



## IMPORTANT INFORMATION

### Amendment to Orientation Guide – Medication Management (Adapting a Prescription) (December 2008 – revised February 2011)

This update makes minor changes to the December 2008 amendment to PPP58. This update is the result of incorporating feedback expressed by pharmacists after having more than 1 year of experience with the policy. The changes also reflect comments received from other stakeholders, namely the College of Physicians and Surgeons (CPSBC) and the BC Medical Association (BCMA).

There have not been any changes to the seven fundamentals to Adapting a Prescription as outlined in Professional Practice Policy #58 (PPP-58) and pharmacists are required to follow the fundamentals when choosing to renew or adapt any prescription.

Topic	Current wording in Orientation Guide	Reference in Orientation Guide	Clarification / Update
Liability Insurance	Minimum requirements for liability insurance: <ul style="list-style-type: none"> <li>Personal professional liability insurance (minimum \$2 million)</li> </ul>	Section 4.1; Page 17	<p><b>December 2008:</b> Minimum requirements for liability insurance are:</p> <ul style="list-style-type: none"> <li>The policy provides a minimum of \$2 million coverage, and</li> <li>The policy provides occurrence-based coverage or claims-made coverage with an extended reporting period of at least three years, and</li> <li>If not issued in the pharmacist's name, the group policy covers the pharmacist as an individual.</li> </ul> <p><b>February 2011:</b> No change</p>
Hand-written notation from prescriber "Do Not Renew / Adapt" (or similar)	"review . . . the acknowledgement of any hand-written notations on the prescription by the prescriber."	Section 2.1.2; Page 7	<p><b>December 2008:</b></p> <ul style="list-style-type: none"> <li>Pharmacists will honour hand-written (not pre-stamped) "Do Not Renew / Adapt" notification on prescriptions</li> <li>If a prescriber electronically produces their prescriptions they must sign or initial beside the notation</li> </ul> <p><b>February 2011:</b> No change</p>
Renewals – specific conditions &/or drugs	No limits and/or conditions stated	n/a	<p><b>December 2008:</b></p> <ul style="list-style-type: none"> <li>Renewals apply to stable, chronic conditions (same medication, with no change, for a minimum of six months)</li> <li>For psychiatric medications renewals are reserved for pharmacists working in multi-disciplinary teams</li> </ul> <p><b>February 2011:</b></p> <ul style="list-style-type: none"> <li>Renewals apply to stable, chronic conditions (same medication, with no change) <i>Note: 'no change' is defined as usually a minimum of six months</i></li> <li>For psychiatric medications renewals are reserved for pharmacists working in multi-disciplinary teams</li> </ul>

*Note: Shaded text indicates most recent changes approved at the February 11, 2011 Board Meeting.*

Topic	Current wording in Orientation Guide	Reference in Orientation Guide	Clarification / Update
Renewals – length of time	“for whatever period of time felt appropriate as long as it does not exceed the expiry of the prescription”	Section 2.2.2; Page 13 and Section 2.1.3; Page 7	<p><b>December 2008:</b></p> <ul style="list-style-type: none"> <li>Maximum renewal up to 6 months from the date of the original prescription</li> </ul> <p><b>February 2011:</b></p> <ul style="list-style-type: none"> <li><i>For whatever period of time felt appropriate as long as it does not exceed the expiry of the prescription</i></li> </ul> <p><i>Note: All prescriptions have an expiry of one year from the date the original prescription is written; oral contraceptives have a 2 year expiry date</i></p>
Change: dose or regimen	No limits and/or conditions stated	Section 2.2.1; Page 13	<p><b>December 2008:</b></p> <p>Unless in practice settings such as hospital, long-term care facilities or multi-disciplinary environments where collaborative relationships or appropriate protocols are established, pharmacists:</p> <ul style="list-style-type: none"> <li>Will not change the dose or regimen of prescriptions for: cancer, cardio-vascular disease, asthma, seizures or psychiatric conditions</li> <li>Pharmacists can complete missing information on a prescriptions if there is historical evidence to support it</li> </ul> <p><b>February 2011:</b></p> <p>No change</p>
Therapeutic Substitution	No limits and/or conditions stated	Section 2.2.3; Page 14	<p><b>December 2008:</b></p> <p>Unless in practice settings such as hospital, long-term care facilities or multi-disciplinary environments where collaborative relationships or appropriate protocols are established, pharmacists:</p> <ul style="list-style-type: none"> <li>Will limit therapeutic substitution to: Histamine 2 receptor blockers (H2 blockers), Non-steroidal anti-inflammatory drugs (NSAIDs), Nitrates, Angiotension converting enzyme inhibitors (ACE inhibitors), Dihydropyridine calcium channel blockers (dihydropyridine CCBs) and Proton pump inhibitors (PPIs) – similar to government policies</li> </ul> <p><b>February 2011:</b></p> <p>No change</p>

