



**Collaborative Agreement  
for Pharmacist-Administered Vaccines**

This Collaborative Agreement (**Agreement**) is made effective as January 1, 2022 (“Effective Date”), by and between Dr. Laura Dooley (**Authorizing Practitioner**), a practitioner authorized to prescribe legend drugs, licensed in and actively practicing in the State of Alaska, and **Genoa Healthcare, LLC (Pharmacy)**, a Alaska licensed pharmacy, for the purpose of setting forth the terms under which a pharmacist (**Pharmacist**), who is employed by Pharmacy and **listed in Attachment 1**, may administer vaccines without a prescription.

1. **Pharmacist Qualifications.** Pharmacy must ensure that Pharmacist meets the following requirements prior to administering a vaccine to an individual under this Agreement.
  - a. **Relationship with Pharmacy.** Pharmacist must be an employee of Pharmacy. If Pharmacist’s employment with Pharmacy ends, Pharmacist’s authorization to administer vaccines under this Agreement is immediately terminated.
  - b. **Certification and Training.** Pharmacist must obtain a certificate of achievement from the American Pharmacists Association’s “Pharmacy-based Immunization Delivery” training program or an alternative training program approved in advance by the Alaska Board of Pharmacy.<sup>1</sup>
  - c. **License in Good Standing.** Pharmacist must be licensed and in good standing with the Alaska Board of Pharmacy.

2. **Pharmacy Duties.**

- a. **Board Notification/Approval.** Prior to the administration of a vaccine to an individual under this Agreement, Pharmacy must submit a copy and receive approval of this Agreement from the Alaska Board of Pharmacy.<sup>2</sup> Pharmacy must submit [Pharmacist Collaborative Practice Application](#)<sup>3</sup> along with this Agreement.
- b. **Contraindications and Precautions.** Pharmacy must ensure that professional judgment is exercised in determining whether a vaccine is appropriate for an individual. Decisions concerning the administration of a vaccine must be made in compliance with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) published by the Centers for Disease Control and Prevention (CDC) and the protocol for the vaccine (available in Exhibit A).
- c. **Vaccines and Emergency Medications that may be Administered.** The following vaccines and immunizations may be administered in compliance with 12 Alaska Admin. Code 52.240, Alaska Stat 08.80.168, the recommendations of the ACIP, and the attached protocol for the vaccine available in Exhibit A.

i. **Children under nineteen (19) years of age.**

1. DTaP.....(Exhibit A-21)
2. HepA.....(Exhibit A-5)
3. HepB.....(Exhibit A-7)
4. Hib.....(Exhibit A-1)
5. HPV.....(Exhibit A-9)
6. Influenza.....(Exhibit A-2)
7. IPV.....(Exhibit A-19)
8. MenACWY, MenB.....(Exhibits A-13, A-15)
9. MMR.....(Exhibit A-11)
10. PPSV, PCV.....(Exhibits A-16, A-17)
11. RV.....(Exhibit A-20)
12. Tdap/Td.....(Exhibit A-22)
13. Varicella.....(Exhibit A-24)
14. COVID-19 ..... (Exhibit A-34)

<sup>1</sup> [Alaska Board of Pharmacy Advisory Statement.](#)

<sup>2</sup> 12 Alaska Admin. Code 52.240(a).

<sup>3</sup> Application available at <https://www.commerce.alaska.gov/web/portals/5/pub/pha4410.pdf>.



**ii. Adults who are nineteen (19) years of age and older:**

1. HepA.....(Exhibit A-6)
2. HepB.....(Exhibit A-8)
3. Hib.....(Exhibit A-3)
4. HPV.....(Exhibit A-10)
5. Influenza.....(Exhibit A-4)
6. MenACWY or MPSV4, MenB.....(Exhibits A-14, A-15)
7. MMR.....(Exhibit A-12)
8. PCV13, PPSV23.....(Exhibit A-18)
9. Tdap/Td.....(Exhibit A-23a, A-23b)
10. Varicella.....(Exhibit A-25)
11. Zoster (>50 years old) .....(Exhibit A-26)
12. COVID-19 ..... (Exhibit A-34)

**iii. Emergencies or Disasters.** In the event that a governmental agency declares a disaster or emergency and grants pharmacists expanded scope of practice to administer vaccines in addition to those set forth in this Agreement, Pharmacy may authorize Pharmacist to administer those vaccines in accordance with the governmental guidelines.

