Disclaimer: These scenarios are intended for illustrative purposes only. They do not reflect what the SCPP would consider as "the correct course of action", but rather examples of the situations in which the bylaw provisions may be used. The examples may not fully show all the steps required to satisfy the standards of practice required of pharmacists exercising their prescribing authority. Nor do they represent the depth of communication and professional judgement required to critically assess patient and situational factors for providing care.

Section of Bylaw (Part K)	Examples of Situations
Level I Prescribing Authority (Practitioner-Initiated)	
When a Practitioner Communicates a Collaborative Practice Environment (CPE) does not Exist ***Practice Requirements*** *4(4) A licensed pharmacist may only exercise Level I Prescribing Authority with respect to an individual patient if a Collaborative Practice Environment exists between the licensed pharmacist and a practitioner who is responsible for the care of the individual patient.* *(5) For the purposes of subsection 4(4), a Collaborative Practice Environment does not exist between a licensed pharmacist and a practitioner when:* *(a) the practitioner has communicated to the licensed pharmacist in writing that no Collaborative Practice Environment exists, the nature of the concerns, and the individual patient or class of patients impacted; and* *(b) the practitioner confirms that the patient or class of patients have been informed of the concerns with the pharmacist's prescribing and the potential impact on patient care.* *(6) A Collaborative Practice Environment is presumed to exist with a Public Health Care Institution, in any circumstance where the patient care functions or drug therapy management services performed in, or through a Public Health Care Institution, are in accordance with the collaborative Practice Agreement.*	Source Document: General Provisions (GP) • A patient has no more refills and is out of their chronic blood pressure and cholesterol medications. • The pharmacist has exhausted all reasonable options to contact the practitioner for a prescription (s 13.1.1 GP). • Their primary practitioner has noted on the prescription "Pharmacist: Do not prescribe for my patients." The pharmacist informs the patient of the note. The patient confirms they were aware of this by their practitioner (s 15.4 GP). • The pharmacist concludes the practitioner has not sufficiently informed both the patient and the pharmacist of their concerns and offers to prescribe an interim supply (s 15.5 GP). • The pharmacist informs the patient that the practitioner does not support the pharmacist's prescribing (s 15.6 GP). The patient gives consent to the pharmacist to prescribe after being informed of the risks and benefits of taking or not taking their medications (ss 7 and 15.7 GP). • The pharmacist documents their assessment of the existence of a CPE, their rationale for prescribing (s 15.8 GP), and notifies the practitioner (s 15.9 GP).

Section of Bylaw (Part K)	Examples of Situations
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.*	Status Quo Amendments authorize pharmacists to prescribe to a maximum of three months duration.
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.*	Status Quo

Section of Bylaw (Part K)	Examples of Situations
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.*	Source Document: Level 1 Prescribing Authority – Practitioner Initiated Scenario #1 *It's wildfire season. A patient with asthma is well controlled on ICS, has not refilled her salbutamol in over 6 months and has no refills left. It's a Saturday evening, smoke from burning wildfires blankets the city. It triggers an acute attack. Her spouse gets on the phone and ask for a salbutamol inhaler. What is an appropriate response?* • The pharmacist reviews the patient's history and determines the patient is in a life-threatening situation (s 5(9) of Part K). • The pharmacist continues the existing prescription (s 5(8) of Part K) with a quantity of one salbutamol inhaler (ss 3.3 & 3.5) and documents the rationale for prescribing (s 3.6). • The pharmacist provides an immediate referral of the patient to their practitioner and notifies that practitioner (s 5(11) of Part K). Scenario #2 *A child is diagnosed with anxiety, the paediatric psychiatrist prescribes fluoxetine 20mg once daily for 4 weeks with a follow-up thereafter. Psychiatrist has an increased workload and delays the appointment by 2 weeks. The child's mom is very concerned as her child has been showing significant improvement. She comes to the pharmacy for help. What should the pharmacist do?* • The pharmacist has exhausted all reasonable options to contact the practitioner for a prescription (s 13.1.1 GP). • The pharmacist reviews the patient's history and based on their professional judgement, determines they are stable on the medication, but not eligible for an interim supply (s 2.2). • The pharmacist determines the patient is in a situation where interruption in drug therapy will result in imminent harm (s 5(9)(c) of Part K).

