



Nova Scotia  
College of  
Pharmacists

# **STANDARDS OF PRACTICE: Prescribing Drugs**

Effective December 2019 / Updated December 2024

## Purpose

The *Standards of Practice: Prescribing Drugs* establish the responsibilities of pharmacists when they prescribe drugs under the authority of the [\*Pharmacist Drug Prescribing Regulations\*](#).<sup>1</sup>

Pharmacist prescribing provides key benefits to the healthcare system. It enables pharmacists to bring the full extent of their expertise in drug therapy management to the care of their patients by prescribing to renew, adapt, and therapeutically substitute previously prescribed drug therapy in response to patient specific needs and factors. This authority further enables pharmacists to leverage their knowledge and skills and public accessibility by prescribing for minor and common ailments and for conditions where a diagnosis is not required (preventable conditions) or is provided directly or indirectly by an authorized prescriber or by protocol.

When pharmacists prescribe, they will do so in accordance with these Standards of Practice as well as the existing regulatory framework for pharmacy practice in Nova Scotia.

The Standards of Practice document includes:

- Terminology – definition of terms referenced in the standards
- Standards of Practice – expectations and responsibilities of pharmacists when prescribing
- Appendices – supporting tools and documents

## Terminology

The following terms and definitions serve as a reference for these Standards.

Term	Definition
Emergency	The patient has an immediate, urgent, and high-risk medical requirement for the drug to avoid significant deterioration to their health. OR A public health emergency/crisis identified by Council.
Original Prescription	The prescription under review by the pharmacist.
Patient	The <i>patient</i> or <i>their agent</i> as defined by the <a href="#"><i>Pharmacy Act</i></a> , Chapter 11 of the Acts of 2011.
Personal Health Information	Information that relates to an individual's physical or mental health, including information about the individual's and/or their family's health history.
Primary Care Provider	A regulated healthcare provider that acts as the first contact and principal point of continuing care for patients and coordinates other specialist care that the patient may need. For the purpose of these Standards, these are: physicians, nurse practitioners, optometrists, and dentists.

<sup>1</sup> Pursuant to Section 83 of the *Pharmacy Act* of Nova Scotia, Chapter 11 of the Acts of 2011.

# Standards of Practice

The *Pharmacist Drug Prescribing Regulations* establish pharmacists' prescribing authority and the circumstances when pharmacists may prescribe for the following categories (can be combined as appropriate):

- Conditions Approved by Council
- Prescribing in an Emergency
- Prescribing Renewals
- Prescribing Adaptations
- Prescribing Therapeutic Substitutions
- Prescribing Schedule II, III and Unscheduled Drugs

These Standards specify the practice requirements for pharmacists when prescribing in a community setting, including pharmacy and non-pharmacy settings.

Section 1 of these Standards applies to all categories of prescribing; sections 2-7 provide additional requirements for each prescribing category. These Standards augment and do not replace the practice requirements set out in the Nova Scotia College of Pharmacists *Standards of Practice: General Pharmacy Practice* and policies.

## 1. Prescribing in All Categories

### Authorized Drugs

- 1.1. A pharmacist only prescribes:
  - a drug for an indication approved for the product by Health Canada, or for an off-label indication that the pharmacist is satisfied is:
    - generally accepted practice referenced in peer-reviewed clinical literature; or
    - consistent with a research protocol in which the patient is enrolled.
  - a drug listed in the *Controlled Drugs and Substances Act* (CDSA) and its *Regulations* in accordance with an *exemption pursuant to Section 56(l)* of the CDSA and in accordance with Appendix H – Prescribing Narcotics, Controlled and Targeted Drugs and Substances...

### Competencies, Knowledge, and Professional Ethics

- 1.2. When a pharmacist prescribes, they are responsible for their prescribing decisions and any related actions, omissions, and impacts. This includes all decisions they make, including not to prescribe. When deciding to prescribe a drug, the pharmacist:
  - is satisfied that they have the requisite competency to prescribe in the given circumstance, including taking reasonable steps to assess their competence against current best practice (for clarity, veterinary prescribing is outside the scope of the practice of pharmacy); and
  - recommends that the patient include another healthcare provider in the care of the condition, when appropriate.

- 1.3. A pharmacist does not prescribe for themselves or an immediate family member, except in extraordinary circumstances when no other prescriber is readily available and drug treatment is required to avoid serious deterioration to the patient's health. If prescribing in this situation, the pharmacist documents the exceptional circumstances, including their relationship to the patient.
- 1.4. When the same pharmacist both prescribes and dispenses a drug, the pharmacist provides information to the patient about the benefits of involving another pharmacist in the process to help mitigate the risks of confirmation bias. Patients should be offered the option of having the prescription dispensed by a different pharmacist. If the patient chooses to fill the prescription at another pharmacy, the pharmacist supports the patient's decision.

## Patient Involvement

- 1.5. When prescribing, the pharmacist obtains informed and voluntary consent from the patient for the prescribing service and decisions (refer to *Standards of Practice: General Pharmacy Practice*).
- 1.6. The pharmacist completes a patient assessment to support their prescribing decisions (refer to Appendix A – Patient Assessment for Pharmacist Prescribing).
- 1.7. The pharmacist assesses the patient in person when the prescribing requires the assessment of physical factors. When the pharmacist determines that an in-person assessment is not necessary, the pharmacist may conduct the assessment by:
  - communicating with the patient at the time of prescribing; and
  - using the previous assessment information of a healthcare provider, authorized to diagnose and prescribe, who saw and assessed the patient for the ailment/condition/disease and being confident that the assessment remains valid; or
  - having sufficient knowledge of the patient's ailment/condition/disease and current clinical status to support the prescribing decision.
- 1.8. The pharmacist bases the prescribing decision and drug selection on patient need, clinical suitability, and cost effectiveness.
- 1.9. When prescribing, the pharmacist conducts in-person discussions about personal health information in a separate consultation room that provides visual and sound barriers for privacy and a professional environment to share information.

