Level I Prescribing Authority (Practitioner-Initiated)

When to Dispense and When to Prescribe

The SCPP Regulatory Bylaws allow pharmacists to prescribe drugs under certain circumstances, where they are competent to do so, while working in collaboration with others in the health care system.

The intent of the expanded activities under Pharmacist Prescribing Authority is to address gaps in health services by providing patients with continuous access to safe and appropriate drug therapy management when needed in everyday situations, emergencies, or extraordinary circumstances. (See Patient Situations Handout.)

These expanded prescribing activities are not intended to replace pharmacists dispensing scope of practice. (See Dispensing Standards in SCPP Reference Manual.) Nor are they intended to replace family physicians and other health professionals or override their clinical decisions.

This means that pharmacists must be mindful of which scope of practice is to be used in the circumstances presented by the patient to ensure that they are prescribing responsibly and in accordance with the standards of practice and Code of Ethics. For example, see General Provisions for Prescribing Authority (s. 2 Professional Accountability and s. 13 Conflict of Interest).

All pharmacist prescribing must meet the practice requirements specified in Council policy, as per subsection 4(7) for Level I and subsection 12(5)(b) for Level II prescribing authority. All SCPP bylaws, policies, guidance and standards pertaining to prescribing authority must be taken together as whole.

DEFINTIONS

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

“Dosage amount” or “Dose” means a specific amount or strength of drug prescribed or directed to be taken;

“Dosage form” means the physical formulation, including release profile, in which the drug is manufactured and made available for use;

“Dosage regimen” means the frequency in which a dose of drug should be ingested for a specified duration;

“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).*

“Route of Administration” means the primary routes of administration for dosage forms including parenteral, gastrointestinal, topical, mucosal and inhalation;

For the purposes of this Policy, the following phrase will be used to clarify the scope of practice being used by the pharmacist in the situation, and in no way confers additional powers or authorities to the pharmacist beyond their authorized scope of practice:

“Dispensing Pharmacist” refers to a pharmacist, who is exercising their dispensing scope of practice in the situation while working off a prescription issued by a practitioner.

GLOSSARY OF ACRONYMNS

CDSA – *Controlled Drugs and Substances Act*

CDSS – College of Dental Surgeons of Saskatchewan

CPSS – College of Physicians and Surgeons of Saskatchewan

CRNS – College of Registered Nurses of Saskatchewan

eHR Viewer – electronic Health Record Viewer

PAR – Pharmacist Assessment Record

PDL – Prescription Drug List

PIP GUI – Pharmaceutical Information Program Graphical User Interface

PRP – Prescription Review Program

SCPP – Saskatchewan College of Pharmacy Professionals

SCPP Bylaws – The SCPP Regulatory Bylaws

1. PURPOSE

Practitioner-initiated prescribing is used by dispensing pharmacists to manage the prescription once they have exhausted their dispensing scope of practice. Although this type of prescribing closely mimics the pharmacist's dispensing practices, when prescribing, pharmacists must remain mindful that they:

- do not have all the information that led to the practitioner's initial decision **and**
- may be inserting themselves into the treatment plan of another practitioner, and potentially prescribing in a way that does not align with the practitioner's treatment plan.

Pharmacist prescribing authority is not intended to replace the dispensing scope of practice.

This document is specific to pharmacists' Level I prescribing authority when a practitioner has initiated the original prescription. It is intended to provide guidance in the interpretation of the SCPP Bylaws and application of Council policy and expectations for this authorized prescribing. **This 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 the Dispensing Standards.

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. INTERIM SUPPLY

2.1. A pharmacist's ability to prescribe an interim supply, as authorized under ss. 5(1) and 5(4), is not limited by:

2.1.1. the schedule of the drug or whether the drug is monitored by the Prescription Review Program, specifically:

2.1.1.1. Schedule I, II, III or Unscheduled drugs; or

2.1.1.2. controlled substances or PDL medications that are used in accordance with the Prescription Review Program, Health Canada's Section 56 exemption and SCPP Section 56 Exemption Communication, where applicable; or

2.1.2. the time-period from the last date dispensed to the date of extension of refills.

