Pharmacist Prescribing
With
Continued Care Prescriptions

Interpretation Document

September 2009

An Introduction to Pharmacist Prescribing with

Continued Care Prescriptions

The purpose of this document is to introduce you to pharmacist prescribing and describe in detail what prescribing is and the requirements for pharmacists to prescribe.

The Practice of Pharmacy

The practice of pharmacy promotes health, the prevention and treatment of diseases, dysfunction and disorders through proper drug therapy and non-drug therapy, including, but not limited to, the following:

a. assists and advises clients, and other health care providers by contributing unique drug and non-drug therapy knowledge on drug and non-drug therapy selection and use;
b. monitors responses and outcomes to drug therapy;
c. compounds, prepares, dispenses drugs;
d. provides non-prescription drugs, blood products, parenteral nutrition, health care aids and devices;
e. supervises and manages drug distribution systems to maintain public safety and drug system security;
f. educates clients, and members of the Board in matters described in this section;
g. conducts or collaborates in drug-related research;
h. conducts health-related programs;
i. advises and supports other pharmacists in the provision of pharmacy services;
j. directs the client to consult with other health care providers when appropriate; and
k. acceptance of activities delegated by another health care professional

Prescribing authorization

The Pharmacy Act and Regulations provides an authorization for prescribing. This document will look at the requirements for pharmacist prescribing in more detail.

Prescribing is considered to be:

- *Continued Care prescribing based upon a previous order from another health care provider who is authorized to prescribe and it is not reasonably possible to contact the original prescriber. There is an immediate need for the drug therapy.*

Pharmacists may be authorized to prescribe but ***are never obligated to prescribe***. As with all activities, you are expected to practise within your area of competence, to evaluate each situation and to make a conscious decision whether or not to continue a drug therapy.

Evaluation of the situation will require many of the same considerations you are required to make when dispensing prescription.

Prescribing Fundamentals

Seven elements guide pharmacist prescribing. Pharmacists must employ all of these elements **and** their professional judgement each time they prescribe.

1. Professionalism – Pharmacists must:

- establish a professional relationship with each client,
- maintain professional independence,
- refrain from prescribing for themselves or family members, and
- work collaboratively with other regulated health professionals to serve the best interest of the client.

2. Individual competence – Pharmacists must limit prescribing to their area of competence. They must have an adequate understanding of the condition being treated, and the drug being prescribed before issuing a prescription.

3. Appropriate information – Pharmacists must have enough information about the specific client's health status to ensure that the prescribing decision will maintain or enhance the effectiveness of the drug therapy and will not put the client at risk.

4. Client consent – Pharmacists must have the client's consent before undertaking any prescribing activity.

5. Documentation – You must generate a hard copy of the prescription (manually or electronically) in a clear, concise, easy-to-read format and you must sign the prescription. In the client's record, pharmacists must record the prescribing decision.

6. Notification of other health professionals – **It is very important for the pharmacist to notify the client's primary prescriber or caregiver of any refill made to a client's therapy in a timely manner. The communication needs to be clear and concise so that the primary prescriber understands what provisions have been made.**

The pharmacist will notify the clients' primary prescriber of the pharmacists' prescribing decisions as soon as reasonably possible. Although no time limit has been set, notification by the next business day would be considered appropriate. Any physician or group of physicians may suggest different time periods eg weekly or monthly notification, for all their clients. The client is responsible for notifying any other health care professionals of this care.

The rationale for prescribing should include pertinent details of your assessment and the patient history.

The method for notification has not been specified. You will need to ascertain what method is best for you and for the prescribers you usually communicate with. It will be beneficial to speak with the prescribers to find out how they wish to be notified.

See Appendix A for a template for notification to other healthcare professionals

Appendix B provides information on proper prescription writing.

Renewing a prescription

Continuing therapy with a prescription

Even when renewing a prescription for a few doses or a few days, **you are making a prescribing decision**. You are the prescriber of a new prescription and are expected to adhere to the following standards:

When renewing a prescription, you must:

a. have an original prescription from an authorized prescriber,
b. ensure you are competent with regard to the condition being treated and the drug being prescribed, and you have adequate information about the client,
c. obtain client consent,
d. ensure the drug is for an approved indication,
e. be satisfied the prescribing will not cause a drug-related problem or place the client at increased risk,
f. document the prescribing decision, and
g. notify the original prescriber.