Section of Bylaw (Part K)	Examples of Situations
	• The pharmacist discusses with the child's mom the benefits and risks of taking and not taking the medication, obtains and documents informed consent to prescribe (s 7 of GP). • The pharmacist prescribes 1-month supply (ss 3.3 & 3.5) and documents the rationale for prescribing (s 3.6). • The pharmacist reminds the child's mom they must see the psychiatrist for proper follow-up, and notifies that practitioner of their prescribing (s 5(11) of Part K). Note: Also see s 13.1.4 of General Provisions for conflicts of interest related to emergency supplies.
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*	Source Document: Level 1 Prescribing Authority – Practitioner Initiated • A patient has been discharged from hospital with a prescription for their regular medications, but the pharmacist notices their medication for blood pressure is missing. • The pharmacist is unable to track down the hospital physician (s 9(2)(b) of Part K), but reaches the charge nurse who is able to review the patient's chart and confirmed the patient's discharge plan was to resume all medications prior to admission. • The pharmacist discusses with the patient the benefits and risks of taking and not taking the medication, obtains and documents informed consent to prescribe (s 7 of GP). • The pharmacist documents their prescribing decision, and notifies the hospital practitioner and the patient's primary practitioner (s 4.4).

Section of Bylaw (Part K)	Examples of Situations
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. *(3) When a licensed pharmacist is prescribing pursuant to subsection 9(1), the quantity must not exceed a three months' supply of the drug.*	
Insufficient Information *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**.*	Status Quo See Appendix B - Level I Prescribing Authority (Practitioner-Initiated) for Practice Scenarios: Insufficient Information (Dispensing vs. Prescribing)
(Increasing Suitability of Drug Prescribed by a Practitioner) (Adjusting Dosage Form) *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.*	Status Quo For examples, see section 6.2 and Text Box "Dispensing Practices that are not Considered Adapting the Dosage Form" in Level I Prescribing Authority (Practitioner-Initiated)

Section of Bylaw (Part K)	Examples of Situations
Enhancing Safety and Drug Effectiveness (Altering Dose or Regimen) *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*	Source Document: Level 1 Prescribing Authority – Practitioner Initiated Reminder: Just because you can, doesn't mean that you should. Critical thinking and judgement must be used when assessing clinical resources. See here for Lessons Learned. Also see medSask for antimicrobial stewardship and opioid stewardship resources. Prevent Serious or Imminent Harm • A prescription is written for clonidine 75mg once daily. The patient says this is an add-on to their blood pressure medications. • The pharmacist contacts the practitioner who verifies the indication and dose, but disagrees to change it after being cautioned this may be lethal (ss 7.3 & 7.4). • The pharmacist informs the patient of the safety concern based on clinical practice guidelines (ss 7.5 & 7.6), and that their practitioner disagrees and is not supportive of the pharmacist's prescribing (s 7.8). • The patient consents to the pharmacist altering the dose (s 7.9). • The pharmacist prescribes the clonidine at an appropriate dose based on clinical practice guidelines (s 7.5). • The pharmacist documents details for the prescribing (s 7.11) and notifies the practitioner of the alteration (s 7.7). Correcting an obvious error in dosage amount or dosage regimen • See example above for Preventing Serious or Imminent Harm. Antimicrobial Stewardship *"what happens when we do get a hold of the doctor and they refuse to change the dose because they think under-dosing antibiotics is acceptable practice....." Can we still modify the dose? What process should the pharmacist follow in these circumstances.*

