



OUTLINE

This webinar will include:

- A review of the Standards of Practice – Prescribing by Pharmacists with a focus on the recent changes
- Practice examples

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PRESCRIBING STANDARDS HISTORY

- June 2010 – Medication Management Standards
 - Limited to:
 - community pharmacy setting
 - interim supply, extension and adaptation
- Aug 2015 – Prescribing Regulations & Standards
 - Added:
 - prescribing Schedule I, II, III or unscheduled drugs for a minor ailment
 - prescribing Schedule II, III or unscheduled drugs for other purposes
 - therapeutic substitution
 - Permitted in any setting but still had some operational limitations

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PRESCRIBING STANDARDS HISTORY

- Nov 2019 – Revisions to Prescribing Standards
- Jan 2020 –

Changes to Pharmacy Regulations Effective Tomorrow

Health and Community Services
January 30, 2020

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Starting January 31, 2020, amendments to regulations under the Pharmacy Act, 2012 will allow pharmacists to prescribe for Hepatitis A, Hepatitis B and Hepatitis A and B (including the TWINRIX vaccine), shingles (Herpes Zoster), Human Papillomavirus (HPV) and chickenpox (Varicella Zoster). Newfoundlanders and Labradorians will be able to visit their local pharmacy for any of these vaccines without requiring a prescription from a physician.

People should contact their pharmacist in advance, as some locations may charge a fee to provide this service, in addition to the cost of the vaccination.

Private insurance companies may provide coverage for the vaccines, however people should contact them directly with questions regarding their individual plans.

The new amendments to the regulations do not affect the publicly-funded immunization program for school aged-children, where vaccinations for Human Papillomavirus (HPV) and chickenpox (Varicella Zoster) are provided free of charge.

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PRESCRIBING REGS & STANDARDS



Go to nlpb.ca

- Legislation page
<http://nlpb.ca/pharmacy-practice/legislation/>
- Standards, Guidelines, Policies & Positions page
<http://www.nlpb.ca/pharmacy-practice/standards-guidelines-policies/>
- Frequently-Asked Questions page
<http://www.nlpb.ca/pharmacy-practice/frequently-asked-questions/#prescribing>

Go to learn.nlpb.ca (*your learning portal*)

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PRESCRIBING REGS & STANDARDS

- **Nov 2019 – Revisions to Prescribing Standards**
 - Added prescribing Schedule I, II, III or unscheduled drugs for a limited number of preventable diseases
 - Revised sub-sections related to assessment, documentation and notification/communication, to reflect the availability of the electronic health record
 - Streamlined section related to Adapting a Prescription, to reduce perceived limitations on this category of prescribing
 - Specifically focused on ensuring that the standards would be applicable to hospital pharmacists or those pharmacists working in “non-traditional” settings

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REQUIREMENTS FOR PHARMACISTS

- **Prior to prescribing**, pharmacists must apply for authorization:
 - complete the Prescribing Orientation Program
 - submit the application form with payment
 - wait for approval
- **Once authorized**, the pharmacist is expected to:
 - prescribe only in accordance with the Standards, and within the limits of their own competence
 - maintain competence in areas related to prescribing

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LIMITATIONS

- A pharmacist **MAY NOT**:
 - ✗ prescribe narcotics, controlled drugs or targeted substances, including benzodiazepines
 - ✗ prescribe a drug included on the TRPP Drug List
 - ✗ provide an interim supply, extend a prescription, make a therapeutic substitution or adapt a prescription where the original prescription bears a specific indication stating otherwise
 - ✗ prescribe for an animal
 - ✗ prescribe for themselves
- A pharmacist **SHOULD NOT** prescribe for a family member or someone of a *"close personal or emotional relationship"* unless there is no alternative

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OPERATIONAL STANDARDS

- Eliminated as a standalone section
- Relevant content blended into the General Standards section

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GENERAL STANDARDS

- **Physical layout**
 - The location where prescribing takes place must be clean, safe, and comfortably furnished for the patient and also take patient confidentiality into account
- **Informed consent**
 - Should be obtained from the patient wherever possible
 - Patients must be given sufficient information to allow him/her to make an informed decision as well as an opportunity to ask questions
- **Competency & Code of Ethics**
 - Pharmacists must be sure they are practicing within their area of competence as well as in accordance with the Code of Ethics

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GENERAL STANDARDS

- **Appropriate knowledge & understanding**
 - The pharmacist must have appropriate knowledge and understanding of the patient, the condition being treated and the drug therapy being prescribed
 - *To ensure this understanding, the pharmacist must conduct and document a patient assessment appropriate to the circumstances, using a combination of patient interview, review of the patient's electronic health record, and other sources, as appropriate*
- **Appropriate for patient**
 - The pharmacist **MUST** be reasonably satisfied that prescribing is appropriate for the specific patient under the specific circumstances

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GENERAL STANDARDS

- **Plan for follow-up**
 - Pharmacists must use professional judgement to create and document a follow-up plan appropriate to the circumstances and the patient's needs



