SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS

FAQs

Prescriptive Authority for Pharmacists – Frequently Asked Questions

DEFINITIONS

"Level 1 Prescribing" is within the existing scope of practice for Saskatchewan pharmacists and includes adapting or continuing an existing prescription initiated by a practitioner. Level 1 prescribing also includes the category of Minor Ailments prescribing (for those practicing in a patient self-care environment such as a community pharmacy setting). All pharmacists may prescribe at this level as it is based on mandatory training and is a condition of licensure. (Note hospital pharmacists are not required to take minor ailments training unless they are practicing within a self-care environment). See Prescriptive Authority for Pharmacists – Hospital Pharmacy FAQs.

"Level 2 Prescribing" is an expanded scope of practice for Saskatchewan pharmacists and requires a collaborative practice **agreement** to enact. Depending on the agreement, a pharmacist may initiate a drug, provide therapeutic substitution, or alter a dose and /or dosage regimen.

"Practitioner" includes physicians, registered nurses (e.g. nurse practitioners and those with additional authorized practices), dentists, optometrists, midwives and podiatrists as specified in *The Drug Schedules Regulations*.

"Collaborative practice (prescribing) **agreement"** a written agreement between a pharmacist(s) and practitioner(s) that outlines authorized Level 2 prescribing practices. All Level 2 prescribing must be done within a collaborative practice agreement.

"Collaborative practice **environment"** is where a relationship between the pharmacist and practitioner is such that the practitioner can reasonably rely upon a pharmacist's basic competencies to prescribe in best interests of the patient, communicate those decisions to the practitioner and refer the patient to the practitioner when appropriate. Collaborative practice environments are foundational to both levels of prescribing.

GLOSSARY OF ACRONYMS

CDSA – Controlled Drugs and Substances Act
CPA – Collaborative Practice Agreement
OTC – Over the Counter
PAR – Pharmacist Assessment Record
PAS – Pharmacy Association of Saskatchewan
PIP – Pharmaceutical Information Program

Disclaimer:

This document is intended to answer common questions and provide clarity around prescriptive authority for pharmacists. It is not intended to replace or summarize the breadth and depth of information provided in the framework, bylaws, or the training and other resources offered by CPDPP and medSask. When in doubt, the SCPP regulatory bylaws should be consulted.

When prescribing, pharmacists are expected to follow the same standard as other prescribers by taking responsibility for their decisions, which includes monitoring, follow up and documentation.

No pharmacists should prescribe a medication for which they do not have the required skills, knowledge, and abilities.

Note: Pharmacists should review Pharmacist Prescriptive Authority and Prescriptive Authority Decision Making Framework in full as these FAQs are supplemental to the information presented there.

1) What happens to the collaborative practice environment if a practitioner leaves or ceases to practice for reasons such as retirement, relocation, or death?

Professional judgment from the pharmacist is needed to deal with situations where the practitioner leaves practice. After appropriate assessment of the patient if it is deemed to be in the patient's best interest, SCPP advises members not to deny reasonable patient access to needed medication, but to provide it and work with the patient to restore a relationship with another practitioner as soon as possible. We take this same position respecting the status of the collaborative practice environment.

See also SCPP Prescription Validity – When Prescriber No Longer Practicing and SCPP Exemptions to Prescribing Authority for extraordinary circumstances.

2) May a pharmacist prescribe for Non – Saskatchewan residents?

Out-of-Province residents

- Yes. Pharmacists may prescribe for out-of-province residents as the collaborative practice environment is deemed to exist.
- Pharmacists must prescribe following the same standards required for Saskatchewan residents including prescribe in the best interest of the patient, communicate decisions with the practitioner and refer the patient when appropriate. See SCPP Pharmacist Prescriptive Authority for detailed information.
- As the resident's information will not be in PIP, the pharmacist must perform a reasonable inquiry into the patient's medication history before prescribing. This could include interviewing the patient or obtaining their history from their pharmacy.
- The pharmacist must still complete a PAR and provide it to the patient's primary practitioner. See SCPP sample Pharmacist Assessment Record for the required information that must be documented, retained and communicated.