This adherence includes the expectation to evaluate whether the client has a drug related problem and to "be satisfied" that continuing the drug therapy will not cause or worsen a drug-related problem.

Take a few minutes to consider the following situation:

Mr. Smith is a 62-year-old man who has been a regular client in your pharmacy for many years. He had a heart attack approximately three years ago and was started on metoprolol at that time.

The dose was altered after the first few months, but he has been on 50 mg daily for more than two and a half years. Today, Mr. Smith is requesting a refill of his metoprolol, but the prescription you have on file has no refills remaining.

1. What information would you require to be satisfied before renewing a prescription to ensure continuity of care?
2. If you decided to renew this prescription, how many days, weeks or months of medication would you provide? How would you arrive at this decision?

3. Would the information that you require to be satisfied be different if Mr. Smith had started metoprolol three months ago?
4. Would the information required be different if Mr. Smith was experiencing shortness of breath or a slow heart rate?

You must use your professional judgement to evaluate each situation and the information you have available to you. Neither the regulations nor the standards dictate how many doses or days of therapy can be provided. The duration of therapy for all prescribing is a decision each prescriber must make, provided it does not exceed 90 days or the quantity on the original prescription.

Remember that the authority to prescribe must never be interpreted to be an expectation to prescribe.

If you do not have enough information about the condition being treated, or about the client or you are not satisfied that prescribing the medication will not place the client at risk, then you must not prescribe.

When you are deciding whether to renew the prescription, consider the fact that many caregivers want their clients to return for reassessment on a periodic basis. The primary caregiver may have originally intended a defined duration of treatment and expected to have the client return to the office for reassessment of therapy, order lab tests and determine if any changes may be necessary in their client's care.

If you authorize additional medication, you need to impress on the client that they need to see their primary caregiver for follow-up.

Clients seeking refills on seasonal, or infrequent use, prescription medication need to be assessed to determine if they are indeed experiencing the same condition, or whether, the illness has changed in some way, in which case you may provide a supply of the medication or advise the client to see their primary caregiver for reassessment.

Some clients will see the pharmacist as being more readily accessible and will take the path of least resistance to obtain their medication. It is incumbent on the pharmacist to avoid these situations. Remember, you are not obligated to prescribe because it is more convenient for the client to see you, or they wish to avoid seeing their primary caregiver.

Examples:

Scenario A - The client will run out of chronic medication before his next appointment with his physician. The pharmacist determines that the patient is well stabilized on the medication and prescribes a new supply of medication.

Scenario B - A client presents with a severe migraine headache and has run out of prescribed medication (Imitrex^{R} - sumatriptan). The pharmacist prescribes it and instructs her to see her physician as soon as possible.

Scenario C – A client has been prescribed Flonase^{R} (fluticasone) for seasonal allergies. The patient only used the product in the Spring. The patient requests a refill the following Spring. The Prescription has expired. After discussing treatment options with the patient, the pharmacist prescribes the Flonase^{R}.

Continuing therapy without a prescription

You may not renew a prescription to ensure continuity of care for a client when you do not have an original prescription, e.g., a client from out of town who has run out of medication for a chronic condition, or a client with the original prescription at another pharmacy.

To qualify as a "continued care" prescription, this ongoing therapy must be based on a prescription. Federal regulations describe a prescription as the direction to provide a drug from an authorized prescriber in Canada. Renewing a prescription for a client visiting from outside the country is not considered adapting a prescription.

Implementation issues

As with any new practice element, there are practice issues associated with prescribing. The following are highlighted.

1. Accepting the responsibility to prescribe
2. Knowledge base and skills
3. Responsibility
4. Prescribing and dispensing by same individual
5. Access to client information
6. Resistance to change
7. Workload issues
8. Mandatory Personal Liability Insurance

1) Accepting the responsibility to prescribe is voluntary
Our legislative framework is enabling in nature, rather than mandating practice. Not all pharmacists will be prepared to prescribe depending on the nature of their practice. We will work with other stakeholders (gov't, PEIPA, etc) to provide pharmacists with resources to orient them to the prescribing framework and to reinforce our current standards of practice and Code of Ethics which guide pharmacy practice. As practitioners gain an understanding of the process and complexity of prescribing, more pharmacists will be prepared to accept the responsibility of prescribing.