(Also see text box "Distinguishing Prescribing Authority from Compensation" in General Provisions for Prescribing Authority.)

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Continuing Existing Prescriptions

5 *(1) A licensed pharmacist with Level I Prescribing Authority may prescribe an additional quantity of a drug previously prescribed to the patient by a practitioner if:*

(a) requested to do so by the patient;

(b) the patient's medication history indicates chronic and stabilized use of the relevant drug; and

(c) the patient's remaining supply of the drug will not be sufficient for the patient to maintain the prescribed frequency and dosage amount until the date of their next appointment with a practitioner.

5 *(2) A licensed pharmacist prescribing under subsection 5(1) is limited to a maximum of three month's duration.*

5 *(3) A licensed pharmacist prescribing under subsection 5(1) must not alter the dosage regimen or dosage amount of the prescription.*

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Unable to Access Supply

5 *(4) In the event that the patient's supply of the drug is currently inaccessible to the patient due to distance or other reasons provided by the patient, a licensed pharmacist with Level I Prescribing Authority, if requested to do so by a patient, may prescribe an additional quantity of a drug previously prescribed to the patient by a practitioner if the patient's medication history indicates chronic and stabilized use of the drug.*

5 *(5) A licensed pharmacist prescribing pursuant to subsection 5(4):*

(a) must limit the quantity to the amount necessary to meet the reasonable needs of the patient until such time as the patient, with the exercise of reasonable diligence, would be able to access their currently inaccessible supply; and

(b) must not alter the dosage amount or dosage regimen previously prescribed by the practitioner.

2.2. For purposes of clause 5(1)(b) and subsection 5(4) the pharmacist must:

2.2.1. judge each request on an individual basis and only after considering the patient's medical history and medication profile;

2.2.2. ensure the drug is still safe, effective and indicated;

2.2.3. be satisfied that the treatment with the medication has remained relatively stable (i.e. no significant changes to dosages or drug therapy); and

2.2.4. be satisfied the patient's chronic use of the drug is sufficiently stable to warrant extension without evaluation by a practitioner;

2.3. For the purposes of subsection 5(2) and 5(5)(a), the total duration of pharmacist prescribing is limited to three months, such as:

2.3.1. a 34-day supply, with two refills;

2.3.2. a 3-month supply, with zero refills.

SCPP Bylaws Part K

Back-to-Back Pharmacist Prescribing

5 *(6) A licensed pharmacist is not permitted to prescribe a drug, pursuant to the authority of subsections 5(1)* ***or*** *5(4), if the most previous prescription for* ***that*** *drug was issued by a licensed pharmacist, unless the pharmacist is prescribing as authorized by:*

(a) insufficient information *(subsection 6(1))*;

(b) adjusting the dosage form *(subsection 7(1))*;

(c) administrative prescribing *(subsection 11(1)); or*

(d) the following, *if it is prescribed in accordance with the applicable requirements in section 12,* ***and*** *the last prescription is indicated for the disease condition for which the authority is conferred:*

- Collaborative Practice Agreement - community, cancer agency & health authority pharmacists (*clause 12(1)(a));*
- Advanced Prescribing A (*subclause 12(1)(b)(iv)); or*
- Advanced Prescribing B (*subclause 12(1)(b)(v))*

Note: text altered for greater readability.

See Level I Prescribing Authority (Dec 2023 webinar), the Level I Prescribing Authority Q&A (Feb 2024 webinar) and Level I FAQs for more information on Back-to-Back Prescribing.

2.4. When providing an interim supply, ensure the patient understands they will need to follow up with their practitioner before the interim supply has run out **because that same pharmacist or another pharmacist** will **not** be able to extend again, unless it is an emergency situation (s. 5(8)).