Section of Bylaw (Part K)	Examples of Situations
	• A prescription is written for cephalexin 500mg twice a day for 7 days. The patient says they have a skin infection. • As part of the pharmacist's regular dispensing scope of practice in ensuring the safety and efficacy of medications, the pharmacist reviews current evidence-based resources, including antibiograms to view local susceptibility patterns (e.g. FirstLine App) (s 13.1.1 of GP). • The pharmacist contacts the practitioner who verifies the indication but disagrees to change the dosage regimen after the pharmacist expresses concerns about underdosing (ss 7.3 & 7.4). • The pharmacist informs the patient of the efficacy concern (s 7.6), and that their practitioner disagrees and is not supportive of the pharmacist's prescribing (s 7.8). • The patient gives consent to the pharmacist to alter the dosage regimen to cephalexin 500mg four times daily for 7 days (s 7.9) to align with current peer-reviewed evidence-based resources or clinical practice guidelines (s 7.5). • The pharmacist documents details for the prescribing in the patient's profile (s 7.11) and notifies the practitioner of the alteration (s 7.7). **Note: If antibiograms indicate an antibiotic is not effective, pharmacists are not authorized to change the antibiotic under this prescribing authority.** Opioid Stewardship **Note: All alterations for controlled substances must be aligned with Health Canada's Prescription Management, including the altered quantity does not exceed the amount originally authorized**: • A new prescription is written for fentanyl 75 mcg patch every 3 days to replace a patient's hydromorphone 4 mg three times daily.

Section of Bylaw (Part K)	Examples of Situations
	• The practitioner is unreachable for the weekend, and the patient will be out of their hydromorphone (s 7.4). • The pharmacist informs the patient of their concerns with the initial dose of fentanyl (s 7.6), and that the practitioner is not reachable and unaware of the pharmacist's altering of the dose (s 7.7). • The patient consents, and after consulting evidence-based guidelines (s 7.5), the pharmacist alters the dose to fentanyl 25 mcg patch every 3 days (s 7.9). • The pharmacist counsels the patient on the use of the patch, when to follow-up with the practitioner, what to monitor in the meantime, and when the pharmacist will follow-up (s 7.7). • The prescribing decision is documented in the patient's profile (s 7.11) and the practitioner is notified immediately of the alteration (s 7.7).
Level I Prescribing Authority (Structured)	
Administrative Prescribing (SCPP/MOH Directed) *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.*	Source Document: Level 1 Prescribing Authority – Structured • For an example under administrative prescribing in s 11(1)(b), see recent MoH's Biosimilars Initiative where pharmacists used Administrative Prescribing to Manage the Biosimilar Transition of insulins.

Section of Bylaw (Part K)	Examples of Situations
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.*	
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*	Status Quo New ailments have been added. Monitor SCPP communications (e.g. email, SCOPe and website) for future updates.

Section of Bylaw (Part K)	Examples of Situations
Level I Prescribing Authority (Pharmacist-Initiated)	
Administrative Prescribing (Private or Public Coverage) *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.*	Source Document: Level 1 Prescribing Authority – Pharmacist-Initiated Note: 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. (See Policy 2.3 Level I – Pharmacist-initiated). Public and private drug coverage benefits are not determined by changes to scope of practice. • A child is requiring over-the-counter lice treatment, their parent mentions to the pharmacist they usually get their over-the-counter drugs covered. • The pharmacist checks the child's profile and confirms they have a third-party drug plan that recognizes pharmacists as prescribers and will provide coverage for the lice treatment (s 2.3). • The pharmacist initiates a prescription for the self-limiting condition (s 2.4). **Note:** ss. 11(1) to 11(3) of Part K only apply to schedule II, II and unscheduled drugs. They do not apply to Natural Health Products, such as vitamins and minerals. To determine the coverage the pharmacist will need to contact the patient's private or public coverage program to determine whether benefits are available.