**d. Documentation.** All vaccines administered must be properly documented.

**i. Individual Records.** Pharmacy must maintain an individual record of administration including: individual name, date, vaccine given, manufacturer, lot number, expiration date, and signature of person administering vaccine. Pharmacy must provide Authorizing Practitioner with each individual record created under this Agreement.<sup>4</sup>

**ii. Vaccine Information Statement.** The current Vaccine Information Statement (VIS) for each vaccine to be administered must be discussed and provided to each individual (or if the individual is a minor, the individual's parent or guardian). The VIS is available at <http://www.cdc.gov/vaccines/hcp/vis/>.

**iii. Record Retention.** Pharmacy must maintain records for at least two (2) years after administration of a vaccine.<sup>5</sup>

**e. Emergency Procedures for Adverse Reactions.** Allergic, anaphylactic, or other emergency conditions will be managed according to the emergency protocol (Exhibits A-31, A-32).

**f. Reporting.**

**i. Authorizing Practitioner.** Pharmacy must provide Authorizing Practitioner with each individual record created under this Agreement at least once every three (3) months.<sup>6</sup>

**ii. State.** Pharmacy must report the administration of all vaccines within fourteen (14) days of administration to the state registry, VacTrAK.<sup>7</sup> Pharmacy must report individual name, address, sex, race and date of birth; date of vaccination; vaccine lot number, manufacturer, and dosage; and dose level vaccine eligibility code.<sup>8</sup>

**iii. Adverse Events.** Pharmacy must report adverse events to the Vaccine Adverse Event Reporting System (VAERS) within ten (10) days of the adverse event.

**g. Delegation.** Pharmacy may delegate administration of a vaccine to an intern provided that the intern is directly supervised by Pharmacist.<sup>9</sup>

<sup>4</sup> 12 Alaska Admin. Code 52.240(b)(8).

<sup>5</sup> 12 Alaska Admin. Code 52.240(e).

<sup>6</sup> 12 Alaska Admin. Code 52.240(b)(8).

<sup>7</sup> 7 Alaska Admin. Code 27.650(a).

<sup>8</sup> 7 Alaska Admin. Code 27.650(c).

<sup>9</sup> 12 Alaska Admin. Code 52.220(b); Alaska Stat 08.80.480(12).



- h. **References.** Pharmacy must maintain a copy of this Agreement, approved [Pharmacist Collaborative Practice Application](#), and protocols at all places where Pharmacist administers vaccines.<sup>10</sup>

3. **Authorizing Practitioner Duties.**

- a. **Board Notification/Approval.**<sup>11</sup> Prior to the administration of a vaccine to an individual under this Agreement, Authorizing Practitioner must submit a copy and receive approval of this Agreement from the Alaska State Medical Board prior to the administration of a vaccine under this Agreement. Authorizing Practitioner must also submit a Cooperative Practice Agreement Application.
- b. **Availability.** Authorizing Practitioner must be available for consultation, questions about contraindications or precautions, advice in the event of an adverse reaction, and decisions made under this Agreement.<sup>12</sup>
- c. **Periodic Review of Records.** Authorizing Practitioner must review all records of vaccines administered under this Agreement at least once every three (3) months to review the activities and decisions of Pharmacist related to administering the vaccines.<sup>13</sup>
- d. **Record Retention.** Authorizing physician must retain this Agreement and records required for at least seven (7) years after the termination of the agreement.

4. **Term and Termination.** Unless rescinded earlier in writing by either party for any reason, the term of this Agreement shall commence on the Effective Date and shall continue in effect for one (1) year (the "Term") for activities performed by Pharmacist in Pharmacy.<sup>14</sup> If Pharmacist's employment with Pharmacy ends, Pharmacist's authorization under this Agreement is automatically terminated.

