



Level I Prescribing Authority (Structured)

DEFINITIONS

For the purposes of this Policy, the following phrases have the meaning ascribed to them in the SCPP Regulatory Bylaws Part K section 1.

“**Level I Prescribing Authority**” means the ability of a licensed pharmacist to prescribe drugs in the circumstances enumerated in sections 4, 5, 6, 7, 8, 9, 10 or 11 of this Part K.

“**Practitioner**” for the purposes of Part K, means a practitioner as defined in clause 2(i) of Part A of these bylaws, excluding a licensed pharmacist.

Defining “Practitioner” for the Purposes of Part K

Unlike the definition of “practitioner” for all other parts of the *SCPP Regulatory Bylaws*, in Part K, the definition of “practitioner” does not include pharmacists. *Source: The SCPP Regulatory Bylaws Part A, clause 2(i)*.

GLOSSARY OF ACRONYMS

eHR Viewer – electronic Health Record Viewer

MOH – Ministry of Health

PAR – Pharmacist Assessment Record

PIP – Pharmaceutical Information Program

SCPP – Saskatchewan College of Pharmacy Professionals

SCPP Bylaws – The SCPP Regulatory Bylaws

1. PURPOSE

Structured prescribing is used by pharmacists to initiate an original prescription in accordance with an algorithm or protocol. Although this type of prescribing mimics some aspects of pharmacist-initiated prescribing (when the pharmacist initiates the original prescription), pharmacists must remain mindful that safeguards are built into the algorithm or protocol. For example, this includes clinical assessment, referral guidelines, drug selection, required monitoring and follow up. This is not the case for pharmacist-initiated prescribing.

This document is specific to pharmacists' Level I structured prescribing (algorithm / protocol) and is intended to provide guidance in the interpretation of the SCPP Bylaws and application of Council policy and expectations. **This is document supplements the [General Provisions for Prescribing Authority](#)**, which provides an overview of the prescribing authority framework, general requirements for all prescribing and practice requirements specific to Level I. However, all prescribing authority reference documents must be taken together as a whole, along with any other SCPP policies required to fulfill the SCPP approved algorithm or protocol being used.

Disclaimer: The information in these documents does not replace the SCPP Regulatory bylaws. Members are encouraged to consult with the SCPP bylaws for greater clarity.

2. MINOR AILMENTS

- 2.1. A pharmacist's ability to prescribe as authorized under subsection 10(1), **is not limited by schedule of the drug** (i.e. Schedule I, II, III or Unscheduled drugs);
- 2.2. Clause 2(1)(c) of Part K, does not require that an active professional relationship between a practitioner and patient exists before a pharmacist is authorized to prescribe under subsection 10(1);

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Prescribing for Minor Ailments, Self-Care

10(1) A licensed pharmacist with Level I Prescribing Authority who has completed the training and competency requirements specified in clause 4(2)(b) may prescribe a drug for self-care if the drug is indicated for self-care according to the protocols approved by Council.

10(2) A licensed pharmacist with Level I Prescribing Authority may only prescribe a drug pursuant to the authority conferred by subsection 10(1) if the licensed pharmacist reasonably determines, after the making of inquiries that are reasonable in the circumstances, that:

(a) the patient has performed a self-assessment and the self-assessment is reasonable; and

(b) the drug requested or indicated is appropriate for the treatment of the patient's self-assessed condition.

- 2.3. Approved minor ailments are typically selected based on criteria, including:
 - 2.3.1. the condition can be reliably diagnosed by the patient;
 - 2.3.2. the ailment is minor and/or lasts for a short period-of-time;
 - 2.3.3. medical or laboratory diagnostic tests are not needed;
 - 2.3.4. no significant potential exists to mask more serious underlying conditions;
 - 2.3.5. the drug has a wide safety margin; and
 - 2.3.6. the drug has good evidence of efficacy;
- 2.4. For the purposes of subsection 10(1), pharmacists may only prescribe a drug for a minor ailment approved by Council (See Appendix A – Council Approved Minor Ailment Conditions).
- 2.5. When prescribing as authorized under ss. 10(1) and 10(2), the following conditions must also be met:
 - 2.5.1. pharmacists must use the most current algorithm based medSask prescribing guidelines for the assessment, drug selection, quantity limits, documentation and follow up for minor ailments prescribing;
 - 2.5.2. pharmacists shall only prescribe the drugs listed in the medSask guidelines for each minor ailment condition; and
 - 2.5.3. pharmacists must use the medSask PAR specific to the approved condition;

(Note: for questions about integrating the medSask PAR into vendor software, contact medSask.)
- 2.6. Back-to-back pharmacist-prescribing is permitted if it is done according to the current medSask guidelines/protocols;

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*3(3) ...a licensed pharmacist who prescribes a drug under the authority of these bylaws, must provide, or cause to be provided, the Pharmacist Assessment Record associated with that prescription to the patient's **primary** practitioner and, where appropriate, other practitioners involved in the patient's care:*

(a) immediately, if in the judgment of the licensed pharmacist, the practitioner immediately requires the record to provide safe care to the patient; or

(b) as soon as reasonably possible, in all other cases.

