Prescriptive Authority — Pharmacist

DEFINITIONS

“Level 1 Prescribing” is within the existing scope of practice for Saskatchewan pharmacists and includes adapting or continuing an existing prescription initiated by a practitioner. Level 1 prescribing also includes the category of Minor Ailments prescribing (for those practicing in a patient self-care environment such as a community pharmacy setting). All pharmacists may prescribe at this level as it is based on mandatory training and is a condition of licensure. (Note hospital pharmacists are not required to take minor ailments training unless they are practicing within a self-care environment.)

“Level 2 Prescribing” is an expanded scope of practice for Saskatchewan pharmacists and requires a collaborative practice agreement to enact. Depending on the agreement, a pharmacist may initiate a drug, provide therapeutic substitution, or alter a dose and/or dosage regimen.

“Practitioner” includes physicians, nurse practitioners, dentists, optometrists, midwives and podiatrists as specified in The Drug Schedules Regulations.

“Collaborative practice (prescribing) agreement” a written agreement between a pharmacist(s) and practitioner(s) that outlines authorized Level 2 prescribing practices. All Level 2 prescribing must be done within a collaborative practice agreement.

“Collaborative practice environment” is where a relationship between the pharmacist and practitioner is such that the practitioner can reasonably rely upon a pharmacist’s basic competencies to prescribe in the best interests of the patient, communicate those decisions to the practitioner and refer the patient to the practitioner when appropriate. Collaborative practice environments are foundational to both levels of prescribing.

GLOSSARY OF ACRONYMS

CPA – Collaborative Practice (Prescribing) Agreement
CPDPP – Continuing Professional Development for Pharmacy Professionals, College of Pharmacy and Nutrition, University of Saskatchewan
DPEBB – Drug Plan and Extended Benefits Branch
eHR – electronic Health Record
ISTM – International Society of Travel Medicine
NAPRA – National Association of Pharmacy Regulatory Authorities
PAR – Pharmacist Assessment Record
PIP – Pharmaceutical Information Program
SCPP – Saskatchewan College of Pharmacy Professionals

1. PURPOSE

The laws in Saskatchewan allow pharmacists to prescribe drugs under certain circumstances, where they are trained to do so. These circumstances and the associated restrictions and conditions are outlined in the SCPP Regulatory Bylaws (Part K – Prescribing of Drugs).

This authority allows pharmacists to optimize the use of their current competencies as medication experts in a collaborative environment where the practitioner provides the medical diagnosis, treatment decisions and therapeutic goals for the patient.

The following is intended to provide pharmacists with guidance in the interpretation of the regulatory bylaws and application of Council policy and expectations. The training and bylaws should be consulted for full details and requirements.

This overview is intended to provide a summary of prescriptive authority under normal circumstances. However, in extraordinary circumstances, the registrar may waive or temporarily suspend specific requirements of prescriptive authority. In these situations, the registrar will notify pharmacists when these exemptions are in effect, and the conditions and limitations in place. See Emergency Exemptions for Prescribing Authority Policy.

COMMON TO BOTH LEVEL 1 AND 2 PRESCRIBING

2. PROFESSIONAL ACCOUNTABILITY FOR PRESCRIBING

As professionals, pharmacists are expected to identify when it is in the best interests of the patient to refer to another health provider. The onus is on the prescribing pharmacist to maintain the skills, knowledge and abilities, and competency, needed when prescribing. Foundational to the Quality Assurance Framework, pharmacists may prescribe drugs as permitted in the bylaws if they:

2.1. Are competent and confident in their skills;

2.2. Understand the decision making and prescribing processes, requirements, circumstances or areas within which they may prescribe; and

2.3. Maintain competency through continuing education and professional development.
Training Requirements for Prescriptive Authority:
The SCPP regulatory bylaws allow Council to set training requirements for prescriptive authority. The following is an overview of training requirements for Level 1 and 2 prescribing:

Level 1 Prescribing:
Mandatory Training: Prescriptive Authority Level 1 Basics including Minor Ailments Basics Level 1 (if practicing in a patient self-care environment such as a community pharmacy). SCPP recommends optional CPDPP training for each new minor ailment condition approved. Pharmacists should assess their competence for each new condition to determine if they would benefit from the optional training prior to prescribing.

