

Therapeutic Substitutions in Extraordinary Circumstances

DEFINITIONS

Drug Shortage – it is recognized that many pharmacies experience day-to-day shortages where an authorized drug distributor is unable to meet the drug demand. These shortages may include temporary disruptions or permanent discontinuances in the production and supply of a drug. For the purpose of enacting this policy, **only drug shortages that would have a severe impact** will be considered. See below for examples of severe drug shortages in extraordinary circumstances.

Level 1 prescribing authority – includes adapting or continuing an existing prescription started by a practitioner. All pharmacists in Saskatchewan may prescribe at this level as it is based on mandatory training and is a condition of licensure. Minor ailments prescribing is also required for pharmacists who practice in a patient self-care environment such as a community pharmacy setting.

Level 2 prescribing authority – is an expanded scope of practice for Saskatchewan pharmacists that **requires a collaborative practice agreement**. Depending on the agreement, a pharmacist may initiate a drug, provide therapeutic substitution, or alter the dosage regimen.

Pharmacologic Class – As per the [U.S. Food and Drug Administration](#), is a group of drugs that share scientifically documented properties. Specifically, pharmacologic class is defined on the basis of any one of the following three attributes of the drug:

- 1) Mechanism of Action (MOA) – pharmacologic action at the receptor, membrane, or tissue level (e.g. [Beta-Blocker](#));
- 2) Physiologic effect (PE) also known as “therapeutic effect”, “therapeutic equivalence” or “clinical equivalence” – pharmacologic effect at the organ, system, or whole-body level (e.g. [Loop diuretic](#)); and
- 3) Chemical structure (CS) - (e.g. Fibrate).

Depending on the drug, the established pharmacologic class (i.e., MOA, PE, or CS) is chosen based on what is **clinically meaningful**. (E.g. loop diuretics share the same MOA, but they are classified by PE (ascending loop of Henle) because that is the expected outcome (both desirable and undesirable) that may be associated with the drug).

Defining Pharmacologic Class for Therapeutic Substitution (TS) Prescribed outside of a Collaborative Practice Agreement (CPA)

Although the term “pharmacological class” is intuitively understood by all pharmacists, it is problematic when used to outline the boundaries for TS in extraordinary circumstances.

For greater clarity, the SCPP will reference the scientific properties as outlined by the FDA, when defining what TS is permitted outside of a CPA.

Under extraordinary circumstances, and outside of a CPA, pharmacists may therapeutically substitute a prescribed medication within a group of drugs with similar mechanisms of action or chemical structure. They are not permitted to substitute within a group of drugs based on physiologic or therapeutic equivalence (PE).

1. PURPOSE

Level 1 prescribing authority is within the existing scope of practice for all Saskatchewan pharmacists. Level 2 is an expanded scope of practice, which is authorized under the conditions of a Collaborative Practice Agreement (CPA). Therapeutic substitution falls within Level 2 prescribing. See [SCPP Pharmacist Prescriptive Authority](#) and Appendix A - Therapeutic Substitution (TS) in Normal Circumstances (Within a Collaborative Practice Agreement) for more information.

In August 2019 and November 2020, changes were made to the Saskatchewan College of Pharmacy Professionals (SCPP) Regulatory Bylaws to allow the Registrar to waive some restrictions and conditions to pharmacists' prescribing authority in extraordinary circumstances according to the terms and conditions set by Council, including the **requirement for therapeutic substitutions in the community pharmacy setting to be made within a CPA.**

Although the CPA is intended to safeguard patients, in extraordinary circumstances, it may limit pharmacists' ability to address the barriers to continued patient drug therapy. Part K, clause 10(5)(e) has been added to ensure that patients have access to therapeutic alternatives and continued drug therapy when available.

This policy is supplemental to the SCPP's [Emergency Exemptions for Prescribing Authority](#). Enactment of this clause may be alone or in combination with other exemptions of Part K section 10(5) and will be communicated to members by the Registrar to suit the needs of the public for each emergency.

It is also expected that proprietors will support pharmacists to fulfill these requirements as per section 65 of *The Pharmacy and Pharmacy Disciplines Act*.

2. POLICY

These bylaw amendments allow pharmacists to prescribe therapeutic substitutions for a prescribed medication, without a CPA when the Registrar declares that extraordinary circumstances exist. In addition to the circumstances outlined in the Emergency Exemptions for Prescribing Authority policy, "extraordinary circumstances" may also include:

- 2.1. a disruption in the supply of the prescribed medication nationally;
- 2.2. a problem relating to its administration;
- 2.3. a risk to the patient's safety;
- 2.4. The product is withdrawn from the Canadian market on short notice; or

- 2.5. A situation identified by health system partners that poses risk to Saskatchewan residents (e.g. other health system regulators, the Saskatchewan Health Authority, Health Canada, the Saskatchewan Ministry of Health).

