Outline

This webinar will include a review of:

- the Standards of Practice – Prescribing by Pharmacists
- some potential barriers to prescribing
- some situations where a pharmacist may be hesitant to prescribe

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Prescribing by Pharmacists

Prescribing Standards

- NLPB website:
  - Standards, Guidelines and Policies page - http://www.nlpb.ca/pharmacy-practice/standards-guidelines-policies/
    - Standards document, links to the form templates, link to the orientation program
  - Frequently-Asked Questions page - http://www.nlpb.ca/pharmacy-practice/frequently-asked-questions/#prescribing

Prescribing Standards
Requirements for Pharmacists

Prescribing Standards
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

Prescribing Standards
Limitations

Prescribing Standards
Limitations

- A pharmacist MAY NOT:
  - prescribe narcotics, controlled drugs or targeted substances, including benzodiazepines
  - 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

Prescribing Standards
General Standards

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Prescribing Standards
General Standards

- Informed Consent
  - The pharmacist MUST obtain informed consent
    - should be obtained directly from the patient wherever possible
    - must be appropriately documented
- Competency and Code of Ethics
  - The pharmacist 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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Prescribing Standards
General Standards

- Appropriate Knowledge and Understanding
  - The pharmacist MUST have appropriate knowledge and understanding of the patient, the condition being treated and the drug therapy being prescribed
- 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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Prescribing Standards
General Standards

- Documentation
  - The pharmacist MUST document all instances of prescribing
  - Documentation establishes accountability and responsibility for professional activities
- Notification
  - The pharmacist MUST provide notification, as required
    - should be sent in a timeframe appropriate to the circumstances
    - best accomplished by faxing the completed Documentation and Notification Form

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Prescribing Standards
Categories of Prescribing

Prescribing Standards
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 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

What's Holding Pharmacists Back?

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Barriers

- Potential barriers can include:
  - knowledge of extent of scope
  - lack of access to relevant clinical information
  - confidence in therapeutic knowledge
  - fear of upsetting other prescribers
  - willingness to take responsibility for patient care
  - lack of time; staffing resources – lack of reimbursement
  - disruption to workflow
  - documentation requirements

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Misconceptions

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Misconceptions

- Pharmacists are not permitted to prescribe "psychiatric" medications

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Misconceptions

- Pharmacists are not permitted to prescribe "psychiatric" medications
  - FALSE – there are no limitations on specific drug categories except for the limitation on narcotics, controlled drugs or targeted substances, including benzodiazepines

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Misconceptions

- Pharmacists cannot put refills on their prescriptions

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Misconceptions

- Pharmacists cannot put refills on their prescriptions
  - FALSE – if it is appropriate, a pharmacist may add refills to prescriptions that they initiate

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Misconceptions

- If a pharmacist adapts a prescription, any refills that were on the original prescription are no longer valid

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Misconceptions

- If a pharmacist adapts a prescription, any refills that were on the original prescription are no longer valid
  - FALSE – following an adaptation, all other elements of the original prescription, including any relevant refills, remain intact.

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Misconceptions

- It is still ok to “loan” patients medication

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Misconceptions

- It is still ok to “loan” patients medication
  - FALSE – this is not ok – even small portions of medication that are provided to patients must be documented – usually as an interim supply

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Cases for Reflection

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Case #1

- Mr. RG is a 65-year-old male patient who comes in to your pharmacy with a new prescription for Timoptic.
- Mr. RG was diagnosed with open-angle glaucoma last year and has been using Xalatan regularly.
- He had an appointment with his ophthalmologist this morning and was given a new prescription for Timoptic eye drops and was verbally instructed to continue the Xalatan as well.
- On checking his profile you realize that there are no refills left on his Xalatan prescription.

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Case #1

- *Traditionally*:
  - Phone the physician for a verbal order for Xalatan

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Case #1

- *Traditionally*:
  - Phone the physician for a verbal order for Xalatan
- *Today*:
  - Provide an extension of Xalatan
  - Follow up with call or fax to the physician for additional refills

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Case #2

- Mrs. SJ brings in a prescription for her 4-year-old son for amoxi/clav 250 mg/125 mg suspension, 3 mL TID for 7 days from the pediatrician for recurrent acute otitis media.
- Her son weighs 20 kg.
- On processing the prescription, the pharmacist realizes that amoxi/clav does not come in a 2:1 formulation, but rather a 4:1 or a 7:1 ratio.