Recognizing the competing public interests of confidentiality and minimizing virus transmission when interacting with patients during a healthcare crisis such as a pandemic, pharmacists use their professional judgment to gather and provide information in a manner that maximizes confidentiality while adhering to infection control and other public health recommendations. For clarity, a private consultation room may not be required.

## Documentation

- 1.10. The pharmacist documents the prescribing information in a timely manner (refer to Appendix B for documentation details).

## Follow-up and Monitoring

- 1.11. The pharmacist uses professional judgement to establish and document a follow-up plan appropriate to the patient's needs and the prescribing activity in the patient record.
- 1.12. The pharmacist ensures the follow-up plan provides enough detail to allow others accessing the patient record to have a clear understanding of the prescribing activities and related follow-up.
- 1.13. The pharmacist ensures any patient monitoring required by the follow-up plan is completed and results are documented as appropriate. The pharmacist may arrange for another pharmacist, primary care provider, or specialist to complete the follow-up and monitoring as needed.

## Communicate to the Patient's Circle of Care

- 1.14. The pharmacist communicates the prescribing information to the primary care provider or specialist in accordance with Appendix C. If the patient does not have a primary care provider or specialist, then the pharmacist:
  - provides the prescribing information to the patient; and
  - informs the patient that they will subsequently forward the prescribing information to a primary care provider or specialist, upon the patient's request and direction.

Note: Given that a record of vaccine administration is submitted to the Nova Scotia Drug Information System (DIS) Immunization Module, communication to the primary care provider of vaccine prescribing is not required.

## 2. Prescribing for Conditions Approved by Council

- 2.1. A pharmacist may prescribe a drug in the category *Conditions Approved by Council* when:
  - prescribing for minor and common ailments (refer to Appendix D).
  - prescribing preventative medicines (refer to Appendix E).
  - prescribing for a diagnosis provided by a primary care provider or specialist (refer to Appendix F).
  - prescribing for a diagnosis supported by a protocol (refer to Appendix G).
  - prescribing for narcotics, controlled, and targeted drugs and substances (refer to Appendix H).
  - prescribing in accordance with an approved research or pilot protocol (refer to Appendix I).

### 3. Prescribing in an Emergency

- 3.1. A pharmacist may prescribe a new drug or a replacement supply of an existing drug in circumstances that meet the definition of an emergency (refer to definition in Terminology section).
- 3.2. A pharmacist only prescribes a limited supply of the drug sufficient to address the immediate risk to the patient's health and to allow them to see a primary care provider or specialist.

### 4. Prescribing Renewals

When a pharmacist prescribes a renewal, they take on the responsibility for having provided the patient with a longer duration of drug therapy than the original prescriber authorized. Pharmacists must ensure that they use a patient-centered approach to undertake and document an assessment to determine both the appropriateness of providing a longer duration of drug therapy and the quantity to be prescribed.

- 4.1. A pharmacist uses their judgment to renew a prescription and determine the quantity to be provided in consideration of:
  - the ongoing appropriateness of the drug therapy:
  - whether the assessment required warrants the patient being seen by a primary care provider or specialist:
  - the extent to which the quantity provided may delay the patient having a necessary medical assessment:
  - the extent to which a patient's level of disease control or ability to self-monitor supports providing an extended supply:
  - the pharmacist's access to relevant information (e.g., lab values):
  - the pharmacist's competence in the management of drug therapy for the patient's ailment/condition/disease:
  - the patient's access to care; and
  - the pharmacist's relationship and familiarity with the patient compared to that of a walk-in clinic or emergency department.
- 4.2. When prescribing a renewal, the pharmacist:
  - may adapt the dose, formulation and/or regimen or complete a therapeutic substitution, if appropriate (refer to Sections 5 and 6 for the applicable prescribing requirements for adaptation and therapeutic substitution, respectively).

#### Pharmacy Closures

- 4.3. Occasionally it may be necessary for pharmacists to provide refills for patients whose home pharmacy is closed due to unforeseen circumstances, making a prescription transfer not possible. In this situation, pharmacists may prescribe for the patient by doing the following:
  - consult the patient's Nova Scotia Drug Information System (DIS) profile

- prescribe the medication for the patient consistent with the number of refills remaining on the patient's prescription (for clarity when prescribing in this circumstance, the requirements in Standard 4.1 and Appendix C do not apply)
- discontinue/inactivate the existing prescription in the DIS.

## 5. Prescribing Adaptations

- 5.1. A pharmacist may prescribe to adapt a prescription when they determine that the adapted prescription will maintain/enhance the drug effectiveness and/or improve adherence.
- 5.2. A pharmacist may prescribe to adapt a prescription to modify the dose, formulation, regimen, and/or duration of therapy for the following reasons:
  - The drug strength and/or formulation prescribed is not commercially available.
  - The dose, formulation, regimen, and/or duration of therapy is missing from the prescription and sufficient information can be obtained from the patient, patient record, and/or other sources to determine the appropriate adaptation.
  - A patient-specific factor (e.g., age, weight, organ function, medical conditions, adverse drug reactions, other medications) requires the dose to be adjusted.
  - An adjustment in the formulation and/or regimen will enhance the ability of the patient to take the medication more effectively.
- 5.3. When an adaptation is only a formulation change, the pharmacist uses their professional judgment to determine if notifying the original prescriber is required (refer to Standard 1.14).