What are Extraordinary Circumstances?

Note: Extraordinary circumstances are called at the discretion of the Registrar only. These examples are for illustrative purposes only, and Saskatchewan pharmacists are not authorized to prescribe therapeutic substitutions if these circumstances occur, unless permitted to do so under the terms and conditions established by Council and communicated by the Registrar.

It is not possible to determine in advance all of the circumstances that may impact supply of drugs to Saskatchewan residents. However, the following are some examples which may be deemed extraordinary, as declared by the Registrar:

- Global drug shortages interrupting drug therapy for a large group of patients (e.g., a global pandemic causing a shortage of salbutamol inhalers);
- A patient safety risk due to an impurity in an active ingredient that causes many drugs within the same class to be shorted;
- Practitioners unavailable to provide a prescription for the therapeutic substitutions due to unforeseen urgent circumstances;
- Problems with administration during a pandemic, when injecting a particular drug may not be possible or safe due to physical distancing requirements, but a therapeutic substitution to a different chemical in oral dosage form may be effective to maintain therapy;
- Products are withdrawn from the market with short notice (e.g., rosiglitazone for diabetes).

For clarity, the following are examples that would **NOT** be deemed as extraordinary and therefore would not be covered under this policy:

- A patient at your pharmacy is on a rare drug currently not available from the manufacturer with an expected date of return in 2 months, but the pharmacy still has a 3-month supply of that drug.
- Drugs on allotment due to a global shortage. The pharmacy should do its best to allocate what can be procured, equally amongst the patients requiring the medication. This may be achieved by providing a reduced days' supply.
- Day to day shortages that can be solved by attempting to obtain stock from another pharmacy/supplier or transferring a prescription to a pharmacy that does have that drug in stock.

3. ELIGIBILITY CRITERIA

- 3.1. A pharmacist is eligible to prescribe a therapeutic substitution under enactment of this policy if they meet other requirements as specified by the Registrar.

- 3.2. The Registrar may modify eligibility criteria from time to time as the emergency changes to meet the needs of the public.
- 3.3. The Registrar may revoke a pharmacist's prescribing authority for therapeutic substitutions if the pharmacist is not practicing within the terms and conditions established by Council.
- 3.4. The Registrar may specify further education and training requirements as deemed necessary to carry out this policy, as approved by Council.

4. CONDITIONS FOR PRESCRIBING THERAPEUTIC SUBSTITUTIONS OUTSIDE OF A CPA

- 4.1. A therapeutic substitution may only be prescribed in accordance with the terms and conditions as approved by Council. These conditions may include but are not limited to:
 - 4.1.1. Duration of the exemption;
 - 4.1.2. Specific region of the province;
 - 4.1.3. Specific age-group (e.g., pediatrics, geriatrics);
 - 4.1.4. Specific disease or condition; and
 - 4.1.5. Mechanism of action or chemical structure as specified by the Registrar.

Therapeutic Substitutions in Extraordinary Circumstances

Pharmacists may only prescribe therapeutic substitution within the parameters specified by the Registrar and the conditions that apply to all TS outside of a CPA. Pharmacists who prescribe TS outside of these parameters will not be practicing within the conditions and limitations established by Council.

5. REQUIREMENTS FOR ALL THERAPEUTIC SUBSTITUTIONS PRESCRIBED OUTSIDE OF A CPA:

Controlled Drugs & Substances Act (CDSA) Drugs

Under no circumstances are pharmacists authorized to prescribe a therapeutic substitution for any drug listed in the Schedules of the [CDSA](#), including but not limited to drugs listed in the [Narcotic Control Regulations](#), Part G of the [Food and Drug Regulations](#) and the [Benzodiazepines and Other Targeted Substances Regulations](#).

- 5.1. Therapeutic substitution may only occur within a group of drugs that share a mechanism of action or chemical structure which is clinically meaningful.

- 5.2. Therapeutic substitution will only be permitted where credible authorities declare that different molecules share the same mechanism of action or chemical structure that are clinically equivalent (i.e. [WHO ATC classification system](#)).

