



PRINCE EDWARD ISLAND
COLLEGE OF PHARMACY

Member organization of National Association of Pharmacy Regulatory Authorities (NAPRA)

Practice Directive

Prescribing of Drugs by Pharmacists

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PURPOSE

Practice Directive-Prescribing of Drugs by Pharmacists outlines the responsibilities of a pharmacist, authorized to prescribe under the *Regulated Health Professions Act and Pharmacist and Pharmacy Technician Regulations*, when prescribing. Pharmacist prescribing provides the opportunity for pharmacists to further support the health care system and provide accessible health care services to patients. Under the authority of regulations, the *Practice Directives Prescribing Drugs by Pharmacists* establishes clear accountabilities and responsibilities of pharmacists with respect to the prescribing of drugs. Pharmacists will undertake the prescribing of drugs in accordance with these practice directives as well as existing legislation, the Code of Ethics, other standards of practice and policy directives and guidelines relevant to pharmacy practice in Prince Edward Island.

DEFINITIONS

Definitions for terms represented in the *Practice Directive-Prescribing of Drugs by Pharmacists* are provided in the following table.

Term	Definition
Current Prescription	A prescription that is not over one year old and has not been dispensed, has refills remaining or has an unused portion of a dispensed prescription remaining.
Common Ailments	Health conditions as described in Schedule C to the Pharmacist and Pharmacy Technician Regulations
Emergency	The patient has an immediate, urgent, and high-risk medical requirement for the drug to avoid significant deterioration to their health.
Original Prescriber	Refers to the prescriber who authorized the original prescription.
Original Prescription	Refers to the first fill of a prescription, which may or may not be for a new drug therapy.

1.0 PRESCRIBING- GENERAL

AUTHORIZED DRUGS

1.1. A pharmacist only prescribes a drug which is:

- for an indication approved for the product by Health Canada, or for an off-label indication that the pharmacist is satisfied is:
 - generally accepted practice referenced in peer-reviewed clinical literature; or
 - consistent with a research protocol in which the patient is enrolled.
- not listed in the Controlled Drugs and Substances Act and its Regulations (i.e., pharmacists cannot prescribe narcotics, controlled drugs, benzodiazepines or other targeted substances) **except where a temporary exemption exists.**

COMPETENCIES, KNOWLEDGE AND PROFESSIONAL ETHICS

1.2 When a pharmacist prescribes, they are responsible for their prescribing decisions and any related actions, omissions, and impacts. This includes all decisions they make, including not to prescribe. When deciding to prescribe a drug, the pharmacist:

- is satisfied that they have the requisite competency to prescribe in the given circumstance, including taking reasonable steps to assess their competence against current best practice

1.3. A pharmacist does not prescribe for themselves or an immediate family member, except in extraordinary circumstances when no other prescriber is readily available and drug treatment is required to avoid serious deterioration to the patient's health. If prescribing in this situation, the pharmacist documents the exceptional circumstances, including their relationship to the patient.

1.4. When the same pharmacist both prescribes and dispenses a drug, the pharmacist provides information to the patient about the benefits of involving another pharmacist in the process to help mitigate the risks of confirmation bias. Patients should be offered the option of having the

prescription dispensed by a different pharmacist. If the patient chooses to fill the prescription at another pharmacy, the pharmacist supports the patient's decision.

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

1.6 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 professional misconduct.

PATIENT INVOLVEMENT

1.7. When prescribing, the pharmacist obtains informed and voluntary consent from the patient for the prescribing service and decisions.

1.8. The pharmacist completes a patient assessment to support their prescribing decisions (refer to Appendix A – Patient Assessment for Pharmacist Prescribing).

1.9. The pharmacist assesses the patient in person when the prescribing requires the assessment of physical factors. When the pharmacist determines that an in-person assessment is not necessary, the pharmacist may conduct the assessment by:

- communicating with the patient at the time of prescribing through a virtual platform; and
- using the previous assessment information of a healthcare provider, authorized to diagnose and prescribe, who saw and assessed the patient for the ailment/condition/disease and being confident that the assessment remains valid; or
- having sufficient knowledge of the patient's ailment, condition, or disease and current clinical status to support the prescribing decision.

1.10. When prescribing, the pharmacist shall provide appropriate information to the patient regarding the medication prescribed and ensure that patient confidentiality is maintained while providing the information

DOCUMENTATION

1.12. The pharmacist documents the prescribing information in a timely manner (refer to Appendix B for documentation details).

