

Regulations:

16.19.26.12 TB TESTING:

A. PROTOCOL:

- (1) Prescriptive authority for Tuberculosis (TB) testing shall be exercised solely in accordance with the written protocol for TB testing drug therapy approved by the board.
- (2) Any pharmacist exercising prescriptive authority for TB testing must maintain a current copy of the written protocol for TB testing approved by the board.

B. EDUCATION AND TRAINING:

- (1) The pharmacist must successfully complete training as specified by the centers for disease control.
- (2) Continuing education: Any pharmacist exercising prescriptive authority for TB testing shall complete continuing education as specified by the centers for disease control.

C. AUTHORIZED DRUGS:

- (1) TB skin antigen serum(s).
- (2) Prescriptive authority for TB testing shall be limited to those drugs delineated in the written protocol approved by the board.

D. RECORDS:

- (1) The prescribing pharmacist must generate a written or electronic prescription from any TB test administered.
- (2) Informed consent must be documented in accordance with the approved protocol for TB testing and a record of such consent maintained in the pharmacy for a period of at least three years.

E. NOTIFICATION: Upon signed consent of the patient, the pharmacist shall notify the patient's designated physician or primary care provider and the department of health of any positive TB test.

Protocol: (May 2011)

PROTOCOL FOR PHARMACIST PRESCRIBING FOR TUBERCULIN SKIN TESTING

A. TITLE

New Mexico Pharmacist prescribing of tuberculin testing, is intended to support and pursuant to, New Mexico Board of Pharmacy Regulation (16.19.26)

B. PURPOSE

To assist Pharmacists in providing safe and effective tuberculin testing in New Mexico.

C. GUIDELINES

All pharmacists participating in prescriptive authority for tuberculin testing will follow the US Center for Disease Control Clinical Practice Guideline.

D. PHARMACIST MANDATES

- a. Pharmacists with prescriptive authority will document all prescription orders and with patient authorization, provide notice to the patient's primary practitioner within 15 days of writing the prescription.
- b. Pharmacists with prescriptive authority will take patient histories and consult with patients' medical providers as appropriate.
- c. Pharmacists with prescriptive authority will follow patients according to recommended guidelines.

E. GENERAL RECOMMENDATIONS

- a. Pharmacists will follow the US Center for Disease Control (CDC) recommendations for skin testing.
- b. Pharmacists will include an education component including both face to face and telephonic/electronic interventions to patients.

F. HEALTH SCREENING

- a. patient history.
- b. family history.
- c. current living environment.
- d. concurrent illness.
- e. allergies and hypersensitivities.
- f. medication history.

G. PRESCRIBING

- a. Medications which may be prescribed:
 1. The **Mantoux tuberculin skin test** (TST) is the standard method of determining whether a person is infected with *Mycobacterium tuberculosis*.
 2. Other FDA approved products for tuberculin skin testing.

H. CONTRAINDICATIONS AND PRECAUTIONS

See clinical practice guidelines.

I. PATIENT EDUCATION

- A. handouts can include the following:
- . skin test reaction drug information
 - . others as appropriate
 - . lifestyle modifications

J. PHARMACIST PROCEDURES

- a. The **Mantoux tuberculin skin test** (TST) is the standard method of determining whether a person is infected with *Mycobacterium tuberculosis*. Reliable administration

and reading of the TST requires standardization of procedures, training, supervision, and practice.

b. The TST is performed by injecting 0.1 ml of tuberculin purified protein derivative (PPD) into the inner surface of the forearm. The injection should be made with a tuberculin syringe, with the needle bevel facing upward. The TST is an intradermal injection. When placed correctly, the injection should produce a pale elevation of the skin (a wheal) 6 to 10 mm in diameter.

c. The skin test reaction should be read between 48 and 72 hours after administration. A patient who does not return within 72 hours will need to be rescheduled for another skin test. The reaction should be measured in millimeters of the induration (palpable, raised, hardened area or swelling). The reader should not measure erythema (redness). The diameter of the indurated area should be measured across the forearm (perpendicular to the long axis).

K. REFERRAL

a. Documentation of test and result must be maintained by the pharmacist and provided to the patient for the test results.

b. All positive reports must be sent to the Department of Health and to the patients primary care practitioner for follow up.

c. Patient test results, either positive or negative, may be provided to others upon patient request. This can include employers when testing is provided as a requirement for employment.

L. RECORDS

a. consent form.

b. records of notification

c. billing.

d. prescription order.