2) Knowledge base and skills
We will continue our mandatory requirement for continuous professional development. Continuing education activities should include elements that reflect these responsibilities so that pharmacists may integrate new knowledge and evidence into their prescribing decisions. We will extend this philosophy into our performance assessment initiatives. Pharmacists are expected to document their learning opportunities and outcomes in their learning portfolio.

3) Authority and responsibility

With the authority to prescribe goes the responsibility and liability which the pharmacist will assume fully. Responsibility must be taken for the whole process of assessment, prescribing and follow-up, including an awareness of boundaries or limitations to expertise[1]. **The pharmacist's name will be on the prescription as prescriber**. When indicated, the pharmacist will liaise with the client's other health care providers.

4) Prescribing and dispensing by same pharmacist

Initial access prescribing by pharmacists brings with it the concern that if the same pharmacist prescribes and dispenses a drug, one of the usual "checks" in the system does not occur. When one health professional prescribes and a second dispenses, the second provides a review of the appropriateness of the drug therapy.

Where a pharmacist is involved in both prescribing and dispensing a client's medication, a second suitably competent person should be involved in checking the accuracy of the medication provided, and wherever possible, carrying out a clinical check.
It is valuable to have "a second set of eyes" to compare the name of the drug on the prescription label with the name of the drug on the bottle used to fill it.

The definition of a "competent second person" is not specified because it may change with the circumstances of each case. The pharmacist maintains ultimate responsibility.

5) Access to client information

Pharmacists are required to document their prescribing interventions. Current computer systems may, or may not, be suitable for recording this information. Each pharmacist and pharmacy operation must work to ensure there is adequate documentation that is comprehensive, easily accessible and secure.

Access to client information in physician's practices and hospital databases is also not accessible. Efforts need to be made to have this information accessible for all health care providers. The establishment of an electronic health record system (DIS) may resolve this issue, making information available to providers when needed.

6) Resistance to change

There will likely be some resistance to change within the profession. This is to be expected as some individuals will not be comfortable, or knowledgeable about what is entailed in prescribing. Prescribing is not a requirement that everyone must do. Pharmacists must be confident that they have the knowledge base and skills necessary before prescribing.

There will likely be other professionals who feel that pharmacists should not be prescribing, even in the context of continuity of care. Pharmacists will have to show they are capable of performing this activity, and work to earn the trust and support of these individuals.

7) Workload issues

For the pharmacist to be available and accessible to clients for assessment and treatment there will need to be changes in current dispensary activities to free up time. Increasing workloads on

[1] J.Phamaceut.Sci 8(2):221, 2005

other dispensary staff may not be acceptable. Some activities may be delegated to technicians in the short term to free up some time, but until technicians become regulated, it will not be possible to assign additional dispensing responsibilities to them.

8) Mandatory Personal Liability Insurance

Each pharmacist must provide proof upon initial licensure and renewal of their license annually of personal malpractice/liability insurance of at least $2,000,000.

Restrictions on prescribing

1. Pharmacists shall not prescribe drugs as referenced in the Controlled Drugs and Substances Act
2. Pharmacists shall not prescribe benzodiazepines unless
    1. The person was given the original prescription for the drug for a convulsive disorder; or
    2. An unplanned discontinuation of the drug puts the person at risk for experiencing seizures.
2. Pharmacists shall not prescribe for themselves.
3. Pharmacists shall not prescribe for anyone with whom there is a close personal or emotional relationship, except in exceptional circumstances.

Pharmacist Prescribing and the *Code of Ethics*

When prescribing, pharmacists must ensure that they are practising in accordance with the Code of Ethics. Considerations are detailed below under relevant sections of the Code.

Statement I
Pharmacists hold the health and safety of each patient to be of primary consideration.

- In order to prescribe for a client you must satisfy yourself that you have undertaken an adequate assessment of the client by taking a history, and accessing the appropriate information in their clinical records.

- You are accountable for your decision to prescribe and must do so only where you have relevant knowledge of the client's health and medical history and of the drug products required for treating their condition(s).

