

## SASKATCHEWAN COLLEGE OF PHARMACISTS

### REGULATORY BYLAW AMENDMENTS PURSUANT TO *THE PHARMACY ACT, 1996*

Pursuant to section 15(2)(i.1) of *The Pharmacy Act, 1996*, the regulatory bylaws of the Saskatchewan College of Pharmacists are amended as follows:

#### 1. Renumber sections 23 to 29 of the Regulatory Bylaws to sections 24 to 30, respectively and amend the Regulatory Bylaws to add:

#### PRESCRIBING OF DRUGS

##### 23(1) Definitions

(a) Terms which are defined under *The Pharmacy Act, 1996* have the same meaning in these Bylaws. In addition, the following words and phrases have the following meaning in these Bylaws:

(i) **“Collaborative Practice Agreement”** means either:

(1) agreement between one or more Licensed Pharmacists and one or more Practitioners in a collaborative practice environment that outlines the competency-based functions performed by each health care provider and acknowledges shared risk and responsibilities for patient outcomes; or

(2) a bylaw or policy of a Public Health Care Institution, or agreement between one or more Licensed Pharmacists and a Public Health Care Institution, that outlines the competency-based functions performed by Licensed Pharmacists and other health care providers employed by, or practicing in the Public Health Care Institution, and acknowledges shared risk and responsibilities for patient outcomes,

(ii) **“Collaborative Practice Environment”** means a relationship between the Licensed Pharmacist and other Practitioner(s) involved in the care of the patient is such that the Practitioner(s) can reasonably rely upon the basic skills of the Licensed Pharmacist to prescribe in the best interests of the patient,

(iii) **“Level I Prescribing Authority”** means the ability of a Licensed Pharmacist to prescribe drugs in the circumstances enumerated in sub-section 3 of these Bylaws, and is derived from the existence of a Collaborative Practice Environment;

(iv) **“Level II Prescribing Authority”** means the ability of a Licensed Pharmacist to prescribe drugs in the circumstances enumerated in sub-section 4 of these Bylaws;

(v) **“Pharmacist Assessment Record”** means the clinical record completed, or caused to be completed, by one or more Licensed Pharmacists for the purpose of documenting the information described in paragraph (b) of sub-section (2);

(vi) **“Pharmaceutical Information Program”** means the Province of Saskatchewan’s centralized electronic registry of patient medication records, gathered pursuant to section 3.3(2) of *The Prescription Drugs Act*;

(vii) **“Practitioner”** means any person within the definition of practitioner under *The Pharmacy Act, 1996* and *The Drug Schedules Regulations, 1997*;

(viii) **“Public Health Care Institution”** means a designated facility as defined in *The Facility Designation Regulations* pursuant to *The Regional Health Services Act*.

(2) Pharmacist Assessment Record and Pharmaceutical Information Program

(a) a Licensed Pharmacist who prescribes a drug pursuant to the authority of these Bylaws must record, or cause to be recorded, a record of such prescription in a Pharmacist Assessment Record in accordance with this Bylaw;

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- (b) the Pharmacist Assessment Record for each drug prescribed under the authority of these Bylaws must include:
  - (i) the date of the prescription;
  - (ii) the name and address of the person for whose benefit the drug is given;
  - (iii) the proper name, common name or brand name of the prescribed drug, and the quantity thereof;
  - (iv) the drug's strength, where appropriate;
  - (v) the dosage;
  - (vi) the amount prescribed;
  - (vii) relevant patient information including any drug-related problems and action plans and explicit instructions for patient usage of the drug;
  - (viii) his name; and
  - (ix) the rationale of the prescribing Licensed Pharmacist for the prescription;
- (c) a Licensed Pharmacist who prescribes a drug under the authority of these Bylaws must:
  - (i) provide, or cause to be provided, the Pharmacist Assessment Record associated with that prescription to the patient's primary Practitioner:
    - (1) immediately, if in the judgment of the Licensed Pharmacist, the Practitioner immediately requires the record to provide safe care to the patient; or
    - (2) as soon as reasonably possible, in all other cases; and
  - (ii) except as provided in paragraph (d) of sub-section (10), within the limitations of the Pharmaceutical Information Program, record, or cause to be recorded, the prescription(s) in the Pharmaceutical Information Program, as soon as reasonably possible.
- (3) Level I Prescribing Authority
  - (a) a Licensed Pharmacist has Level I Prescribing Authority in respect of an individual patient if a collaborative practice environment exists between the Licensed Pharmacist and a Practitioner who is responsible for the care of the individual patient;
  - (b) a collaborative practice environment exists for the purposes of paragraph (a) when the relationship between the Licensed Pharmacist and other Practitioner(s) involved in the care of the patient is such that the Practitioner(s) can reasonably rely upon the basic skills of the Licensed Pharmacist to prescribe in the best interests of the patient, communicate those decisions to the Practitioner(s), and refer the patient to the Practitioner(s) or other health care providers as appropriate;
  - (c) the existence of a collaborative practice environment is a question of fact, but a collaborative practice environment is presumed to exist between a Licensed Pharmacist and a Practitioner when a Licensed Pharmacist exercises prescribing authority under these Bylaws;
  - (d) a collaborative practice environment does not exist in respect to an individual patient in any circumstance where:
    - (i) in a Public Health Care Institution, in circumstances that may exist as may be prescribed in the bylaw, policy or agreement that constitutes the Collaborative Practice Agreement;
    - (ii) in all other cases, a Practitioner has communicated to the Licensed Pharmacist, either orally or in writing that:
      - 1. no collaborative practice environment exists between the Practitioner and the Licensed Pharmacist, in respect to a particular patient or generally in respect to a class of patients of the Practitioner to which the individual patient belongs; or
      - 2. the Licensed Pharmacist is not to exercise Level I Prescribing Authority in respect to an individual patient or a class of patients of the Practitioner to which the individual patient belongs.