## 6. Prescribing Therapeutic Substitutions

- 6.1. A pharmacist may prescribe to therapeutically substitute a drug when they determine that:
  - sufficient information is obtained about the patient's condition being treated, treatment goals, and prescribed drug for the pharmacist to ensure that the substitute drug has an equivalent therapeutic effect and supports the intended treatment goal; and
  - the therapeutic substitution will maintain/enhance the effectiveness of the patient's drug therapy and/or improve adherence and will support the patient's best interest with respect to financial, formulary, or payer considerations.
- 6.2. When prescribing for a therapeutic substitution, the expected duration of therapy:
  - will not exceed the duration for which the original prescription would have been valid; or
  - is therapeutically equivalent to the original prescription when substituting a drug with a defined treatment period (e.g., antibiotic).

## 7. Prescribing Schedule II, III and Unscheduled Drugs

- 7.1. When prescribing a Schedule II, III, or unscheduled drug, the pharmacist uses professional judgment to determine if notifying the primary care provider or specialist is required (refer to Standard 1.14).

## Appendix A – Patient Assessment for Pharmacist Prescribing

A pharmacist conducts a patient assessment to support their prescribing decisions. The assessment considers, *as appropriate and applicable* for the prescribing activity, the patient's:

- demographic information
- physical characteristics, condition, and measurements (e.g., weight, height, etc.)
- presenting ailment/condition/disease or drug-related problem, including its symptoms, signs, history, and any treatment
- date, extent, and results of last assessment of the condition
- laboratory or other diagnostic test results
- objective and subjective findings
- diagnosis
- medical history
- family medical history
- current medical conditions, medications, non-medication therapies, healthcare products/devices, and treatments
- allergies and intolerances to drugs, excipients, or other substances relevant to drug therapy
- pregnancy and lactation status
- risk factors
- other healthcare providers and individuals involved in providing treatment/care
- personal circumstances, practical needs, values, and preferences
- other information relevant to the assessment

As part of the patient assessment, the pharmacist may, with appropriate patient consent, obtain pertinent information from family, friends, caregivers, or other healthcare providers.



## Appendix B – Documentation Requirements

Prescribing activities will be documented and maintained as part of the pharmacy's patient record. Some information may be specific to the prescribing activity while other information will already be contained in the patient's record. The method by which documentation is completed (e.g., electronic or paper-based) is left up to the professional judgment of the prescribing pharmacist but must be complete enough so that others accessing the patient record will have a clear understanding of the prescribing activities and rationale. Information documented may include, *as appropriate*, the following:

### General Patient Information

- name
- contact information
- date of birth
- provincial health card number
- sex/gender
- weight and height
- any known contraindications or allergies/intolerances to drugs, excipients, or other substances related to drug therapy
- medical conditions
- pregnancy and lactation status
- other relevant information

### Prescription Order

- patient name and address
- date of prescription
- drug name, strength, and dosage form
- quantity
- directions for use and route of administration
- number of refills and interval between each refill
- name of prescribing pharmacist
- reference to the original prescription and prescriber name/contact information (e.g., prescription adaptation, therapeutic substitution and prescription renewal)

### Prescribing Details

- date of prescribing decision
- presenting health ailment/condition/disease or drug related problem including symptoms, signs, history, and any treatment
- patient assessment details/findings relevant to the prescribing decision, including:
  - date of assessment

- physical characteristics, condition, and measurements (e.g., weight, height, etc.)
- date, extent, and results of last assessment of the ailment/condition/disease
- laboratory or other diagnostic test results
- subjective and objective findings
- diagnosis
- medical history
- family medical history
- current medical conditions, medications, non-medication therapies, healthcare products/devices, and treatments
- relevant risk factors
- other healthcare providers and individuals involved in providing treatment/care
- personal circumstances, practical needs, values, and preferences
- other information relevant to the assessment
- description of prescribing decision, its rationale, and any supporting information/documents
- instructions to patient
- follow-up plan details to allow other healthcare providers or caregivers to monitor patient's progress
- name of prescribing pharmacist
- information to allow other professional staff in the pharmacy to provide continuity of care
- date and method of notifying original prescriber
- date and method of notifying other healthcare providers
- patient informed and voluntary consent (refer to *Standards of Practice: General Pharmacy Practice*)
- details of subsequent monitoring and follow-up

## Appendix C – Notifications

Pharmacists are an integral part of a patient's health care team. The prescribing decisions they make, whether in the context of prescribing renewals of medications initiated by other care providers or in other situations, has the potential to impact future care plans for that patient. While the Nova Scotia Drug Information System serves as record that a pharmacist has prescribed for a patient, communication of relevant assessment and prescribing details to a patient's primary care provider or specialist helps to ensure seamless care and supports interprofessional collaboration.

Communication of assessment and prescribing details to the primary care provider or specialist takes place when a pharmacist prescribes schedule I drugs unless:

- the pharmacist determines it would not be in the best interest of the patient to do so, or
- the pharmacist determines the prescribing activity would not reasonably be expected to impact or inform the future care plan or clinical decision-making process by the primary care provider or specialist.

If a decision is made not to communicate to the primary care provider or specialist, the rationale for not doing so is documented in the patient record along with the prescribing and assessment details.

Communication to the primary care provider or specialist must include, at a minimum, the following information:

- a clear indication of whether action needs to be taken by the primary care provider or specialist (e.g., response required/for your records)
- date
- patient information, including name, date of birth, and health card number
- reference to the original prescription (if applicable)
- relevant patient assessment details
- prescription details
- pharmacist information, including name, registration number, and contact information
- pharmacy information, including name and contact information

A template pharmacist prescribing form is included with these Standards. However, notifications can be created electronically using pharmacy software as long as the data elements listed above are included.