Note: Shaded text indicates most recent changes approved at the February 11, 2011 Board Meeting.



## Frequently Asked Questions

*If you have additional questions or concerns, or require further clarification please email us at [ppp58@bcpharmacists.org](mailto:ppp58@bcpharmacists.org). These FAQ's will be updated regularly.*

### What is an “original” prescription?

In the glossary of terms included in the PPP-58 Orientation Guide a “new and/or original” prescription is defined as: the first fill of a prescription and does not need to be the beginning of a new drug therapy. Although this definition remains accurate further clarification is required.

An “original” prescription may be a new written, verbal or faxed authorization from any prescriber. In addition, an “original” prescription may be a fax-back or verbal refill request authorized by a prescriber.

### Which of the new clinical services fee intervention codes should be used for missing information?

PharmaCare has not defined a specific intervention code for missing information, however, depending on the situation, pharmacists should use their professional judgment and choose the code that best fits the circumstance. For example:

- If no dose or no quantity was provided
  - use NI (dosage change)
- If no directions were provided
  - use NK (directions for use modified)

For more information regarding clinical services fee processes and procedures refer to the BCPharmaCare Newsletter

December 22, 2008, Edition 08-012 [www.health.gov.bc.ca/pharme/newsletter/index.html](http://www.health.gov.bc.ca/pharme/newsletter/index.html)

### As a community pharmacist (not working in a multi-disciplinary environment) what are the restrictions with respect to medications and/or medical conditions for adapting prescriptions?

There are differing guidelines for the three distinct ways in which a community pharmacist may adapt a prescription (change, renew or substitute), therefore the restrictions vary with each type of adaptation.

Change:

- Will not change the dose or regimen of a prescription for: cancer, cardiovascular disease, asthma, seizures or psychiatric conditions, however pharmacists can complete missing information if there is historical evidence to support it.

Renew:

- With the exception of narcotics and/or controlled substances, which are restricted from any type of adaptation and psychiatric medications which are reserved for pharmacists working in multi-disciplinary environments there are no restrictions for renewals as long

as the condition is stable, chronic (defined as being on the same medication, without change, for a minimum of 6 months). The maximum renewal is up to approximately 6 months from the date of the original prescription.

Therapeutic Substitution:

- Limited to: histamine 2 receptor blockers (H2 blockers), non-steroidal anti-inflammatory drugs (NSAIDs), nitrates, angiotension converting enzyme inhibitors (ACE inhibitors), dihydropyridine calcium channel blockers (dihydropyridine CCBs) and proton pump inhibitors (PPIs) – similar to government policies.

## **What happens to the authorized refills when a prescription is adapted?**

The pharmacist takes responsibility for the adapted prescription as well as the authorized refills. The pharmacist could choose to provide an initial adaptation of the prescription but reduce or eliminate the authorized refills. If they did this they would need to provide the rationale for their decision in their documentation and inform the patient that they will need to return to their physician earlier than intended (note: a pharmacist cannot add refills that were not initially authorized by the prescriber). Whatever the final decision is, it must be properly documented and provided in the notification to the prescriber.

If the pharmacist adapts the prescription and maintains the authorized refills, when the patient returns for a refill the pharmacist would process the refill as they would any other refill prescription. The processing of a refill of an adapted prescription is not considered an adaptation per se, so the documentation and notification requirements of PPP-58 do not apply.

Should the patient return to the pharmacy for a refill and a different pharmacist is on duty that pharmacist would again process the refill as they would any other refill, keeping it under the adapting pharmacist's ID. If they have a concern about the appropriateness of the adapted prescription they should do what they normally do if they have a concern about refilling a prescription; refuse to fill, provide an emergency fill if necessary and in this case either refer the patient back to the adapting pharmacist or to the original prescriber.

