Newfoundland and Labrador Pharmacy Board

Standards of Practice

Prescribing by Pharmacists

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1) Introduction

Standards of Practice are minimum standards that all registrants are expected to meet. Regardless of position or practice environment, when a registrant performs a specific role, they must perform it to the level specified in the Standards of Practice and meet all of the standards associated with that role. These Standards describe the minimum expectations for pharmacists involved in prescribing to patients and are intended to promote consistency in the provision of this service to the people of this province.

2) Requirements

In order to receive authorization from the Board to prescribe, pharmacists must first:

a) apply to the Newfoundland and Labrador Pharmacy Board for authorization (using the appropriate application on the NLPB website); and

b) demonstrate completion of the required orientation program, as approved by the Board.

Applications will be reviewed and, if approved, authorization will be issued to the pharmacist. Once authorized, the pharmacist must:

a) maintain competence in areas related to prescribing. Professional development should be undertaken, as necessary, to maintain knowledge and skills.

b) agree to prescribe only in accordance with the standards established by the Newfoundland and Labrador Pharmacy Board, and within the limits of their own competence.

3) Limitations

a) In accordance with the Controlled Drugs and Substances Act and its associated regulations, a pharmacist may not prescribe Narcotics, Controlled Drugs or Targeted Substances, including benzodiazepines.

b) A pharmacist may not prescribe a drug included on the list of drugs referenced in section 4.(1) of the Pharmaceutical Services Regulations – i.e. the "Drugs Required to be Written on Tamper Resistant Pads"[1].

c) A pharmacist may not prescribe for an animal.

d) A pharmacist may not prescribe for themselves.

e) A pharmacist should not prescribe for a family member or someone of a "close personal or emotional relationship" unless there is no alternative. If a pharmacist prescribes in these circumstances, it should be appropriately documented.

f) A pharmacist may not provide an interim supply, extend a prescription, make a therapeutic substitution or adapt a prescription where the original prescription bears a specific indication otherwise.

g) Pharmacists must limit their prescribing activities to those situations covered by these Standards of Practice.

[1] This list can be found at: http://www.health.gov.nl.ca/health/prescription/hcp_tamperresistantdrugpad.html#sched1

4) Operational Standards

Before prescribing to patients, the pharmacist must ensure that certain minimum operational standards are met:

a) *Layout and Design*. The location where the prescribing takes place must be designed and laid out to allow for all patient consultations to be provided in a private patient care environment that is clean, safe, and comfortably furnished for the patient.

b) *Electronic Health Record*. In order to allow for prescriptions to be documented in the patient's provincial health record, it is strongly recommended that pharmacies where prescribing takes place are connected to the provincial electronic health record[2].

c) *Required References*. In addition to this document, current versions of the following must be available in the pharmacy in either print or electronic format for reference:

i) Compendium of Products for Minor Ailments (CPMA) (http://www.pharmacists.ca/index.cfm/products-services/compendium-products-minor-ailments/)

ii) Compendium of Therapeutics for Minor Ailments (CTMA) (http://www.pharmacists.ca/index.cfm/products-services/compendium-therapeutics-minor-ailments/)

5) Practice Standards

5.1 General Standards

Prior to any instance of prescribing, the pharmacist MUST:

a) *Obtain Informed Consent from the Patient*.

i) The pharmacist shall obtain informed consent directly from the patient unless it is considered appropriate and in the patient's best interests to communicate with the patient's agent on his or her behalf.

ii) The pharmacist must provide the patient or the patient's agent with sufficient information specific to the circumstances to allow him/her to make an informed decision regarding the pharmacist prescribing. This shall include but is not limited to:

- condition being treated
- drug therapy being prescribed
- expected benefits and risks of the drug therapy
- expected reaction/response and timeframe
- common and rare side effects
- monitoring and/or follow-up
- details of notification, as appropriate

iii) To ensure understanding of the process and to ensure that suitable information has been provided, the pharmacist must provide the patient or his or her agent with an opportunity to ask questions and obtain responses about the pharmacist prescribing process.

iv) Informed consent must be appropriately documented on the *Documentation and Notification Form* (Appendix II).