## PHARMACIST PRESCRIBING ALERT

☐ Response Required   ☐ For your records   Date: \_\_\_\_\_

TO:	REGARDING:
Provider: _____	Patient: _____
Tel: _____	DOB: _____
Fax: _____	HCN#: _____

☐ Consent Obtained

**Original Prescription Details (if applicable):**

Affix original prescription label here or provide details

**New Prescription Details:**

Affix prescription label here or provide details

Notes:

Pharmacist Information:

Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

## Appendix D – Prescribing for Minor and Common Ailments

Minor and common ailments are health conditions that can be managed with minimal treatment and/or self-care strategies. Patients with these ailments have traditionally been assessed and provided treatment recommendations within the practice of pharmacy. Prescribing of Schedule I drugs for minor and common ailments may be undertaken for the following:

- dyspepsia
- gastroesophageal reflux disease
- nausea
- non-infectious diarrhea
- hemorrhoids
- allergic rhinitis
- cough
- nasal congestion
- sore throat
- mild headache
- minor muscle pain
- minor joint pain
- minor sleep disorders
- dysmenorrhea
- emergency contraception
- xerophthalmia (dry eyes)
- oral ulcers
- oral fungal infection (thrush)
- fungal infections of the skin
- vaginal candidiasis
- threadworms and pinworms
- herpes simplex (cold sores)
- contact allergic dermatitis
- mild acne
- mild to moderate eczema
- mild urticaria (including bites and stings)
- impetigo
- dandruff
- calluses and corns
- warts (excluding facial and genital)
- smoking cessation
- bacterial and allergic conjunctivitis\*

Note that the prescribing of Schedule II, III and unscheduled drugs is not limited to the minor and common ailments listed above. Schedule II, III and unscheduled drugs can be prescribed for these and other ailments in accordance with these Standards of Practice.

\*Bacterial and Allergic Conjunctivitis

Prescribing schedule I medications for bacterial and allergic conjunctivitis is limited to topical anti-infectives and antihistamine/mast cell stabilizers and does NOT include steroids or non-steroidal anti-inflammatory medications. Patients requiring further assessment should be referred to an optometrist if available, or otherwise to prompt medical attention if a pharmacist assesses an urgent need for referral.

## Appendix E – Prescribing Preventative Medicines

### Prescribing for Preventable Diseases

Prescribing vaccines for prevention of the following diseases may be undertaken by pharmacists:

- influenza
- meningococcal
- pneumococcal
- SARS-CoV-2
- hepatitis A<sup>†</sup>
- hepatitis B<sup>†</sup>
- varicella
- herpes zoster
- human papillomavirus (HPV)
- typhoid fever<sup>†</sup>
- respiratory syncytial virus (RSV)

Note: Schedule II vaccines, including those in the [Nova Scotia Routine Immunization Schedule](#), do not require a prescription and can be provided in accordance with these *Standards* and the [Standards of Practice: Drug Administration](#).

### Malaria<sup>†</sup>

Pharmacists may prescribe for the prevention of malaria so long as they have taken steps to ensure that they are competent to do so, including ensuring that they have current knowledge about worldwide geographic-specific malaria risk and prevention, antimicrobial resistance patterns, and that they have access to current resources.

<sup>†</sup>Pharmacists who have not obtained a recognized certificate in travel health as set out in this Appendix, but who choose to prescribe for the preventable diseases listed for travel health purposes, will disclose to patients that they do not hold a certificate in travel health. Pharmacists will take the necessary steps to ensure the patient understands that they would benefit from a more comprehensive individual travel health assessment provided by a healthcare provider with travel health certification and encourage patients to seek out this expertise.

### Travel Health Services

#### Providing Comprehensive Travel Health Services

A pharmacist must possess one of the following recognized certificates as a requirement to provide comprehensive travel health services:

- International Society of Travel Medicine - Certificate in Travel Health
- Royal College of Physicians and Surgeons of Glasgow - Diploma in Travel Medicine

The provision of comprehensive travel health advice goes beyond the provision of vaccines and other prophylactic medications to include the prevention and management of non-infectious travel-associated health

risks. The International Society of Travel Medicine describes the scope and extent of knowledge necessary for professionals working in the field of travel medicine as including knowledge of the global epidemiology of health risks to the traveler, vaccinology, malaria prevention, and pre-travel counseling designed to maintain the health of the travelling public.

The health and safety of travelers depends upon the expertise of those providing travel health advice. Providing inaccurate or incomplete travel advice puts the travelling public at risk and can result in dire consequences.

Comprehensive individual risk assessments must be performed for each traveler and must evaluate the itinerary; destination specific risks; patient specific risks, including age, sex, medical and physical conditions; and must provide appropriate advice on risk management.

The provision of comprehensive travel health services includes:

- providing comprehensive individual risk assessments covering the topics related to travel as listed in the *“Body of Knowledge”* described by the International Society of Travel Medicine.
- prescribing vaccines and medications for the prevention of travel related diseases not currently listed in this Appendix. This authority is for pre-travel assessment and prescribing only (not for suspected post-travel illness and/or complications).

#### Promotion of Travel Health Services

Pharmacists without a recognized certificate in travel health as set out in this Appendix must ensure that any promotion of their travel health services to the public communicates that the service provided is **basic** and does not provide information on all travel related health and safety risks.

### **Contraception Management\***

Pharmacists may practice as a primary provider of contraception, including providing ongoing management of a patient's contraception needs, when they do so in accordance with recognized best practice guidelines that are consistent with those established by obstetrician/gynecologist specialist groups, such as the Society of Obstetricians and Gynaecologists of Canada (SOGC).

Contraception management goes beyond the prescribing of hormonal contraception to include a meaningful discussion with a patient about all available options for contraception within the context of their individual sexual behavior, reproductive health risk, social circumstances, and relevant belief systems.

To practice as a primary provider of contraception management, pharmacists must take the necessary steps to be competent. This should include *but is not limited to*:

- undertaking additional education;
- reviewing clinical guidelines; and
- researching primary literature.