Level 2 Prescribing:
• With the exception of Level 1 training, no advanced training has been specified to date by Council. However, pharmacists may require advanced training or credentials in managing specific disease states (e.g. Certified Diabetes Educator) if specified in the CPA.

3. COLLABORATIVE PRACTICE ENVIRONMENT
Collaborative practice environments are foundational to both levels of prescribing. The bylaws are constructed so that the collaborative practice environment is deemed to exist if the bylaws are followed. Key principles supporting this environment are transparency, accountability and thorough communication to ensure that the best interest of the patient is addressed.

Prescribing with the Support of the Practitioner
The pharmacist must be confident in knowing the patient’s practitioner would be in support of the prescribing. The pharmacist should not prescribe if they have reasonable grounds for believing that the patient’s practitioner would not support the decision.

The following is an example of a discipline case where a pharmacist prescribed without the support of the practitioner by changing the dose of a prescription after verbal instructions from the practitioner to dispense prescription as written.

Source: SCOPe Newsletter, October 2015, Page 7, Discipline Matters For full details of this case see Can LII website 2015 SKCPPDC 3 and 2015 SKCPPDC 4.
3.1. A collaborative practice environment does not exist where a practitioner has communicated verbally or in writing that they do not want the pharmacist to prescribe for their patient or group of patients.

4. RESTRICTIONS AND LIMITATIONS

4.1. A pharmacist must not prescribe any drugs listed in the schedules of the Controlled Drugs and Substances Act including but not limited to drugs listed in the Narcotic Control Regulations, Part G of the Food and Drug Regulations and the Benzodiazepines and Other Targeted Substances Regulations. (Note: on occasion, a Health Canada section 56 exemption has been granted with terms and limitations communicated by the College.)

4.2. Pharmacists shall not prescribe for themselves, family members or for those with whom they have a close personal relationship, except in emergency circumstances or when another appropriate health professional is not readily available. In these emergency circumstances, all prescribing details, including the rationale must be documented as is required for all prescribing.

SCPP Policy – Treatment of Self and Family Members

Similar to codes of conduct in place for other health professionals who have the authority to prescribe, when emotionally involved, there is a chance that professional judgement may be compromised.

The following is an example of a discipline case where a pharmacist prescribed to family members and did not follow minor ailment prescribing guidelines or document according to SCPP bylaw requirements.

Source: SCOPe Newsletter, March 2020, Page 10, Discipline Matters. The entire Decision and Order is available for review on the CanLII website.

5. STANDARDS OF PRACTICE

5.1. When prescribing, pharmacists are expected to follow the same standard as other prescribers by taking responsibility for their decisions, monitoring the patient’s response and following up as needed to ensure continuity of care.

Prior to prescribing pharmacists must obtain informed consent from the patient or from the person authorized to provide informed consent on the patient’s behalf.
**Informed Consent**

Informed consent is a patient’s authorization to carry out a treatment or procedure after he or she is provided the information and facts needed to make an informed decision.

Patients have the right to be informed about the benefits and risks of any treatment or procedure offered to them and to make a voluntary decision about whether to undergo the treatment or procedure.

Consent must be informed, specific, given voluntarily and documented.

The process for informed consent for prescribing shall include:

- A description of the drug including benefits, side effects and life-threatening risks;
- Alternative therapies, if clinically appropriate, including benefits and risks;
- The consequences of not receiving the drug;
- Confirm information provided is understood; and
- Provide opportunity for questions and answers.

See [Administration by Injection 4.2](#) for obtaining informed consent for administering a drug.

5.2. Pharmacists must comply with the SCPP requirements as described in the training for Prescriptive Authority, the Code of Ethics and the NAPRA Model Standards of Practice. A pharmacist prescribing a drug must:

5.2.1. Obtain appropriate information before prescribing a drug to ensure patient safety. (e.g., information outlined in [Patient Assessment and Documentation Recommendations](#)).