(For additional information on quantity limits and back-to-back pharmacist prescribing that involves an emergency supply see Policy 3.4 "*Interplay between Interim Supply and Emergency Situations*")

SCPP Bylaws Part K

Notification

5 *(7) A licensed pharmacist who exercises prescribing authority pursuant to subsections 5(1) or 5(4) is not required to provide the Pharmacist Assessment Record to the patient's primary practitioner, pursuant to subsection 3(3), unless it is requested by a practitioner.*

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

3. EMERGENCY SITUATIONS

Emergency Situations ≠ Extraordinary Circumstances

Emergency situation (subsection 5(8)) is not the same as an extraordinary circumstance (subsection 2(3)) as specified by the Registrar. See Exemptions to Prescribing Authority Policy.

3.1. A pharmacist's ability to prescribe an emergency supply, as authorized under subsection 5(8), is not limited by:

3.1.1. the schedule of the drug or whether the drug is monitored by the Prescription Review Program, specifically:

3.1.1.1. Schedule I, II, III or Unscheduled drugs; or

3.1.1.2. Controlled substances or PDL medications that are used in accordance with the Prescription Review Program, Health Canada's Section 56 exemption and SCPP Section 56 Exemption Communication, where applicable; or

3.1.2. the time-period from the last date dispensed to the date of extension of refills.

(Also see text box "Distinguishing Prescribing Authority from Compensation" in General Provisions for Prescribing Authority.)

3.2. Emergency supplies of drugs do not take the place of ongoing medical care;

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Emergency Situation

5 *(8) Subject to the limitations of subsection 5(9), in an emergency situation, a licensed pharmacist with Level I Prescribing Authority may prescribe a* ***quantity of drug sufficient to meet the reasonable needs of a patient*** *until such time as the patient, with the exercise of reasonable diligence, would be able to consult a practitioner.*

Interpretation of "Quantity to Meet Reasonable needs of the Patient"

3.3. For the purposes of subsection 5(8), the quantity to meet the reasonable needs of the patient shall **not** exceed 6 months on its own or when combined with another prescribing authority (i.e. interim supply, as per ss. 5(1) and 5(4) of the SCPP Bylaws);

3.3.1. The pharmacist must assess each situation and use their judgement to determine the appropriate duration to prescribe (i.e. sufficient quantity until the patient can see a practitioner);

Interplay between Interim Supply and Emergency Situations (Back-to-Back and Total Quantity)

3.4. If an interim supply has already been exhausted and the patient is in an emergency situation as identified in clause 5(9)(c):

3.4.1. back-to-back pharmacist prescribing is permitted one time **only** if an interruption in drug therapy would result in imminent harm; and

3.4.2. the combined total quantity limit shall not exceed a 6-month total duration of pharmacist prescribing.

See Appendix A for Interim and Emergency Supply Interplay Scenarios

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5 *(9) A licensed pharmacist may only prescribe a drug pursuant to the authority conferred by subsection 5(8) if:*

(a) the licensed pharmacist has assessed the patient's medication history, including, though not limited to, evaluating the patient's previous use of and current supply of the drug, and is satisfied that the patient is ***stabilized on the drug, regardless of the drug being used acutely, sporadically, or on an as-needed basis****;*

(b) the drug has been prescribed to the patient by a practitioner or has been properly dispensed to the patient under the authority of a prescription made by a practitioner;

(c) the licensed pharmacist has taken steps to ensure that the patient is in an emergency situation, which includes but is not limited to:

(i) ***a life-threatening situation****; or*

(ii) ***a situation where an interruption in drug therapy will result in serious or imminent harm to the patient's health or well-being****; and*

(d) ***the most previous prescription for the drug was not issued by a licensed pharmacist who is prescribing under the authorization of subsection 5(8).***

5 *(10) When a licensed pharmacist has Level I Prescribing Authority, their ability to prescribe drugs in emergency situations and to continue drug therapy management is not limited by:*

(a) the drug being classified as a Schedule I drug;

(b) there being no recent diagnosis by a practitioner on which to base the new or continued prescription; or

(c) ***the patient no longer having an active professional relationship with a practitioner.***

3.5. Unlike interim supply prescribing, which is only permitted for patients who have been stabilized on a drug with chronic use, for the purposes of subsection 5(9), emergency prescribing is permitted for **patients who have been stabilized on a drug regardless of the condition or whether that usage is acute, sporadic, as-needed, chronic, or regular** for example:

3.5.1. a patient who has run out of their salbutamol inhaler and is having an asthma attack (life threatening situation).