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Case #2

- *Traditionally*:
  - Phone the physician and point out the issue – have her correct the dose verbally

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Case #2

- *Traditionally*:
  - Phone the physician and point out the issue – have her correct the dose verbally

- *Today*:
  - Based on product availability and the patient's weight, adapt the prescription to Clavulin 400 mg/57 mg -- 7.5 mL three times daily

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Case #3

- Mr. AA arrives with new prescriptions for his regular medications. As he presents them to you, he notices that there is no insulin listed. He becomes very distressed, explaining that his doctor must have forgotten about it.
- When you look at the Pharmacy Network, you see that his insulin prescriptions have been pretty consistent over the past couple of years. He advises you that he did recently have blood work done and everything is in the normal range (including A1C of 7.2).
- He presents with no red flag signs or symptoms. He also states his doctor was not planning on changing any of his medications.

Case #3

- *Traditionally*:
  - Phone the physician for a verbal order for the insulin

Case #3

- *Traditionally*:
  - Phone the physician for a verbal order for the insulin
- *Today*:
  - Provide an extension of the insulin
  - Follow up with call or fax to the physician for additional refills
  - Initiate a new prescription for the insulin (with refills, if appropriate)

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Case #4

- Mrs. KN presents with a prescription for risedronate 35 mg weekly. She has been taking risedronate for 3 months and just ran out of refills so she obtained a new prescription from her family doctor.
- On discussion with Mrs. KN, the pharmacist discovers that she has been having trouble remembering to take her weekly dose of risedronate due to her hectic schedule.

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Case #4

- *Traditionally*:
  - Advise the patient to discuss this with her physician at her next visit
  - Phone the physician to advise him of the patient’s compliance issue and recommend a change in therapy

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Case #4

- *Traditionally*:
  - Advise the patient to discuss this with her physician at her next visit
  - Phone the physician to advise him of the patient’s compliance issue and recommend a change in therapy
- *Today*:
  - Adapt the prescription to risedronate 150 mg monthly

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Case #5

- TM is a 34-year-old male patient who smokes 1 pack of cigarettes per day. His physician previously wrote him a prescription for Champix, but he never picked it up due to its high cost.
- Today he presents to the pharmacy explaining that he just cannot afford to continue purchasing cigarettes and needs help to quit. He indicates that he is currently receiving drug coverage from NLPDP.
- You remember reading something recently about NLPDP coverage for smoking cessation products.
- You review TM's current medical conditions, medications, and social history and conclude that he is still a good candidate for smoking cessation therapy.

Case #5

- *Traditionally:*
  - Advise the patient to return to his physician for a new prescription for Champix
  - Phone or fax the physician to request a new prescription for Champix

Case #5

- *Traditionally:*
  - Advise the patient to return to his physician for a new prescription for Champix
  - Phone or fax the physician to request a new prescription for Champix
- *Today*:
  - Initiate a new prescription for Champix as a treatment for a minor ailment

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Case #6

- Forty-year-old GG, a regular patient in your pharmacy, arrives with a new prescription for lansoprazole 30 mg daily. He has used antacids off and on for the past few months but has been experiencing inadequate symptom relief so his physician decided to try him on this medication.
- He has a follow-up appointment with his doctor in four weeks.
- When reviewing his profile, you realize his drug coverage is with NLPDP and lansoprazole is a Special Authorization – only medication.

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Case #6

- *Traditionally:*
  - Phone the physician and point out the issue – have her change the medication verbally

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Case #6

- *Traditionally:*
  - Phone the physician and point out the issue – have her change the medication verbally
- *Today*:
  - Therapeutically substitute for a PPI that is covered, such as pantoprazole or rabeprazole

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Final Thoughts

- Pharmacist prescribing can improve:
  - patient satisfaction
  - professional satisfaction
  - time management
- Start slow:
  - Start thinking about situations differently
  - Ensure all staff members are knowledgeable about pharmacist services and not providing misinformation
  - Pick a few minor ailments and get comfortable with them

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Questions?

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