5.2.2. Review the patient’s PIP profile and other applicable and available records (e.g. the electronic Health Record (eHR) viewer).

5.2.3. Make reasonable attempts for out of province residents to obtain their medication history from other sources such as the patient and other pharmacies.

5.2.4. Document the rationale for prescribing, in the PAR, to inform other members of the health care team what actions have been taken and the reasoning behind those actions. See SCPP sample [Pharmacist Assessment Record](#) for the required information that must be documented and retained. See [SCOPE October 2014, page 7, Regulatory Bylaw Amendment](#) (Note: For minor ailments prescribing, pharmacists must use the medSask PAR specific to that condition).

5.2.5. Enter their name in the prescriber field in the pharmacy software system.
5.2.6. Communicate the PAR with the patient's primary practitioner. This must be done immediately if the record is needed to provide safe patient care, or as soon as reasonably possible in all other cases.

SCPP Policy - Notifying Practitioners

If the patient does not have a primary care practitioner, the best thing to do is communicate with the patient’s last prescriber, if known, to meet the needs of the bylaws. Depending on the clinical situation, the pharmacist may decide to communicate with more than one practitioner involved in the patient's care.

5.2.7. Monitor the patient’s response and follow up to ensure continuity of care, and in cases for minor ailments prescribing, follow up must be done according to medSask guidelines. All follow up must be documented in the PAR.

5.2.8. Retain prescribing records according to SCPP Record Keeping Requirements.

SPECIFIC TO LEVEL 1 PRESCRIBING

6. AUTHORIZED PRESCRIBING PRACTICES

Pharmacists are authorized to do the following under Level 1 prescribing (See SCPP Bylaws Part K Sections 5, 6, 7, 8 and 9 for complete requirements):

6.1. Continuing Existing Prescriptions:

Continuing Existing Prescriptions Quantity Interpretation

For clarity of Part K Section 5(1)(a) and (b), the intent of the bylaws is that a 34-day drug can be extended for up to 34 days and a 100-day drug may be extended for up to 100 days.

It is not the intent that a 34-day drug be extended for up to 100 days by prescribing 34 days with 2 refills.

6.1.1. Interim supply – prescribing an extension for a patient stabilized on a chronic medication when they will run out prior to their next practitioner appointment.
Practice Tip — Interim Supply

When providing an interim supply, ensure the patient understands they will need to follow up with their practitioner before the interim supply has run out because the pharmacist will not be able to extend again.

Note: If a pharmacist extends a refill (interim supply), that same pharmacist or another pharmacist is not able to prescribe again. At that point, the patient must return to their practitioner.

6.1.2. Unable to access medications – prescribing for a patient who is unable to access their supplies due to distance or other reasons for a stabilized, chronic medication. (e.g., pharmacy is closed for the weekend or pharmacy is temporarily closed).

6.1.3. Emergency situation (defined as life threatening situation) – prescribing for a patient stabilized on a drug, regardless of the drug being used acutely or sporadically, who is without their medication which has put them at risk of an acute event that may result in immediate harm or is life threatening. See SCOPe November 2011, page 2, Council Highlights regarding Prescriptive Authority audits for emergency supplies.

SCPP Policy — Prescribing in Emergency Situation (Life Threatening Situation)

According to Part K Section 5(6)(a), to prescribe in an emergency situation, the prescription must have been issued or dispensed to the patient within 6 months under authority of a prescription made by a practitioner, or at the discretion of the pharmacist.

Each request for an emergency supply of medication must be judged on an individual basis and only after considering the patient’s medical history and medication profile. For example, a patient may require an emergency supply of medication which they have been receiving for less than six months, depending upon their medical history and medical conditions currently under treatment, such as a recent cardiac event.

According to Part K Section 5(5) SCPP Bylaw, in an emergency situation, a pharmacist may prescribe a quantity of drug sufficient to meet the reasonable needs of the patient until such time as the patient would be able to consult a practitioner. Even though allowed to extend in the same amount as previously dispensed, in an emergency situation, a 100 day supply may not be considered reasonable. In all circumstances, the pharmacist must document the rationale including reasons that support the quantity prescribed.