FOLLOW UP AND MONITORING

1.13. The pharmacist uses professional judgement to establish and document a follow-up plan appropriate to the patient's needs and the prescribing activity in the patient record.

1.14. The pharmacist ensures the follow-up plan provides enough detail to allow others accessing the patient record to have a clear understanding of the prescribing activities and related follow-up.

1.15. The pharmacist ensures any patient monitoring required by the follow-up plan is completed and results are documented as appropriate. The pharmacist may arrange for another pharmacist, primary care provider, or specialist to complete the follow-up and monitoring as needed.

COMMUNICATION

1.16. The pharmacist communicates the prescribing information to the primary care provider or specialist as soon as possible (refer to Appendix D), and when appropriate. If the patient does not have a primary care provider or specialist, then the pharmacist:

- provides the prescribing information to the patient; and
- informs the patient that they will subsequently forward the prescribing information to a primary care provider or specialist, upon the patient's request and direction.

2.0 PRESCRIBING IN AN EMERGENCY

In addition to Section 1, the following directions apply to pharmacist prescribing in an emergency.

- 2.1 A pharmacist may undertake prescribing to provide a new medication or replace a supply, or portion of a supply, of an existing medication in an emergency (see definitions).
- 2.2. A pharmacist only prescribes a limited supply of the drug, sufficient to address the immediate risk to the patient's health and to allow them to see a primary care provider or specialist. Refills may not be prescribed or consecutive emergency prescriptions for a patient for the same drug.

3.0 CONTINUED CARE PRESCRIBING

In addition to Section 1, the following directions apply to pharmacist prescribing a continued care prescription

- 3.1 A pharmacist uses their judgment to continue a prescription, in consideration of:
 - the extent to which the quantity provided may delay the patient being assessed by a primary care provider or specialist;
 - an assessment of when the patient's health warrants them being seen by a primary care provider or specialist;
 - the patient's access to care;
 - the ongoing appropriateness of the drug therapy;
 - the pharmacist's access to the information required to make the above assessment;
 - the pharmacist's relationship and familiarity with the patient; and

- the pharmacist's competence in the management of drug therapy for the patient's ailment/condition/disease.

3.2 A pharmacist shall only undertake prescribing a continued care prescription when:

- There is an immediate need for the medication, and it is not possible for the patient to obtain a prescription before the original expires or any refills are spent.
- The patient had a prescription for the same medication given by a prescriber.

3.3 A pharmacist will utilize the information that is gathered during the assessment of the patient and determine an appropriate quantity of medication to prescribe and if refills are needed, or if consecutive continued care prescriptions are appropriate for the patient

4.0 PRESCRIPTION ADAPTATION– ADDITIONAL DIRECTIONS

In addition to the Section 1, the following directions apply to adaptation of a prescription by a pharmacist.

4.1 Pharmacists may prescribe adapt a prescription from another prescriber, when:

- The drug strength and/or formulation prescribed is not commercially available.
- The dose, formulation, regimen, and/or duration of therapy is missing from the prescription and sufficient information can be obtained from the patient, patient record, and/or other sources to determine the appropriate adaptation.
- A patient-specific factor (e.g., age, weight, organ function, medical conditions, adverse drug reactions, other medications) requires the dose to be adjusted.
- An adjustment in the formulation and/or regimen will enhance the ability of the patient to take the medication more effectively.

5.0 THERAPEUTIC SUBSTITUTION– ADDITIONAL DIRECTIONS

In addition to the Section 1, the following directions apply to pharmacist prescribing when substituting the prescribed drug with a different drug that has an equivalent therapeutic effect.

5.1 A pharmacist may prescribe to therapeutically substitute a drug when they determine that:

- sufficient information is obtained about the patient’s condition being treated, treatment goals, and prescribed drug for the pharmacist to ensure that the substitute drug has an equivalent therapeutic effect and supports the intended treatment goal; and
 - the therapeutic substitution will maintain/enhance the effectiveness of the patient’s drug therapy and/or improve adherence and will

support the patient's best interest with respect to financial, formulary, or payer considerations

5.2 When prescribing for the purposes of therapeutic substitution, a pharmacist shall not extend the prescription beyond the period when the original prescription and any refills would have finished or beyond one year from the original prescription date, whichever is sooner.

6.0 PRESCRIBING FOR COMMON CONDITIONS

In addition to the Section 1, the following directions apply to prescribing by a pharmacist for common conditions.