- You must prescribe only where there is a genuine, identifiable clinical need for treatment and not based solely on the demands of a client. Consider non-pharmacological treatments where appropriate.

- A retrievable audit trail of your actions must be maintained e.g. keeping records of your prescribing.

- You must refer the client to another prescriber where prescribing for the client is outside your competency.

You should review the client’s medication each time you are presented with a renewal request . In certain circumstances it may be in the client’s best interest not to prescribe medicines for them.

<u>Statement II</u>
Pharmacists form a professional relationship with each patient.

Your practice must, wherever possible, be evidence based and be in accordance with the Pharmacy Act, Regulations and practice directives issued by the Board.

<u>Statement III</u>
Pharmacists honour the autonomy, values and dignity of each patient.

- You must explain your role as a non-medical prescriber to the client or their representative.
- You must be aware of cultural and religious differences in so far as they apply to all aspects of pharmacy practice.
- You must obtain the client’s consent for the prescribing process. This can be verbal or written consent.
- You must inform anyone else who may be in a position to prescribe for that client of your actions, where relevant and possible. This is most likely to be the client’s general medical practitioner but may also include other non-medical prescribers and other health / social care professionals. The main way to do this is to enter your interventions and actions in the common prescribing record through DIS.

<u>Statement IV</u>
Pharmacists respect and protect the patient’s right of confidentiality.

- Pharmacists must act in accordance with their professional and legal obligations to establish and preserve trust in the client-pharmacist relationship.
- Clients must be confident that their personal health information will remain confidential.
- Pharmacists are expected to provide the same privacy and security measures when prescribing as they do when dispensing.
- Pharmacists provide an area for client consultation that provides the necessary privacy and confidentiality required when discussing personal health issues.

Statement V
Pharmacists respect the rights of patients to receive pharmacy products and services and ensure these rights are met.

Statement VI
Pharmacists observe the law, preserve high professional standards and uphold the dignity and honour of the profession.

- You must inform anyone who needs to know about any restrictions placed on your prescribing practice. In particular, other practitioners with dispensing responsibilities need to know about this.

- Where you are involved in both prescribing and dispensing a client's medication, a second suitably competent person must be involved in checking the accuracy of the medicines provided, and wherever possible, carrying out a clinical check.

- You must make your choice of medicinal product for the client based on clinical suitability and clinical and cost effectiveness. The decision must not be based on potentially biased information, fraud or commercial gain.

- You must not prescribe for yourself.

- You must not prescribe for anyone with whom you have a close personal or emotional relationship, except in exceptional circumstances such as:
    - No other person with the legal right to prescribe is available and only then if that treatment is necessary to:
        - Save a life,
        - Avoid serious deterioration in the client's health.

- You must be able to justify your actions and must document your relationship and the exceptional circumstances that required you to prescribe for someone close to you.

- If you have concerns about the competence, behaviour or conduct of a professional colleague, which impacts on client safety, you must take appropriate action to raise this as a concern.

It is good practice to carry out a self-audit of your prescribing practice at regular intervals, at least on an annual basis.

Statement VII
Pharmacists continually improve their levels of professional knowledge and skills.

- You must prescribe only within your level of expertise and competence and not outside your clinical knowledge of either the condition, or the medicines required to treat that condition.

- You must refer the client to an appropriate prescriber if you are not competent to prescribe in disease areas with which the client may present.

- If you move to another area of practice (a different sector of pharmacy, a different therapeutic area or a different geographical area) you must consider the requirements of your new role and prescribe only within your level of expertise and competence. You may need to undertake additional training to ensure you are competent. This may also affect your professional indemnity arrangements.

- It is your responsibility to remain up to date with the knowledge and skills to enable you to prescribe competently and safely within your area of expertise.

- You must ensure that part of your continuous professional development (CPD) directly addresses your role as a prescriber. This includes keeping up to date with relevant changes in the law as well as the therapeutic areas in which you prescribe.

Statement VIII
Pharmacists cooperate with colleagues and other health care professionals so that maximum benefits to patient care can be realized.

Statement IX
Pharmacists contribute to the health care system and to societal health needs.

Indicators of good practice

The pharmacist prescriber:

1. Communicates with clients and other caregivers in a way that allows the pharmacist prescriber to understand the client's needs, concerns and expectations about their medicines and enables the client to make an informed choice about their treatment (including the risks and benefits).

