



Level I Prescribing Authority (Pharmacist-Initiated)

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(h) 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(h).*

GLOSSARY OF ACRONYMS

eHR Viewer – electronic Health Record Viewer

PIP – Pharmaceutical Information Program

SCPP – Saskatchewan College of Pharmacy Professionals

SCPP Bylaws – The SCPP Regulatory Bylaws

1. PURPOSE

This document is specific to Level I pharmacist-initiated administrative prescribing. It is intended to provide guidance in the interpretation of the SCPP Bylaws and application of Council policy and expectations, when a pharmacist is prescribing solely for the purposes of assisting a patient to access coverage for Schedule II, III or Unscheduled drugs.

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.

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. ADMINISTRATIVE PRESCRIBING (Private or Public Coverage)

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

SCPP Bylaws - Part K excerpts

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.

- 2.3. **Drug coverage benefits will be subject to a patient's private or public coverage program. Pharmacists should work with patients to confirm their individual eligibility for coverage of Schedule II, III, or Unscheduled drugs;**
- 2.4. For the purposes of subsection 11(2), a prescription may be initiated by a pharmacist for self-limiting conditions only (e.g. lice), as identified by the resources in 2.5;
- 2.5. For the purposes of clause 11(3)(a), reputable clinical tools include nationally reputable resources such as the "Minor Ailments" section of the [Canadian Compendium of Pharmaceutical Specialties](#);
- 2.6. 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](#);

- 2.7. For the purposes of subsection 11(4), under administrative prescribing, pharmacists are **not** permitted to:
- 2.7.1. 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); or
 - 2.7.2. take over the management of the patient's condition;
- (See [Managing Lantus Shortage](#) for an example of other practices available to pharmacists when it is out of their scope to identify the initial need for a Schedule II drug (e.g. dispensing or selling insulin for diabetes.)

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.

- 2.8. As per the [SCPP/NAPRA Supplemental Standards of Practice for Schedule II and III Drugs](#), a pharmacist must document communication with other health care professionals as appropriate for continuity of care or if abuse is suspected;

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 drugs.

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