guidance on Collaborative Drug Therapy Agreements (CDTAs)

WAC 246-945-350

- Guidance on Collaborative Drug Therapy (wa.gov)
- WAC 246-945-350 - Collaborative drug therapy agreements
- To exercise prescriptive authority, a pharmacist must have a valid CDTA on file with the commission and their practice location.
- CDTAs must include the following:
  - a) A statement identifying the practitioner authorized to prescribe and the name of each pharmacist who is party to the agreement;

    (i) The practitioner authorized to prescribe must be in active practice; and

    (ii) The authority granted must be within the scope of the practitioners' current practice.
  - b) A statement of the type of prescriptive authority decisions which the pharmacist is authorized to make, which includes:

    (i) A statement of the types of diseases, drugs, or drug categories involved, and the type of prescriptive authority activity (e.g., modification or initiation of drug therapy) authorized in each case.

    (ii) A general statement of the training required, procedures, decision criteria, or plan the pharmacist is to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved.
  - (c) A statement of the activities the pharmacist is to follow in the course of exercising prescriptive authority, including:

    (i) Documentation of decisions made; and

    (ii) A plan for communication or feedback to the authorizing practitioner concering specific decisions made.
- The prescriber must sign and date the CDTA after all the pharmacist(s) have signed and dated the CDTA. Signatures may be wet or electronic.
- A CDTA is **only valid for 2 years** from the date of signing.
- **Any modification of the written guideline or protocol shall be treated as a new CDTA.**

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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Collaborative Drug Therapy Agreement Review Form

WAC 246-945-350

Please Note: This form must be completed fully. Failure to do so may result in a delay of processing. Mail this form and the signed agreement to the address above or to **HSQAFacilitiesCredentialing@doh.wa.gov**.

Date	Agreement: ☐ New ☐ Renewal, credential # PHCT.PH _____	
Name/Type of Agreement (Immunization, etc.):		
Effective Date of Agreement: (Same as date signed by prescriber)	Date Agreement Expires: (Two years or less from the effective date)	
Pharmacist's Name (please print):	Pharmacist's Credential Number: PHRM.PH. _____	
Mailing Address:		
City:	State:	Zip Code:
Email Address:		
Practice Site Facility Name:	Phone (enter 10 digit #):	
Practice Site Facility Address:		
City:	State:	Zip Code:
Authorizing Prescriber's Name (please print):	Prescriber's Credential Number:	
Mailing Address:		
City:	State:	Zip Code:
Email Address:		

	Applicant	Staff	Comments
1. The agreement includes a signed statement delegating prescriptive authority to named pharmacist(s).			
2. The agreement lists by name and license number all of the pharmacists that are party to the agreement and includes a signature by each pharmacist named in the agreement to verify acceptance of delegation.			
3. The agreement designates a time frame for the agreement, not to exceed two years.			
4. The delegating prescriber(s) signed the agreement.			
5. The agreement specifies which patients are eligible to receive services under the agreement.			
6. Delegated prescribing activities are specified (disease, drugs, categories) in the agreement.			
7. Does agreement include controlled substances? Yes or No			
8. The agreement includes a plan for prescriber feedback and quality assurance.			
9. The agreement includes a plan or guideline for making prescribing decisions.			
10. The agreement includes procedures for documenting prescribing decisions.			
11. The agreement includes copies of any/all forms to be used in association with the agreement.			
12. The agreement includes a description of any training the pharmacist must complete to include specialized training required for immunizations.			