SCPP Bylaws Excerpts Part K

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.

5 *(11) If a drug is prescribed in emergency circumstances pursuant to subsection 5(8), the licensed pharmacist* ***must provide an immediate referral*** *of the patient to a practitioner and notify* ***that*** *practitioner of the drug provided.*

3.6. In all circumstances, the pharmacist must document the rationale including reasons that support the quantity prescribed.

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

4. DRUG RECONCILIATION

4.1. A pharmacist's ability to prescribe under drug reconciliation, as authorized under subsection 9(1), is not limited by schedule of the drug or whether the drug is monitored by the Prescription Review Program, specifically:

4.1.1. Schedule I, II, III or Unscheduled drugs; or

4.1.2. Controlled substances or PDL medications that are used in accordance with the Prescription Review Program, Health Canada's Section 56 exemption and SCPP Section 56 Exemption Communication, where applicable.

(Also see text box "Distinguishing Prescribing Authority from Compensation" in General Provisions for Prescribing Authority.)

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Drug Reconciliation

9 *(1) A licensed pharmacist with Level I Prescribing Authority may prescribe a drug for a patient if the patient:*

(a) has been recently discharged from a hospital, licensed special-care home, or personal care home, without obtaining a continuing prescription for a drug which had been prescribed while the patient was in a hospital, licensed special-care home, or personal care home; or

(b) has been admitted to a hospital, licensed special-care home, or personal care home.

9 *(2) A licensed pharmacist may only prescribe drugs pursuant to the authority conferred by subsection 9(1) if the pharmacist reasonably determines, after the making of inquires that are reasonable in the circumstances, that:*

(a) the patient requires the drug so as not to suffer harm;

(b) there is no practitioner reasonably available to issue a prescription for the drug; and

(c) one of the following conditions is met:

(i) in the case of clause 9(1)(a), in the licensed pharmacist's judgment, the prescription for the drug was unintentionally omitted by the practitioner; or

(ii) in the case of clause 9(1)(b), subsequent to the patient being admitted to a hospital, licensed special-care home, or personal care home, it is determined by the licensed pharmacist that the patient ought to be receiving the drug.

9 *(3) When a licensed pharmacist is prescribing pursuant to subsection 9(1), the quantity must not exceed a three months' supply of the drug.*

4.2. The facilities referred to in subsection 9(1) are those which have been established under *The Facility Designation Regulations* or *The Personal Care Homes Act*.

4.3. Subsection 9(1) does not apply to persons discharged from, or admitted to, correctional facilities established under The Correctional Services Act, 2012 (e.g. correctional centres, community correctional facilities) or penitentiaries established under Corrections and Conditional Release Act, (Canada).

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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.

4.4. For the purposes of subsections 3(3) and 9(1), an example of other practitioners involved in the patient's care may be the hospital practitioner who wrote the prescription. (See section 11 for more information on documentation and notification in the General Provisions for Prescribing Authority.)

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

5. INSUFFICIENT INFORMATION

CAUTION: missing information on a prescription may be a sign of a prescription forgery. See SCPP Forgeries; the Prescription Review Program; and Patient ID Verification.

5.1. Pharmacists are **not** permitted to insert missing information for controlled substances under the CDSA and its *Regulations*. (See Health Canada's Prescription Management).

5.2. Pharmacists are **not** permitted to insert missing information for PRP medications (i.e. controlled substances **and** PDL medications) as this does not align with the requirements of the practitioner.

