

Introduction

MINOR AILMENT PRESCRIBING GUIDELINES

I. Background

The Pharmacy Act, 1996 was originally amended effective September 1, 2003 giving pharmacists authority to prescribe drugs which at that time was limited to emergency contraception. On March 3, 2010 the Saskatchewan Minister of Health announced his intention to approve regulations and bylaws expanding this authority to other drugs. In the meantime, stakeholders from various groups involved in drug management (e.g. physicians, nurses, dentists, pharmacists, etc.) were involved in the Advisory Working Group which developed the policies for pharmacist prescribing. The Saskatchewan College of Pharmacists Council approved these policies and drafted the regulations and bylaws awaiting ministerial approval

Level 1 of enhanced prescribing authority for pharmacists includes the provision for pharmacists to prescribe Schedule 1 drugs for the treatment of minor, self-limiting and self-diagnosed ailments such as rashes, cold sores and hay fever. Similar minor ailment models have been piloted and implemented in Great Britain within the past decade. Preliminary data from Britain suggests that these programs have increased access for the public to healthcare for minor ailments, increased access to physicians for patients with more serious conditions and reduced costs to the national healthcare system. In Nova Scotia, legislation approving expanded prescribing authority for pharmacists including prescribing for minor ailments has just been passed. Similar programs are being considered in many other Canadian provinces.

In a minor ailment program, the pharmacist is the first point of contact for the patient. The patient approaches the pharmacist for advice about treatment of a self-diagnosed condition. If the self-diagnosis is reasonable based on the pharmacist's assessment and the best treatment option in the pharmacist's judgment is a Schedule 1 drug, the pharmacist can initiate a prescription. If the pharmacist is unable to confirm the patient's diagnosis and / or the patient's symptoms are severe, the pharmacist will refer the patient to a physician or other appropriate health care provider. The prescribed drug must be (1) listed in minor ailment guidelines and (2) have an approved indication for the patient's self-diagnosed condition. The pharmacist is required to record the prescription with the Pharmaceutical Information Program and to notify the patient's doctor of the prescription. Physician or other practitioner authorization is required for repeat or maintenance therapy.

II. Developing the Guidelines

The Saskatchewan Drug Information Service was contracted by the Saskatchewan College of Pharmacists to prepare the Minor Ailment guidelines. Our first step was to review the literature and consult with other Canadian pharmacy organizations. From this information, we compiled a list of conditions that could potentially qualify as minor ailments and a list of prescription drugs that might be suitable for patient self-care of these conditions. Our next step was consultation with Saskatchewan community

pharmacists through nominal group meetings; the first in Saskatoon (Jan. 5th, 2010) and the second in Regina (Jan. 12th, 2010). We asked the groups to (1) select criteria to define minor ailments and prescription drugs appropriate for pharmacists to prescribe for these conditions and (2) to use these criteria to select the conditions and drugs appropriate for the minor ailment program in Saskatchewan. The results from the group meetings are summarized below.

Criteria for Minor ailment conditions

- Can be reliably self-diagnosed by patient
- Self-limiting condition
- Lab tests are not required for diagnosis
- Treatment will not mask underlying conditions
- Medical and medication histories can reliably differentiate more serious conditions
- Only minimal or short-term follow-up needed

Criteria for prescription drugs suitable for pharmacist prescribing for patient minor ailments

- Has an official indication for the self-care condition
- Has valid evidence of efficacy for the self-care condition
- Has a wide safety margin
- Not subject to abuse
- Dosage regimen for treatment of self-care conditions is not complicated

Using these criteria, the conditions and Schedule I drugs listed in Table 1 were considered appropriate for the Minor Ailment program.

TABLE 1: Schedule I drugs appropriate for prescription by pharmacists for specified conditions

System	Condition	Drug Class	Specific Rx Drug
CNS	Headache and Migraine	NSAIDs	ibuprofen all strengths naproxen all strengths diclofenac
Eyes, Ears, Oral	Cold sore	Antivirals (topical, oral)	acyclovir cr/oint famciclovir valacyclovir
	Mouth ulceration (mild)	Corticosteroids (dental)	triamcinolone dental paste
	Oral thrush	Antifungals (oral)	nystatin drops
Dermatology	Acne (mild – mod.)	Benzoyl peroxide	benzoyl peroxide (BP) up to 10 %
		Antibiotics (topical)	clindamycin phosphate clindamycin / BP erythromycin / BP erythromycin / ethyl alcohol / parsol erythromycin / tretinoin

