



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 prescribing responsibilities of a pharmacist, authorized to prescribe under the *Regulated Health Professions Act* and *Pharmacist and Pharmacy Technician Regulations*. Pharmacist prescribing provides the opportunity for pharmacists to further support the health care system and provide accessible health care services to patients. Pharmacists will undertake the prescribing of drugs in accordance with this practice directive 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
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

This section applies to all prescribing activities by pharmacists including adaptation, therapeutic substitution, emergency prescribing, continued care prescribing and prescribing for conditions. Additional considerations are detailed under each prescribing activity, if applicable.

AUTHORIZATION

1. A pharmacist only prescribes a drug:
 - 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.
 - when authorized under the *Pharmacist and Pharmacy Technician Regulations* and the *Controlled Drugs and Substances Act* and its Regulations.

COMPETENCIES, KNOWLEDGE, AND PROFESSIONAL ETHICS

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.
3. 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. The pharmacist recommends that the patient include another healthcare provider in the care of the condition, when appropriate.

4. 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.
5. 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.
6. Pharmacists shall not prescribe under conditions that compromise their judgement or integrity, nor impose such conditions on other pharmacists.
7. 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

8. When prescribing, the pharmacist obtains informed and voluntary consent from the patient or the patient's agent for the prescribing service and decisions.
9. The pharmacist completes a patient assessment to support their prescribing decisions (refer to Appendix A – Patient Assessment for Pharmacist Prescribing).
10. 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 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.
11. 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

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

FOLLOW UP AND MONITORING

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.
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.
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

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.

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), when it is not reasonably possible for the patient to see another prescriber in a timely manner.
2. A pharmacist only prescribes a limited supply of the drug, sufficient to address the immediate risk to the patient's health. 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.

1. A pharmacist uses their judgment to continue a prescription and considers the following:
 - the ongoing appropriateness of the drug therapy;

- the pharmacist's access to the information required to make the above assessment;
 - the pharmacist's competence in the management of drug therapy for the patient's ailment/condition/disease.
2. 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 PRESCRIBING FOR COMMON AILMENTS

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

1. Pharmacists when assessing a patient for a common ailment, should consider the following:
 - The common ailment is a short-term condition
 - Lab results are not usually required
 - There is a low risk of treatment masking underlying conditions.
 - Medications and medical histories can reliably differentiate more serious conditions
 - Only minimal or short-term follow-up is required

5.0 PRESCRIBING FOR UNCOMPLICATED CYSTITIS

In addition to Section 1, pharmacists may prescribe for acute uncomplicated cystitis.

1. 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, e.g., [IWK First Line Guidelines](#), [Health PEI-Antimicrobial](#)

Stewardship Subcommittee Urinary Tract Infection Treatment Guidelines.

2. Pharmacists will refer patients who present with symptoms of a urinary tract infection with complicating factors to another health care provider (physician or nurse practitioner).

6.0 PRESCRIBING FOR HORMONAL CONTRACEPTIVES

In addition to Section 1, the following directions apply to prescribing of hormonal contraceptives by a pharmacist:

1. Pharmacists shall only prescribe for a self-administered or injectable hormonal contraceptives for the purposes of pregnancy prevention.
2. Pharmacists must be aware that prescribing for contraceptives is one part of a broader discussion around sexual health. Pharmacists must be prepared to refer patients to community partners for services such as sexually transmitted infections testing, HPV testing, breast screening and IUD prescribing.
3. Pharmacists shall provide a comprehensive review of all options for contraception management available including non-hormonal and emergency contraception.
4. Pharmacists must be aware of the conditions when a person can consent to sexual activity and the obligations for mandatory reporting of suspected abuse.

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 Directive 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 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 <input type="checkbox"/> Self-administered/Injectable Hormonal Contraceptive	
Rationale for Prescribing:	
<i>Prescription Information</i>	
	Health Card Number:

Affix Rx Label

Informed Consent:

Patient

Patient's Agent

Follow-up Plan

Therapeutic Goal	Communication to Patients	Follow-up Date	Pharmacist
Pharmacist's Signature:		Registration #:	

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 #:	