[2] This recommendation is in place until such time as all pharmacies are connected to the provincial electronic health record.

b) *Be sure they are practicing within their area of competence as well as the Code of Ethics.*

   i) Pharmacists must rely on their own professional judgement to determine whether or not the specific circumstances of each instance of prescribing are within their scope of practice, knowledge, skills, competencies and experience.

   ii) Pharmacists shall not prescribe under conditions that compromise their judgement or integrity, nor impose such conditions on other pharmacists.

   iii) There is no obligation for a pharmacist to prescribe. A pharmacist shall not prescribe if they determine that there is insufficient information or added risks to the patient. In these cases, pharmacists should refer the patient back to their primary health care provider or another appropriate health care professional.

   iv) Prescribing decisions must be based on clinical suitability, cost-effectiveness and what is in the best interests of the patient. Prescribing decisions based on biased information or financial advantage may be regarded as constituting conduct deserving of sanction.

   v) Where a pharmacist issues a prescription to a patient, he or she must advise the patient that they have the right to have the prescription filled at the pharmacy of their choosing. Refusing to prescribe to a patient who wishes to have the prescription filled elsewhere or refusing to fill a prescription issued by another pharmacist (unless there is a clinically sound rationale) may be regarded as constituting conduct deserving of sanction.

c) *Have appropriate knowledge and understanding* of the patient, the condition being treated and the drug therapy being prescribed.

   i) To ensure this understanding, the pharmacist must conduct and document a patient assessment appropriate to the specific circumstances. This can include, but is not limited to, the patient's symptoms, medical history, health status, and personal circumstances as well as any safety considerations.

   ii) The pharmacist must be satisfied that the prescribed drug is for an intended use that reflects an indication approved by Health Canada or is widely accepted as best practice in Canada and supported by clinical evidence.

d) *Be reasonably satisfied that prescribing is appropriate* for the specific patient under the specific circumstances. It should be in the best interests of the patient and not put the patient at increased risk.

   i) This requirement is dealt with more specifically in the individual sections that follow.

   ii) Again, pharmacists must rely on their own professional judgement when determining whether or not prescribing is appropriate in each circumstance as each situation, like each patient, is unique. In doing so, it may be helpful to consider the following questions:

      - If someone asks why I made this decision, can I provide a reasonable rationale for it?
      - Would another pharmacist make the same decision, given the same circumstances?

e) *Document all instances of prescribing*. Documentation establishes accountability and responsibility for professional activities.

   i) Documentation should be accomplished in a way that creates an accurate and detailed record of the occurrence. The documentation must include details related to the pharmacist's assessment, communication to the patient, follow-up plans and the results of the planned follow-up. This is the primary tool used to retain and communicate the pharmacist's rationale and use of professional

judgement in making their decisions. Patients must be provided with a copy of the documentation for their records when a prescription is initiated under sections 5.2 and 5.3 of the Standards and should be provided with a copy under all other circumstances.

ii) Template *Documentation and Notification Forms* are attached as Appendix II - one for use when the pharmacist is initiating a prescription under section 5.2 or 5.3 and one for use when the pharmacist is continuing or altering an existing prescription under section 5.4, 5.5, 5.6 or 5.7. Once completed, this form can also be utilized for notification purposes and then attached to and/or filed with the related prescription record. Pharmacists may develop their own documentation and notification form, if desired, as long as a standard format is used and ALL required information is documented.

f) *Provide notification, as required*. Communication regarding the pharmacist's prescribing decisions 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.

i) The pharmacist must notify the patient's primary health care provider, the original prescriber (if different from the primary health care provider) and/or other health care professionals, in a timeframe appropriate to the circumstances.

ii) This notification is best accomplished by faxing the completed *Documentation and Notification Form*. If, through communication with a particular health care provider, it is identified that another method of notification is preferred, this is acceptable as long as a standard format is used and ALL required information is included in the notification.

> **NOTE:** Pharmacists are cautioned against relying on verbal communication for notification as this would lead to extra transcribing work on the receiver's end as well as potentially introducing a margin of error if the information is transcribed incorrectly.

5.2 Prescribing Schedule I, II or III or Unscheduled Drugs for a Minor Ailment

In addition to the General Standards outlined above (see section 5.1), the following standards must also be met:

a) *Appropriateness*. The pharmacist must be reasonably satisfied that:

i) the drug is being prescribed to treat a condition listed in Appendix I;

ii) the prescription is in the best interests of the patient and will not put the patient at increased risk. This is determined following the completion of an assessment appropriate to the specific circumstances. This can include, but is not limited to, the patient's symptoms, medical history, health status and personal circumstances as well as any safety considerations.;

iii) the prescribed drug is for an intended use that reflects an indication approved by Health Canada or is widely accepted as best practice in Canada and supported by clinical evidence; and

b) *Documentation.* The pharmacist must document the prescription as follows:

i) by reducing the details of the prescription to writing (a computer-generated copy would also be acceptable);

ii) in the patient's file or on the patient medication profile with the pharmacist's name and registration number identifying him or her as the responsible prescriber; and

iii) on *Documentation and Notification Form A* (Appendix II). A copy of this form must also be provided to the patient for their records.

c) *Notification.* The pharmacist should provide notification of the prescription to the patient's primary health care provider, as appropriate.