2. Prescribes within their own competence and within their own scope of practice.

3. Prescribes safely, appropriately, clinically and cost effectively.

4. Monitors responses to therapy and refers appropriately.

5. Does not prescribe for themselves or anyone else with whom they have a close personal relationship (e.g. family and friends), other than in an emergency.

6. Develops an effective relationship with the wider health care team (where established).

7. Writes prescriptions clearly and legibly, and ensures that they are identifiable as the prescriber.

8. Makes a contemporaneous, comprehensive, clear record of their consultation and prescription for an individual client in the main medical record.

9. Prescription pads are safely stored and appropriate action taken if they are lost or stolen.

10. Must not ask for, or accept, any inducement, gift or hospitality which may affect or be seen to affect their judgement when making a prescribing decision.

11. Regularly participates in Continuous Professional Development (CPD) relating to prescribing and maintains a record of their CPD activity within their CPD portfolio

12. Ensures separation of the prescribing and dispensing wherever possible.
Where the pharmacist is both prescribing and dispensing for an individual client, a suitably competent second person should be involved in accuracy checking of the dispensed medicine. If the pharmacist does both prescribe and dispense for the client without the involvement of a suitably competent second person then records should be made to ensure good clinical decision making.

Role of the Board

Prescribing is a developing and expanding role for pharmacists and it is important that it is conducted in a safe and effective manner

The Prince Edward Island Pharmacy Board plays a major role in overseeing the practice of pharmacist prescribing.

The objects of the Board are to serve and protect the public by establishing standards governing the practice of pharmacy in Prince Edward Island, and ensuring that these standards are maintained by practitioners.

The Board has worked collaboratively with government, the PEI College of Physicians and Surgeons, the Medical Society of Prince Edward Island and the PEI Pharmacists Association to establish pharmacist prescribing in the context of continuity of care.

The Board will support pharmacists as they develop their services to ensure the public receives quality care.

The Board will require pharmacists to continue their professional development so as to enhance their skills and knowledge base.

APPENDIX B: CONTINUED CARE PRESCRIPTION NOTIFICATION for Health care Professionals

DATE: ___________________________

TO DR.: __________________________ **FAX:** __________________________

FROM PHARMACY: ________________________________ **FAX:** __________________________

In accordance with the "Continued Care Prescribing Regulations" of the Prince Edward Island Pharmacy Act, the following prescriptions have been provided to your patient.

PATIENT: __________________________ **PHN:** _______________ **DOB:** _______________

CCP LABEL

Continuing Care Note: ____________________

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Orig. Rx # ______________________________

Orig. Prescriber: _________________________

CCP LABEL

Continuing Care Note: ____________________

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Orig. Rx # ______________________________

Orig. Prescriber: _________________________

Should the prescriber being notified of the refill wish to re-order a supply of these medications by facsimile, please fill in any changes and refill information in the space provided by the label(s) above, complete the certification below and return by fax to the pharmacy.

Prescriber Certification

- *This prescription represents the original of the prescription drug order.*
- *The pharmacy addressee noted above is the only intended recipient and there are no others.*
- *The original prescription has been invalidated or retained so that it cannot be re-issued.*

Prescriber's name: (Print name) ____________________________________ **ID#:** __________________________

Prescriber's Signature or Unique Identifier : ____________________________________**Date:** ___________________

This fax and any attachments are for the sole use of the intended recipients and may be privileged or confidential. Any distribution, printing or other use by anyone else is prohibited. If you are not an intended recipient, please contact the sender immediately, and permanently destroy this fax.

Appendix B - Prescription writing

The United States Pharmacopoeia (USP) and the National Coordinating Council for Medication Error Reporting and Prevention have published guidelines for writing prescriptions. The Institute for Safe Medication Practice (ISMP) has published bulletins on the topic as well. The Council recommends:

1. ...all prescription documents be legible. Verbal orders should be minimized. (See the Board's Recommendations to Reduce Medication Errors Associated with Verbal Medication Orders and Prescriptions)

2. ...prescription orders include a brief notation of purpose (e.g., for cough), unless considered inappropriate by the prescriber. Notation of purpose can help further assure that the proper medication is dispensed and creates an extra safety check in the process of prescribing and dispensing a medication. The Board does recognize, however, that certain medications and disease states may warrant maintaining confidentiality.