6.1 A pharmacist shall only undertake prescribing for a condition when the condition is:

- Listed as a common ailment in Schedule C to the *Pharmacist and Pharmacy Technician Regulations*
- Listed as a disease, for which a vaccine can be administered, in Schedule A or B

6.2 Pharmacists when assessing a patient for a common ailment, should consider the following:

- The common ailment is a short-term condition
- Lab results aren't usually required
- There is a low risk of treatment masking underlying conditions.
- Medications and medical histories can reliably differentiate more serious condition
- Only minimal or short-term follow-up is required

APPENDIX A- PATIENT ASSESSMENT

A pharmacist conducts a patient assessment to support their prescribing decisions. The assessment considers, as appropriate and applicable for the prescribing activity, the patient's:

- demographic information
- physical characteristics, condition, and measurements (e.g., weight, height, etc.)
- presenting ailment/condition/disease or drug-related problem, including its symptoms, signs, history, and any treatment
- date, extent, and results of last assessment of the condition
- laboratory or other diagnostic test results
- objective and subjective findings
- diagnosis
- medical history
- family medical history
- current medical conditions, medications, non-medication therapies, healthcare products/devices, and treatments
- allergies and intolerances to drugs, excipients, or other substances relevant to drug therapy
- pregnancy and lactation status
- risk factors
- other healthcare providers and individuals involved in providing treatment/care
- personal circumstances, practical needs, values, and preferences
- other information relevant to the assessment

As part of the patient assessment, the pharmacist may, with appropriate patient consent, obtain pertinent information from family, friends, caregivers, or other healthcare providers.

APPENDIX B – DOCUMENTATION

The following information regarding prescribing by a pharmacist, if applicable, shall be documented, filed, and retained in the pharmacy records:

General Patient Information	Name
	Contact information
	Date of birth
	Gender
	Weight and height, if applicable
	Any known contraindications or allergies/ intolerances to drugs, excipients or other substances related to drug therapy.
	Medical conditions
	Pregnancy and lactation status, if applicable
	Other relevant information
Prescription Order (written or printed copy)	Patient name and address
	Date of prescription
	Drug name, strength, and dosage form
	Quantity
	Directions for use and route of administration
	Number of refills and interval between each refill, if applicable
	Name of prescribing pharmacist
	Reference to the original prescription and prescriber name / contact information, where applicable (i.e.

	<p>prescription adaptation, therapeutic substitution, and prescription renewal).</p> <p>File the original and new prescriptions together in cases where the original prescription from another prescriber is adapted or substituted with a therapeutic equivalent.</p>
Prescribing Details	Date of prescribing decision
	Presenting health condition or drug related problem including symptoms, signs, history, and any treatment.
	Patient assessment details / findings, See Appendix A:
	Description of prescribing decision, its rationale, and any supporting information / documents (e.g. laboratory report, previous prescription label, written documentation of diagnosis from health care professional requesting pharmacist to select and prescribe appropriate drug therapy, etc.)
	Instructions to patient
	Follow-up plan details to allow other health care professionals or caregivers to monitor patient's progress.
	Name of prescribing pharmacist
	Information to allow other professional staff in the pharmacy to provide continuity of care.
	Date and method of notifying original prescriber
	Date and method of notifying other health care professionals, if applicable

	Reference to the original prescription and prescriber name / contact information, when applicable (i.e. prescription adaptation, therapeutic substitution, and prescription renewal).
	Patient informed and voluntary consent (refer to Appendix D for Patient Consent and Disclosure Requirements).
	Details of subsequent monitoring and follow-up regarding the pharmacist prescribing, where applicable.

APPENDIX C – COMMUNICATION PROCESS AND NOTIFICATION

The Practice Directives Prescribing of Drugs by Pharmacists specifies the importance of effective communication and inter-professional collaboration in support of patient health and safety in a patient-centred and collaborative model of care. An established process is required for timely and appropriate communication and collaboration among pharmacists, other health care professionals and the patient regarding the pharmacist prescribing process and decisions. Appendix D Notification Form and Appendix E Monitoring Results Notification Form (or a similar forms) may be utilized by the pharmacist to fulfill prescribing notification requirements outlined in section 1.16.