Out-of-Country residents

- Pharmacists **may not prescribe for other Level 1 authorized practices** (e.g. interim supply, emergency supply, unable to access medications) as there is no existence of a collaborative practice environment as prescribers from other countries are not recognized by the *Drug Schedules Regulations*.

- Pharmacists **may prescribe for minor ailments** as there is an exemption in the bylaws where a relationship between the patient and a practitioner does not need to exist before the pharmacist is authorized to prescribe. Minor ailments prescribing is also an independent assessment by the pharmacist which must be done in accordance with Council-approved medSask guidelines. For these reasons, the existence of a collaborative practice environment is not as stringent.

Dispensing Prescriptions Issued by Out-of-Province Pharmacists

As per the *Drug Schedules Regulations* Section 9.1.(2), pharmacists licensed in another province/territory have recognized prescribing privileges. This means a prescribing pharmacist from another Canadian jurisdiction can prescribe any drug listed in Schedule I, II, or III **(subject to the terms, conditions, and restrictions of their licence)** to a patient. Saskatchewan pharmacists may recognize the out-of-province pharmacist as an authorized prescriber and therefore honour the prescription. See SCOPe Newsletter, May 2015, Page 11, Kudos to Teamwork.

Similar to other practitioners, pharmacists not licensed in Canada do not have recognized prescribing privileges therefore Saskatchewan pharmacists may not honour (i.e. dispense) the prescription.

Note: The *Drug Schedules Regulations* name the practitioners who have prescribing privileges in Saskatchewan. The regulations do not recognize the prescribing authority of midwives licensed in other provinces, nor naturopathic practitioners licensed in Saskatchewan or elsewhere. See SCOPe Newsletter, June 2020, Page 15, "Can a pharmacist in Saskatchewan dispense a prescriptions from...", Optometrists Prescribing Privileges, Midwife Prescribing, Interns and Residents – Prescribing Privileges and Nurse Practitioner Prescribing (Page 3 Jurisprudence Exam Study Guide).

3) May a pharmacist prescribe for an animal?

No, as per the Drug Schedules Regulations section 9.1(1), pharmacists are only recognized as prescribers for drugs that are intended for the purpose of treating humans. While *The Pharmacy and Pharmacy Disciplines Act* section 2(u), authorizes pharmacists to dispense for animals, they are not authorized to prescribe for animals nor continue existing prescriptions.

4) **Are there any time-period restrictions for pharmacists continuing existing prescriptions (i.e. from last date dispensed to date of extension of refills)?**

No. According to the bylaws, there are 3 categories under continuing existing prescriptions and the pharmacist may only prescribe under these categories if they assess the drug history and are satisfied it indicates a chronic stabilized use of the drug.
See Pharmacist Prescriptive Authority for further details on the 3 categories (interim supplies, unable to access supplies and emergency supplies).

See Appendix A for example scenarios of continuing existing prescriptions.

5) **Are there times when a pharmacist is able to prescribe, but decides not to?**

Yes. As with other health professionals, pharmacists will use their professional judgement to determine if they have the competency and confidence to prescribe in the best interest of the patient. As per the NAPRA Model Standards of Practice, pharmacists must refer patients to appropriate members of the health care team for any medication therapy problems beyond their individual competence or for any health care issues requiring medical, dental or optometric care.

Pharmacists who refuse to provide services for moral or religious reasons must refer the patient to a health care practitioner who can provide the service to ensure safe patient care. See also Refusal to Provide Products or Services for Moral or Religious Reasons.

6) **May pharmacists prescribe non-CDSA drugs monitored by the Prescription Review Program (PRP) (e.g., zopiclone, gabapentin)?**

Yes, the PRP is a monitoring program therefore it does not change the schedule of the medication. Zopiclone and gabapentin are examples of medications scheduled in the Prescription Drugs List (PDL), which means they may be prescribed as per prescriptive authority in Part K of the SCPP Bylaws. However, because they are monitored by the PRP, prescribing must follow the requirements of the PRP.