Note: for the purposes of 6.1.3. emergency situation is not extraordinary circumstances as specified by the registrar that overrides some of the prescribing authority requirements. See Exemptions to Prescribing Authority Policy.
6.2. Adapting a Prescription:

6.2.1. Insufficient Information – prescribing by inserting missing information when a prescription lacks legally necessary information without which the drug cannot be dispensed. (e.g., strength, quantity).

6.2.2. Increasing Suitability of a Drug – prescribing when the pharmacist determines that another dosage form would be more beneficial to the patient.

---

**Interpretation of Dosage Form (Dispensing versus Prescribing)**

Ongoing audits of pharmacist prescribing data have found discrepancies in the interpretation of dosage form.

For clarity of Part K Section 7(1) in the SCPP Regulatory Bylaws, “Increasing Suitability of Drug Prescribed by a Practitioner”, dosage form examples include:

- tablets, capsules, chewable tablets, sublingual tablets, extended release tablets, extended release capsules and oral liquid.
- creams, ointments, gels and lotions.

Under this bylaw, a pharmacist can prescribe a more suitable dosage form by switching from one of the forms listed above to another (e.g. tablet to liquid).

Scenarios where pharmacist *prescribing* for dosage form modification does NOT apply include:

a) Combination products switched to single ingredient products and vice versa (e.g. Losartan HCT 100mg/25mg switched to Losartan 100mg and HCTZ 25mg due to a drug shortage); and

b) Alternative strengths provided (e.g. 2x25mg tablets instead of 1x50mg tablet).

Scenarios a) and b) above are within a pharmacist’s *dispensing* scope of practice and therefore do not constitute pharmacist prescriptive authority.

---

6.3. Drug Reconciliation – may prescribe a drug for a patient recently discharged if a patient has not obtained a continuing prescription while in hospital or care home.

6.4. Prescribing for Minor Ailments:

6.4.1. Pharmacists may prescribe a drug for a minor ailment condition approved by Council, under the following conditions:

6.4.1.1. Pharmacists must use the most current algorithm based medSask prescribing guidelines for the assessment, drug selection, documentation and follow up for minor ailments prescribing.
6.4.1.2. Pharmacists shall only prescribe the drugs listed in the medSask guidelines for each minor ailment condition. See section 10 of this document for billing details.

6.4.1.3. If there is a relationship between the patient and a practitioner, then the pharmacist must provide that practitioner with the PAR. (Note: There is an exception in the bylaws where a relationship between the patient and a practitioner does not need to exist before the pharmacist is authorized to prescribe. This is to accommodate patients that may not have a primary practitioner.)

Travel Health and Vaccine Preventable Diseases:

In 2019, Council approved the framework for Travel Health and Vaccine Preventable Diseases that allows pharmacists to prescribe in this area. This expanded scope of services for pharmacists is a complex area that includes prescribing in conjunction with the Saskatchewan public health system, specialized knowledge and prescribing using medSask protocols, guidelines and forms.

- **CPDPP training** is strongly recommended for pharmacists who wish to prescribe for low risk patients travelling to low risk areas only. **ISTM certification** is mandatory for pharmacists prescribing to medium and high-risk patients and/or medium and high-risk destinations and activities. (See Travel Health Framework and FAQs for full details and more information.)

- The professional accountability, restrictions, limitations and standards of practice that are common to both levels of prescribing, also apply to prescribing for travel health and vaccine preventable diseases.

7. RESTRICTIONS AND LIMITATIONS

Note: excludes Minor Ailments prescribing pending Ministry approval for proposed bylaw amendment. Also note, these restrictions apply to Level 1 prescribing only and do not apply to pharmacists prescribing within a CPA (i.e., Level 2 prescribing authority.)

7.1. Consecutive Pharmacist Prescribing Restriction - A pharmacist shall not prescribe again if the last prescriber for that drug was a pharmacist. For example, if a pharmacist extends a refill once, that same pharmacist or another pharmacist is not able to prescribe again.