5.3 Prescribing Schedule II and III and Unscheduled Drugs

In addition to the General Standards outlined above (see section 5.1), the following standards must also be met:

a) *Appropriateness*. The pharmacist must be reasonably satisfied that the product:

i) is in the best interests of the patient and will not put the patient at increased risk; and

ii) will facilitate patient adherence to a medication regimen (e.g. a vitamin added into a patient customized package or an aerochamber for use with a metred-dose inhaler); or

iii) will facilitate reimbursement by the patient's third party drug benefit plan (e.g. diabetic supplies).

NOTE: Adding an exempted codeine product (ECP) to a patient's profile for the purposes of meeting the record-keeping requirements of the Standards of Practice - The Sale of Exempted Codeine Products in Community Pharmacies is not considered to be prescribing.

b) *Documentation*. The pharmacist must document the prescription as follows:

i) by reducing the details of the prescription to writing (a computer-generated copy would also be acceptable);

ii) in the patient's file or on the patient medication profile with the pharmacist's name and registration number identifying him or her as the responsible prescriber; and

iii) on *Documentation and Notification Form A* (Appendix II). A copy of this form must also be provided to the patient for their records.

NOTE: Adding a Schedule II product to a patient's profile for the purposes of meeting the record-keeping requirements of the Standards of Pharmacy Operation – Community Pharmacy is not considered to be prescribing.

c) Notification. The pharmacist should provide notification of the prescription to the patient's primary health care provider, as appropriate.

5.4 Prescribing an Interim Supply

In addition to the General Standards outlined above (see section 5.1), the following standards must also be met:

a) *Location of Original Prescription*. It is not necessary for the previous prescription for the medication to have been filled at the pharmacy where the pharmacist is prescribing the "interim supply" as long as the

pharmacist has acceptable evidence to support current ongoing drug therapy (e.g. a recent prescription vial, label, etc.).

b) *Quantity*. The 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, usually less than one full refill.

c) *Appropriateness.* The pharmacist must be reasonably satisfied that:

   i) the medication is for a condition considered to be chronic or long term;

   ii) the patient has an established stable, compliant history with the medication;

   iii) 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;

   iv) there is an immediate need for the medication;

   v) the patient would not be better served by extending the prescription; and

   vi) the original prescriber would not object to the interim supply.

d) *Documentation*. The pharmacist must document the interim supply

   i) by reducing the details of the prescription to writing (a computer-generated copy would also be acceptable);

   ii) in the patient's file or on the patient medication profile with the pharmacist's name and registration number identifying him or her as the responsible prescriber; and

   iii) on *Documentation and Notification Form B* (Appendix II). A copy of this form should also be provided to the patient for their records.

e) *Notification*. The pharmacist must send notification of the interim supply to the original prescriber and the patient's primary health care provider (if different) within 72 hours.

5.5 Extending a Prescription

In addition to the General Standards outlined above (see section 5.1), the following standards must also be met:

a) *Location of Original Prescription.* The previous prescription for the medication MUST have been filled at the pharmacy where the pharmacist is prescribing the extended prescription.

b) *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.

c) *Appropriateness.* The pharmacist must be reasonably satisfied that:

   i) the medication is for a condition considered to be chronic or long term;

   ii) the patient has an established stable, compliant history with the medication;

   iii) the patient is unable to visit their primary health care provider in a timely manner;

   iv) the prescription had not been previously extended;

v) there is a need for an amount of medication beyond an "Interim Supply"; and

vi) the original prescriber would not object to the extended prescription.

d) *Documentation.* The pharmacist must document the extended prescription:

i) by reducing the details of the prescription to writing, referencing the original prescription (a computer-generated copy would also be acceptable);

ii) in the patient's file or on the patient medication profile with the pharmacist's name and registration number identifying him or her as the responsible prescriber; and

iii) on *Documentation and Notification Form B* (Appendix II). A copy of this form should also be provided to the patient for their records.

e) *Notification*. The pharmacist must send notification of the extended prescription to the original prescriber and the patient's primary health care provider (if different) within one week.

