After filling out form, print, sign, and mail to: Iowa Board of Pharmacy
400 SW 8th Street, Suite E, Des Moines, Iowa 50309-4688. Deadline for inclusion on Board's agenda is three weeks prior to Board meeting.

Case No. or State ID No.

Rec'd:

(FOR PHARMACY BOARD USE ONLY)

IOWA BOARD OF PHARMACY
Petition for [☐] Waiver [x☒] Variance
(check the appropriate box)

PLEASE PRINT OR TYPE ALL INFORMATION IN INK

A waiver excuses the petitioner from the requirements of a rule in its entirety or from a part of a rule; a variance does not. Instead, a variance is a modification to the requirements of a rule or a part of a rule. Example: A rule requires the fencing of certain property and further requires that the fence be at least 6 feet in height. A waiver of that rule would excuse the petitioner from the requirement for fencing the property. A variance would require the property be fenced but would allow the petitioner to maintain the current fencing configuration of 5 feet in height (perhaps the fence was constructed prior to the height requirement). When replacement of the current fence becomes necessary as a consequence of normal wear and tear, the variance would terminate and the petitioner would be required to comply with the 6-foot height requirement.

Note: Statutory requirements that have been repeated in administrative rules are not subject to consideration for a waiver or variance.

Is this petition an initial request or is it a request for renewal? [x☒] Initial Request [☐] Request for Renewal
If a request for renewal, explain below why the renewal is necessary.

Petitioner Information (include licensee/registrant name and name of contact person, i.e. pharmacist in charge)

Name: Craig Logemann IA License: 17090 Phone No.: 515-276-3406 (work)
(include area code)

Address: 418 NE 17th Ct.

City: Ankeny State: IA Zip Code: 50021

Petition Information

RECEIVED
FEB 29 2016
IOWA BOARD OF PHARMACY

1. Chapter Number and Title.

   8.34 Collaborative drug therapy management

2. Rule Number(s) and Title(s).

   8.34(3) c.(1). Hospital practice protocol.

3. Describe in your own words the essence of each Rule Number(s) and Title(s) that pertains to this petition.

   The written collaborative practice agreement needs to define which pharmacist(s) and physician(s) are authorized to participate in the agreement. The original rules written in 2006 did not address the relationship between pharmacist(s) and mid-level providers, such as ARNP and Physician Assistants.

4. Describe the specific nature and scope of your petition. In your description, include the anticipated time period (beginning and ending) for which the petition would apply. A waiver or variance may not be requested or granted on a permanent basis; the petition must identify an end date.

Request variance from now until the time frame when the Board of Nursing and Board of Medicine would allow Pharmacist(s) to collaboratively manage drug therapy per referral from ARNP or PA (who is being directly supervised by physician provider in same clinic). Request 2 year variance.

5. Describe the relevant facts and reasons that, in your opinion, justify and provide "clear and convincing evidence" as to why this petition merits consideration for waiver or variance. In your description, explain why the rule(s) poses an undue hardship. If there is a public health, safety and welfare issue associated with this rule(s), or if this rule(s) addresses security or confidentiality issues, also explain how equal protection will be maintained if this petition were granted.

   When the Iowa Health System initially submitted Primary Care Clinic Collaborative Practice Agreement in 2006, all of our Pharmacist assigned clinics had only physician providers (no ARNPs or PAs). Over the past 10 years, our primary care clinics have hired more ARNPs and Physician Assistants to provide primary care services. These mid-level practitioners have physician providers at their respective sites who oversee their clinical activities.

   UnityPoint Clinic has begun the process of reviewing and updating the CPA for our clinic-based pharmacists. Due to the nature of more chronic care patients being managed by ARNPs and PAs in our clinics, we need to address the referral process for Pharmacist-provided drug therapy management. To better streamline the referral process, we believe that ARNPs and PAs should be able to refer their patients directly to the Pharmacist-provided drug management services. None of the primary care clinics with on-site clinical pharmacists have ARNPs or PAs functioning independently without on-site physician available for consultation/oversight. As a general rule, ARNPs and PAs can write referral orders for other consultative services or specialty resources within and outside of our organization.

   The overarching philosophy for Patient-Center Medical Homes (PCMH) is to foster and develop interdisciplinary teamwork and support. With the creation of fully integrated electronic-health record, all of our UnityPoint providers have access to a common patient chart. With these fundamental aspects in mind, we would desire a more streamlined process for our UnityPoint Clinic mid-level practitioners to directly refer patients for Pharmacist-directed drug therapy management.

   The updated collaborative practice agreement(s) would be reviewed and approved by physician leaders within our integrated health system. The collaborative agreement would also be only executed at UnityPoint Clinic locations with approved Pharmacist(s) on-site.

6. Does anyone else (inside or outside state government) possess knowledge relevant to this petition?

   [☐] Yes [x☒] No [☐] Do not know

   If yes, list their names, addresses and phone numbers below.

7. Would anyone (inside or outside state government) be adversely affected if this petition were granted?

   [☐] Yes [x☒] No [☐] Do not know

   If yes, list their names, addresses and phone numbers below.

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8. Do you know how the Board of Pharmacy has treated similar situations?

[☐] Yes [x☒] No

If yes, describe below how similar situations were handled.

9. Have you had any past interaction with the Board of Pharmacy that might impact or relate to this petition?

[☒] Yes [☐] No

If yes, describe below the issue involved and the outcome.

- Original Collaborative Practice agreement forwarded to Lloyd Jessen (dated 9/27/06)
- Variance request for CPA approval process (dated 9/27/06). *Requested Partners in Health Physician Advisory Committee as the approving body.*
- Name Change of Institution from Iowa Health to UnityPoint: forwarded to Lloyd Jessen with copy of the updated CPA from 2012 (dated 5/21/03)

I authorize any person with knowledge of the relevant or important facts relating to this petition to release any pertinent information to the Iowa Board of Pharmacy. I hereby attest to the accuracy and truthfulness of the information contained herein.

Petitioner's Signature

2/25/16
Date