



Practice Changes for Community Pharmacy During COVID-19 Pandemic

There has been a lot of communication coming from various bodies in response to the COVID-19 pandemic. Exemptions and restrictions have been put in place so that pharmacists have the authority to fill the vital roles needed to ensure continued care of the public. Pharmacists must be familiar with their expanded prescriptive authority so that they can critically assess and respond to the evolving challenges facing the provincial health care system during the COVID-19 pandemic.

What exemptions are currently in place during the COVID-19 Pandemic?

Authority	Exemption / Restriction	Summary
Federal	Health Canada (HC) Exemption 56	This permits pharmacists to extend, transfer, and accept verbal orders from prescribers for drugs found in the schedules of the Controlled Drug & Substances Act (CDSA) (e.g. methadone, morphine, methylphenidate, clonazepam). This does not authorize initiation of therapy. This is in effect until September 30, 2021 or as otherwise communicated by Health Canada.
Provincial – Ministry of Health – Drug Plan & Extended Benefits Branch (DPEBB)	Seasonal Influenza Immunization Program : DPEBB’s contract requires written informed consent.	For the 2020-21 season , pharmacists are permitted to obtain verbal informed consent as an option to meet contract requirements. Documentation MUST clearly indicate if informed consent was obtained verbally
	Flu Shots must be given in the Pharmacy (with limited exceptions)	For the 2020-21 season , pharmacies may choose alternate locations to provide the publicly-funded influenza vaccine. Please review communication from the Ministry of Health (when made available) for appropriate alternate locations outside the pharmacy.
Joint (CPSS, SNRA, SCPP, CDSS)	Prescription Review Program (PRP) Written-only Requirement	The written-only PRP requirement has now been exempted to coordinate with HC’s section 56 exemption, allowing for prescribers to provide verbal orders for drugs listed on the PRP.

SCPP	Registrar's Enactment of Part K Section 10(5)	The Registrar has removed restrictions on prescriptive authority that will now allow pharmacists to prescribe quantities that exceed limits in the bylaws, when the previous prescription was issued by a pharmacist, and when an active patient-practitioner relationship no longer exists. This is in effect until September 30, 2021 or as otherwise communicated.
	Notification Requirement for Prescriptive Authority	Pharmacists are not currently required to fax the prescriber to notify them when prescribing for their patients (e.g. minor ailments, interim supplies), MUST continue to notify via fax for any prescribing of PRP medications. Pharmacists must continue to utilize the PARs and maintain them as per SCPP Record Keeping Requirements .

See end of document for single-page printable overview chart of exemptions and restrictions and the time-period they are in place for.

Q-and-As

There is a lot of information about COVID-19 available: where do I look and whose direction do I follow if there are conflicting messages?

- [SCPP's website has a section dedicated to COVID-19](#) which is updated frequently with information and resources, including links to other bodies and their important information
- Emails from SCPP are distributed as important information becomes available
- SCPP works closely with other regulatory partners (e.g. CPSS, SNRA, CDSS), the [provincial government \(MoH\)](#) and [federal government \(Health Canada\)](#) to develop strategies as we navigate the developing events. Should conflicting messaging arise, feel free to contact the SCPP to confirm which direction prevails for pharmacy professionals.

Where can I find information about all the Minor Ailments pharmacists can prescribe?

- Review the [medSask website](#) for a list of all minor ailments pharmacists can prescribe, along with guidelines and Pharmacist Assessment Records.

Where can I find information about pharmacists' Prescriptive Authority?

- [Part K of the SCPP Bylaws](#) outlines the different ways pharmacist prescriptive authority can be applied.

- The [Prescriptive Authority policy](#) and [FAQ's for Pharmacists](#) provides further clarity and guidance in the application of Part K.

Where can I find information about the SK Seasonal Influenza Immunization Program?

- The Ministry of Health's [DPEBB website](#) contains up to date information about the current season's program, including exceptions to the **written requirement for informed consent**, and **alternate locations** where the vaccine may be administered.
 - Typically the DPEBB requires pharmacists to obtain written and express consent, documented on specific consent forms for patients 5 years old and up. The authorized locations where the publicly-funded influenza vaccines may be provided are also restricted by the program. Pharmacists are responsible to ensure they are aware of the most current requirements should there be changes.
- For information regarding administration of drugs, see the SCPP's [Reference Manual](#) for the [Administration of Drugs by Injection and Other Routes Guidelines](#), and [FAQs](#).

