

# Overview of Changes to Part K

## Level I (All Pharmacists)

### Structured Prescribing (Algorithm / Protocol):

- Minor Ailment (condition of licensure for community pharmacists only. Hospital pharmacists exempt)
- Administrative Prescribing of a Schedule II, III or Unscheduled drug (SCPP/MOH Directed) **(new)**

### Practitioner-Initiated Prescribing:

Altering or continuing existing prescriptions initiated by practitioner (*condition of licensure for all pharmacists*)

- Interim supply of chronic, stabilized drug **(up to 3 mos)**
- Emergency situations (life threatening **and interruption in drug therapy will result in imminent harm**)
- Insufficient Information
- Altering the dosage form
- Altering dose or regimen **(new) (imminent harm, obvious error, antibiotic & opioid stewardship)**
- Drug reconciliation

### Pharmacist-Initiated Prescribing:

- Administrative Prescribing of a Schedule II, III or Unscheduled drug (initiate Rx for self-limiting conditions to obtain third-party coverage) **(new)**

## Level II (Some pharmacists with advanced skills and advanced partnerships)

### Structured Prescribing (Algorithm/Protocol):

- Collaborative Practice Agreements (Public Institutions & Community)
- Other Diseases Identified by Minister of Health or Designate (SCPP / MOH Directed e.g. Paxlovid) **(new)**

### Practitioner-Initiated Prescribing:

- Advanced Prescribing A (Therapeutic Substitution sharing “mechanism of action” or “chemical structure”) **(new)**

### Pharmacist-Initiated Prescribing:

- Vaccine Preventable Diseases in Canada **(rebranded)**
- Travel Health Specialty A **(rebranded)**
- Travel Health Specialty B
- Advanced Prescribing B (chronic & other diseases Council-approved) **(new)**

## Exemption(s) for Extraordinary Circumstances (at the call of the Registrar)

- Tailored to address the needs of the specific extraordinary circumstance at the time it is enacted
- According to the terms and conditions communicated by SCPP

