

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 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 Center for Disease Control or New Mexico Department of Health.

- b. Follow recommendations when live attenuated vaccines are not administered simultaneously.
- c. ONCE AN IMMUNIZATION SERIES BEGINS, DOSES do not need to be repeated regardless of lapsed time between intervals.
- d. All vaccines will be administered according to techniques as demonstrated and taught in the certification course.

G. CONTRAINDICATIONS

- a. Special considerations:
 - i. Encephalopathy (previous history or occurrence within 7 days of vaccine).
 - ii. Allergies to eggs.
 - iii. A previous serious reaction to any vaccines or components thereof.
- b. Pregnancy - Live vaccines are contraindicated in these individuals.

As per the Center for Disease Control, all other vaccines recommended for those individuals at risk.

c. IMMUNOCOMPROMISED INDIVIDUALS

- i. 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).
- ii. Live attenuated vaccines are contraindicated in these individuals.

H. CONCURRENT ILLNESS

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

I. ALLERGIES & HYPERSENSITIVITIES & DRUG INTERACTIONS

- a. eggs
- b. aluminum compounds.
- c. preservatives, as specific to each vaccine.
- d. taking certain medications such as immunosuppressants

J. HEALTH SCREENING

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

- e. CONSENT: must be completed and signed by the patient or legal guardian.

K. PATIENT EDUCATION

- a. Most updated Vaccine Information Statement (VIS), as required by Federal Law.

L. DISPENSING ADMINISTRATION

- a. Equipment List—as described in the certification course.
- b. Authorized Drugs:
 - (a) Diphenhydramine injection;
 - (b) Diphtheria, tetanus and pertussis vaccines. Eg: (DTP),(DTaP), (Tdap);
 - (c) Epinephrine injection (prefilled syringes or auto-injectors);
 - (d) Haemophilus influenza B vaccine (HIB);
 - (e) Hepatitis A vaccine;
 - (f) Hepatitis B vaccine;
 - (g) Human Papilloma Virus (HPV);
 - (h) Inactivated polio vaccine (IPV);
 - (i) Influenza vaccine (IIV3, IIV4, LAIV);
 - (j) Japanese encephalitis;
 - (k) Measles, mumps and rubella vaccine (MMR);
 - (l) Meningococcal vaccine (MCV4, MPSV);
 - (m)Pneumococcal vaccine (PCV, PPSV);
 - (n) Rabies (as compliant with the New Mexico Department of Health designations);
 - (o) Rotavirus;
 - (p) Shingles vaccine;
 - (q) Tetanus and diphtheria toxoid (Td);
 - (r) Tetanus toxoid (Tt);
 - (s) Travel vaccines and medication - Follow recommendations and required vaccination schedules as published in the current edition of the CDC publication of Travelers' Health: Yellow Book;
 - Anti-malarials
 - (i.) Atovaquone/proguanil (normal renal function must first be confirmed, cannot be used in pregnancy/breastfeeding, cannot be used in children <5kg)
 - (ii.)Chloroquine (cannot be used in areas with resistance)
 - (iii.) Doxycycline (cannot be used in pregnancy or children <8 y/o)

Traveler's Diarrhea (TD)

- (i) Prevention counseling and education
- (ii) Oral rehydration education
- (iii) Bacterial empiric treatment (for moderate to severe TD)
 - a. ciprofloxacin (cannot be used in areas with known microbial resistance, cannot be used in pregnancy or children <18 y/o, cannot be used in those with a history of quinolone allergy)
 - b. azithromycin (cannot be used in areas with known microbial resistance, cannot be used in those with an allergy to erythromycin or related antibiotics,
- (iv) Antimotility adjunct
 - a. loperamide (cannot be used in those with bloody diarrhea or fever)
- (t) Typhoid vaccines (live, inactive);
- (u) Varicella vaccine;
- (v) 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.
- c. Non-Authorized Drugs:
 - (a) Injectable Immunoglobulins
 - (b) Anti-malarials
 - (i.) Mefloquine
 - (ii.) Primaquine

M. MANAGEMENT OF ADVERSE EVENTS

- a. Maintain live basic life support cardiopulmonary resuscitation (BLS/CPR) certification up-to-date and file on hand at work site.
- b. Management needs and use of medications

N. RECORDS

- a. consent form
- b. records of notification
- c. prescription order.