What are some current events that are already impacting practice?

- Practitioners (e.g. physicians, nurse practitioners) when self-isolating, may continue to work remotely from home via virtual clinics. They may not have access to all of the patient's records including the Pharmaceutical Information Program (PIP) and will need to rely on the pharmacist to provide information (e.g. dosages, history) from PIP and/or their local profiles to assist them in making decisions when prescribing. They may not have a fax from home to send in prescriptions either or may have to phone in prescriptions to the pharmacy. In addition, in an effort to stop paper prescriptions that can carry COVID-19, practitioners have been advised to prescribe electronically as much as possible and verbally when they do not have any other means.
- Clinics are losing practitioners to self-isolation and are unable to maintain scheduled appointments for all of their patients, scheduled appointments are being cancelled with no estimated time to reschedule patients. Pharmacists can extend chronic medications for these patients who cannot see their primary practitioners. Part K of the bylaws and the CDSA section 56 exemption permit this until the end of September 2020.
- Pharmacy Closures/Reduction of Hours – Due to other pharmacies in your area closing and/or reducing their pharmacy hours, pharmacists may need to be prepared to prescribe for individuals that are not normally their patient.

Scenarios

What are some scenarios I could expect to encounter?

Disclaimer: These example scenarios do not indicate the correct course of action in similar scenarios that may be encountered in practice, and many other patient and situational factors must be critically assessed in determining the best course of action. When uncertain, pharmacists must always consider the best interest of the patient and document their reasons for their decisions.

Scenario 1

A patient who had been admitted to a field hospital is discharged with a poorly completed discharge medication reconciliation. You are able to discern from the faxed discharge information that the patient was started on methadone 2 mg TID from the discharge information you are faxed. The prescriber has not completed the discharge medication reconciliation form except to scribble an illegible signature at the bottom. You are unable to contact the field hospital to clarify the order with the prescriber and there are no health care professionals available to answer your questions. The faxed medication administration record (MAR) indicates the patient has been receiving the methadone 2mg TID regularly for the last 7 days since their admission. A note on the discharge papers says palliative.

What can you do?

- Under HC's Exemption 56, you can extend the methadone 2mg TID because the patient has been taking it while admitted.
- A palliative patient will need this indefinitely and the pharmacist has the ability to continue as required.

Consider...

- Under SCPP's Enactment of Part K, you may prescribe a quantity greater than the last prescription should the patient require more medication, and also prescribe again should you or another pharmacist be the previous prescriber.

Scenario 2

A physician or nurse practitioner becomes ill and closes their practice either permanently or temporarily and leaves a community of patients with limited or reduced access to a primary prescriber. A regular patient of your pharmacy calls you to ask for a renewal of their chronic medications. You open their file to review and notice that you had prescribed the last fill of their medications.

What can you do?

- Under SCPP's enactment of Part K, you can extend those prescriptions for another fill because the restriction that a pharmacist can only extend a prescription if the last prescriber was not a pharmacist has been waived.

Consider...

- Under HC's Exemption 56 and enactment of Part K, if the chronic medication was a CDSA drug, you may prescribe additional supplies of the medication as well. Caution to ensure efforts are made by the patient to see their primary prescriber when possible, especially for CDSA drugs. Pharmacists should prescribe in the best interest of the patient to reduce risk of unnecessary exposure to crowded places and decrease unnecessary load on practitioners when it makes sense to do so.

Scenario 3

A patient you are not familiar with comes to your pharmacy looking for refills on chronic medication they are out of. They have refills at their regular pharmacy, but it is closed.

What can you do?

You can prescribe a supply when patients are unable to access their medications. You cannot transfer prescriptions from a pharmacy that is closed and should determine if possible, the duration of the closure.

Consider...

You should use your professional judgement to determine the best course of action on a case by case basis. You should consider:

- Will they miss a dose today and what are the risks of missing that dose if you don't prescribe?
- If they have a sufficient supply for a day or two, does it make sense to ask them to try again tomorrow (e.g. go back to their pharmacy if they are just closed for the day or come back to you when you can transfer it next day because they cannot access their regular pharmacy during reduced operating hours)?
- Are they immunocompromised? It would be in the best interest of the patient to prescribe even if they had 1-2 doses left to limit the need to leave their home.
- Is it a CDSA drug? Pharmacists are naturally cautious around CDSA drugs and must critically assess each time they consider prescribing CDSA drugs for patients. Consider prescribing smaller quantities if there is an active prescription that can be transferred at a later time (e.g. sufficient supply to cover the weekend if their pharmacy is only open weekdays). But also consider the risks to the patient if you do not prescribe: will they be in pain? are they immunocompromised and risking exposure if they are to make another trip? Ensure you are familiar with the OAT guidance memo emailed to members March 25, 2020.