(For more information see Prescription Review Program; the CPSS Regulatory Bylaw subsection 18.1(c); the CRNS Bylaw VI subsection 4(4); and the CDSS Bylaw clause 13(3)(a))

5.3. A pharmacist's ability to prescribe as authorized under subsection 6(1), is not limited by the schedule of the drug, specifically Schedule I, II, III or Unscheduled.

SCPP Bylaws Part K

6 *(1) If a prescription lacks legally necessary information without which the drug cannot be dispensed, a licensed pharmacist with Level I Prescribing Authority may insert the missing information, if the licensed pharmacist is satisfied that the* ***prescribing practitioner's intent is clear and*** *that the* ***medically necessary information*** *was unintentionally* ***omitted****.*

(See the Dispensing Standards for the definition of a prescription and legal requirements.)

Prescribing Practitioner's Intent

5.4. See Dispensing Standards for next steps when the prescribing practitioner's intent is not clear (e.g. prescription for amoxicillin suspension for 7 days with no strength indicated);

5.5. The pharmacist **may only prescribe** as authorized under subsection 6(1), **if** the pharmacist:

5.5.1. reasonably determines, after the making of inquiries that are reasonable in the circumstances, that the practitioner is not reasonably available to provide the medically necessary missing information required to dispense the drug. (See Dispensing Standards for next steps when the prescribing practitioner provides the medically necessary information that is missing); and

5.5.2. honors the refills as authorized by the practitioner, if applicable.

Medically Necessary Information

5.6. For the purposes of subsection 6(1), legally **and medically necessary information** includes:

5.6.1. the drug;

5.6.2. missing or incomplete dosage amount (e.g. Amoxil 50mg TID for an adult patient);

5.6.3. no quantity, in certain circumstances;

5.6.4. no dosage form on the prescription (e.g. cream or ointment not specified for Betaderm); or

5.6.5. Directions for use, in certain circumstances.

(See Appendix B – Practice Scenarios for Insufficient Information (Dispensing vs Prescribing)

5.7. Legal prescription requirements that are **not** considered medically necessary for the purposes of subsection 6(1) include:

5.7.1. practitioner's signature;

5.7.2. date issued;

5.7.3. patient's name; and

5.7.4. PRP requirements (e.g. patient's date of birth, address and health services number; practitioner's name and address; total quantity of the medication prescribed);

5.8. See Dispensing Standards for next steps when the missing information is legally required but not medically necessary to dispense the prescription.

SCPP Bylaws Part K Excerpts

3 *(3)* ***Except when*** *prescribing as provided in … section 6* (insufficient information) … *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.

6 *(2) The licensed pharmacist inserting missing information pursuant to subsection 6(1) must promptly notify the* ***prescribing*** *practitioner of the information which was inserted and the drug which was dispensed.*

Note: text altered for greater readability.

5.9. In situations where the patient's primary practitioner is not the "prescribing practitioner", for the purposes of ss. 3(3) and 6(2), the pharmacist will need to use their professional judgement to determine if the patient's primary practitioner should be notified. (See section 11 on documentation and notification in the General Provisions for Prescribing Authority.)

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

6. ADJUSTING DOSAGE FORM

Dosage Form vs. Route of Administration vs. Release Profiles

Route of administration and release profiles (e.g. immediate-release, delayed-release) are features of dosage form (e.g. see United States Pharmacopeia Chapter 1151 "Pharmaceutical Dosage Forms"). See Definitions section.

6.1. A pharmacist's ability to prescribe as authorized under subsection 7(1), is not limited by schedule of the drug or whether the drug is monitored by the Prescription Review Program, specifically:

6.1.1. Schedule I, II, III or Unscheduled drugs; or

6.1.2. Controlled substances or PDL medications that are used in accordance with the Prescription Review Program and Health Canada's Prescription Management, where applicable.

(Also see text box "Distinguishing Prescribing Authority from Compensation" in General Provisions for Prescribing Authority.)

