

PROTOCOL FOR PHARMACIST PRESCRIBING OF VACCINES

A. TITLE

New Mexico Pharmacist prescribing of vaccinations, as intended to support and pursuant to, New Mexico Board of Pharmacy Regulation (16.19.26)

B. PURPOSE

This is the protocol to assist Pharmacist for prescribing vaccines. This tool is intended to ensure safety, efficacy and provision to meet the needs of the public welfare by decreasing vaccine preventable diseases in New Mexico.

C. GUIDELINES

All pharmacists participating in prescriptive authority for vaccination will follow the Center for Disease Control recommendations as determined by the Advisory Committee on Immunization Practices. Recommendations may be found on the CDC website or obtained at the Department of Health Office of Immunizations.

D. ADVERSE EVENTS

- a. Live attenuated vaccines—these tend to mimic a mild case of natural illness.
- b. Inactivated vaccines tend to cause fever with generally local reactions one to three days after vaccination.
- c. Potential Adverse Events must be reported to the Vaccine Adverse Events Reporting Systems (VAERS) is the reporting agency at 1-800-822-7967 and the New Mexico Department of Health Immunization Program at 1-800-231-2367

E. PHARMACIST MANDATES

- a. Pharmacists with prescriptive authority will document all prescription orders and provide notice to the patient's primary practitioner within 15 days of writing the order and notify the DOH_or update the DOH(NMSIIS) immunization database.
- b. Pharmacists with prescriptive authority will follow algorithms for prescribing of vaccines, take patient histories and consult with previous medical providers as appropriate.
- c. Pharmacists with prescriptive authority will store all vaccines according to recommended guidelines and maintain record of temps.

F. GENERAL RECOMMENDATIONS

- a. Use Childhood and Adult Schedules most currently published by the New Mexico Department of Health.
- b. Follow guidelines for administration of transfusions and immunoglobulin according to Table #2.
- c. Note recommendations on administering cholera and yellow fever vaccines concomitantly.
- d. Follow recommendations when live attenuated vaccines are not administered simultaneously.
- e. Household members of the immunosuppressed should not receive oral polio vaccine.
- f. ONCE AN IMMUNIZATION SERIES BEGINS, DOSES do not need to be repeated regardless of lapsed time between intervals. See table 3.
- g. All vaccines will be administered according to techniques as illustrated in appendix and taught in CE course.

G. CONTRAINDICATIONS

a. Special considerations:

1. Encephalopathy (previous history or occurrence within 7 days of vaccine).
2. Allergies to eggs.

b. Pregnancy

1. Influenza Vaccine should be considered in 3rd trimester.
2. MMR is contraindicated.
3. Pneumococcal vaccine is recommended for those at risk.
4. TD is routinely indicated (unless immunized).

c. IMMUNOCOMPROMISED INDIVIDUALS - Definition

1. Congenital immunodeficiency, human immunodeficiency virus (HIV), leukemia, lymphoma, malignancy, chemotherapy, radiation or large doses of corticosteroids (more than 2 mg/kg or 20 mg/day of prednisone).
2. Poor response is found when inactivated vaccines are administered to these individuals.
3. Live attenuated vaccines are contraindicated in these individuals.

H. CONCURRENT ILLNESS

- a. mild febrile illness or minor illnesses do not interfere with vaccination.
- b. moderate or severe illnesses should be allowed to recover **BEFORE VACCINATIONS**.

I. ALLERGIES & HYPERSENSITIVITIES & DRUG INTERACTIONS

- a. eggs.
- b. aluminum compounds.
- c. taking certain medications such as immunosuppressants.

J. HEALTH SCREENING

- a. patient history.
- b. family history.
- c. current living environment.
- d. exposure to illness.

J. CONSENT: see Department of Health Form.

K. PATIENT EDUCATION

see Department of Health handouts and Clinic use Information in Appendix.

L. DISPENSING ADMINISTRATION

- a. Equipment List—see Appendix A
- b. List of Medications to be prescribed.

Authorized Drugs:

- (a) Diphenhydramine injection;
- (b) Diphtheria, tetanus and pertussis vaccines. Eg: (DTP),(DTaP), (Tdap);
- (c) Epinephrine injection (pre-measured syringe);
- (d) Haemophilus influenza B vaccine (HIB);
- (e) Hepatitis A vaccine;
- (f) Hepatitis B vaccine;
- (g) HPV Vaccine;
- (h) Inactivated polio vaccine (IPV);
- (i) Influenza vaccine;
- (j) Measles, mumps and rubella vaccine (MMR);
- (k) Meningococcal vaccine;
- (l) Oral polio vaccine (OPV);
- (m) Pneumococcal vaccine;
- (n) Rotovirus;
- (o) Shingles vaccine;
- (p) Tetanus and diphtheria toxoid (Td);
- (q) Tetanus toxoid;
- (r) Travel vaccines - Follow recommendations and required vaccination schedules as published in the current edition of the CDC publication of Travelers' Health: Yellow Book;
- (s) Varicella vaccine;
- (t) Other vaccines as determined by the CDC, ACIP or New Mexico Department of Health that may be required to protect the public health and safety.

M. MANANGEMENT OF ADVERSE EVENTS

- a. Maintain CPR certification up-to-date and file on hand at work site.
- b. Management needs and use of medications—Appendix B.

N. REFERRAL

- a. Pregnancy.
- b. Immunocompromised.

Either to Department of Health or Health Care Provider

O. RECORDS

- a. consent form.
- b. records of notification (VIS)
- c. billing.
- d. prescription order.