- a. **Alaska State Medical Board.** Authorizing Physician must ensure the Alaska State Medical Board is notified within thirty (30) days of termination of this Agreement.<sup>15</sup>
- b. **Alaska Board of Pharmacy.** Pharmacy must ensure the Alaska Board of Pharmacy is notified within thirty (30) days of termination of this Agreement.<sup>16</sup>

5. **Miscellaneous.**

- a. **Changes to Agreement.** This Agreement may be modified only by a written instrument signed by both Parties. Any significant changes to this Agreement must be submitted to and approved by the Alaska Board of Pharmacy and the Alaska State Medical Board. No vaccines may be administered until the boards approve the new agreement.<sup>17</sup>
- b. **Entire Agreement.** This Agreement, the Protocols and any Exhibits constitute the entire understanding of the Parties regarding the subject matter hereof, and supersede any prior agreements, writings or understandings, whether oral or written. This Agreement may be executed in multiple counterparts, all of which will constitute one and the same agreement. Each Party intends the facsimile of its signature printed by a receiving fax machine to be an original signature.
- c. **Jurisdiction.** This Agreement will be governed by and construed in accordance with the laws of the State of Alaska, without reference to its conflict of law provisions.

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<sup>10</sup> 12 Alaska Admin. Code 52.240(i).

<sup>11</sup> 12 Alaska Admin. Code 40.983(b); Application is available at <https://www.commerce.alaska.gov/web/portals/5/pub/med4354.pdf>.

<sup>12</sup> 12 Alaska Admin. Code 52.240(b)(5).

<sup>13</sup> 12 Alaska Admin. Code 52.240(b)(7).

<sup>14</sup> 12 Alaska Admin. Code 52.240(b)(3).

<sup>15</sup> 12 Alaska Admin. Code 40.983(f).

<sup>16</sup> 12 Alaska Admin. Code 52.240(f).

<sup>17</sup> 12 Alaska Admin. Code 52.240(g).



- d. **Headings.** The headings to the sections and subsections of this Agreement must be disregarded in its interpretation.
- e. **Assignment.** This Agreement is binding upon the Parties and their successors and permitted assigns. Neither Party must assign its rights or delegate or subcontract its duties under this Agreement without prior written consent of the other Party.
- f. **Notice.** All notices required or permitted hereunder will be deemed sufficiently given if hand-delivered or sent by certified mail or by facsimile, with confirmation receipt, addressed as follows:



If to Pharmacy: **Name:** Genoa Healthcare, LLC  
**Address:** 707 S. Grady Way, Suite 700  
 Renton, WA 98057  
**Facsimile:** (253) 218-0336

If to Authorizing Practitioner: **Name:** Laura Dooley  
**Facsimile:** 907-789-2310

- g. **Privacy of Medical Records.** The Parties will treat all medical records or other health and enrollment information as confidential and protected against unauthorized disclosure so as to comply with all state and federal laws regarding the privacy, security, confidentiality and disclosure of individuals' health information. The Parties must allow each other to use medical records as necessary to provide appropriate individual care.
- h. **Exclusion from Federal Health Care Programs.**
  - i. **Pharmacy.** Pharmacy hereby represents that neither Pharmacy, nor, to the best of Pharmacy's knowledge, Pharmacist, Pharmacy's employees, agents or independent contractors involved in the provision of services have been excluded from participation in any Federally-funded health care programs, including, but not limited to, Medicare and Medicaid.
  - ii. **Practitioner.** Authorizing Practitioner hereby represents that neither Authorizing Practitioner, the company under which Authorizing Practitioner submits claims to Medicare (Group Practice) nor, to the best of Authorizing Practitioner's knowledge, Group Practice's employees, agents or independent contractors involved in the provision of services have been excluded from participation in any Federally-funded health care programs, including, but not limited to, Medicare and Medicaid.
- i. **Independent Contractors.** Each Party is an independent entity and nothing in this Agreement must be construed to establish an employer/employee or principal/agent relationship or any fiduciary or other relationship other than independent parties contracting with each other for the purpose of carrying out the duties and obligations of this Agreement.
- j. **Severability and Waiver.** The invalidity or unenforceability of any term or provision of this Agreement must in no way affect the validity or enforceability of any other term or provision. The waiver by either Party of a breach of any provision of this Agreement must not operate as or be construed as a waiver of any subsequent breach thereof.

The undersigned represent that they are duly authorized to execute this Agreement on behalf of the party for whom they sign; and such party shall be bound by the terms of this Agreement.