SCPP Bylaws Part K Excerpts

Increasing Suitability of Drug Prescribed by a Practitioner

7 *(1) A licensed pharmacist with Level I Prescribing Authority may alter the dosage form of a drug which has been prescribed by a practitioner if the licensed pharmacist reasonably determines that another dosage form would be more beneficial to the patient.*

7 *(2) A licensed pharmacist altering the dosage form, as authorized pursuant to subsection 7(1), may only alter the dosage amount, dosage regimen, or quantity of a drug if it is required, as a result of the dosage form being altered, to maintain the equivalent course of treatment as intended by the original prescription.*

7 *(3) A licensed pharmacist altering the dosage form, as authorized pursuant to subsection 7(1), is only permitted to change the route of administration when the route of administration of the drug previously prescribed by the practitioner is not commercially available.*

6.2. For the purposes of subsection 7(1), a pharmacist is permitted to adapt the dosage form which includes the following examples:

6.2.1. Changing the form but **not** changing the route of administration or release profile (e.g. oral tablet to oral suspension);

6.2.2. Changing the form **and** changing the release profile **but not** the route of administration (e.g. oral regular-release tablet to oral extended-release tablet); and

6.2.3. Changing the form **and** changing the route of administration, when the route of administration prescribed is not commercially available (e.g. injectable solution to oral tablet).

Dispensing Practices that are Not considered Adapting the Dosage Form

The following do **not** fit the definition of dosage form and are within a pharmacist's dispensing scope of practice and therefore do **not** constitute pharmacist prescribing authority:

- combination products switched to single ingredient products and vice versa (e.g. Losartan HCT 100mg/25mg switched to Losartan 100mg and HCTZ 25mg due to a drug shortage);
- alternative strengths provided (e.g. 2x25mg tablets instead of 1x50mg tablet);
- tablets to capsules and vice versa (with no change in release profile); and
- oral tablets to ODT formulation and vice versa (with no change in release profile).

6.3. A pharmacist prescribing under subsection 7(1) must honor the prescription as authorized by the practitioner, including prescribing the refills, if applicable. As per subsection 7(2), the quantity must not exceed the course of treatment as intended by the original prescription.

SCPP Bylaws Part K Excerpts – Notification

3 *(3)* ***Except when*** *prescribing as provided in … section 7* (adjusting dosage form) … *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.

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

7. ENHANCING SAFETY AND DRUG EFFECTIVENESS (EFFICACY)

7.1. A pharmacist's ability to prescribe as authorized under subsection 8(1), is not limited by schedule of the drug or whether the drug is monitored by the Prescription Review Program, specifically:

7.1.1. Schedule I, II, III or Unscheduled drugs; or

7.1.2. Controlled substances or PDL medications that are used in accordance with the Prescription Review Program and Health Canada's Prescription Management, where applicable.

(Also see text box "Distinguishing Prescribing Authority from Compensation" in General Provisions for Prescribing Authority.)

SCPP Bylaws Part K

Enhancing Safety and Drug Effectiveness

8 *(1) A licensed pharmacist with Level I Prescribing Authority may alter the dosage amount or dosage regimen of a drug which has been prescribed by a practitioner, in the following situations:*

(a) to prevent serious or imminent harm to the patient's health or well-being;

(b) to correct an obvious error in dosage amount or dosage regimen;

(c) to align with antimicrobial stewardship; or

(d) to align with opioid stewardship.

7.2. The intent of Part K section 8 is to address situations where the safety or efficacy of the drug, as prescribed, is known to be harmful to the patient or the public;

Reminder: Assessing Information Gaps

Pharmacists use their medication expertise in many ways to provide care that promote the optimal use of medications to achieve the patient's overall health goals. However, when presented with a prescription, the pharmacist must be mindful that they do **not** have all the information that led to the initial prescribing decision (e.g. severity of infection to be treated).