When providing contraception management, a pharmacist must recognize that they may be the only healthcare provider that a patient sees regarding their contraceptive needs and must use a patient-centered approach to provide *as appropriate for the patient*:

- a comprehensive review of **all** options available for contraception, including non-hormonal and emergency contraception, and providing information on the effectiveness, benefits, and risks associated with each method;
- counseling about the risks, management, and screening options for sexually transmitted infections, and any vaccines recommended for prevention;
- referral resources for sexually transmitted infections (including post exposure prophylaxis), sexual dysfunction, induced abortion services, and intimate partner violence;
- counselling regarding the importance and recommended frequency of screening tests such as breast and pelvic exams, mammograms and Pap tests; and
- patient education resources, such the public resources provided by [the Society of Obstetricians and Gynecologists of Canada](#).

### Prescribing for Contraception Management

Prior to prescribing for contraception, a pharmacist must be satisfied that the patient is making an informed decision about their preferred strategy for contraception management. This may include contraception options for which the pharmacist is not authorized to prescribe.

When providing contraception management, a pharmacist:

- may prescribe self-administered hormonal contraception (combined oral contraceptives pills, patch, vaginal ring, and progestin only pills) and medroxyprogesterone acetate depo injection (including the administration of the depo injection);
- may prescribe intrauterine, implantable, or other contraception devices that require the involvement of another healthcare professional when collaborating with a physician or nurse practitioner;
- must take the necessary steps to be competent to recognize signs, symptoms, and risk factors indicative of health needs that make it inappropriate for them to manage a patient's contraception needs and must refer these patients to a physician or nurse practitioner; and
- must be aware of the conditions when a person under 18 years of age can [consent to sexual activity](#) and the obligations for [mandatory reporting of abuse](#) under the [Children and Family Services Act](#).

If a patient has not previously been prescribed hormonal contraception, or if a change in therapy is being prescribed, the pharmacist may provide the patient with a prescription for up to the equivalent of a three-cycle supply. If tolerated, a prescription for ongoing therapy may be provided to the patient. If the patient is experiencing adverse effects, the pharmacist will use their professional judgement to determine whether they can resolve the drug-related problem or if the patient should be referred to a physician or nurse practitioner for further assessment.

### Intrauterine, Implantable, and Other Contraception Devices

Methods of contraception that require the involvement of another healthcare professional may be prescribed by pharmacists when they are collaborating with a physician or nurse practitioner who will take on the responsibility for any required procedures

In the absence of this collaboration, pharmacists must take reasonable steps to support patients in accessing the services required when the patient chooses this method. Recognizing that access to health services varies



widely across Nova Scotia, reasonable steps to support patients will differ depending on the community but *may* include:

- researching what services are available and how they can be accessed within the local community;
- seeking out and collaborating with already established referral networks within the local medical community;
- providing patients with information about provincial [Well Woman Clinics](#).

### References

The chapters of the SOGC Canadian Contraception Consensus can be accessed on the [Journal of Obstetrics and Gynecology Canada website](#) and can be used to assist pharmacists in attaining competence in contraception management. These standards do not preclude the use of other references provided they are consistent with these Canadian best practice guidelines. Note: some of the chapters are open access while others will require payment for access.

\*This appendix authorizes pharmacists to prescribe for the purposes of contraception management only. Prescribing medication for induced abortion is outside of the scope of practice for pharmacists.

### **Antimicrobial Prophylaxis in Special Circumstances**

Pharmacists may prescribe antimicrobial prophylaxis:

- when participating in a public health initiative directed by the Nova Scotia Department of Health and Wellness (\*see below for a list of current public health initiatives); and
- in accordance with antimicrobial prophylaxis direction as set out in the [Nova Scotia Communicable Disease Manual](#); **or**
- in accordance with antimicrobial prophylaxis guideline(s) established by the Nova Scotia Department of Health and Wellness for the specific circumstance.

Participating in a public health initiative may require, *but is not limited to*:

- providing relevant information about the public health initiative to patients;
- providing the Nova Scotia Department of Health with reciprocal notification.

**Note:** If pharmacist prescribing for these conditions is required, pharmacists will be contacted by Public Health directly by letter. A sample letter can be found [here](#).

#### \*Current Public Health Initiatives

- Invasive Group A Streptococcal Disease (IGAS)
- Invasive Meningococcal Disease (IMD)
- Pertussis

The Pharmacy Association of Nova Scotia (PANS) has created prescribing protocols which can be accessed in the [PANS member lounge](#) (non-members can create an account to view this content).

## Appendix F – Prescribing for a Diagnosis Provided by a Primary Care Provider or Specialist

A pharmacist may prescribe for a diagnosis provided by a primary care provider or specialist who has the authority to prescribe for the condition when:

- the primary care provider or specialist provides the diagnosis or treatment requirements of the patient; and
- the pharmacist obtains the necessary and relevant information to support the prescribing decision (e.g., patient's comorbidities, lab test results, etc.).

When a pharmacist prescribes for the ongoing management of a patient's chronic condition(s) (e.g., hypertension, diabetes, anticoagulation), the pharmacist and the primary care provider or specialist agree on the collaborative management plan for the patient which includes:

- goals of therapy for the patient;
- patient monitoring and follow-up plan, including who is responsible, at what interval, and details of monitoring/follow-up actions;
- any agreed upon plan or protocols for ongoing dosage adjustments or prescribing;
- agreed upon situations and intervals when the patient will need to follow-up with the primary care provider or specialist;
- a plan for how and when the pharmacist and primary care provider or specialist will continue to communicate relevant information about the patient; and
- a description of any information provided to the patient.

