§ 90-18.4. Limitations on clinical pharmacist practitioners.

(a) Any pharmacist who is approved under the provisions of G.S. 90-18(c)(3a) to perform medical acts, tasks, and functions may use the title "clinical pharmacist practitioner". Any other person who uses the title in any form or holds himself or herself out to be a clinical pharmacist practitioner or to be so licensed shall be deemed to be in violation of this Article.

(b) Clinical pharmacist practitioners are authorized by physicians to provide health care services in accordance with G.S. 90-18(c)(3a) and subsection (e) of this section under the following conditions:

(1) The North Carolina Medical Board and the North Carolina Board of Pharmacy have adopted rules developed by a joint subcommittee governing the approval of individual clinical pharmacist practitioners to practice health care services with such limitations that the Boards determine to be in the best interest of patient health and safety.

(2) The clinical pharmacist practitioner has current approval from both Boards.

(3) The North Carolina Medical Board has assigned an identification number to the clinical pharmacist practitioner which is shown on written prescriptions written by the clinical pharmacist practitioner.

(4) Repealed by Session Laws 2025-37, s. 7.1(b), effective October 1, 2025.

(c) Repealed by Session Laws 2025-37, s. 7.1(b), effective October 1, 2025.

(c1) Any order written by a clinical pharmacist practitioner for medications, tests, or devices shall be deemed to have been authorized by the physician approved by the Boards as the supervisor of the clinical pharmacist practitioner and the supervising physician shall be responsible for authorizing the prescription order.

(c2) Institutional and group practices may implement a site-specific, multi-provider collaborative practice agreement for the care of their patients. The institution or group practice must develop a policy for oversight, and the clinical pharmacist practitioners engaged in the agreement must be evaluated by an appointed supervising physician.

(d) Any registered nurse, licensed practical nurse, or pharmacist who receives a drug therapy, laboratory test, or device order from a clinical pharmacist practitioner is authorized to perform that order in the same manner as if the order was received from a licensed physician.

(e) The following requirements apply to clinical pharmacist practitioners and supervising physicians engaging in collaborative practice:

(1) A clinical pharmacist practitioner shall have a site-specific supervising physician.

(2) The supervising physician shall conduct periodic review and evaluation of the health care services provided by the clinical pharmacist practitioner.

(3) A physician may collaborate with any number of clinical pharmacist practitioners, but when acting as the supervising physician, they shall supervise as many clinical pharmacist practitioners as the supervising physician deems can be safely and effectively supervised.

(4) Health care services delegated by a supervising physician, such as initiating, changing, or discontinuing drugs, or ordering tests or devices, to assist with drug therapy, disease, or population health management, must be included in the written agreement between the supervising physician and the clinical pharmacist practitioner.

(5) A supervising physician may include a "statement of authorization" in the written agreement to allow the clinical pharmacist practitioner to conduct drug substitutions within the same therapeutic class or for biosimilar medications based upon the health plan's drug formulary for a patient. The clinical

pharmacist practitioner shall document and notify the patient's physician of any substitutions made.

(6) Supervising physicians may add other advanced practice providers that they supervise to their collaborative practice agreement with a clinical pharmacist practitioner. The evaluation and supervision of the clinical pharmacist practitioner shall remain with the supervising physician.

(f) The health care setting location for the provision of health care services by the clinical pharmacist practitioner may be fully or partially embedded for a site-specific practice. The setting location shall be determined by the supervising physician and included in the site-specific collaborative practice agreement. (1999-290, s. 3; 2025-37, s. 7.1(b).)