7.2. Prescribed Quantity Limit - Unless a practitioner has communicated to the pharmacist otherwise, the pharmacist shall not prescribe a quantity that exceeds the maximum amounts specified in the bylaws.
Suspending Prescribing Limits upon Communication by the Practitioner

For Part K Section 10(1)(b) clarity, prescribing maximum quantity limits may be temporarily suspended upon written or verbal authorization from the original practitioner. Therefore, if the practitioner wants the pharmacist to extend refills for their patients beyond one month, but up to three months, the pharmacist may do so upon receipt of this authorization either in writing or verbally. If received in writing, it should be filed appropriately for ready access by pharmacy staff who need to know. If received verbally, the authorization should be reduced to writing, signed and dated and filed in a similar manner to written authorizations.

SPECIFIC TO LEVEL 2 PRESCRIBING

8. AUTHORIZED PRESCRIBING PRACTICES

All Level 2 prescribing must be done within a Collaborative Practice Agreement (CPA), which outlines the terms and conditions for this expanded scope of practice. Depending on the CPA, pharmacist prescribing practices may include, but are not limited to:

8.1. Initiate a drug – prescribe an appropriate drug to the patient after the practitioner has provided the diagnosis;

8.2. Alter the dosage regimen – when the practitioner has provided a diagnosis;

8.3. Therapeutic Substitution – permitted where credible authorities declare that different molecules within the same therapeutic category are clinically equivalent, or in the absence of such authorities, established processes within controlled environments where the organization accepts responsibility for clinical equivalence (e.g., in hospitals, practices sanctioned under health authority policy).

9. COLLABORATIVE PRACTICE (PRESCRIBING) AGREEMENTS

9.1. Must be in writing and implemented either by individual pharmacists and practitioners, or responsible persons on their behalf who have the legal authority to bind them or within the Saskatchewan Health Authority (SHA) facilities according to the SHA policy.

9.2. SCPP does not approve such agreements, but relies upon members to use the following resources for guidance:

- Framework for Developing a Safe and Functional Collaborative Practice Agreement
- Collaborative Practice (Prescribing) Agreement Template
SCPP OVERSIGHT AND MONITORING

SCPP Oversight of Prescribing Practices

The **SCPP Quality Assurance Framework for the Pharmacist to Prescribe Drugs** requires that SCPP monitor compliance of pharmacist prescribing. Currently, oversight of pharmacist prescribing practices occurs during the **Quality Improvement Review (QIR)** process, where SCPP Field Officers review Level 1 Prescribing PARs and communicate deficiencies to the pharmacy manager.

Regular monitoring is also conducted in collaboration with the DPEBB, where data from prescribing practices is reviewed to determine trends and compliance with standards. Monitoring and auditing occurs during special emergency exemptions, complaints investigations, and PRP monitoring (e.g. the same name is entered for patient and prescriber).

OTHER

10. BILLING DETAILS

10.1 **The Drug Plan and Extended Benefits Branch** should be contacted for information regarding billing details.

Distinguishing Prescribing Authority from Compensation

Part K of the SCPP Regulatory Bylaws specify the conditions, limitations, and restrictions for pharmacists’ prescribing authority. However, it must be noted that this is different from the compensation they receive from the DPEBB for the pharmacist assessment fees negotiated by the Pharmacy Association of Saskatchewan. Pharmacists must ensure that they are following the prescribing requirements of the SCPP at all times.

For example, pharmacists may prescribe for Schedule 2, 3 or Unscheduled drugs meeting the same standards as for Schedule 1 drugs. However, the DPEBB will only provide the pharmacist assessment fee for Level 1 activities for **prescription drugs (Schedule 1)** only.

11. RELATED RESOURCES

- [Pharmacist Prescriptive Authority Decision Making Framework](#)
- [Prescriptive Authority for Pharmacists – Frequently Asked Questions](#)
- [SCPP Emergency Exemptions for Prescribing Authority](#)
- [SCPP Prescription Review Program](#)
12. AUTHORITY

The Drug Schedules Regulations, 1997
Saskatchewan College of Pharmacy Professionals Regulatory Bylaws