- (4) Level II Prescribing Authority

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- (a) a Licensed Pharmacist has Level II Prescribing Authority as provided for in a Collaborative Practice Agreement;
  - (b) a Collaborative Practice Agreement must:
    - (i) be in writing and:
      - (1) in the case of a bylaw or policy of Public Health Care Institution, or agreement between one or more Licensed Pharmacists and a Public Health Care Institution, be made or entered into by such institution in accordance with the applicable authority for making bylaws, policies or agreements, as the case may be; and
      - (2) in all other cases, be executed by or on behalf of each of the Practitioner and Licensed Pharmacist who is a party thereto and if executed by a person other than a Practitioner or Licensed Pharmacist who is party thereto, the person executing the agreement must have the legal authority to bind the Practitioner or Licensed Pharmacist, as the case may be;
    - (ii) describe the scope of the authority of the Licensed Pharmacist who is, or Pharmacists who are, party thereto to prescribe drugs in accordance with the Bylaws; and
    - (iii) confirm the existence of a collaborative practice environment;
  - (c) for the purposes of paragraph (b), a Collaborative Practice Agreement may stipulate:
    - (i) conditions, limitations or qualifications to the authority of a Licensed Pharmacist to exercise Level II Prescribing Authority including, without limitation:
      - (1) the ability to prescribe an appropriate drug to the patient, after the Practitioner has provided a diagnosis of the patient, and to adjust the dosage regimen or dosage form, as required;
      - (2) the ability to make therapeutic substitution of drugs prescribed by the practitioner, if such therapeutic substitution is proper in the judgment of the Licensed Pharmacist; and
      - (3) the ability to alter the dosage and/or dosage regimen of drugs prescribed by the Practitioner, if such alteration is proper in the judgment of the Licensed Pharmacist; and
    - (ii) that the authority of a Licensed Pharmacist to exercise Level II Prescribing Authority is dependant upon the presence or absence of circumstances that are stipulated, defined or described in the Collaborative Practice Agreement, which circumstances may include:
      - (1) the urgency of the situation;
      - (2) the disease state or condition;
      - (3) the applicable patient groups;
      - (4) the drug that is to be prescribed;
      - (5) the specialized training of the Licensed Pharmacist; or
      - (6) any other circumstances to which the parties to the Collaborative Practice Agreement may agree;
  - (d) notwithstanding nothing in paragraph (c) of this subsection (4), a Collaborative Practice Agreement shall not limit the authority of a Licensed Pharmacist to prescribe emergency contraceptives;
  - (e) notwithstanding the existence or terms of any Collaborative Practice Agreement, a Licensed Pharmacist may not exercise Level II Prescribing Authority unless the Licensed Pharmacist has successfully completed the training requirements as determined by Council.
- (5) Continuing Existing Prescriptions
- (a) a Licensed Pharmacist with Level I Prescribing Authority, if requested to do so by a patient, may prescribe an additional quantity of a drug previously prescribed to the patient by a Practitioner, the additional quantity not to exceed the lesser of:

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- (i) the quantity equivalent to the amount last dispensed to the patient by a Licensed Pharmacist; or
  - (ii) one hundred (100) days' supply of the drug, at the frequency and dosage level last dispensed by the Licensed Pharmacist;
- (b) except as provided in paragraph (d) of sub-section (10), a Licensed Pharmacist may only prescribe a drug pursuant to the authority conferred pursuant to paragraph (a) if the Licensed Pharmacist has first assessed the patient's medication history in the Pharmaceutical Information Program and is satisfied that:
- (i) the patient's medication history indicates chronic and stabilized use of the relevant drug; and
  - (ii) the patient's remaining supply of the drug will not be sufficient for the patient to maintain the prescribed frequency and dosage levels until the date of his or her next appointment with a Practitioner;
- (c) if a patient is unable to access his or her supply of drugs, a Licensed Pharmacist with Level I Prescribing Authority, if requested to do so by a patient, may prescribe an additional quantity of a drug previously prescribed to the patient by a Practitioner, the additional quantity not to exceed the amount necessary to supply the patient with sufficient drug, at the frequency and dosage level previously prescribed by the practitioner, to meet the reasonable needs of the patient, until such time as the patient, with the exercise of reasonable diligence, would be able to access his or her currently inaccessible supply;
- (d) except as provided in paragraph (d) of sub-section (10), a Licensed Pharmacist may only prescribe a drug pursuant to the authority conferred pursuant to paragraph (c) if the Licensed Pharmacist has assessed the patient's medication history in the Pharmaceutical Information Record and is satisfied that:
- (i) the patient's medication history indicates chronic and stabilized use of the relevant drug; and
  - (ii) the patient's supply of the drug is currently inaccessible to the patient, due to distance or other reasons;
- (e) in an emergency situation, a Licensed Pharmacist with Level I Prescribing Authority may prescribe a quantity of drug sufficient to meet the reasonable needs of the patient until such time as the patient, with the exercise of reasonable diligence, would be able to consult a practitioner;
- (f) except as provided in paragraph (d) of sub-section (10), a Licensed Pharmacist may only prescribe a drug pursuant to the authority conferred pursuant to paragraph (e) if:
- (i) the Licensed Pharmacist has assessed the patient's medication history in the Pharmaceutical Information Program, including, though not limited to, evaluating the patient's previous use of and current supply of the drug, and is satisfied that the patient is stabilized on the drug, regardless of the drug being used acutely, sporadically or on an as-needed basis;
  - (ii) within the previous six (6) months, the drug has been prescribed to the patient by a Practitioner or has been properly dispensed to the patient under the authority of a prescription made by a practitioner; and
  - (iii) the Licensed Pharmacist has taken steps to ensure that the patient is in an emergency situation;
- (g) a Licensed Pharmacist's ability to prescribe drugs in emergency situations and to continue existing prescriptions is not limited by:
- (i) the drug being classified as a Schedule I drug; or
  - (ii) there being no recent diagnosis by a Practitioner on which to base this new or continued prescription;
- (h) if a drug is prescribed in emergency circumstances pursuant to paragraph (e), the Licensed Pharmacist must:
- (i) provide an immediate referral of the patient to a Practitioner; and
  - (ii) notify the Practitioner to whom the patient has been referred to of the drug provided.

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(6) Insufficient Information

- (a) if a prescription lacks legally necessary information without which the drug cannot be dispensed, a Licensed Pharmacist with Level I Prescribing Authority may insert the missing information, if the Licensed Pharmacist is satisfied that the prescribing Practitioner's intent is clear and that the medically necessary information was unintentionally omitted;
- (b) if a Licensed Pharmacist inserts information under the authority of paragraph (a), the Licensed Pharmacist must notify the Practitioner of the information which was inserted and the drug which was dispensed.

(7) Increasing Suitability of Drug Prescribed by a Practitioner

- (a) a Licensed Pharmacist with Level I Prescribing Authority may alter the dosage form of any drug in Schedule I, Schedule II or Schedule III or any unscheduled drug which has been properly prescribed by a practitioner if the Licensed Pharmacist determines, acting reasonably, that another dosage form would be more beneficial to the patient, but is not permitted to alter the dosage amount of a drug in Schedule I without additional authority, in the form of a Collaborative Practice Agreement or otherwise;
- (b) nothing in paragraph (a) prevents a Licensed Pharmacist with Level II Prescribing Authority from prescribing drugs in accordance with a Collaborative Practice Agreement.