For a shared learning opportunity, see COMPASS Newsletter (January 2020) where an incident occurred when a pharmacist altered an antibiotic dose without contacting the physician to discuss. This incident resulted in the patient being readmitted to hospital due to subtherapeutic dosing.

Steps Required before Prescribing

7.3. The pharmacist may only prescribe as authorized under subsection 8(1), after reasonable attempts to contact the prescriber have been made to:

7.3.1. address the safety or drug efficacy concerns in accordance with subsection 8(2); and/or

7.3.2. to clarify the diagnosis and the treatment plan;

(See Dispensing Standards for next steps when the practitioner has addressed the safety or drug effectiveness concerns, or the pharmacist refuses to dispense.)

7.4. If the safety or drug efficacy concerns are not resolved after communicating with the practitioner, or the practitioner is not available in a timeframe reasonable in the circumstances, the pharmacist is not precluded from prescribing as authorized under subsection 8(1), **but only if**:

7.4.1. the pharmacist is confident that they know why the patient is taking the drug (i.e. the practitioner's diagnosis or therapeutic indication).

SCPP Bylaws Part K Excerpts

2 *(1)(e) the licensed pharmacist must have reasonably satisfied themself that the prescribing decision is appropriate in the circumstances based on their assessment of the patient and that the prescribing decision is proper in the judgment of the licensed pharmacist;*

8 *(2) Prescribing pursuant to subsection 8(1) must be in accordance with:*

(a) current peer-reviewed evidence-based resources;

(b) clinical practice guidelines; or

(c) the drug product monograph.

7.5. As per NAPRA/SCPP standards of practice, when the pharmacist is considering the information provided by the patient and the clinical resources required in subsection 8(2) to determine the best course of action for the patient, they must:

7.5.1. critically analyze information to ensure best available evidence is used to make all decisions or recommendations (Standard 2.2.1); and

7.5.2. use professional judgement to apply evidence-based information to each patient's unique circumstances and goals, to provide optimal, evidence-informed care (Standard 2.2.2);

Reminder: Critical Thinking and Judgement when Assessing Clinical Resources

Building on lessons learned in other provinces, the following Case Study: Exercising Critical Thinking and Judgement - Alberta College of Pharmacy (abpharmacy.ca), provides important considerations when assessing clinical resources to inform a prescribing decision.

In this case, the pharmacist had acted independently, however, based their decision on published articles that had little evidence. This situation could happen anywhere.

The conclusion was *"Just because you can; doesn't mean that you should."*

Informing the Patient

7.6. In recognition of the patient's right to be informed, the pharmacist must inform the patient:

7.6.1. of the pharmacist's safety or drug efficacy concerns in such a way that it does not undermine the patient's relationship with their practitioner; and

7.6.2. of other options available and the potential impact on their health condition (e.g. delay the onset of treatment until they can see the practitioner, 24-hour coverage as per CPSS Standards for Primary Care);

7.7. In the situation when a practitioner is not available in a timeframe reasonable in the circumstances, the pharmacist must also inform the patient:

7.7.1. that their practitioner would be unaware of the pharmacist altering the prescription, should the patient consent;

7.7.2. any interim monitoring and follow up instructions required; and

7.7.3. that the pharmacist will notify the practitioner of the alteration immediately as per subsection 8(4);

7.8. In the situation when a practitioner disagrees with the pharmacist's safety or drug efficacy concerns, the pharmacist must also inform the patient that their practitioner does not support the pharmacist prescribing (i.e. altering the prescription) for the patient;

Next Steps

7.9. Once the patient has been informed as per 7.6, 7.7 and 7.8 above, **and** has consented to the pharmacist prescribing, the pharmacist may prescribe as long as it is done in accordance with the SCPP bylaws, policies, the Code of Ethics and the SCPP/NAPRA Standards of Practice;

SCPP Bylaws Part K

8 *(3) When a licensed pharmacist is prescribing pursuant to subsection 8(1), the* ***quantity*** *must not exceed the amount directed by the original prescription unless it is required to align with antimicrobial stewardship resources specified in subsection 8(2).*

7.10. See Dispensing Standards, Prescription Review Program and Prescription Refills and Part Fills for next steps when the pharmacist is dispensing a part-fill;

SCPP Bylaws Part K – Notification

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.

