

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

- a) In order to receive authorization from the Board to prescribe, pharmacists must first:
 - i) apply to the Newfoundland and Labrador Pharmacy Board for authorization (using the appropriate application on the NLPB website); and
 - ii) demonstrate completion of the required orientation program, as approved by the Board.
- b) Applications will be reviewed and, if approved, authorization will be issued to the pharmacist. Once authorized, the pharmacist must:
 - i) maintain competence in areas related to prescribing. Professional development should be undertaken, as necessary, to develop and maintain knowledge and skills; and
 - ii) 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) General Standards

When prescribing to patients, the pharmacist must ensure the following minimum general practice standards are met:

- a) *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.
- b) *Obtain Informed Consent from the Patient.*
 - i) Informed consent should be obtained 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; and
 - details of planned communications within the patient's circle of care, 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.
- c) *Be sure they are practicing within their 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 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.

- d) *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 circumstances, using a combination of patient interview, review of the patient's electronic health record, and other sources, as appropriate. This can include, but is not limited to, the patient's:
 - demographic information;
 - physical characteristics, condition, and measurements (e.g. height, weight, etc.);
 - presenting ailment/condition/disease/symptoms including any previous history and/or assessments, investigations or treatments for the same;
 - relevant laboratory and/or diagnostic test results;
 - objective and subjective findings;
 - medical history, including immunization history;
 - current medical conditions, medications, non-medication therapies, use of health care products/devices and treatments;
 - allergies and intolerances;
 - pregnancy and lactation status;
 - risk factors; as well as
 - any other personal circumstances, practical needs, values, preferences or other information relevant to the assessment.
 - 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. The pharmacist should have access to current versions of:
 - *Compendium of Products for Minor Ailments* (CPMA)
(<http://www.pharmacists.ca/index.cfm/products-services/compendium-products-minor-ailments/>)
 - *Compendium of Therapeutics for Minor Ailments* (CTMA)
(<http://www.pharmacists.ca/index.cfm/products-services/compendium-therapeutics-minor-ailments/>)
- e) *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) 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?
 - ii) As stated previously, 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 to their primary health care provider or another appropriate health care professional.

NOTE: This requirement is dealt with more specifically in sections 5.1 – 5.7.

- f) *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.
- g) *Document all instances of prescribing.* The method by which documentation is completed (e.g. electronic or paper-based) is left up to the professional judgement of the prescribing pharmacist.
 - i) Documentation must be completed in such a way, and provide sufficient detail, so that others accessing the information will have a clear understanding of the prescribing activities, the pharmacist's rationale and the related follow-up plan.
 - ii) Documentation should also take place in situations where a pharmacist has completed an assessment but made a determination to refer the patient to their primary health care provider or other appropriate health care professional, rather than prescribe.
 - iii) Effective documentation includes details related to:
 - the patient assessment (as described in Section 4.d)i);
 - the pharmacist's prescribing decision and rationale, including the details of what was prescribed, or the reasons why a decision was made to not prescribe;
 - instructions given to the patient; and
 - follow-up plans, or other information to allow for continuity of care, and the results of the follow-up, if applicable.
 - iv) Patients should also be provided with suitable documentation for their records or to share with other health professionals in their circle of care.
- h) *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.
 - i) Pharmacists are expected to communicate information about the prescription to the patient's primary health care provider and the original prescriber, if different. This notification may be achieved using:
 - the provincial electronic health record;
 - an appropriate regional health authority-approved patient care record (in hospital practice situations where it is not possible to document in the provincial electronic health record); or
 - another method determined in collaboration with the primary health care provider.
 - ii) Pharmacists should also use professional judgement to identify situations where it is appropriate to communicate with other health professionals within the patient's circle of care.

5) Standards Specific to Categories of Prescribing

In addition to the General Standards outlined in Section 4., the following standards specific to the individual categories of prescribing must also be met:

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

- a) *Appropriateness.* The pharmacist must be reasonably satisfied that:
 - i) the drug is being prescribed to treat a condition listed in Appendix A; and
 - ii) the prescription is in the best interests of the patient and will not put the patient at increased risk.

5.2 Prescribing Schedule I, II, III or Unscheduled Drugs for a Preventable Disease

- a) *Appropriateness.* The pharmacist must be reasonably satisfied that:
- i) the drug is being prescribed to prevent a disease listed in Appendix B; and
 - ii) 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.

5.3 Prescribing Schedule II, III or Unscheduled Drugs for Other Purposes

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

NOTE: Adding an exempted codeine product (ECP) or 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 or the Standards of Practice - The Sale of Exempted Codeine Products in Community Pharmacies is not considered to be prescribing.

5.4 Prescribing an Interim Supply

- a) *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.
- b) *Appropriateness.* The pharmacist must be reasonably satisfied that:
- i) the patient has an established stable, compliant history with the medication;
 - ii) 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;
 - iii) there is an immediate need for the medication; and
 - iv) the patient would not be better served by extending the prescription.

5.5 Extending a Prescription

- a) *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' supply, whichever is less.
- b) *Appropriateness.* The pharmacist must be reasonably satisfied that:
- i) the patient has an established stable, compliant history with the medication;
 - ii) the patient is unable to visit their primary health care provider in a timely manner;
 - iii) the prescription has not been previously extended; and
 - iv) there is a need for an amount of medication beyond an "Interim Supply".

5.6 Adapting a Prescription

- a) *Categories of Adaptation.* Pharmacists may adapt prescriptions to modify the brand, dose, duration, formulation, and/or regimen of the prescribed drug where:
 - i) the prescribed brand, dose or formulation are not commercially available;
 - ii) the dose, strength, formulation, regimen or duration of therapy are missing from the prescription and sufficient information is available or can be obtained from the patient, patient record and/or other sources to support the adaptation;
 - iii) a patient-specific factor (such as age, weight, organ function, medical condition, adverse drug reaction, concomitant medication) requires that the dose be adjusted;
 - iv) an adjustment in the formulation or regimen will enhance the patient's adherence or response to the medication; or
 - v) the adaptation will otherwise benefit the patient's individual needs and circumstances.
- b) *Appropriateness.* The pharmacist must be reasonably satisfied that:
 - i) the adapted prescription will maintain or enhance the medication's effectiveness and/or improve adherence; and
 - ii) the adaptation is in the best interests of the patient and will not put the patient at increased risk.

5.7 Making a Therapeutic Substitution

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

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

Pharmacists may prescribe for the following ailments:

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

Appendix B

Prescribing for a Preventable Diseases – Preventable Diseases Approved by the Board

Pharmacists may prescribe for the following diseases:

- Cholera (oral, inactivated vaccine for traveller's diarrhea prophylaxis)
- COVID-19
- Diphtheria
- Haemophilus Influenzae Type B
- Hepatitis A²
- Hepatitis B²
- Herpes Zoster (Shingles)²
- Human Papillomavirus
- Influenza
- Measles
- Meningococcus
- Mumps
- Pertussis
- Pneumococcus
- Poliomyelitis
- Rotavirus
- Rubella
- Tetanus
- Varicella Zoster (Chicken Pox)²

² As per section 11.(b) of the Authorization to Prescribe Regulations