(8) Drug Reconciliation

- (a) a Licensed Pharmacist with Level I Prescribing Authority may prescribe a drug for a patient if the patient:
  - (i) has been recently discharged from a hospital, or licensed special-care or personal care home, without obtaining a continuing prescription for a drug which had been prescribed while the patient was in hospital, or licensed special-care home or personal care home ; or
  - (ii) has been admitted to a hospital, or licensed special-care home or personal care home;
- (b) a Licensed Pharmacist may only prescribe drugs pursuant to the authority conferred pursuant to paragraph (a) if the Pharmacist reasonably determines, after the making of inquiries that are reasonable in the circumstances, that
  - (i) the patient requires the drug so as not to suffer harm;
  - (ii) there is no Practitioner reasonably available to issue a prescription for the drug; and
  - (iii) one of the following conditions is met:
    - (1) in the case of clause (i) of paragraph (a), in the Licensed Pharmacist's judgment the prescription for the drug was unintentionally omitted by the Practitioner; or
    - (2) in the case of clause (ii) of paragraph (a), subsequent to the patient being admitted to hospital, or licensed special-care home or personal care home, it is determined by the Licensed Pharmacist that the patient ought to be receiving the drug.

(9) Minor Ailments Prescribing

- (a) a Licensed Pharmacist with Level I Prescribing Authority may prescribe a drug that is in Schedule I, Schedule II or Schedule III or an unscheduled drug for self-care, if such a drug is indicated for self-care under the protocols as may be determined by Council from time to time;
- (b) a Licensed Pharmacist may only prescribe a drug pursuant to the authority conferred pursuant to paragraph (a) if the Licensed Pharmacist reasonably determines, after the making of inquiries that are reasonable in the circumstances, that:
  - (i) the patient has performed a self-assessment and the self-assessment is reasonable and the drug requested or indicated is appropriate for the treatment of the patient's self-assessed condition; or
  - (ii) the drug is appropriate to a patient's self-care treatment.

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(10) General Provisions

- (a) except as provided in paragraph (d) and notwithstanding any other provision of this Bylaw no Licensed Pharmacist may:
- (i) prescribe a drug unless prior to exercising such authority the Licensed Pharmacist has reviewed the patient's medication history in the Pharmaceutical Information Program;
  - (ii) prescribe a supply of a drug that will exceed one hundred (100) days' supply of that drug, at the dosage level and frequency prescribed by the Licensed Pharmacist; or
  - (iii) prescribe a drug in circumstances where the most previous prescription for that drug, or a therapeutic substitution for a drug, was issued by a Licensed Pharmacist;
- (b) a Licensed Pharmacist may only prescribe a drug pursuant to the authority conferred pursuant to this Bylaw if:
- (i) the Licensed Pharmacist reasonably believes that the prescription decision of the Licensed Pharmacist has been consented to, in accordance with the following:
    - (1) in the context of services provided within a Public Health Care Institution, the Licensed Pharmacist reasonably believes that that prescription decision of the Licensed Pharmacist has been consented to in accordance with the bylaws or policies of the Public Health Care Institution regarding consent; or
    - (2) in the context of a practice outside of a Public Health Care Institution, the Licensed Pharmacist reasonably believes, after the making of inquiries that are reasonable in the circumstances, that the prescription decision of the Licensed Pharmacist has been consented to:
      - 1. by the patient, if the Licensed Pharmacist has a reasonable basis to believe that the person has the capacity to make an informed health care decision;
      - 2. by a person appointed as the patient's personal guardian or the patient's co-decision-maker pursuant to *The Adult Guardianship and Co-Decision-Making Act*;
      - 3. by the patient's parent or legal guardian, if the Licensed Pharmacist has a reasonable basis to believe that the person does not have the capacity to make an informed health care decision by reason of the patient's infancy; or
      - 4. by the patient's spouse, if the patient does not have the capacity to make an informed health care decision and that no person has been appointed as the patient's co-decision-maker or personal guardian has been appointed;
  - (ii) the Licensed Pharmacist has successfully completed the training requirements as stipulated by Council; and
  - (iii) for prescribing authority other than that stipulated in paragraph (a) of subsection (9), the Licensed Pharmacist reasonably believes, after the making of inquiries that are reasonable in the circumstances, that there exists an active relationship between the Practitioner and the patient;
- (c) nothing in these Bylaws permits a Licensed Pharmacist to delegate the Licensed Pharmacist's prescribing authority;
- (d) where the Licensed Pharmacist is unable to access the patient's medication history in the Pharmaceutical Information Program and is unable to make a record therein because the patient is not a resident of Saskatchewan, the Licensed Pharmacist may prescribe a drug to the patient in accordance with these bylaws upon the making of inquiries that are reasonable in the circumstances into the patient's medication history.

CERTIFIED TRUE COPY:

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R. J. (Ray) Joubert, Registrar  
Saskatchewan College of Pharmacists

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Date: \_\_\_\_\_

Approved by: \_\_\_\_\_  
Minister of Health

Date: \_\_\_\_\_