5.6 Adapting a Prescription

In addition to the General Standards outlined above (see section 5.1), the following standards must also be met:

a) *Categories of Adaptation*. Pharmacists may adapt prescriptions within a number of select categories:

i) **Change Dosage Form.** A pharmacist may change the dosage form of the prescription (such as from tablets to capsules or from capsules to liquid). Appropriate situations include:

- to facilitate patient adherence to the medication regimen;
- to facilitate reimbursement by the patient's third party drug benefit plan; or
- where the prescribed dosage form is not commercially available (e.g. 50mg written but medication is only available as 52.5mg).

ii) **Change Dosage Regimen.** A pharmacist may change the dosage regimen of the prescription (such as from one tablet twice a day to two tablets once a day or ½ 40mg tablet instead of one 20mg tablet). Appropriate situations include:

- to facilitate patient adherence to the medication regimen; or
- to facilitate reimbursement by the patient's third party drug benefit plan.

iii) **Change Quantity.** A pharmacist may change the quantity of medication prescribed as long as doing so will not result in the patient receiving drug therapy for longer than the prescriber intended. Appropriate situations include:

- to facilitate patient adherence to the medication regimen;
- to facilitate reimbursement by the patient's third party drug benefit plan;
- to facilitate a change related to the above Change Dosage Form (e.g. 30 capsules vs. 150mL liquid) or Change Dosage Regimen; or
- where the prescribed quantity/pack size is not commercially available (e.g. 30-day supply available as 28-day compliance package).

iv) **Complete Missing Information.** A pharmacist may complete missing information on a prescription if there is historical evidence to support it. (e.g. on a long-standing prescription for Fosamax 70mg, once a week, the 70mg was omitted)

v) **Make a Non-Formulary Generic Substitution.** A pharmacist may substitute a prescribed Brand Name product with an equivalent commercially available generic product even if it is not listed on the *Newfoundland and Labrador Interchangeable Drug Product Formulary* (NIDPF) as long as there is not another equivalent generic product listed on the NIDPF that is currently available. Appropriate situations include:

- where the Brand Name product is not currently available (e.g. discontinued, back ordered, etc.); or
- to facilitate patient adherence to the medication regimen (e.g. the patient requests a less expensive alternative).

b) *Appropriateness*. The pharmacist must be reasonably satisfied that:

i) the adaptation is in the best interests of the patient and will not put the patient at increased risk, and

ii) the original prescriber would not object to the adaptation.

c) *Documentation.* The pharmacist must document the adaptation:

i) on the prescription from the prescriber;

ii) by making a notation in the patient's file or on the patient medication profile; and

iii) on *Documentation and Notification Form B* (Appendix II). A copy of this form should also be provided to the patient for their records.

> **NOTE**: All other elements of the original prescription, including the prescriber's name and any relevant refills, remain intact.

d) *Notification.* The pharmacist must send notification of the adaptation to the original prescriber within one week.

5.7 Making a Therapeutic Substitution

In addition to the General Standards outlined above (see section 5.1), the following standards must also be met:

a) *Location of Original Prescription*. If in relation to a previously dispensed prescription, the previous prescription MUST have been filled at the pharmacy where the pharmacist is making the therapeutic substitution.

b) *Appropriateness*. The pharmacist must be reasonably satisfied that:

i) the substituted drug will have a similar therapeutic effect as the prescribed drug;

ii) the substitution is in the best interests of the patient (i.e. will facilitate patient adherence to the medication regimen or facilitate reimbursement by the patient's third party drug benefit plan) and will not put the patient at increased risk; and

iii) the original prescriber would not object to the substitution.

c) *Documentation.* The pharmacist must document the substitution:

i) on the prescription from the prescriber;

ii) in the patient's file or on the patient medication profile with the pharmacist's name and registration number identifying him or her as the responsible prescriber; and

iii) on *Documentation and Notification Form B* (Appendix II). A copy of this form should also be provided to the patient for their records.

g) *Notification.* The pharmacist must send notification of the substitution to the original prescriber within one week.