Scenario 4

A patient from out of province is self-isolating in Saskatchewan and has run out of their chronic medication. They mention they do not have further refills on their medication.

What can you do?

- You may prescribe interim supplies to out of province patients. If the patient has prescription bottles to provide the prescription information you may use those or contact their home pharmacy to verify details.

Consider...

If in this scenario the patient did have refills, it is a simple matter of transferring them in if their pharmacy is open. But...

- If their out of province pharmacy is closed, and you don't have sufficient information obtainable from the patient to prescribe, consider calling another pharmacy nearby the patient's closed pharmacy to see if local arrangements have been made to access information, or whether the pharmacist in that jurisdiction has the authority to access provincial prescription information (a PIP-like equivalent) to provide you with the medical history.
- If their out of province pharmacy is open and they have CDSA drugs, you cannot transfer them in. Exemption 56 only provides pharmacists an exemption to transfer CDSA drugs within their province. You may however prescribe for them when you have obtained sufficient information. (Note: benzodiazepines (BZD) and targeted substances may continue to be transferred out of province).
- If you obtain a prescription transfer from their out of province pharmacy that was written over 1 year ago, you must abide by Saskatchewan's prescription validity policy and cannot refill the prescription. You may, however, prescribe interim supplies instead.

Note: If the patient's prescription is from an out-of-country practitioner, you may not transfer their prescription, nor prescribe an interim supply. In these cases, it is recommended that they see a health care practitioner who can assess their medical care needs. See the [Prescriptive Authority FAQ's for Pharmacists](#) for further details on prescriptive authority for out of province and out of country patients.

Overview of Exemptions & Restrictions During COVID-19 Pandemic

	Federal	Provincial (DPEBB) – Seasonal Influenza Immunization Program		Joint (CPSS / SNRA)	SCPP	
	Health Canada Exemption 56	Written Informed Consent	Alternate Locations	PRP	SCPP Part K Exemption	Prescriptive Authority
Restrictions Before COVID-19	Pharmacists may not extend, transfer, or accept verbal orders for CDSA drugs.	Pharmacists must obtain written informed consent prior to administration of the influenza vaccine.	Pharmacists may provide the public influenza vaccine within the pharmacy only , with limited exceptions.	Prescriptions monitored must be written and contain: <ul style="list-style-type: none"> - Pt's HSN - Pt's DoB - Total prescribed quantity written alpha & num. - Part-fill quantity if applicable - Interval between fills 	Pharmacists may prescribe: <ul style="list-style-type: none"> - Up to the maximum quantity of the last prescription - If the last prescription was from a physician or nurse practitioner - If a patient-practitioner relationship exists 	Pharmacists must notify the patient's primary prescriber with a copy of the PAR when prescribing for any minor ailment or extension of medication.
Current Exemption	For CDSA drugs, pharmacists may : <ul style="list-style-type: none"> - Extend an existing prescription - Transfer the prescription to another pharmacy within the province (benzodiazepines and targeted substances may continue to be transferred out of province). - Accept verbal orders from a prescriber. 	Pharmacists may obtain verbal informed consent prior to administration of the influenza vaccine. Documentation must clearly indicate this.	Pharmacists may use alternate locations to provide the public influenza vaccine. See Ministry of Health's communication for details on allowable alternate locations.	Prescriptions monitored may be verbal or written. Above PRP requirements remain.	Pharmacists may prescribe: <ul style="list-style-type: none"> - quantities that exceed the previous prescription - when the previous prescription was issued by a pharmacist - when an active patient-practitioner relationship no longer exists. 	Pharmacists only need to notify the patient's prescriber when extending PRP medications. All PARs must continue to be documented and retained.
Duration	Expires on the earliest of: <ul style="list-style-type: none"> - September 30, 2021; - The date that it is replaced by another exemption; or - The date on which it is revoked. 	2020-21 Influenza Season	2020-21 Influenza Season	Until notified.	Until September 30, 2021, or unless otherwise as determined by the SCPP Registrar.	Until September 30, 2021, or unless otherwise as determined by the SCPP Registrar.