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GENERAL STANDARDS

- **Document all instances of prescribing**
 - Documentation is expected in all instances of prescribing
 - Documentation establishes accountability and responsibility for professional activities
 - The method by which documentation is completed (e.g. electronic or paper-based) is left up to the professional judgement of the prescribing pharmacist and may vary based on what type of prescribing is occurring

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GENERAL STANDARDS

- **Communicate within the circle of care**
 - Sharing information related to prescribing activities enhances the opportunity for collaboration with other health care professionals in the patient's circle of care and supports the principles of patient safety and continuity of care.
 - Pharmacists are expected to communicate information about the prescription to the patient's primary health care provider and the original prescriber, if different. May be achieved using:
 - *the provincial electronic health record*
 - *an appropriate regional health authority-approved patient care record*
 - *another method determined in collaboration with the primary health care provider*

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DOCUMENTATION VS. COMMUNICATION

- **Use to be tied together**
 - "Documentation & Notification" form
- **Are really separate activities**
 - Documentation establishes accountability and responsibility for professional activities
 - Communication enhances the opportunity for collaboration with other health care professionals in the patient's circle of care and supports the principles of patient safety and continuity of care

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STANDARDS SPECIFIC TO CATEGORIES OF PRESCRIBING

- Prescribing can generally be divided into two areas:
 - Pharmacists initiating new prescriptions:
 - Prescribing Schedule I, II or III Drugs for a Minor Ailment
 - Prescribing Schedule I, II or III Drugs for a Preventable Disease
 - Prescribing Schedule II, III or Unscheduled Products
- Pharmacists continuing or altering existing prescriptions:
 - Prescribing an Interim Supply
 - Extending a Prescription
 - Adapting a Prescription
 - Making a Therapeutic Substitution

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PRESCRIBING FOR MINOR AILMENT

- The pharmacist must be reasonably satisfied that:
 - the drug is being prescribed to treat an approved condition
 - the prescription is in the best interests of the patient and will not put the patient at increased risk

Acne, mild	Dysmenorrhea	Musculoskeletal Pain, mild
Allergic Rhinitis	Dyspepsia	Nausea and Vomiting
Aphthous Ulcers	Emergency Contraception	Oral Candidiasis
Atopic Dermatitis, mild-moderate	Fungal Infections of the Skin (including Athlete's Foot)	Pinworms
Callouses and Corns	Gastroesophageal Reflux Disease	Smoking Cessation
Cold Sores	Headache, mild	Upper Respiratory Conditions, mild (cough, nasal congestion, sore throat)
Contact Dermatitis	Hemorrhoids	Urticaria, mild (including bites and stings)
Dandruff and Seborrhea	Impetigo	Vaginal Candidiasis
Diarrhea (non-infectious)	Insomnia, mild	Viral Skin Infections (common and flat warts)
Dry Eye	Joint Pain, mild	

MINOR AILMENT EXAMPLES

- A patient presents to the pharmacy asking for treatment for a cough that seems to be related to nasal congestion from seasonal allergies. He said he feels like he is constantly clearing his throat, but feels well otherwise.
- A patient presents to the pharmacy and says that they are ready to quit smoking and would like some help. She looked at the options on the shelf, but she doesn't know what to choose and was hoping for something that was covered by her insurance because the options on the shelf seem really expensive.



PRESCRIBING FOR PREVENTABLE DISEASE

- The pharmacist must be reasonably satisfied that:
 - the drug is being prescribed to prevent an approved disease
 - the prescription is in the best interests of the patient and will not put the patient at increased risk
 - Consideration should be given to the patient's immunization history and information from the Public Health Agency of Canada
 - Patients should also be advised if the vaccine is available through the public health system as part of the provincial immunization schedules

Cholera (oral, inactivated vaccine for traveller's diarrhea prophylaxis)	Human Papillomavirus	Pneumococcus
Diphtheria	Influenza	Polioyelitis
Haemophilus Influenzae Type B	Measles	Rotavirus
Hepatitis A	Meningococcus	Rubella
Hepatitis B	Mumps	Tetanus
Herpes Zoster (Shingles)	Pertussis	Varicella Zoster (Chicken Pox)

PREVENTABLE DISEASE EXAMPLES

- A patient presents to the pharmacy and asks if she should get the flu shot. She says she never gets colds or the flu, but has a close friend who is getting chemotherapy. She would rather not visit a community health clinic since they are only open during the day and she doesn't want to take time away from work.
- A patient calls the pharmacy and says that she heard there is a vaccine that can prevent shingles. She is 67 and thinks she had chicken pox as a child, but has never had shingles. She is asking about it because her sister had shingles last month and is still experiencing pain so she would like to prevent going through the same thing.



PRESCRIBING SCHEDULE II, III OR UNSCHEDULED DRUGS

- The pharmacist must be reasonably satisfied that:
 - the prescription is in the best interests of the patient and will not put the patient at increased risk.



