SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS

Administrative Prescribing to Manage the Biosimilar Transition

Scope of Practice	Activity Authorized[i]	Application of Practice Standards in SK Biosimilar Transition[ii]
Administrative Prescribing: Prescribe non-prescription drugs (Schedule II, III or Unscheduled) to facilitate drug coverage.	• Pharmacists may **generate a prescription using their name as the prescriber** to facilitate drug coverage.[iii] • Under administrative prescribing, pharmacists are **not permitted** to: ○ identify the **initial need** for a drug for diseases that are not within the pharmacist's scope to identify (e.g., determining the patient has diabetes without an established diagnosis); ○ take over the management of the patient's condition.	• **Assessment and Drug Selection:** Assess the patient and select the appropriate biosimilar. (See medSask Administrative Pharmacist Assessment Record (A-PAR)). . Monitor DPEBB communication for the list of reference biologic insulins impacted by the transition and their approved biosimilars. • Pharmacists **may consult with the patient's practitioner** if there are concerns raised about the appropriateness of a biosimilar or overall diabetes management during the patient assessment. • **Patient Education:** Assess the patient's knowledge and provide information to address their concerns with the drug product or with transitioning (see medSask A-PAR). • **Monitoring & Follow-up:** Advise the patient when to contact the pharmacist, or their primary practitioner. Patients may benefit from consultation with a Certified Diabetes Educator for additional support. Refer to the medSask A-PAR for details and a link to find a CDE in your area.

		• **Notification to Practitioners:** Pharmacists should refer to and adhere to DPEBB requirements related to transitioning eligible patients to a biosimilar insulin as part of the Saskatchewan Biosimilars Initiative. • **Documentation & Record Keeping:** The biosimilar provided to the patient must be documented in the patient's profile. Documentation must be retained as per SCPP Record Keeping Requirements. Reminder: *The Prescription Drugs Act* requires all prescribed medication to be entered into the patient's Pharmaceutical Information Program (PIP) profile, including schedule II, III and unscheduled (see SCPP PIP FAQs).

[i] Pharmacists may initiate an original prescription for non-prescription drugs when it is within the pharmacist's scope of practice to identify the initial need (e.g., over-the-counter drugs for minor ailments such as those found in the Compendium of Pharmaceuticals and Specialties).

[ii] Administrative prescribing follows the same standards as "selling or recommending" the drug. See SCPP/NAPRA Supplemental Standards of Practice for Schedule II and III Drugs and SCPP/NAPRA Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada.

The prescribing pharmacist must use their professional judgement to identify the applicable standards in the situation based on the risk to patients. For example, monitoring and follow-up may be different when a patient has a self-limiting condition versus a chronic disease.

[iii] Drug coverage benefits will be subject to a patient's public or third-party coverage program. Pharmacists should work with patients to confirm their individual eligibility for coverage of Schedule II, III, or Unscheduled drugs.