APPENDIX D- NOTIFICATION FORM

Pharmacist Prescribing Notification- For Your Records	
<i>Notification Information</i>	
Original	Prescriber: Date:
<i>Original Prescription Information</i>	
Prescription Details:	
<i>Pharmacist Prescribing Category</i>	
<input type="checkbox"/> Adaptation <input type="checkbox"/> Dose <input type="checkbox"/> Formulation <input type="checkbox"/> Regimen	
<input type="checkbox"/> Immunization <input type="checkbox"/> Therapeutic Substitution <input type="checkbox"/> Continued Care <input type="checkbox"/> Common Ailment	
<input type="checkbox"/> Emergency Prescription	
Rationale for Prescribing:	
<i>Prescription Information</i>	
	Health Card Number:

Affix Rx Label

	Informed Consent: <input type="checkbox"/> Patient <input type="checkbox"/> Patient's Agent
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Follow-up Plan

Therapeutic Goal	Communication to Patients	Follow-up Date	Pharmacist

Pharmacist's Signature:	Registration #:
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APPENDIX E- MONITORING RESULTS NOTIFICATION FORM

Pharmacist Monitoring Results Notification			
Notification Information			
Health Care Professional Notified:			Date:
Method: <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Other			
Patient Information			
Name:		Health Card#:	
Informed consent provided by: <input type="checkbox"/> Patient <input type="checkbox"/> Patient's agent			
Prescription Details			
		Affix Rx Label	
Follow-up Plan Results			
Therapeutic Goal	Follow-up Actions	Follow-up Date	Results
Pharmacist Information			
Name:		PEICP Registration #:	

APPENDIX F - PRESCRIBING FOR UNCOMPLICATED CYSTITIS

In addition to section 1 of the Practice Directives-Prescribing of Drugs by Pharmacists, the following supplemental section has been added for pharmacists prescribing for acute uncomplicated cystitis.

Pharmacists can safely assess and prescribe for acute uncomplicated cystitis. However, ensuring that antimicrobial stewardship is maintained, specific directives have been developed for pharmacists to guide diagnosis and treatment decisions. Pharmacists should be aware of current susceptibility rates for antimicrobials in PEI (see the Health PEI Antibiogram available at <https://src.healthpei.ca/microbiology>) and local empiric antimicrobial treatment guidelines when considering prescribing for acute uncomplicated cystitis.

I) Presentation of Acute Uncomplicated Cystitis

Inclusion Criteria	Exclusion criteria/Red Flags
<ul style="list-style-type: none">• Women at least 19 years of age• Symptoms of <u>2 or more</u> of the following:<ul style="list-style-type: none">– acute dysuria– new or increased urgency– new or increased frequency– suprapubic pain/discomfort– visible hematuria	<ul style="list-style-type: none">• Pregnancy• First UTI• Immunocompromised*• Urological abnormalities**• Taking a medication associated with cystitis symptoms• Renal Impairment• Two or more treated episodes in the last 6 months or three or more in the last 12 months• History of Interstitial cystitis• Symptoms developed within four weeks of previous UTI• Symptoms of pyelonephritis (flank pain or tenderness, fever, rigors, significant nausea or vomiting, frank hematuria)• Greater than 6 days of symptoms• Vaginal discharge or irritation

*Immunocompromised: Patients who are taking immunosuppressant medications including systemic steroids or have medical conditions which cause them to be more susceptible to infections (such as HIV/AIDS, cancer, uncontrolled diabetes, malnutrition, inflammatory bowel disease and certain genetic disorders).

**Urological abnormalities including but not limited to: obstructive uropathies (strictures, tumors/cysts, stones, congenital abnormalities); recent GU instrumentation (cystoscopy/urologic procedures, catheterization, ureteric stent, nephrostomy tubes); delayed/impaired voiding (neurogenic bladder, vesicoureteral reflux, ileal conduit, cystocele), metabolic abnormalities (renal failure/dysfunction, nephrocalcinosis)

II) Treatment of Acute Uncomplicated Cystitis

Pharmacists, after assessing a patient, may prescribe any of the antimicrobials listed in the table 1 as other antimicrobials used in the treatment of acute uncomplicated cystitis have higher rates of resistance and higher risk for developing C. diff requiring additional monitoring.

Pharmacists will refer patients who present with symptoms of a urinary tract infection with complicating factors or have allergies or intolerances to the antimicrobials in Table 1, to another health care provider (physician or nurse practitioner).