3. ...all prescription orders be written in the metric system except for therapies that use standard units such as insulin, vitamins, etc. Units should be spelled out rather than writing "U." The change to the use of the metric system from the archaic apothecary and avoirdupois systems will help avoid misinterpretations of these abbreviations and symbols, and miscalculations when converting to metric, which is used in product labelling and package inserts.

4. ...prescribers include age and, when appropriate, weight of the patient on the prescription or medication order. The most common errors in dosage result in paediatric and geriatric populations. The age (and weight) of a patient can help dispensing health care professionals in their double check of the appropriate drug and dose.

5. ...medication orders include drug name, exact metric weight or concentration, and dosage form. Strength should be expressed in metric amounts and concentration should be specified. Each order for a medication should be complete. The pharmacist should check with the prescriber if any information is missing or questionable.

6. ...a leading zero always precedes a decimal expression of less than one. A terminal or trailing zero should never be used after a decimal. Ten-fold errors in drug strength and dosage have occurred with decimals due to the use of a trailing zero or the absence of a leading zero.

7. ...prescribers avoid the use of abbreviations including those for drug names (e.g., MOM, HCTZ) and Latin directions for use. The abbreviations in the chart below are found to be particularly dangerous because they have been consistently misunderstood and therefore, should never be used. The Council reviewed the uses for many abbreviations and determined that any attempt at standardization of abbreviations would not adequately address the problems of illegibility and misuse.

8. ...prescribers avoid vague instructions such as "Take as directed" or "Take/Use as needed" as the sole direction for use. Specific directions to the patient are useful to help reinforce proper medication use, particularly if therapy is to be interrupted for a time.

9. Clear directions are a necessity for the dispenser to: (1) check the proper dose for the patient; and, (2) enable effective patient counselling.

Do Not Use

Dangerous Abbreviations, Symbols and Dose Designations

The abbreviations, symbols, and dose designations found in this table have been reported as being frequentl misinterpreted and involved in harmful medication errors. They should NEVER be used when communicatin medication information.

Abbreviation	Intended Meaning	Problem	Correction
U	unit	Mistaken for "0" (zero), "4" (four), or cc.	Use "unit".
IU	international unit	Mistaken for "IV" (intravenous) or "10" (ten).	Use "unit".
Abbreviations for drug names		Misinterpreted because of similar abbreviations for multiple drugs; e.g., MS, MSO_4 (morphine sulphate), $MgSO_4$ (magnesium sulphate) may be confused for one another.	Do not abbreviate drug names.
QD QOD	Every day Every other day	QD and QOD have been mistaken for each other, or as 'qid'. The Q has also been misinterpreted as "2" (two).	Use "daily" and "every other day".
OD	Every day	Mistaken for "right eye" (OD = oculus dexter).	Use "daily".
OS, OD, OU	Left eye, right eye, both eyes	May be confused with one another.	Use "left eye", "right eye" or "both eyes".
D/C	Discharge	Interpreted as "discontinue whatever medications follow" (typically discharge medications).	Use "discharge".
cc	cubic centimetre	Mistaken for "u" (units).	Use "mL" or "millilitre".
µg	microgram	Mistaken for "mg" (milligram) resulting in one thousand-fold overdose.	Use "mcg".
Symbol	**Intended Meaning**	**Potential Problem**	**Correction**
@	at	Mistaken for "2" (two) or "5" (five).	Use "at".
> <	Greater than Less than	Mistaken for "7"(seven) or the letter "L" . Confused with each other.	Use "greater than"/"more than" or "less than"/"lower than".
Dose Designation	**Intended Meaning**	**Potential Problem**	**Correction**
Trailing zero	X.0 mg	Decimal point is overlooked resulting in 10-fold dose error.	Never use a zero by itself after a decimal point. Use "**X mg**".
Lack of leading zero	.X mg	Decimal point is overlooked resulting in 10-fold dose error.	Always use a zero before a decimal point. Use "**0.X** mg".

Adapted from ISMP's List of *Error-Prone Abbreviations, Symbols, and Dose Designations 2006*

ISMP Canada July 2006