APPENDIX I

Prescribing for a Minor Ailment – Minor Ailments Approved by the Board

Pharmacists may prescribe for the following minor ailments:

- Acne, mild
- Allergic Rhinitis
- Atopic Dermatitis, mild-moderate
- Callouses and Corns
- Cold Sore
- Contact Dermatitis
- Dandruff
- Diarrhea (Non-Infectious)
- Dysmenorrhea
- Dyspepsia
- Emergency Contraception
- Fungal Infections of the Skin
- Gastroesophageal Reflux Disease
- Headache, mild
- Hemorrhoids
- Impetigo
- Joint Pain, mild
- Muscle Pain, mild
- Nausea
- Oral Fungal Infection
- Oral Ulceration
- Pinworms
- Sleep Disorders, mild
- Smoking Cessation
- Upper Respiratory Conditions, mild (cough, nasal congestion, sore throat)
- Urticaria, mild (including bites and stings)
- Vaginal Candidiasis
- Warts (excluding facial and genital)
- Xerophthalmia

APPENDIX II
Template Pharmacist Prescribing Documentation and Notification Form A

(for use when initiating a prescription)

Patient Information:

Name _____ Date of Birth _____ MCP # _____

Documentation of Informed Consent:

The patient and/or their agent was provided with sufficient information to allow him/her to make an informed decision regarding the pharmacist prescribing and voluntarily provided his/her consent.

Consent provided by: ☐ Patient ☐ Patient's Agent: _____

Patient or Agent Signature: _____

Prescribing Details:

Prescription Date: _____ **Prescription #** *(if applicable)*: _____

Category of Prescribing:

☐ Prescription for Schedule I, II or III Drug for a Minor Ailment ☐ Prescription for Schedule II, III or Unscheduled Drug

Assessment Details: _____

Diagnosis: _____

Recommendations *(including non-pharmacological)*: _____

Pharmacist Information:

Name _____ Registration # _____

Pharmacy Name (if applicable) _____ Contact Phone # _____

Pharmacist Signature _____

Follow-Up Plan and Results

Follow-up Plan:

Desired Outcome(s):

☐ Condition resolved within _____days

☐ Other(s): _____

Planned Date/Time : _____

Method: ☐ In pharmacy ☐ By phone Phone number: _____

Follow-up Results:

Actual Date/Time: _____

Completed by: _____

Notes: ☐ Completed as scheduled ☐ Unable to reach

☐ Rescheduled: _____

Outcomes:

☐ Resolved – no further follow-up needed

☐ Improved

- ☐ No further follow-up needed
- ☐ Improved – further follow-up scheduled

☐ No improvement / worsened

- ☐ Therapy changed. Further follow-up scheduled
- ☐ Referred to primary care provider
- ☐ Referred to emergency department

☐ Therapy was discontinued

- ☐ Did not tolerate therapy
- ☐ Was non-adherent to therapy
- ☐ Patient consulted other health care provider

Notes: _____

Notification of Other Health Care Provider

Notification Information:

Health Care Provider Notified? ☐ Yes ☐ No

_____ (Name of Health Care Provider Notified) _____ (Phone #) _____ (Fax #)

Method of Notification: ☐ Fax ☐ Other: _____ Date Sent: _____

If Primary Health Care Provider was not notified, please document rationale:

_____

_____

APPENDIX II
Template Pharmacist Prescribing Documentation and Notification Form B

(for use when continuing or altering an existing prescription)

Patient Information:

Name _____ Date of Birth _____ MCP # _____

Documentation of Informed Consent:

The patient and/or their agent was provided with sufficient information to allow him/her to make an informed decision regarding the pharmacist prescribing and voluntarily provided his/her consent.

Consent provided by: ☐ Patient ☐ Patient's Agent: _____

Prescribing Details:

Prescription Date: _____ **Prescription #** *(if applicable)*: _____

Category of Prescribing:

☐ Interim Supply
☐ Prescription Adaptation
☐ Prescription Extension
☐ Therapeutic Substitution

Original Prescription Information:

Date: _____ **Prescription #** *(if applicable)*: _____

Details: _____

Prescribing Rationale *(include assessment details and any other supporting information, as appropriate)*

Follow-up Plan & Results *(as appropriate)*: _____

Patient Communication: _____

Pharmacist Information:

Name _____ Registration # _____ Pharmacist Signature _____

Pharmacy Name (if applicable) _____ Phone # _____ Fax # _____

Notification Information:

Name of Health Care Provider Notified _____ Phone # _____ Fax # _____

Method of Notification: ☐ Fax ☐ Other: _____ Date Sent: _____