Finally it is important to note that when a pharmacist adapts a prescription and maintains the authorized refills they must inform the patient that as a result of them doing this the prescription is now non-transferable which means the patient will need to return to this specific pharmacy in order to get their refills.

## **I have just received a prescription with the following statement “Do Not Renew &/or Adapt” (or something similar) hand-written on it. Does this mean that I cannot adapt or renew this prescription?**

Yes. Just like we honour notations like this from prescribers today regarding generic substitution pharmacists are expected to honour hand-written “Do Not Renew &/or Adapt” instructions on prescriptions. The College of Physician and Surgeons (CPSBC) have agreed that pre-printed prescription pads are not acceptable and if a physician electronically produces their prescription they must sign or initial beside the notation

It is important to remember that should a pharmacist, presented with a valid notation on a prescription, still feel that an adaptation or renewal is in the best interest of the patient there are a number of options still available to them: contact the prescriber for prior permission to adapt or renew the prescription or

provide an emergency fill (PPP-31) to ensure continuity of care giving the patient time to get in to see their physician.

## **What are the limits and conditions, including length of time, with respect to renewing prescriptions for my patients?**

When considering whether or not to renew a prescription for a patient a pharmacist must ensure the following:

- a. They have the original prescription in their pharmacy and the prescription is still valid, and
- b. The patients' condition is stable and chronic (defined as being on the same medication, without change, for a minimum of six months).

Assuming these conditions are met a pharmacist, by applying the seven fundamentals , could provide a renewal for up to six months from the date of the original prescription.

Example(s):

- Hydrochlorothiazide 25mg, daily, 100 – pharmacist could provide one renewal of Hydrochlorothiazide 25mg, daily, 100 (note: although this is slightly over the maximum six months timeline it is completely acceptable by the College and the CPSBC)
- Hydrochlorothiazide 25mg, daily, 30 – pharmacist could provide one renewal for Hydrochlorothiazide 25mg, daily, 100, then after the 100 days, after assessment, provide a second renewal for 60 days.

Although there are no restrictions with respect to the types of conditions or drugs (other than narcotics and controlled substances which are restricted for all adaptations) to which a pharmacist could consider a renewal, special consideration should be taken with respect to psychiatric medications.

## **As a typical community pharmacist what are the circumstances in which I could provide a therapeutic substitution or make a change to a prescriptions dose, formulation or regimen?**

Assuming that no collaborative relationships or appropriate protocols have been established which would provide more detailed patient medical information, therapeutic substitution in most typical community practices is limited to the following classifications (similar to government policies):

- Histamine 2 receptor blockers (H2 blockers),
- Non-steroidal anti-inflammatory drugs (NSAIDs),
- Nitrates,
- Angiotension converting enzyme inhibitors (ACE inhibitors),
- Dihydropyridine calcium channel blockers (dihydropyridine CCBs), and
- Proton pump inhibitors (PPIs)

With respect to making changes to a prescription dose or regimen, pharmacists working in typical community practice settings, as described above, would not adapt prescriptions for patients with: cancer, cardio-vascular disease, asthma, seizures or with psychiatric conditions. Changes to prescription formulations to ensure continuity of care, such as switching from a tablet to a liquid, as well as completing missing information from a prescription, if there is historical evidence to support it, would be acceptable.

## **A patient would like me to renew a prescription for them but the original fill was not done in my pharmacy. Can I have the prescription transferred and then renew it?**

No. In order for a pharmacist to even consider adapting or renewing an existing prescription they must have the 'original prescription' in their pharmacy. The reason for this is because in order to adapt or renew a prescription a pharmacist must have all relevant information available to them and a transferred prescription does not physically transfer the 'original' prescription which may have some important notations on it. For similar reasons, once a prescription has been adapted it can not be transferred.

## **Why did the College establish PPP-58?**

You probably already perform many prescription adaptation-related activities now, such as making minor adjustments to prescription details or giving patients an interim supply of a medication to maintain continuity of care. PPP-58 goes beyond what is available today and gives pharmacists independent authority and accountability for the adaptation of a prescription and provides the framework to guide pharmacists in safe and effective practice.