Pharmacists are reminded that any medications scheduled under the Controlled Drugs and Substances Act (narcotics, controlled substances, benzodiazepines, and other targeted substances) must not be prescribed by a pharmacist unless authorized by a Health Canada exemption. See Pharmacist Prescriptive Authority for more details.

For information on prescribing requirements for zopiclone and other PDL drugs (e.g. gabapentin, oxybutynin) see SCPP Prescription Review Program.

7) **May a pharmacist who works closely with a methadone clinic physician perform Level 2 prescribing of methadone within a collaborative practice agreement?**

No, pharmacists are not authorized to prescribe CDSA drugs unless authorized by the federal government (e.g. Health Canada Subsection 56(1) Class Exemption). In these situations, terms and limitations of the exemption will be specified by the Registrar.

For Level 2 prescribing, see CPA Framework for more information.

8) **What malpractice insurance is recommended now that pharmacists are accountable for the decisions made under both Level 1 and 2 prescriptive authority?**

SCPP's minimum acceptable malpractice insurance requirement is based on the advice from insurance experts.

SCPP encourages members to assess their prescribing practice to decide if supplemental coverage beyond the minimum is required. Members are also encouraged to confirm with their insurance provider what would void the insurance (e.g. not prescribing according to the terms and conditions established by SCPP).

Pharmacists prescribing Level 2 authorized practices under a CPA, see Framework for Developing a Safe and Functional Collaborative Practice Agreement.

9) **What tools are in place for pharmacists to have access to various laboratory diagnostic test values to ensure proper prescribing?**

While pharmacists may have the authority to order laboratory tests, community pharmacists **may not order tests** until amendments are made to the *Medical Laboratory Licensing Act*, 1994 and/or regulations. Pharmacists may currently **access** test results through the eHR viewer.

10) **Under Part K Section 7(1) "increasing suitability of a drug" does the pharmacist "prescribe" all the refills? For example, a practitioner writes a prescription for a chronic anticonvulsant with 6 refills and the patient would prefer liquid instead of a tablet. Does the pharmacist "prescribe" all the refills too?**

Yes, as per all prescriptive authority activities, the pharmacist becomes the prescriber for that prescription and any refills associated with that prescription.

See Appendix A for an example scenario of increasing suitability of a drug.

11) **Under Part K Section 6(1) "insufficient information" can a pharmacist prescribe if the prescription is missing a practitioner's signature? If so, are all the refills "prescribed" by the pharmacist as well?**

Yes to both questions if you are satisfied that the original practitioner's intent is clear. This includes honoring the refills as authorized by this practitioner.

See Appendix A for an example scenario of insufficient information.

CPSS Bylaw: "Wet Signature" Requirement

As per CPSS Bylaws, all prescriptions that are given directly to the patient whether handwritten or electronically generated must be counter-signed with a "wet" signature.

If a forgery is suspected, the pharmacist must contact the physician prior to filling any prescription that does not meet the wet signature requirement.

If a pharmacist is satisfied the prescription is legitimate, the pharmacist may consider prescribing as per Part K Section 6(1) SCPP bylaws which includes the requirement of notifying the physician of the information which was inserted and the drug which was dispensed.

12) May pharmacists prescribe Schedule II, III or unscheduled drugs?

Yes, as this is not specifically authorized or prohibited for all circumstances in the bylaws.

However, when prescribing these drugs, pharmacists are expected to meet the same standards as for Schedule I drugs.

Pharmacists should consult applicable federal, provincial, or private insurance plans for billing details regarding drug coverage and assessment fees as not all insurance plans may cover these drugs when prescribed by a pharmacist.

