

## Prescribing Authority Tools for Patient Situations

	Patient Situations	Prescribing Tools (SCPP Bylaws Part K)
EVERYDAY CARE	"Form" Doesn't Work <ul style="list-style-type: none"> <li>E.g. changing from a tablet to a liquid because the patient cannot swallow tablets.</li> </ul>	After dispensing tools exhausted, Level I adjust the form  <i>(S.7 Increase Suitability)</i>
	Prescription drug is needed <ul style="list-style-type: none"> <li>E.g. over-the-counter drugs are either inappropriate or do not help a minor, self-limiting ailment (e.g., cold sore)</li> </ul>	Level I Minor Ailments  <i>(S.10 Minor Ailments)</i>
	Wrong dose that is harmful to the patient or is not effective. <ul style="list-style-type: none"> <li>E.g. unintended lethal dose</li> </ul>	<b>After dispensing tools exhausted,</b> Level I adjust the dose amount or regimen  <i>(S.8 Enhancing Safety and Drug Effectiveness)</i>
	Can't afford Schedule II, III or Unscheduled drug for a self-limiting condition <ul style="list-style-type: none"> <li>E.g. lice treatment (Schedule II drug) requires a prescription for drug coverage under benefit plan.</li> </ul>	Level I initiate a Schedule II, III or Unscheduled drug  <i>(S. 11(1)(a) Administrative Prescribing)</i>
	Current drug is no longer on drug plan <ul style="list-style-type: none"> <li>E.g. managing a transition from a biologic drug to a biosimilar according to the <a href="#">Saskatchewan Biosimilars Initiative</a>.</li> </ul>	Level I Administrative Prescribing (SCPP / MOH directed) for Schedule II insulin  <i>(S. 11(1)(b))</i>  or  Other Diseases identified by the Minister of Health <sup>1</sup> (SCPP / MOH directed) for Schedule I drugs  <i>(S. 19)</i>

<sup>1</sup> May be used for short- & long-term challenges (everyday care, emergencies & extraordinary). Monitor [SCPP Community Pharmacy Practice Enactments](#).

	Patient Situations, continued	Prescribing Tools, continued (SCPP Bylaws Part K)
EVERYDAY EMERGENCY	<p>Need an Extension</p> <ul style="list-style-type: none"> <li>E.g. A patient is on a chronic and stabilized medication but will run out before their next appointment with their doctor.</li> <li>E.g. An out of town patient has left their medications at home and will not be returning home for some time.</li> <li>E.g. A patient is out of medication and their regular pharmacy is currently closed.</li> </ul>	<p><b>After dispensing tools exhausted,</b> Level I continue an existing prescription (up to 3 months) (S. 5(1) to 5(7))</p> <p>or</p> <p>Registrar intervention available in extraordinary circumstances. (S. 2(3))</p>
	<p>Life threatening emergency</p> <ul style="list-style-type: none"> <li>There is a risk to the patient's health if immediate treatment is not provided (e.g., asthma attack)</li> </ul>	<p>After dispensing tools exhausted if situation allows, Level I emergency situation (life threatening or interruption in therapy will result in imminent harm) (S. 5(8) to 5(11))</p>
Extraordinary Emergency	<p>Doctor is not available</p> <ul style="list-style-type: none"> <li>E.g. Practitioner shortages during COVID-19</li> </ul>	<p>As declared by Registrar to address the situation (e.g. Registrar may waive quantity limits, back-to-back Rx by pharmacist, practitioner-relationship) (S. 2(3))</p> <p>or</p> <p>Other Diseases Identified by MOH<sup>2</sup> (S.19)</p>
	<p>Drug is not available</p> <ul style="list-style-type: none"> <li>E.g. the global shortage of Angiotensin II Receptor Blocker (ARB) that resulted from the Health Canada 2021 ARB recall</li> </ul>	<p>As declared by the Registrar to address the situation (e.g. therapeutic substitution with drugs that share a “mechanism of action” or “chemical structure”) (S. 2(3))</p>

<sup>2</sup> May be used for short- & long-term challenges (everyday care, emergencies & extraordinary).  
Monitor [SCPP Community Pharmacy Practice Enactments](#).