		Retinoids	Tretinoin all strengths
	Atopic dermatitis (mild – moderate)	Corticosteroids, low - moderate potency (topical)	hydrocortisone cream 1 %, 2.5 % desonide 0.05 % betmethasone valerate clobetasone butyrate diflucortolone valerate hydrocortisone valerate mometasone furoate triamcinolone acetate
	Diaper rash	Antifungal / corticosteroids (topical)	clotrimazole hydrocortisone 1 % cr / oint
	Insect bites	Mild corticosteroids	hydrocortisone 1 % cr/oint
	Skin infections (bacterial)	Antibiotics (topical)	fucidic acid cr/oint mupirocin cr/oint
	Tinea infections (athlete's foot, jock itch, ringworm)	Antifungal (topical)	terbinafine 1 % cr ketaconazole 2 % cr
Gastrointestinal	Dyspepsia / GERD	H2 Receptor antagonists	famotidine 40 mg nizatadine 150, 300 mg ranitidine 150, 300 mg
		PPIs	esomeprazole 20, 40 mg lansoprazole 15, 30 mg omeprazole pantoprazole rabeprazole
	Hemorrhoids	Corticosteroid combinations (rectal)	HC / zinc sulphate HC / zinc sulfate, pramoxine
Genitourinary	Dysmenorrhea	NSAIDs	celecoxib diclofenac ketoprofen mefenamic acid naproxen sodium
Musculoskeletal	Pain	NSAIDs	diclofenac diclofenac/misoprostol naproxen
		Cox-2 Inhibitors	celecoxib meloxicam
	Stiffness, spasm	Skeletal muscle relaxant	cyclobenzaprine
Respiratory	Allergic rhinitis	Intranasal	levocabastine

		antihistamine	
		Intranasal corticosteroids	beclomethasone mometasone furoate fluticasone propionate

TABLE 2: Schedule I drugs appropriate for prescribing by pharmacists for self-diagnosed recurrences of specified conditions after initial diagnosis by physician

Condition	Drug Class	Specific Rx Drug	Comments
Conjunctivitis, allergic	Antihistamines, mast cell stabilizers	levocabastine emedastine ketotifen olopatadine nedocromil	Concern about patient ability to differentiate between bacterial and allergic conjunctivitis
Conjunctivitis, bacterial	Antibiotics (Ophth)	gentamicin erythromycin fucidic acid sulfacetamide tobramycin	As above. Anecdotal reports of resistance to gentamicin ophthalmic drops.
Erectile dysfunction	PDE inhibitors	sildenafil tadalafil vardenafil	Concerns about recreational use, abuse.
Headache and Migraine	Triptans (oral and nasal)	almotriptan naratriptan rizatriptan sumatriptan zolmitriptan	Appropriate for self-diagnosis of recurrences but initial diagnosis should be made by physician.
Herpes zoster (Shingles)	Antivirals (oral)	acyclovir famciclovir valacyclovir	Suggested as possibly appropriate. No precedent found in the literature
Influenza treatment / prophylaxis	Antivirals	amantadine oseltamavir zanamavir	Concerns about inappropriate use, resistance
Obesity	Lipase inhibitor	orlistat	Obesity not considered a self-limiting condition
Pharyngitis (Sore throat)	Local analgesics	benzydamine	Concern regarding masking strep throat
Urinary tract infections in women	Antibiotics	ciprofloxacin 250, 500 nitrofurantoin norfloxacin TMP/SMX 800/160	Appropriate for self-diagnosis of recurrences but initial diagnosis should be made by physician.

Participants in the group meetings had the following suggestions regarding the guidelines:

- Include information used by physicians for diagnosis
- Include time frame for follow-up with patients
- Include criteria for referral of patients to family physician
- Include comparisons of drug efficacy, side effects, etc. to help in choice of drug to prescribe
- Include age restrictions
- Include drug dosage protocols
- Include limitations on quantity of drug prescribed and duration of treatment
- Flow charts or algorithms would be helpful
- Have the guidelines posted on the Drug Information Service website for ready access by pharmacists

III. Guideline Format / Content

The purpose of the guidelines is to provide community pharmacists with tools to facilitate the decision-making and documentation processes of prescribing for minor ailments self-diagnosed by patients. Each guideline consists of three documents; (1) an overview of pathophysiology, patient assessment and treatment for each condition (2) a treatment algorithm and (3) an assessment and treatment checklist.

1. Overview

- 1) Brief description of pathophysiology and epidemiology of condition
- 2) Common symptoms - To assess patient self-diagnosis.
- 3) Differential diagnosis / when to refer – alternative diagnoses, patient characteristics (e.g. age, concurrent medical conditions), red flag symptoms that could indicate more serious conditions
- 4) Non-pharmacological treatment
- 5) Over-the-counter drug options
- 6) Schedule 1 drug options appropriate for pharmacist prescribing – points to consider in choosing which agent to prescribe
- 7) Advice/Monitoring parameters - special directions for use, onset of effect, when to follow-up with patient, when to refer to physician, advice on prevention, etc.

2. Algorithm

- Visual treatment decision tree for quick reference

3. Pharmacist Assessment / Treatment Checklist

- Checkbox list of criteria for diagnosis confirmation, physician referral and choice of treatment (recommendations and / or prescription)
- Can be copied to fax to physician

- Can serve as documentation of patient intervention.

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