Table 1. Antimicrobial options for pharmacists prescribing

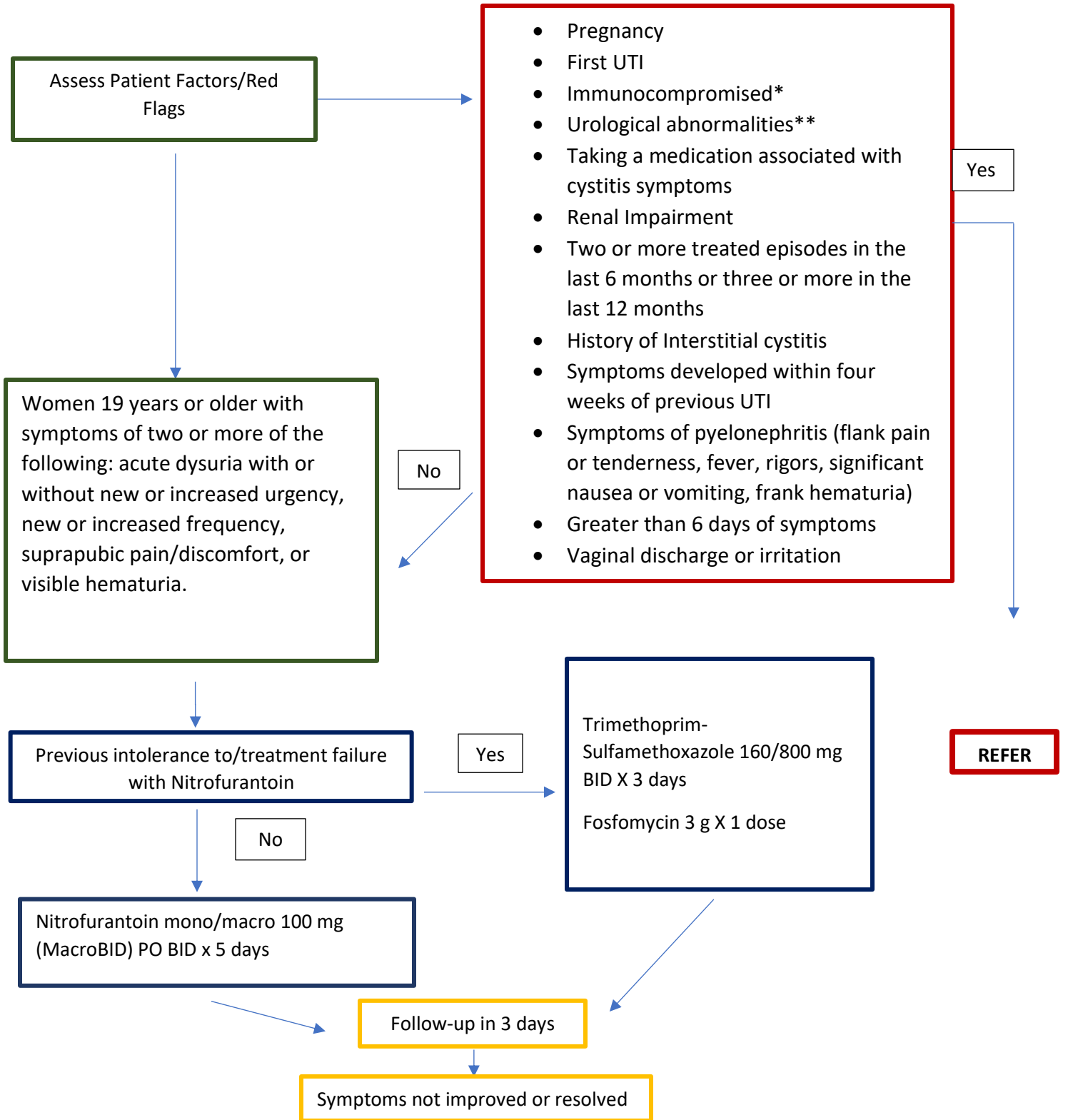
Nitrofurantoin monohydrate/macrocrystals 100 mg PO BID x 5 days
Trimethoprim-sulfamethoxazole 160/800 mg PO BID x 3 days
Fosfomycin tromethamine 3 g PO as a single dose

Documentation/Follow-Up

Pharmacists must document their assessment and prescribing decision on the Pharmacist AUC Prescribing Notification Form and forward this form to the primary health care provider in a timely manner.

Pharmacists must follow up with patients within 3 days of prescribing an antimicrobial. If the patient reports no improvement in symptoms or worsening of symptoms, they should be referred to a health care provider for further assessment and testing.

Acute Uncomplicated UTI in Women¹



¹ Adapted from MedSask Minor Ailment Guideline: Urinary, Tract Infection (Cystitis) - acute, uncomplicated

Notes
