



# Collaborative Practice Agreement

Effective Date: August 28, 2023

## Patient Population

All Medi-Cal Fee-For-Service patients, including Managed Care Medi-Cal (i.e. CalOptima, IEHP, LaCare, Molina, Partnership etc.)

## AUTHORITY AND PURPOSE

I hereby authorize Gojji Pharmacist(s), who holds an active license to practice from the State of California, to manage patients pursuant to the parameters outlined in this agreement. The purpose of this agreement is to facilitate consistent access to Diabetes or other Chronic Disease Management Services for the collaborating providers' mutual patients.

### A. PATIENT CARE FUNCTIONS AUTHORIZED

The clinic location and the practitioners at this location are parties to this collaborative agreement with gojji pharmacists, by which the Gojji pharmacists receive limited prescriptive authority under the supervision of the physician in accordance with California Law SB493.

#### a. **ISSUE MEDICAL OR PRESCRIPTION ORDERS FOR DIABETIC and/or BLOOD PRESSURE MONITORING SUPPLIES**

A new or refill medical order will be authorized on behalf of the provider in one (1) year increments, if at least one (1) of the following criteria is met:

- Diabetes:
  - Anti-diabetic medication or diabetic testing supplies filled for the patient within the past 12 months
  - A1C > 6.4% or estimated average blood glucose > 137 mg/dL per remote monitoring
- Blood Pressure:
  - Diagnosis of Hypertension (HTN) who had a BP reading taken within the past 12 months

**The following diabetic and/or blood pressure items may be included based on the patient and/or provider request:**

- **Gojji Cellular-enabled** glucometer and diabetes management testing supplies
- Lancing device
- Glucose test strips (quantity per testing sig)
- Alcohol pads
- Sharps container (if covered)
- Lancets (quantity per testing sig)
- BG & Ketone Control solution
- Glucagon injection (for high-risk insulin users only)
- Ketone strips
- **Dexcom or Freestyle Continuous Glucose Monitor**
- Receiver (#1)
- Transmitter (#1 every 90 days with sensor)
- Sensor Kit (3 pack)
- Alcohol Pads
- **ForaCare** blood pressure monitor (for Small to Large Adult cuff Size Range 9.4"-16.9"/24~43cm, XL cuff size based on availability)



# Collaborative Practice Agreement

Effective Date: August 28, 2023

All orders issued based on the Medi-Cal Formulary Testing Frequency Requirements:

**Diabetes (SMBG):**

- **Non-insulin dependent:** DM supplies to test **once (1) daily** with the maximum quantity of 100 for 100 days
- **Insulin dependent: DM** supplies to test up to **six (6) times daily** with maximum quantity of 200 for 30 days

**Diabetes (CGM):**

- **New Start:** apply one sensor every 10-14 days **with PA approval** meeting Medi-Cal New Start criteria \*
- **Continuation Therapy:** apply one sensor every 10-14 days **with PA approval** meeting Medi-Cal reauthorization criteria \*

\*Please reference Medi-Cal Rx Provider Manual for full CGM PA criteria

**Blood Pressure:**

- Test blood pressure every morning upon waking and every evening

**PLEASE NOTE THE FOLLOWING:**

- If the patient’s insurance has a formulary update regarding maximum quantity limitations, the patient’s prescription will automatically be adjusted to be in compliance with their insurance limitations.
- If an incomplete order is submitted by a provider and unable to reach the provider or office, a new medical order will be authorized based on the above criteria.

**b. BASIC REMOTE MONITORING SERVICES AND ACCESS TO GOJJI REMOTE MONITORING PLATFORM**

- Monitor and provide recommendations based on patient blood glucose and blood pressure readings/patterns
- Access to patients' SMBG, CGM, and BP data and reports

**B. AGREEMENT SIGNATURES**

This agreement pertains to patients under the care of the signing physician and practitioners in the same clinic or entity. The practice agreement is automatically renewed on December 31st of each year, unless changes in terms by the physician, Medi-Cal or Gojji Pharmacy policies.

_____	_____	_____
<b>Physician Name</b>	<b>Physician Title</b>	<b>Physician Signature</b>
_____	_____	_____
<b>Physician NPI</b>	<b>Clinic Name</b>	<b>Signature Date</b>
_____	_____	_____
<b>Clinic Address</b>	<b>Clinic Phone</b>	
_____		
<b>Clinic or Physician Email Address (for Provider Portal Log-in)</b>		