College of Pharmacy
Center for the Advancement of Pharmacy Practice

CAPP RESOURCE | ONE-PAGER

Pharmacist Scope of Practice in Kentucky

What you can do, what you can bill for.

Your Scope of Practice Impacts What You Can Bill For

Both House Bill 48 and House Bill 3 stipulate that pharmacists can bill for services that fall within their scope of practice. In Kentucky, scope of practice is primarily governed by KRS 315.010 and 201 KAR Chapter 2. This one pager summarizes five categories of services that fall within pharmacists' scope of practice that would be good opportunities to engage in billing for.

All specific activities of scope listed are meant to provide examples of practice type and are not exhaustive or limited to what is described in this document.

FIVE CATEGORIES OF SERVICES

There are 5 broad categories of services that scope of practice can be broken into. Each has its own legal basis and operational requirements.

Category	Description	Examples
Administration of Medications, Biologics & Vaccines	Administering medications/biologics in the course of dispensing or maintaining a prescription drug order; immunizations per protocol.	Long-acting injectables e.g. antipsychotics, naltrexone, medroxyprogesterone; Age-appropriate vaccinations.
Protocol-Driven Care	Care delivered under board-authorized protocols, immunization protocols, or opioid antagonist protocols.	Age appropriate immunizations; Opioid antagonists; Point-of-care test and treat for flu, strep, UTI, COVID; Treatment of Travel health, allergic rhinitis, and OUD..
Pharmacy-Related Primary Care	Patient education, health promotion, and OTC selection assistance for common diseases and injuries.	Preventative health screening, chronic disease screening and education, tobacco cessation counseling, SBIRT for mental health.
Collaborative Care Disease/Drug Therapy Management	Patient-specific care delivered under a collaborative care agreement with a practitioner.	Management of anticoagulation, diabetes, hypertension, asthma, COPD, heart failure, hyperlipidemia, transplant, etc.
Medication Therapy Management	MTM delivered independently or as part of comprehensive medication management or transitional care management.	Comprehensive medication review, targeted medication intervention, MTM as part of chronic care management and/or transitional care management services.

WHEN DO YOU NEED A COLLABORATIVE PRESCRIBER?

Pharmacists in Kentucky do not have independent prescriptive authority. Several services within the scope of practice require a collaborative practice agreement with a recognized prescriber.

Pathway	Practitioner Required?	Notes
Immunization protocol	Yes — physician or APRN	Population-specific. Patient does not need a separate referral.
Opioid antagonist protocol	Yes — physician only	Population-specific. Pharmacist must hold Board certification.
Board Authorized Protocol	Yes — physician or APRN	Population-specific. Signed protocol must be submitted to Board prior to use.
Collaborative Care Agreement	Yes — physician or APRN	Patient-specific: practitioner must refer each patient. Any condition allowed if legal requirements met.
Pharmacy-related primary care	No	Independent within statutory scope.

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BOARD AUTHORIZED PROTOCOLS AT A GLANCE

These population-specific protocols allow pharmacists to initiate care for patients who meet the criteria outlined in the protocol without a referral from another provider.

How Board Authorized Protocols (BAP) Work

1. Authorized conditions only. A BAP can only address one of the conditions listed in 201 KAR 2:380(5).
2. Board templates must be followed. The KY Board of Pharmacy publishes templates for already-approved protocols.
3. Required training. Before delivering care under a BAP, you must complete ACPE-accredited training (or Board-approved equivalent) in the protocol's subject matter. Keep documentation on file.
4. Practitioner signature. A physician or APRN (not a PA) must sign the protocol. The signed protocol must list the pharmacy permit number.
5. Submit before use. The pharmacist-in-charge must submit the signed protocol to the Board for inclusion in the registry before any care is delivered under it.

COLLABORATIVE CARE AGREEMENTS AT A GLANCE

Collaborative Care Agreements are patient-specific agreements that allow pharmacists to manage a patient's medication-related needs after the practitioner refers them to the pharmacists.

How Collaborative Care Agreements (CCAs) Work

1. Patient-specific. Unlike BAPs, a CCA requires the practitioner to refer each patient to you before you deliver care.
2. Any condition. A CCA can be written for any condition, as long as it is within the scope of the collaborative provider and the legal requirements in KRS 315.010(5) and 201 KAR 2:220 are met.
3. No Board approval required. CCAs do not need to be submitted to or approved by the Board of Pharmacy prior to use.
4. No specific training is required by the regulation. Pharmacists should only provide care in areas that they have specific education, training, and experience in.

PHARMACY-RELATED PRIMARY CARE AT A GLANCE

Pharmacy-related primary care is defined in KRS 315.010 (20) and does not require a collaborative prescriber to be performed by a pharmacist.

How Pharmacy-related Primary Care Works

1. Pharmacy-related primary care is wide ranging. It includes "patient education, health promotion, and assistance in the selection and use of over-the-counter-drugs and appliances for the treatment of common diseases and injuries". These services can include preventative health screening and education, tobacco cessation counseling, and more.

KEY TAKEAWAYS

- **Know the legal requirements of the service you're providing.** Each service has unique training, documentation, patient education, and provider communication requirements that must be followed.
- **Board authorized protocols must be strictly followed.** The authority to provide services and initiate the dispensing of medications is only allowed if each step of the protocol is followed exactly as listed.
- **Collaborative care agreements need a referral every time.** Unlike protocols, patients receiving treatment under a CCA must be referred by a prescriber to the pharmacist for care.
- **Document each patient care encounter thoroughly.** Proper documentation promotes optimal patient care, ensures better communication between providers, and is the basis for choosing which codes to bill for.