The policy, which provides the opportunity for pharmacists to maximize their full educational and professional competencies, also provides structure to, and refines the process of, exercising professional judgment in clinical practice. This becomes increasingly important as pharmacists evolve their role as medication experts.

## **Do I have to adapt a prescription?**

No. Authorization does mean obligation. The decision to adapt a prescription or not is at the discretion of the individual pharmacist. Whenever a pharmacist chooses to adapt a prescription however, the adaptation must be done in accordance with PPP-58 and within the limits of the pharmacist's own competencies.

## **Why should I care about adapting prescriptions? What are the benefits to my patients and to my practice?**

It makes good practical sense that pharmacists are authorized to adapt prescriptions. With your training in drug therapy, being able to adapt prescriptions means that patients will have access to medication management services from pharmacists more effectively than in the past. Patients will have improved access to drug therapy renewals to ensure uninterrupted continuity of on-going therapy for chronic conditions. Pharmacists will be able to eliminate the delays associated with contacting a prescriber for clarification, modification or improvement of drug therapy with a prescription. Pharmacist involvement with adapting prescriptions will improve inter-professional communication, documentation of care and patient involvement in decision-making and consent, which are all positive steps for health care. The bottom line is that British Columbians have asked for quicker, more convenient access to prescription renewals and optimal drug therapies. PPP-58 is the first step in this process and has the potential to also free up physician time to see patients in need of their services.

## **Are there special requirements needed in order to adapt a prescription?**

Yes. In order to adapt a prescription a pharmacist, in addition to having read and understood the Orientation Guide and Amendment to the Orientation Guide, must possess professional liability insurance (minimum \$2 million) and must adhere to all of the seven fundamentals for adapting a prescription as outlined in PPP-58.

## **How will my patients know that I'm qualified to adapt prescriptions?**

You are responsible for informing patients of your authority to adapt a prescription and for deciding whether or not you are prepared to make an adaptation when appropriate. All pharmacists who are licensed in British Columbia are required to have read the Orientation Guide and Amendment to the Orientation Guide by December 31, 2008 and pharmacists' authority to implement PPP-58, and thereby adapt prescriptions, is effective January 1, 2009.

## **How will the College ensure quality medication management activities by pharmacists?**

The College's mission is to protect the public by ensuring that College registrants provide safe and effective pharmacy care to help people achieve better health. The College's Quality Outcome Specialist Staff will include a review of the processes and procedures required to apply PPP-58 in their on-going site visits.

## **Will I be able to adapt prescriptions for narcotics?**

No. PPP-58 does not authorize pharmacists to adapt prescriptions for narcotics, controlled drugs or targeted substances.

## **In Alberta, pharmacists are also authorized to provide medications by injection, initiate prescriptions, or modify prescriptions for ongoing therapy – is that being planned for British Columbia?**

College council recently, through inclusion in the College's strategic plan, has directed College staff to "develop a plan to encourage the government to authorize advanced professional practice for pharmacists in BC".

## **Do I have to complete this orientation if I don't plan to adapt prescriptions?**

Yes. Although it is not mandatory that a pharmacist adapt a prescription, given that PPP-58 enhances pharmacists' scope of practice, it is mandatory that all registrants acknowledge that they have read and understood PPP-58 (by signing the Declaration Form included in the Orientation Guide and the Amendment to the Orientation Guide) by December 31, 2008.



COLLEGE OF PHARMACISTS  
OF BRITISH COLUMBIA

*Safe and Effective Pharmacy Care*

**Professional Practice Policy #58**

# Orientation Guide

## Medication Management (Adapting a Prescription)



# Forward

Medication Management is an umbrella term that encompasses all professional activities that a pharmacist undertakes, as the medication experts, to optimize safe and effective drug therapy outcomes for patients. Pharmacists' involvement in medication management activities will continue to expand as the needs of patients and the demands of the healthcare system continue to increase.

This point was reinforced throughout the February 2008 'Throne Speech' where the provincial government acknowledged the challenges of sustaining the current healthcare system and called on all healthcare professionals to practice to their full scope as a means of helping to alleviate pressure from the system. This led to the introduction of – *Bill 25 – The Health Professions (Regulatory Reform) Amendment Act, 2008* which, specific to the pharmacy profession, formalizes a pharmacist's authority to 'renew existing prescriptions'.