## Appendix G – Prescribing for a Diagnosis Supported by a Protocol

A pharmacist may prescribe for a condition set out in this Appendix when the diagnosis is supported by a protocol. Protocols may include, or be developed based upon, established clinical practice guidelines or algorithms. These standards do not specify a protocol that must be used. Instead, a pharmacist will use their professional judgement to select or develop a protocol to support them in making a diagnosis and providing care. A pharmacist must be satisfied that the protocol used meets the following criteria:

- it is consistent with the established standard of care provided by primary care providers and/or specialists; and
- it is aligned with best practice and treatment evidence supported by clinical experts.

A pharmacist will ensure that the protocol being used remains up-to-date and consistent with the evolving standard of care.

A pharmacist prescribing in situations where the diagnosis is supported by a protocol must take steps to ensure they have attained the necessary competence to provide appropriate care to patients. This should include *but is not limited to*:

- undertaking additional education;
- reviewing clinical guidelines; and
- researching primary literature.

Pharmacists must also ensure that they are able to recognize signs, symptoms, and risk factors indicative of health needs that fall beyond their scope and refer these patients to a physician or nurse practitioner.

### Uncomplicated Cystitis

Pharmacists may prescribe drug therapy for uncomplicated cystitis in individuals who have:

- reached adolescence (post pubertal as set out by the IWK [see [IWK First Line](#)]),
- previously been diagnosed with uncomplicated cystitis by a physician or nurse practitioner, and
- a vagina and have no history of genital surgery, including gender affirming surgery.

**Note:** a pharmacist will refer a patient to a physician or nurse practitioner when:

- the patient has not been previously diagnosed with uncomplicated cystitis.
- the patient is presenting with a recurrent infection. (The criterion for recurrent infections is set out in clinical practice guidelines/protocols referenced below.)
- the patient is presenting with complicating factors. (Complicating factors are set out in clinical practice guidelines/protocols referenced below and necessitate the patient being assessed by a physician or nurse practitioner.)
- the pharmacist is not satisfied that they have the requisite competency to prescribe in the given circumstance.

References that can be used to support pharmacists in making a diagnosis of uncomplicated cystitis, or developing a protocol, include *but are not limited to*:

- [IWK Firstline – Clinical Decisions](#)
- [Nova Scotia Health Authority UTI Protocol](#)
- [Antimicrobial Handbook Nova Scotia Health Authority: Uncomplicated Cystitis](#)
- [Antibiotics: Why and Why Not: Dalhousie University Academic Detailing Service](#)
- [medSask: Urinary Tract Infection \(Cystitis\) – acute, uncomplicated; University of Saskatchewan](#)
- [Beahm et al, The assessment and management of urinary tract infections in adults: Guidelines for pharmacists; Can Pharm J \(Ott\). 2017 Sep-Oct; 150\(5\): 298-305](#)
- [UptoDate: Acute Simple Cystitis in Women; Wolters Kluwer](#) (subscription may be required)

### Antimicrobial Stewardship

Pharmacists must recognize that antimicrobial resistance patterns differ across geographic regions and, as a result, recommendations for drug treatment described in protocols and/or clinical practice guidelines may not be appropriate in the local context.

When selecting antimicrobial therapy, a pharmacist will familiarize themselves with local resistance data and will prescribe in accordance with current local antimicrobial stewardship practices. Information on local resistance patterns can be obtained by consulting the following resources:

- [Nova Scotia Health Authority Antimicrobial Stewardship Antibigrams](#)
- [NSH Firstline – Clinical Decisions](#)

### **Herpes Zoster**

Pharmacists may prescribe antiviral medication for the treatment of herpes zoster. References that can be used to support pharmacists in making a diagnosis of herpes zoster, or developing a protocol, include *but are not limited to*:

- [Dworkin et al. Recommendations for the Management of Herpes Zoster: Clinical Infectious Diseases 2007;44:s1-26](#)
- [medSask: Shingles; University of Saskatchewan](#) (log in required)
- [Cohen, JI; Herpes Zoster: New England Journal of Medicine 2013;369:225-263](#) (subscription required)
- [UptoDate: Treatment of herpes zoster in the immunocompetent host](#) (subscription may be required)

In all instances of prescribing, the pharmacist will discuss with the patient:

- when to seek follow-up care from another healthcare provider;
- the importance of infection control precautions, especially for patients who are in contact with individuals who have not had varicella previously, have not been vaccinated, and those who are immunocompromised or pregnant; and
- the benefits of vaccination against herpes zoster to help prevent future occurrences.

### Prescribing for patients with complicating factors

A pharmacist may prescribe antiviral treatment for a patient who has a complicating symptom and/or risk factor, provided they clearly communicate to the patient the importance of being seen promptly by another

healthcare provider for further assessment and are satisfied that the patient understands the risks associated with not doing so.

Furthermore, when a pharmacist prescribes for a patient that presents with suspected disseminated, ocular, otic, or neurologic manifestations, the pharmacist will instruct the patient to seek emergency care.

## Lyme Disease

### Chemoprophylaxis

Pharmacists may prescribe chemoprophylaxis for Lyme disease for asymptomatic adults and children in accordance with a protocol that is consistent with chemoprophylaxis guidelines in [\*Nova Scotia Infectious Disease Expert Group \(IDEG\) - Guidance for Primary Care and Emergency Medicine Providers in the Management of Lyme Disease in Nova Scotia\*](#).

Pharmacists who undertake prescribing chemoprophylaxis for Lyme disease must ensure they are competent to:

- reliably identify the tick as an adult or nymphal blacklegged tick;
- estimate the duration of attachment based upon the extent of engorgement;
- provide patients with information on tick removal; and
- provide patients with information related to the evidence-based diagnosis and treatment of Lyme disease at both early and late stages.