Signature Page Follows

<p><b>Authorizing Practitioner Signature:</b></p> <p>Signature: <u></u></p>	<p><b>Genoa Healthcare, LLC:</b></p> <p>Signature: <u></u></p> <p>73AD77DEC82C40C...</p>
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Print Name: <u>Laura Dooley</u>	Print Name: <b>Amr Elebiary, Pharm.D., MBA</b>
Address: <u>10301 Glacier Highway</u>	Title: <u>Regional VP of Operations – West Division</u>
City/State/Zip: <u>Juneau, AK 99801</u>	Address: <u>707 S. Grady Way, Suite 700</u>
Medical License#: <u>AK5574</u>	City/State/Zip: <u>Renton, WA 98057</u>
Phone#: <u>907-789-2910</u>	Phone#: <b>(888) 436-6279</b>
Date: <u>1/5/22</u>	Date: <u>11/19/2021   9:37 AM PST</u>

**Exhibit A: Protocols**

Exhibit A-1	Haemophilus influenzae type b (Hib) – Children	<a href="http://www.immunize.org/catg.d/p3083a.pdf">www.immunize.org/catg.d/p3083a.pdf</a>
Exhibit A-2	Influenza inactivated and live intranasal – Children	<a href="http://www.immunize.org/catg.d/p3074a.pdf">www.immunize.org/catg.d/p3074a.pdf</a>
Exhibit A-3	Haemophilus influenzae type b (Hib) – Adults	<a href="http://www.immunize.org/catg.d/p3083.pdf">www.immunize.org/catg.d/p3083.pdf</a>
Exhibit A-4	Influenza inactivated and live intranasal – Adults	<a href="http://www.immunize.org/catg.d/p3074.pdf">www.immunize.org/catg.d/p3074.pdf</a>
Exhibit A-5	Hepatitis A – Children	<a href="http://www.immunize.org/catg.d/p3077a.pdf">www.immunize.org/catg.d/p3077a.pdf</a>
Exhibit A-6	Hepatitis A – Adults	<a href="http://www.immunize.org/catg.d/p3077.pdf">www.immunize.org/catg.d/p3077.pdf</a>
Exhibit A-7	Hepatitis B – Children	<a href="http://www.immunize.org/catg.d/p3076a.pdf">www.immunize.org/catg.d/p3076a.pdf</a>
Exhibit A-8	Hepatitis B – Adults	<a href="http://www.immunize.org/catg.d/p3076.pdf">www.immunize.org/catg.d/p3076.pdf</a>
Exhibit A-9	HPV – Children	<a href="http://www.immunize.org/catg.d/p3090.pdf">www.immunize.org/catg.d/p3090.pdf</a>
Exhibit A-10	HPV – Adults	<a href="http://www.immunize.org/catg.d/p3091.pdf">www.immunize.org/catg.d/p3091.pdf</a>
Exhibit A-11	MMR – Children	<a href="http://www.immunize.org/catg.d/p3079a.pdf">www.immunize.org/catg.d/p3079a.pdf</a>
Exhibit A-12	MMR – Adults	<a href="http://www.immunize.org/catg.d/p3079.pdf">www.immunize.org/catg.d/p3079.pdf</a>
Exhibit A-13	Meningococcal (MenACWY) – Children	<a href="http://www.immunize.org/catg.d/p3081a.pdf">www.immunize.org/catg.d/p3081a.pdf</a>
Exhibit A-14	Meningococcal (MenACWY) – Adults	<a href="http://www.immunize.org/catg.d/p3081.pdf">www.immunize.org/catg.d/p3081.pdf</a>
Exhibit A-15	Meningococcal B (MenB) – Children and Adults	<a href="http://www.immunize.org/catg.d/p3095.pdf">www.immunize.org/catg.d/p3095.pdf</a>
Exhibit A-16	Pneumococcal polysaccharide vaccine (PPSV) – Children	<a href="http://www.immunize.org/catg.d/p3075a.pdf">www.immunize.org/catg.d/p3075a.pdf</a>
Exhibit A-17	Pneumococcal conjugate vaccine (PCV) – Children	<a href="http://www.immunize.org/catg.d/p3086.pdf">www.immunize.org/catg.d/p3086.pdf</a>
Exhibit A-18	Pneumococcal (PPSV23 and PCV13) – Adults	<a href="http://www.immunize.org/catg.d/p3075.pdf">www.immunize.org/catg.d/p3075.pdf</a>
Exhibit A-19	Polio (IPV) – Children	<a href="http://www.immunize.org/catg.d/p3071.pdf">www.immunize.org/catg.d/p3071.pdf</a>
Exhibit A-20	Rotavirus (RV) – Children	<a href="http://www.immunize.org/catg.d/p3087.pdf">www.immunize.org/catg.d/p3087.pdf</a>