Drug Schedule Definitions

- Schedule I – means Schedule I of the Administrative Bylaws of the Saskatchewan College of Pharmacy Professionals listing drugs that require a prescription for sale to the public. Under the Travel Health and Vaccine Preventable Diseases vaccines are Schedule I, except for publicly funded vaccines (e.g., influenza). (See Disease Prevention and Travel Health Services Framework and Disease Prevention and Travel Health Services FAQs for more information.)
- Schedule II – No-public access non-prescription drugs
- Schedule III – Non-prescription drugs restricted to sale from pharmacies and available to the public from the self-selection area
- Unscheduled – Non-prescription drugs available in any retail outlet

13) What is the status of levonorgestrel 1.5mg for emergency contraception in SK?

Levonorgestrel 1.5mg for emergency contraception has been delisted from SCPP Schedule II and is now Schedule III (i.e. OTC). Pharmacists are still required to provide counselling when requested as they would for any OTC product. If the pharmacist determines levonorgestrel would not be appropriate during the consult, they may provide the patient the option for an assessment to determine a more suitable option. Further details on prescribing and billing for emergency contraception can be found at medSask.

14) What is the difference between prescribing limitations and billing limitations for Minor Ailments?

Limitations placed on pharmacist prescribing is different from limitations placed on pharmacist billing. **Prescribing limitations** concern whether certain practices are permitted or authorized, and if so, specify criteria under which they must be done. Whereas **billing limitations** concerns compensation for performing authorized practices.

In addition to the standards of practice and other requirements placed on pharmacists for prescribing, the medSask guidelines specify required assessment, drug selection, quantity prescribed, documentation and follow up for the approved minor ailment conditions.

With respect to billing limitations, for compensation, the DPEBB places billing thresholds or limitations on the number of times it will pay a Patient Assessment Fee (PAF) for individual conditions in a year per patient.

Billing Clarification

In instances where an assessment has been done, a drug has been prescribed and a PAF has been billed, any additional prescribing for that episode is expected to fall under the original patient assessment; thus another PAF cannot be billed should you prescribe refills for treatment or partial treatment success or a different drug because of treatment failure.

Appendix A – Prescribing Scenarios

Scenario 1 – Unable to Access Supplies Part K Section 5(3)

- An out of town patient has left their medications at home and will not be returning home for some time.
- A patient is out of medication and their regular pharmacy is currently closed.

Scenario 2 – Prescribing in an Emergency Situation Part K Section 5(5)

Patient is having an asthma attack (life threatening situation) but has run out of their salbutamol inhaler. The pharmacist may prescribe salbutamol as per Part K Section 5(5).

Note the following examples provided by the Ministry in SCPP mandatory training for Prescriptive Authority are no longer considered an application of Part K Section 5(5):

- A patient is experiencing a migraine and has ran out of their sumatriptan prescription. Note: this is now a condition pharmacists may assess for as a minor ailment.
- An out of town patient has left their ramipril and acebutolol at home. Note: although this scenario was previously listed under 'Case 3 Emergency Drugs' in the training, this situation falls under Part K Section 5(3) Unable to Access Supplies.

Scenario 3 – Insufficient Information Part K Section 6(1)

A practitioner prescribes a medication with the directions "as directed."

"As directed" is not permitted by the College of Physicians and Surgeons of Saskatchewan bylaws unless directions are available on the label or package insert of the medication. A pharmacist may prescribe the medication with the missing directions if the pharmacist is satisfied with the practitioner's intent and information is not provided on the label or package insert.

Scenario 4 – Increasing Suitability of Drug Part K Section 7(1)

Patient is stabilized on an anticonvulsant and the patient would prefer liquid instead of a tablet. The pharmacist may prescribe this change in dosage form as per Part K Section7(1).

Note the following example provided by SCPP in a 2011 presentation is no longer considered an application in practice of Part K Section 7(1) of the bylaws:

- Avalide 300/25mg is shorted. Pharmacist prescribes Avalide 150/12.5 take 2 tablets.

As this example is within a pharmacist's **dispensing** scope of practice, it therefore does not constitute as pharmacist prescriptive authority.