**Note:** While the IDEG guidance requires that a tick be identified as a black-legged tick, the pharmacist does not have to see the tick or be the one that identifies it. Pharmacists may use their professional judgment to be satisfied that it was a black-legged tick including using patient-reported description, patient identification, referral from another provider, etc.

### Early Lyme Disease

Pharmacists may prescribe antimicrobial therapy for the treatment of early Lyme disease when they do so in accordance with a protocol that is consistent with treatment guidelines in [\*Nova Scotia Infectious Disease Expert Group \(IDEG\) - Guidance for Primary Care and Emergency Medicine Providers in the Management of Lyme Disease in Nova Scotia\*](#) in individuals who:

- present with a localized erythema migrans rash (>5cm);
- do not require confirmatory laboratory testing; and
- are not presenting with complicating factors or signs and symptoms suggestive of early disseminated or late Lyme disease as set out in clinical practice guidelines.

Pharmacists who undertake prescribing for the treatment of early Lyme disease must ensure that they have taken steps to ensure that they are competent to reasonably identify an erythema migrans rash.

### Patient Education

In all instances of prescribing for Lyme disease (chemoprophylaxis and early Lyme), pharmacists must educate patients about (where applicable):

- the option to “wait-and-watch” (for chemoprophylaxis - rather than providing a prescription);
- the reported efficacy of chemoprophylaxis;

- the importance of monitoring for symptoms that require follow up care from another healthcare provider (e.g., early, late, or disseminated Lyme disease.)
- strategies to prevent and address tick bites (e.g., protective clothing, use of tick repellent, checking for ticks, and prompt removal) and the importance of tick bite prevention to prevent Lyme and other tick-borne illnesses.

### References and Resources

Nova Scotia Infectious Disease Expert Group – Guidance for Primary Care and Emergency Medicine Providers in the Management of Lyme Disease in Nova Scotia, (2023)

Association of Medical Microbiology and Infectious Disease Canada – Position Statement on the Diagnosis and Treatment of People with Persistent Symptoms that Have Been Attribute to Lyme (2019)

Nova Scotia Department of Health and Wellness – Communicable Disease Prevention and Control: Lyme Disease

Public Health Agency of Canada – Lyme Disease

Clinical Practice Guidelines by the Infectious Diseases Society of America (IDSA), American Academy of Neurology (AAN), and American College of Rheumatology (ACR): 2020 Guidelines for the Prevention, Diagnosis and Treatment of Lyme Disease.

Quebec Clinical Tool: Dialogue with your Patient

### **SARS-CoV-2**

Pharmacists may prescribe drugs and treatments for SARS-CoV-2:

- when participating in a public health initiative directed by the Nova Scotia Department of Health and Wellness and/or Nova Scotia Health; **and**
- in accordance with protocols or guideline(s) established by the Nova Scotia Department of Health and Wellness and/or Nova Scotia Health.

Pharmacists who undertake assessment and prescribing for SARS-CoV-2 must ensure they are competent to do so, including by reviewing provincial educational resources specific to the protocol (e.g., webinars).

### **Group A Streptococcal (GAS) Pharyngitis**

Pharmacists may assess and prescribe for the treatment of GAS pharyngitis in patients 3 years of age or older when:

- they have completed approved education\* on the assessment and prescribing for GAS pharyngitis.
- they do so in accordance with a protocol that is consistent with recognized clinical practice guidelines and that includes the use of:
  - a validated scoring tool (e.g., Centor, Modified Centor) and physical assessment to determine appropriate candidates for confirmatory throat swabbing and testing; and
  - a confirmatory test. (Any point of care test used must have a sensitivity and specificity such that follow up cultures are not routinely necessary to confirm the diagnosis.)

Pharmacists prescribing for GAS pharyngitis must be satisfied that they are competent to do so, including that they are able to recognize signs, symptoms, and risk factors indicative of health needs that fall beyond their scope and require prompt referral or emergency medical attention.

### References

References that can be used to support pharmacists in assessing and treating GAS or developing a protocol, include, but are not limited to:

- [IWK Firstline – Clinical Decisions](#)
- [Canadian Pediatric Position Statement 2021: Group A Streptococcal \(GAS\) Pharyngitis: A Practical Guide to Diagnosis and Treatment](#)
- [Canadian Family Physician 2020: Pharyngitis Approach to diagnosis and treatment](#)
- [Bugs & Drugs. http://www.bugsanddrugs.ca](http://www.bugsanddrugs.ca)
- [Sandford's Guide to Antimicrobial Therapy 2022. www.sanfordguide.com](http://www.sanfordguide.com)
- [CPS Therapeutic Choices: Group A Streptococcal Pharyngitis \(subscription required\)](#)

\*Approved education includes education:

- attained as part of the curriculum of a CCCAP accredited pharmacy program (e.g., Dalhousie College of Pharmacy);
- accredited by the Canadian Council for the Continuing Education in Pharmacy (CCCEP), or by Dalhousie Continuing Pharmacy Education (Dal CPE);
- approved by another pharmacy regulatory authority in Canada; or
- attained as part of a research protocol as described in Appendix I of these Standards.

### Antimicrobial Stewardship

Antimicrobial resistance patterns differ across geographic regions and, as a result, recommendations for drug treatment described in protocols and/or clinical practice guidelines may not be appropriate in the local context.

When selecting antimicrobial therapy, a pharmacist will familiarize themselves with local resistance data and will prescribe in accordance with current local antimicrobial stewardship practices. Information on local resistance patterns can be obtained by consulting the following resources:

- Nova Scotia Health Authority Antimicrobial Stewardship Antibigrams
- Firstline – Clinical Decisions
- Antibiotics Why and Why Not 2018. Dalhousie University Academic Detailing Service.