Using Government Formularies to Support Therapeutic Substitution

Pharmacists must be mindful that government formularies are a listing of drugs that have been approved for coverage and **may not** confirm whether a drug shares a mechanism of action or chemical structure for the purposes of therapeutic substitution. Pharmacists are reminded to first choose a therapeutic substitution based on criteria listed in 5.3.2., 5.3.3. and 5.3.4 and then proceed to verify if the therapeutic substitution shares a mechanism of action or chemical structure.

Informed by [Saskatchewan Drug Formulary](#) and [American Hospital Formulary System](#).

- 5.3. A pharmacist prescribing therapeutic substitution, outside of a CPA, must:

- 5.3.1. Be aware of the policies on therapeutic substitution and agree to abide by them;
- 5.3.2. Be competent and current in the clinical guidelines pertaining to the condition being treated, including but not limited to understanding the goals of therapy, and the pharmacology of the drugs being substituted;
- 5.3.3. Use current reputable evidence-based literature or guidelines to determine appropriate alternatives with similar mechanism of action, and dosage regimen (e.g. [RxFiles](#), [Lexi-Comp](#), [RxTx](#));
- 5.3.4. Select a drug in consultation with the patient, and their [Pharmaceutical Information Program](#) medication profile, considering factors such as the patient's response to therapy, current and previous medications, medical conditions, drug interactions, allergies, financial needs and laboratory values (i.e. [eHR Viewer](#));

Practicing within Scope

Pharmacists must ensure they prescribe therapeutic substitution as per conditions and limitations established by the SCPP Council. Following are some nuances which pharmacists must be mindful of as it may be counterintuitive to what is understood in daily practice:

- Pharmacists must ensure they understand current treatment options and goals for the condition when reviewing options for therapeutic substitution. Therapeutic substitution is not simply selecting another molecule with the same mechanism of action or chemical structure, but also ensuring that it is indicated for the condition being treated and appropriate based on the patient's medical history.
- Some reputable resources may present therapeutic options in a manner that appears to suggest they are all within class (e.g. [RxFiles](#)), but do not align with the scope of therapeutic substitution permitted. **The onus is on the pharmacist to ensure they only select drugs that are within a group of drugs that share a mechanism of action or chemical structure in a clinically meaningful way.**

- Pharmacists may also find themselves in drug shortage situations where no other therapeutic substitutes exist within a group of drugs that share a mechanism of action or chemical structure (e.g. metformin, colchicine). These substitutions would be practicing outside of the pharmacists' scope of practice and therefore not permitted.

5.3.5. Prescribe only for indications on the product monograph as approved by Health Canada.

Therapeutic Substitutions Acceptable for On Label Usage Only

It is the Council policy that therapeutic substitutions are only acceptable if they are consistent for indications documented on the official product monograph for which the drug has received a Notice of Compliance.

This also applies to situations where the credible guidelines recommend drugs for indications that are not included on the product monograph.

6. PROCEDURES:

- 6.1. Unless previously confirmed, prior to prescribing a therapeutic substitution, the pharmacist must make reasonable efforts to:
 - 6.1.1. Find stock for the patient's current prescribed drug from other local pharmacies;
 - 6.1.2. Exhaust all options to procure stock from authorized distributors;
 - 6.1.3. Contact the patient's primary practitioner to collaborate on an alternative where possible.
- 6.2. As with all prescriptive authority under SCPP bylaws, the pharmacist prescribing the therapeutic substitution must enter their name and license number in the prescriber field of the database identifying them as the responsible prescriber.

Proprietor Responsibility to Support Patient-Centred Care

As per section 65 of The Pharmacy and Pharmacy Disciplines Act, every proprietor shall comply with the bylaws, and it is considered proprietary misconduct if a proprietor's conduct is harmful to the best interests of the public section 26(a).

As such, proprietors are responsible to put the safety of their patients first. Therapeutic substitution is intended to be prescribed as a last resort to ensure continued patient drug therapy, taken after the requirements in section 6 are exhausted. This means:

- Working with other pharmacy chains or independents in the local area to find stock and ordering from authorized distributors that may not be designated as a preferred distributor.

- Where supply exists at other local pharmacies, pharmacy teams must make the patient aware and offer them the option to continue their existing therapy.
- The pharmacy that has stock may either transfer in that patient's prescription or send the stock to the patient's regular pharmacy. **It is unethical** for pharmacists and pharmacy technicians to refuse prescription transfers to protect their business, as any interruption in existing therapy poses potential health risks to the patient.

It is the expectation of the SCPP that all licenced members, pharmacies, and proprietors collaborate in the best interest of the patient and that proprietors will support members to fulfill the requirements of this policy.