PRESCRIBING FOR OTHER PURPOSES EXAMPLES

- You are approached by the father of one of your pediatric patients. The child has been using inhalers for the past year or so and was given an Aerochamber with a medium mask initially. Now that the child is older, the mask is not fitting properly anymore.
- One of your patients comes in with a new prescription for long-acting insulin. She said that the physician told her she should increase the testing of her sugars for a while, to see how she responds and to help determine her dose. You look at the prescription and the physician has not written testing supplies.

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INTERIM SUPPLY

- **The pharmacist must be reasonably satisfied that:**
 - the patient has an established stable, compliant history with the medication
 - the patient is unable to visit their primary health care provider or their usual pharmacy or for a prescription transfer to be obtained in a timely manner
 - there is an immediate need for the medication
 - the patient would not be better served by extending the prescription
- **Quantity**
 - An interim supply should be for the minimum amount of drug required for the patient to visit their primary health care provider or their usual pharmacy

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EXTENDING A PRESCRIPTION

- **The pharmacist must be reasonably satisfied that:**
 - the patient has an established stable, compliant history with the medication
 - the patient is unable to visit their primary health care provider in a timely manner
 - the prescription had not been previously extended
 - there is a need for an amount of medication beyond an "Interim Supply"
- **Quantity**
 - The amount of medication provided shall be determined by the pharmacist based on the circumstances of the particular patient, but shall not exceed the amount previously filled or 90 days, whichever is less

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INTERIM SUPPLY VS. EXTENSION

Interim Supply	Extension
Give minimum amount of drug required for the patient to visit their primary health care provider or their usual pharmacy	Quantity determined based on patient circumstances, but shall not exceed the amount previously filled or 90 days, whichever is less



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INTERIM SUPPLY & EXTENSION EXAMPLES

- A new patient presents asking for a refill of metformin because she ran out of refills and her regular pharmacy is closed until Monday. Can the pharmacist provide an interim supply or extend the prescription using the information on the electronic health record, assuming it is otherwise clinically appropriate for the patient?
- A patient who uses a steroid cream for eczema recently had a prescription filled, but has lost the tube and has no more refills. Can the pharmacist provide an interim supply or extend the prescription, assuming it is otherwise clinically appropriate for the patient?

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ADAPTING A PRESCRIPTION

- **The pharmacist must be reasonably satisfied that:**
 - the adapted prescription will maintain or enhance the medication's effectiveness and/or improve adherence; and,
 - the adaptation is in the best interests of the patient and will not put the patient at increased risk.

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ADAPTING A PRESCRIPTION

Pharmacists may modify:	When:
<ul style="list-style-type: none"> ✓ brand ✓ dose ✓ duration ✓ formulation ✓ regimen 	<ul style="list-style-type: none"> ✓ prescribed brand, dose or formulation are not commercially available ✓ dose, strength, formulation, regimen or duration of therapy are missing and sufficient information is available or can be obtained from the patient, patient record and/or other sources to support the adaptation ✓ a patient-specific factor (such as age, weight, organ function, medical condition, adverse drug reaction, concomitant medication) requires that the dose be adjusted ✓ an adjustment in the formulation or regimen will enhance the patient's adherence or response to the medication ✓ the adaptation will otherwise benefit the patient's individual needs and circumstances

ADAPTING A PRESCRIPTION EXAMPLES

- A patient has a prescription for metformin 500mg BID and sitagliptin 100mg daily. Can the pharmacist simplify the regimen by adapting the prescription to a single combination tablet of metformin 500mg/sitagliptin 50mg BID, assuming it is otherwise clinically appropriate for the patient?
- A patient has a prescription for fluticasone 250mcg BID. She usually uses 125mcg BID and after assessing was not expecting a dose increase. Can the pharmacist decrease EA's fluticasone dose back to 125mcg, assuming it is otherwise clinically appropriate for the patient?

MAKING THERAPUTIC SUBSTITUTION

- The pharmacist must be reasonably satisfied that:
 - the substituted drug will have a similar therapeutic effect as the prescribed drug; and,
 - the substitution is in the best interests of the patient and will not put the patient at increased risk.

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THERAPUTIC SUBSTITUTION EXAMPLES

- A patient comes to the pharmacy and asks for a refill on her hydrocortisone 2.5% cream. Unfortunately it is on back-order and there is no release date available. Can the pharmacist provide her with an alternative steroid cream of equivalent potency, assuming it is otherwise clinically appropriate?
- A patient presents with a prescription for fluticasone nasal spray. When you begin to counsel him on how to use the spray, he is annoyed as he had that product before and could not tolerate the floral scent. Can the pharmacist provide an alternative nasal spray, assuming it is otherwise clinically appropriate?

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MISCONCEPTIONS



- Pharmacists are not permitted to prescribe “psychiatric” medications
- Pharmacists cannot put refills on their prescriptions
- If a pharmacist adapts or therapeutically substitutes a prescription, any refills that were on the original prescription are no longer valid
- If a pharmacist has extended a prescription, no additional supply can be given to the patient
- Therapeutic substitution is limited to the same drug class

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QUESTIONS



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