### **Human Immunodeficiency Virus Pre-Exposure Prophylaxis (HIV PrEP)**

Pharmacists may prescribe oral Human Immunodeficiency Virus pre-exposure prophylaxis (HIV PrEP) to eligible populations when they:

- do so in accordance with a protocol that is consistent with clinical practice guidelines.
- have access to, and can interpret the results for, the laboratory tests that are necessary to both initiate and continue HIV PrEP (for clarity, point of care testing cannot be used).

Pharmacists who undertake assessment and prescribing for HIV PrEP must:

- provide comprehensive counselling about the use of HIV PrEP including its benefits, risks, and requirements for monitoring.
- provide counselling about the risks, management, recommendations for screening for sexually transmitted and blood-borne infections, and any vaccines available.
- provide information to those requiring referral to another healthcare provider about how and where to access care and assist them in accessing it if necessary.
- ensure they are familiar with communication strategies for delivering an infectious disease diagnosis to individuals. (See references and resources section.)

### References and Resources

[Pre-Exposure Prophylaxis \(PrEP\) for HIV Prescribing Protocol - Initial Eligibility Assessment](#)

[Pre-Exposure Prophylaxis \(PrEP\) for HIV Prescribing Protocol - Initial Prescribing](#)

[Pre-Exposure Prophylaxis \(PrEP\) for HIV Prescribing Protocol - Refill](#)

[Delivering A Sexually Transmitted And Blood Borne Infection Diagnosis \(NSH\)](#)

[Canadian guideline on HIV pre-exposure prophylaxis and nonoccupational postexposure prophylaxis \(2017\) \\*](#)

[Canadian guideline on HIV preexposure prophylaxis and nonoccupational postexposure prophylaxis for Pharmacists \(2019\) \\*](#)

[Delivering Bad or Life-Altering News: American Family Physician Journal 2018](#)

\*Under revision at the time of writing



## Appendix H- Prescribing Narcotics, Controlled, and Targeted Drugs and Substances

Pharmacists may prescribe narcotics, controlled drugs, and targeted substances in accordance with the Health Canada Subsection 56 (1) Class Exemption issued in October 2020 and in accordance with the provisions set out below.

There are unique risks and challenges associated with prescribing monitored drugs for acute pain and opioid use disorder that warrant special consideration. Given the ongoing opioid crisis and deaths related to opioids and benzodiazepines, diligence is warranted when deciding to prescribe.

### Acute Pain

Pharmacists may only prescribe to adapt a prescription indicated for acute pain.

Pharmacists may not prescribe to renew a prescription for acute pain.

Pharmacists may not adapt a prescription for acute pain to increase the dose.

### Opioid Use Disorder

Pharmacists prescribing for opioid use disorder should ensure they have reviewed the [Standards of Practice: Drug Therapy for the Treatment of Opioid Use Disorder](#).

#### Prescriber not available

Pharmacists should make every effort to contact either the patient's regular prescriber or another prescriber covering for the patient's prescriber before they prescribe for the patient. If a prescriber is not available to provide a written, faxed, or verbal order, a pharmacist may prescribe to extend a prescription for a patient whose dose is stabilized.

Prescriptions must be written with the already established dispensing and witnessed dosing schedule and may be prescribed for up to a maximum of 14 days.

Pharmacists should not prescribe for a patient whose dose has not been stabilized. However, it is important that patients do not go without their dose. As such, in the rare event that not prescribing would result in the patient having an interruption in therapy, pharmacists should prescribe a limited supply and must not increase the patient's dose.

#### Adapting an OAMT Prescription

Pharmacists may prescribe to adapt a prescription to reduce a dose as required in the event of a missed dose or doses. The dose must be reduced in accordance with the established standard of care provided by primary care providers or specialists and aligned with best practice treatment evidence supported by clinical experts.

## Other Indications

For prescriptions written for indications other than acute pain or opioid use disorder, pharmacists may prescribe on-going renewals (including part-fills). When prescribing, pharmacists ensure that they use a patient-centered approach to undertake and document an assessment when determining the quantity to prescribe.

In consideration of same factors that would be applicable when prescribing a renewal for any medication, this determination includes, but is not limited to:

For prescriptions written for indications other than acute pain or opioid use disorder, pharmacists may prescribe for greater than a 30 days supply so long as they have used their professional judgment to determine that it is appropriate to do so.

- the ongoing appropriateness of the drug therapy;
- whether the assessment required warrants the patient being seen by a primary care provider or specialist;
- the extent to which the quantity provided may delay the patient having a necessary medical assessment;
- the extent to which a patient's level of disease control or ability to self-monitor supports providing an extended supply;
- the pharmacist's access to relevant information (e.g., lab values);
- the pharmacist's competence in the management of drug therapy for the patient's ailment/condition/disease;
- the patient's access to care; and
- the pharmacist's relationship and familiarity with the patient compared to that of a walk-in clinic or emergency department.

Pharmacists may **not** adapt a prescription to increase the dose.

## Appendix I – Prescribing in Accordance with an Approved Research or Pilot Protocol

A pharmacist may prescribe in accordance with a research or pilot protocol that has been approved by Council. A pharmacist must be satisfied that the following criteria have been met prior to prescribing:

- The research or pilot protocol has received approval from the NSCP Council; **and**
- The NSCP has been notified of their participation in the research or pilot protocol.

Pharmacists must take the necessary steps to be competent to prescribe for the condition or within the practice setting or arrangement, including *but not limited to*:

- undertaking additional education;
- reviewing clinical guidelines; and
- researching primary literature.

Pharmacists must also ensure that they are able to recognize signs, symptoms, and risk factors indicative of health needs that fall beyond their competence and refer these patients to an appropriate member of the patient's care team (e.g., physician, nurse practitioner, social worker, etc.).