Pharmacists must maintain professional autonomy in their decision-making regarding therapeutic substitution. Any business-related influence over a member's decision-making regarding therapeutic substitutions (e.g. corporate prescription quotas or service fees) may be deemed as proprietary misconduct as per section 26(e).

7. STANDARDS OF PRACTICE

As with all prescriptive authority, pharmacists must comply with the standards outlined in [SCPP Pharmacist Prescriptive Authority](#) and [NAPRA Model Standards of Practice](#). In addition, when prescribing a therapeutic substitution, the pharmacist must:

- 7.1. Document the diagnosis, criteria in section 6, and any follow up on the [Pharmacist Assessment Record \(PAR\)](#) created for therapeutic substitution;
- 7.2. Limit the quantity prescribed to not exceed the amount remaining or the duration for which the original prescription would have been valid;
- 7.3. Follow-up with patient within established best practice time frames specific to the drug or within 3-7 days, whichever is shorter, and document on the PAR;
- 7.4. Make reasonable efforts to assess the patient's response to the substitution, including obtainable values (e.g. blood pressure, blood glucose), and/or refer patients to their practitioners to obtain applicable laboratory values when necessary, and other follow up as appropriate;
- 7.5. Document and provide communication to other health care team members according to SCPP requirements.

Mandatory Notification

Under extraordinary circumstances, the mandatory notification of the [PAR](#) requirement for prescriptive authority and minor ailments may be temporarily suspended. The temporary suspension **does not** apply to PRP drugs or therapeutic substitution [PARs](#).

8. SCPP OVERSIGHT OF PRESCRIBING PRACTICES

As pharmacists may only use this scope if SCPP declares that extraordinary circumstances exist, SCPP will monitor and audit prescribing practices to ensure that pharmacists are not practicing outside of the bylaw. Any pharmacists prescribing therapeutic substitutions outside of the conditions established by the SCPP are subject to the disciplinary process.

Current SCPP oversight of prescribing practices occurs during the [Quality Improvement Review \(QIR\)](#) process, however:

- 8.1. The SCPP may request the [PAR](#) for any therapeutic substitution as determined by the Registrar to ensure compliance; and
- 8.2. The SCPP may collaborate with the Drug Plan and Extended Benefits Branch, to review data from prescribing practices to support complaints investigations and/or conduct monthly audits as is typically conducted for special exemptions.

Professional Liability Insurance

Generally, professional liability insurance providers will cover activities pharmacists perform within their scope of practice and competencies, under the conditions and standards of practice established by SCPP. As per SCPP bylaws, the acceptable malpractice insurance is consistent with other provinces that perform therapeutic substitution. However, pharmacists are encouraged to consult with their insurance provider to confirm coverage details and discuss coverage needs beyond SCPP minimum requirement.

9. RESOURCES

- 9.1. United States Food and Drug Administration [Guidance on Labelling Drugs and Determining Established Pharmacologic Class for Use in the Prescribing Information](https://www.fda.gov/industry/structured-product-labeling-resources/pharmacologic-class)
<https://www.fda.gov/industry/structured-product-labeling-resources/pharmacologic-class>
- 9.2. [Prescriptive Authority Decision Making Framework](#)
- 9.3. [Therapeutic Substitution Pharmacist Assessment Record \(PAR\)](#)

Therapeutic Substitution (TS) Within a Collaborative Practice (Prescribing) Agreement

Therapeutic Substitution falls within Level 2 prescribing authority and must occur within a Collaborative Practice/Prescribing Agreement (CPA). TS prescribing under a CPA is permitted when:

- Credible authorities declare that different molecules within the same therapeutic category are clinically equivalent (e.g. [WHO ATC classification system](#)), **or** in the absence of such authorities, established processes within controlled environments where the organization accepts responsibility for clinical equivalence (e.g. in hospitals, practices sanctioned under health authority policy);
- The practitioner and pharmacist are aware of, understand, and endorse the policies on TS; and
- It is prescribed in consultation with the patient and takes into consideration many factors including the patient's response to therapy, current medications, previous medications, medical conditions, drug interactions, allergies, laboratory values (i.e. [eHR Viewer](#)); and financial needs.

See [Framework for Developing a Safe and Functional Collaborative Practice Agreement](#) and the [Collaborative Practice \(Prescribing\) Agreement Template](#) for more information on CPAs and prescribing therapeutic substitutions in normal circumstances.

Note: "same therapeutic category are clinically equivalent" is being interpreted as meaning "physiologic/therapeutic effect in a clinically meaningful way" as per the FDA definition or as "therapeutic equivalent" as defined by NAPRA.