8 *(4) The licensed pharmacist must notify the* ***prescribing*** *practitioner of the alteration in dosage amount or dosage regimen of a drug which was prescribed by the licensed pharmacist pursuant to subsection 8(1).*

7.11. The pharmacist must document the prescribing decision in the patient's pharmacy profile, including:

7.11.1. the information used to determine whether the criteria in subsections 8(1), 8(2) and 8(3) have been met; and

7.11.2. the pharmacist's full rationale for the prescribing decision;

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

APPENDIX A – INTERIM AND EMERGENCY SUPPLY INTERPLAY SCENARIOS

Scenario 1 – Highlights maximizing interim supply quantity first
• A pharmacist prescribes an interim supply of 3 months; • After 3 months, the patient is in an emergency situation; • That same pharmacist or a different pharmacist prescribes an emergency supply of 3 months; • 6 month quantity maximum has been reached. As such, the next prescription must be from a practitioner.

Scenario 2 – Highlights reaching 6 month maximum
• A pharmacist prescribes an interim supply of 1 month; • After 1 month, the patient is in an emergency situation; • That same pharmacist or a different pharmacist prescribes an emergency supply of 5 months; • 6 month quantity maximum has been reached. As such, the next prescription must be from a practitioner.

Scenario 3 – Highlights no back-to-back after emergency supply (clause 5(9)(d)) even when the combined quantity maximum has *not* been reached
• A pharmacist prescribes an interim supply of 2 months; • After 2 months, the patient is in an emergency situation; • That same pharmacist or a different pharmacist prescribes an emergency supply of 2 months; • Even though the combined quantity maximum has not been reached, back-to-back pharmacist prescribing after an emergency supply prescription is **not** permitted. As such, the next prescription must be from a practitioner.

APPENDIX B – PRACTICE SCENARIOS: INSUFFICIENT INFORMATION (DISPENSING VS. PRESCRIBING)

Professional judgement is required by the pharmacist to determine which scope of practice is authorized in the situation given the bylaw requirements.

Disclaimer: In all these scenarios it is assumed that the pharmacist is satisfied that the **practitioner's intent is clear**.

	Dispensing	**Prescribing**
Missing or Incomplete Dosage Amount (strength)	e.g. Rx for pediatric antibiotic with weight and mg/kg dosing. (Calculate the dose and dispense)	e.g. Rx for amoxicillin 50mg TID for an adult patient. *(See policy 5.6.2)*
No Quantity ("no" quantity ≠ "insufficient" quantity)	e.g. Rx for Topicort X 10 days mitte: 1 tube. Patient confirms the area to be treated. (Calculate the quantity and dispense) (See Dispensing Standards for prescriptions with an insufficient quantity)	e.g. Rx for 5 chronic drugs. All have a quantity of 6 months except for one where the quantity is missing. Patient confirms all were to be renewed for 6 months. *(See policy 5.6.3)*
No dosage form		e.g. Rx for Betaderm but cream or ointment is not specified. (*See policy 5.6.4*)
Directions for use	If the manufacturer's package label/insert **contains instructions for use:** e.g. Rx for nasal spray "as directed". Mitte: 1. e.g. Rx for Champix Starter Pack "as directed". Mitte: 1. (Direct the patient to the manufacturer's label/insert and dispense accordingly)	If the manufacturer's package label/insert does **not** contain sufficient information or is not available: e.g. Rx for Champix "usual course" X 3 months. (May insert the directions for use) (*See policy 5.6.5*)
Dispensing practice examples that are not considered prescribing authority: • New Rx for Tri-cyclen 21. Patient has always been on Tri-cyclen 28 and confirmed no change expected. • Marvelon 21 to Marvelon 28 or vice versa during a drug shortage.		