



Pharmacist Prescriptive Authority – Information for Practitioners

DEFINITIONS

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

1) What does prescriptive authority for pharmacists mean?

The laws in Saskatchewan allow pharmacists to prescribe drugs under certain circumstances, where they are trained to do so. These circumstances and the associated restrictions and conditions are outlined in the [SCPP Regulatory Bylaws \(Part K – Prescribing of Drugs\)](#).

The legislation authorizes Level 1 (basic) and Level 2 (advanced) prescribing within collaborative practice environments. Level 1 activities are within the competency of all pharmacists licensed in the province of Saskatchewan. Level 2 prescribing requires a collaborative practice **agreement** to enact, see #3 below for more information.

Collaborative practice environment means that collaboration between the pharmacist and practitioner involved in the care of the patient must be sufficient so that the practitioner can rely upon the basic skills of the pharmacist to prescribe in the best interests of the patient, communicate those decisions back to the practitioner, and refer the patient to them or other health care providers as appropriate. Ongoing communication between the pharmacist and the practitioner is expected.

Pharmacists are not trained to diagnose diseases and medical conditions. They are trained to recognize what might be the best medication for the diagnosis. That is why the new authority is based on collaboration.

2) What are some examples of Level 1 Prescribing?

- Interim supply – Your patient is stabilized on chronic therapy, their prescription has run out and they cannot see you for several days. The pharmacist may provide the supply needed until your patient’s visit.
- Unable to access medications – Your patient is stabilized on chronic therapy and they are unable to access their supplies due to distance or other reasons. The pharmacist may provide a supply to meet your patient’s needs until they can access their medication.
- Emergencies – Your patient takes a medication when needed or regularly but does not have it available to them to avert an acute event that may result in immediate harm or a life threatening situation. The pharmacist may provide a supply to meet your patient’s needs until they would be able to consult a practitioner.
- Incomplete prescriptions – Sometimes practitioners will inadvertently omit legally required information on prescriptions, but the pharmacist can reasonably deduce the intent.

Under those circumstances, the pharmacist may complete the prescription without checking with you first.

- Practitioner's absence – When you temporarily leave practice, such as for vacation or education, you can leave instructions with local pharmacist(s) to continue the medications for your patients if their prescriptions run out while you are away.

Extending Refills During Temporary Practice Leave

For Part K Section 10(1)(b) clarity, prescribing maximum quantity limits may be temporarily suspended upon written or verbal authorization from the original practitioner. Therefore, if the practitioner wants the pharmacist to extend refills for their patients beyond one month, but up to three months, the pharmacist may do so upon receipt of this authorization either in writing or verbally.

- Seamless care – When patients are transferred from one health care setting to another, the pharmacist may prescribe to correct discrepancies that may occur according to established drug reconciliation practices and without consulting with you first.
- Minor Ailments – Your patient may either be self-medicating or otherwise treating a minor, self-limiting ailment (e.g. cold sores, severe insect bites, athlete's foot). Over-the-counter remedies are either inappropriate or have been tried but are ineffective. Depending upon the ailment and assessment of the patient's self-diagnosis, needs and experience, the pharmacist may prescribe a prescription drug that is a better option for your patient.

Pharmacist prescribing for minor ailments must be done using evidence-based [medSask guidelines](#) approved by SPCP Council. These guidelines identify drug(s) and indications, prescribing limits and when to refer the patient.

Approved minor ailments are typically selected based on criteria, including:

- the condition can be reliably diagnosed by the patient;
- the ailment is minor and/or lasts for a short period-of-time;
- medical or laboratory diagnostic tests are not needed;
- no significant potential exists to mask more serious underlying conditions;
- the drug has a wide safety margin; and,
- the drug has good evidence of efficacy.

3) What is Level 2 prescribing?

Level 2 prescribing occurs when the pharmacist possesses advanced skills and/or where there are more sophisticated or advanced relationships between pharmacists and practitioners.

It requires a formal, written agreement between pharmacist(s) and practitioner(s). Generally, such agreements stipulate the conditions, limitations, or qualifications to the authority of a pharmacist to prescribe. Both parties formally agree that the pharmacist prescribe within the parameters of the agreement.

Examples of Level 2 prescribing include:

- initiation of therapy upon receipt of the practitioner's diagnosis and/or therapeutic goal when the pharmacist has advanced training in the treatment of the disease;
- therapeutic substitution of one molecule for another within the same therapeutic category; and
- dosage or therapeutic regime adjustments (e.g. community warfarin dosage adjustment protocols).

SCPP has prepared a [framework](#) and [template](#) to guide the development of these agreements.

4) Does this mean that patients no longer need to see their practitioner for their medications?

No, pharmacists as prescribers of drugs are NOT intended to replace any practitioner. The intent is quite the opposite. The bylaws depend upon a close working relationship between the patient, practitioner and pharmacist.

5) What conditions are placed on the pharmacist prescribing?

Pharmacists cannot prescribe drugs beyond their competency to do so. This means that they must have sufficient knowledge about the condition, drug and patient, and possess the appropriate skills. They must also be confident in their knowledge, skills and abilities to deliver the anticipated service safely.

In addition, when prescribing, pharmacists are also expected to:

- Before prescribing, obtain informed consent from the patient, the patient's legal guardian or co-decision maker, or spouse if the patient is incapacitated and has no legal guardian or co-decision maker, before prescribing;.
- Follow the same standard when prescribing, as other prescribers by taking responsibility for monitoring the patient's response and following up with the patient as needed to ensure continuity of care;

Pharmacist Prescribing Restrictions and Limitations

Pharmacists may prescribe within conditions and circumstances specified in [Part K of SCPP bylaws](#). Some key highlights include:

Consecutive Pharmacist Prescribing Restriction

- In normal circumstances, a pharmacist shall not prescribe again if the last prescriber for that drug was a pharmacist. For example, if a pharmacist extends a refill once, a pharmacist is not able to prescribe again.
- In extraordinary circumstances, the Registrar may waive or temporarily suspend this condition. See [SCPP Exemptions to Prescribing Authority](#) for information on how to request this exemption.

Prescribed Quantity Limit

- In normal circumstances, the pharmacist shall not prescribe a quantity that exceeds the maximum amounts specified in the bylaws (34-day drug may be extended up to 34 days and a 100 day drug may be extended for up to 100 days) unless a practitioner has communicated to the pharmacist otherwise.

Therefore, the practitioner must communicate to the pharmacist either in writing or verbally if they want the pharmacist to extend refills for their patients beyond one month (e.g. up to three months).

In extraordinary circumstances, the Registrar may waive or temporarily suspend the quantity limit. See [SCPP Exemptions to Prescribing Authority](#) for information on how to request this exemption.

6) What about Controlled Substances?

Pharmacists cannot prescribe Controlled Substances (i.e. Narcotics, Controlled Drugs, Benzodiazepines and Other Targeted Substances) as they are not recognized as practitioners under the federal Controlled Drugs and Substances Act.

Note: on occasion, a Health Canada section 56 exemption has been granted that authorizes pharmacists to prescribe Controlled Substances with terms and limitations communicated by SCPP.

7) How will we know when a pharmacist prescribes?

Pharmacists must consult your patient's medication history, complete a Pharmacist Assessment Record (PAR) and send it to you as the patient's primary practitioner. The PAR represents the pharmacist's prescription, but also contains the pharmacist's rationale for the prescription. The pharmacist will most likely fax it to you.

You can also view the pharmacist's prescription in the patient's profile in the PIP medication viewer.

8) Are there times when the 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](#).

9) Where can I find more information?

At the SCPP website under the [Prescriptive Authority Tab](#).