Exhibit A-21	Tetanus-diphtheria toxoids & pertussis (DTaP) – Children	<a href="http://www.immunize.org/catg.d/p3073.pdf">www.immunize.org/catg.d/p3073.pdf</a>
Exhibit A-22	Tetanus-diphtheria toxoids & pertussis (Tdap/Td) – Children	<a href="http://www.immunize.org/catg.d/p3078a.pdf">www.immunize.org/catg.d/p3078a.pdf</a>
Exhibit A-23a	Tetanus-diphtheria toxoids & pertussis (Tdap/Td) – Adults	<a href="http://www.immunize.org/catg.d/p3078.pdf">www.immunize.org/catg.d/p3078.pdf</a>
Exhibit A-23b	Tetanus-diphtheria toxoids & pertussis (Tdap/Td) – Pregnant Women	<a href="http://www.immunize.org/catg.d/p3078b.pdf">www.immunize.org/catg.d/p3078b.pdf</a>
Exhibit A-24	Varicella (Chicken Pox) – Children	<a href="http://www.immunize.org/catg.d/p3080a.pdf">www.immunize.org/catg.d/p3080a.pdf</a>
Exhibit A-25	Varicella (Chicken Pox) – Adults	<a href="http://www.immunize.org/catg.d/p3080.pdf">www.immunize.org/catg.d/p3080.pdf</a>
Exhibit A-26	Zoster – Adults CDC Guidance (>50 yr)	<a href="http://www.immunize.org/catg.d/p3092.pdf">www.immunize.org/catg.d/p3092.pdf</a>
Exhibit A-27	Japanese Encephalitis – Children and Adults	<a href="https://bula-docs.s3.amazonaws.com/immunization-cpas/vaccine-protocols/japanese-encephalitis-standing-order-9-2015.docx">https://bula-docs.s3.amazonaws.com/immunization-cpas/vaccine-protocols/japanese-encephalitis-standing-order-9-2015.docx</a>
Exhibit A-28	Rabies – Children and Adults	<a href="https://bula-docs.s3.amazonaws.com/immunization-cpas/vaccine-protocols/rabies-vaccine-standing-order-9-2015.docx">https://bula-docs.s3.amazonaws.com/immunization-cpas/vaccine-protocols/rabies-vaccine-standing-order-9-2015.docx</a>
Exhibit A-29	Typhoid – Children and Adults	<a href="https://bula-docs.s3.amazonaws.com/immunization-cpas/vaccine-protocols/typhoid-vaccine-standing-order-9-2015.docx">https://bula-docs.s3.amazonaws.com/immunization-cpas/vaccine-protocols/typhoid-vaccine-standing-order-9-2015.docx</a>
Exhibit A-30	Yellow Fever – Children and Adults	<a href="https://bula-docs.s3.amazonaws.com/immunization-cpas/vaccine-protocols/yellow-fever-standing-order-9-2015.docx">https://bula-docs.s3.amazonaws.com/immunization-cpas/vaccine-protocols/yellow-fever-standing-order-9-2015.docx</a>
Exhibit A-31	Medical Management of Vaccine Reactions in Adult Patients	<a href="http://www.immunize.org/catg.d/p3082.pdf">www.immunize.org/catg.d/p3082.pdf</a>
Exhibit A-32	Medical Management of Vaccine Reactions in Children and Teens	<a href="http://www.immunize.org/catg.d/p3082a.pdf">www.immunize.org/catg.d/p3082a.pdf</a>

**Exhibit A: Protocols**

Exhibit A-34	COVID-19 Vaccines	<p><b>Moderna:</b></p> <p><a href="https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/standing-orders.pdf">https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/standing-orders.pdf</a></p> <p><b>Pfizer-BioNTech:</b></p> <p><a href="https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/standing-orders.pdf">https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/standing-orders.pdf</a></p> <p><b>Janssen, Inc (Johnson &amp; Johnson):</b></p> <p><a href="https://www.cdc.gov/vaccines/covid-19/info-by-product/janssen/downloads/Janssen-Standing-Orders.pdf">https://www.cdc.gov/vaccines/covid-19/info-by-product/janssen/downloads/Janssen-Standing-Orders.pdf</a></p>
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