- 2.7. For the purposes of subsection 3(3), if the patient does not have a primary care practitioner, the SCPP recommends that the pharmacist notify any practitioner whose care of the patient may be affected by their prescribing decision.

Prescribing Limitations vs. Billing Limitations for Minor Ailments

Prescribing limitations concern whether certain practices are authorized, and if so, specify criteria under which they must be done. Whereas *billing* limitations concerns compensation for performing authorized practices.

Contact Drug Plan and Extended Benefits Branch for information regarding funding for pharmacy professional services.

(See [Appendix B - General Provisions](#) for further instructions when creating a prescription in the PIP GUI.)

3. ADMINISTRATIVE PRESCRIBING (SCPP / MOH DIRECTED)

- 3.1. A pharmacist's ability to prescribe as authorized under subsection 11(1), **is limited to Schedule II, III or Unscheduled drugs only**;

(Note: Monitor SCPP [Community Pharmacy Practice Enactments](#) for any SCPP/Ministry-directed prescribing for *Schedule I* drugs, authorized under subsection 19(1) Other Diseases Identified by the Minister of Health.)

- 3.2. Clause 2(1)(c) of Part K, does not require that an active professional relationship between a practitioner and patient exists before a pharmacist is authorized to prescribe under subsection 11(1);

SCPP Bylaws - Part K excerpts

4(7) A licensed pharmacist exercising Level I Prescribing Authority must adhere to any policies approved by Council with respect to exercising Level I Prescribing Authority.

11(1) A licensed pharmacist with Level I Prescribing Authority who has completed the requirements specified in clause 4(2)(b) may prescribe a Schedule II, III or Unscheduled drug for administrative purposes in the following situations:

(a) to obtain third-party drug coverage; or

(b) to support drug formulary management initiatives of the Ministry of Health.

11(2) For the purposes of subsection 11(1), a licensed pharmacist may only initiate an original prescription for a Schedule II, III or Unscheduled drug if it is within their scope of practice to identify the initial need for the drug.

11(3) When a licensed pharmacist initiates a prescription as authorized pursuant to subsection 11(2), they must:

(a) follow reputable clinical tools, based on the best available evidence and expert reviews; and

(b) be in accordance with the Standards of Practice approved by Council.

11(4) Section 11 does not permit a licensed pharmacist to identify the initial need for a drug or initiate the prescription for diseases that are not within the licensed pharmacist's scope of practice to identify or initiate.

3.3. When prescribing under the authority of clause 11(1)(b) the pharmacist must follow the terms and conditions specified by the Ministry of Health **and** the SCPP for the initiative, including:

3.3.1. applies only to patients with conditions or drug therapy identified/impacted by the initiative;

3.3.2. pharmacists must use the algorithm, prescribing guidelines or PARs where applicable, for the assessment, drug selection, quantity limits, documentation, notification and follow up for the prescribing;

SCPP Bylaws Part K – Notification

*3(3) **Except when** prescribing as provided in ... section 11 (administrative prescribing) ... a licensed pharmacist who prescribes a drug under the authority of these bylaws, must provide, or cause to be provided, the Pharmacist Assessment Record associated with that prescription to the patient's primary practitioner and, where appropriate, other practitioners involved in the patient's care:*

(a) immediately, if in the judgment of the licensed pharmacist, the practitioner immediately requires the record to provide safe care to the patient; or

(b) as soon as reasonably possible, in all other cases.

Note: text altered for greater readability.

3.4. Back-to-back pharmacist prescribing is permitted if it is done according to the requirements specified in 3.3.2;

3.5. Subsection 4(7) of Part K means that all SCPP policies, guidelines and standards of practice for Level I prescribing authority, also apply to prescribing authorized under 11(1)(b);

3.6. For the purposes of clause 11(3)(b), administrative prescribing must also follow the [SCPP/NAPRA Supplemental Standards of Practice for Schedule II and III Drugs](#), as applicable;

(See [Appendix B - General Provisions](#) for further instructions when creating a prescription in the PIP GUI.)

APPENDIX A – COUNCIL-APPROVED MINOR AILMENT CONDITIONS

- 1) Acne, mild
- 2) Allergic rhinitis (hay fever/seasonal allergies)
- 3) Atopic dermatitis (eczema)
- 4) Cold sore
- 5) Conjunctivitis (inflammation of the eye)
- 6) Cystitis, uncomplicated (urinary tract infection)
- 7) Diaper rash
- 8) Dysmenorrhea (painful periods)
- 9) Emergency contraception
- 10) Erectile dysfunction
- 11) Gastroesophageal Reflux Disease (acid reflux)
- 12) Genital herpes, recurrent
- 13) Headache
- 14) Hemorrhoids
- 15) Hormonal contraception
- 16) Impetigo and folliculitis (bacterial skin infections)
- 17) Insect bites and stings
- 18) Muscle strains and sprains
- 19) Nausea and vomiting of pregnancy
- 20) Onychomycosis (nail fungus infection)
- 21) Oral aphthous ulcer (canker sore)
- 22) Oral thrush
- 23) Shingles
- 24) Tinea corporis infection (ring worm)
- 25) Tinea cruris infection (jock itch)
- 26) Tinea pedis infection (athlete's foot)
- 27) Nicotine cessation