The College of Pharmacists of BC's Professional Practice Policy #58 (PPP-58) entitled "*Protocol for Medication Management – Adapting a Prescription*", approved by College council in September 2007, provides the framework to guide pharmacists in the safe and effective adaptation, including renewal, of existing prescriptions. PPP-58 is applicable to pharmacists in all practice settings including; community, long-term care, hospital and other institutional pharmacy settings.

This policy, which provides the opportunity for pharmacists to maximize their full educational and professional competencies, also provides structure to, and refines the process of, exercising professional judgment in clinical practice. This becomes increasingly important as pharmacists evolve their role as medication experts and assume accountability for their drug therapy decisions.

Although it is **not mandatory that a pharmacist adapt a prescription**, given that PPP-58 enhances pharmacist's scope of practice, it is mandatory that all registrants:

- Acknowledge that they have read and understood PPP-58 (by signing the Declaration Form included in this Guide) by December 31, 2008

Should a pharmacist choose to adapt a prescription, in addition to having read and understood the Orientation Guide, a pharmacist must:

- Possess personal professional liability insurance (minimum \$2 million) and must adhere to all of the seven fundamentals for adapting a prescription as outlined in PPP-58

Finally, pharmacists' authorization to implement this policy and thereby adapt prescriptions is effective January 1, 2009.

**Note:**

Registrants can also choose to attend a 'LIVE' Orientation Session – schedule and registration details are available on the College website [www.bcpharmacists.org](http://www.bcpharmacists.org)

## How to Use This Guide

This Orientation Guide (the Guide) is a companion to the actual policy PPP-58 which can be found in Appendix A. The intention of the Guide is to provide further detail and clarity (including practical examples) to assist pharmacists in the implementation of the policy into practice and ensure that adaptations are done safely and effectively. For clarity, a Glossary of Terms specific to PPP-58 can be found in Appendix B. It is important to note that this document is a guide only and is not intended to cover all possible practice scenarios. As with all professional activities, pharmacists must use sound professional judgment when adapting a prescription.

It will take you about 2 hours to read through this Guide. Assuming that after reading the Guide you are confident that you understand the content you need to sign the Declaration Form (final page of Guide) and retain it in your files. Should you require further clarification you are invited to attend one of the free 'live' Orientation Sessions being offered (refer to the College website for schedule and registration details [www.bcpharmacists.org](http://www.bcpharmacists.org)) or contact the college at [info@bcpharmacists.org](mailto:info@bcpharmacists.org).

## Disclaimer

This Guide provides interpretation of PPP-58 under the statutes that govern the pharmacy profession in British Columbia. As a professional health practitioner in a self-regulated profession, you – the pharmacist – are responsible for understanding and practicing according to all relevant requirements and laws. You have a responsibility as a professional for interpreting and applying PPP-58 and the contents of this Guide within the context of your own practice.

## Acknowledgement

Thank you to the Alberta College of Pharmacists for sharing their materials and experiences from their work on implementing practice standards for adapting a prescription in Alberta.

Thank you to the BC Pharmacy Association for their participation in the Working Group that created this Orientation Guide.

## Feedback

Questions and comments about this Orientation Guide are welcome and can be sent to:

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# Introduction

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## 1.1 Overview

The Framework of Professional Practice (FPP) provides the framework for good pharmacy practice in British Columbia. It describes what BC pharmacists do in daily practice and how they know they are doing it well. The FPP is designed to help pharmacists enhance their practice and patient outcomes, and to guide their professional development.

Within the current provincial legislative structure, pharmacists have the authority to perform certain professional activities to help people achieve their desired health outcomes. The College develops Professional Practice Policies to more clearly articulate a pharmacist's professional practice authorities and responsibilities. Professional Practice Policy #58 (PPP-58) entitled *Protocol for Medication Management (Adapting a Prescription)* is one such policy and falls under FPP Role 1 – Provide Pharmaceutical Care.

In adapting a prescription however, in addition to PPP-58, the pharmacist must refer to all applicable legislation and standards. This includes, but is not limited to, the *Pharmacist, Pharmacy Operations and Drug Scheduling Act (PPODS)* and related bylaws, the *Health Care (Consent) and Care Facility (Admission) Act*, the FPP, the Code of Ethics and other Professional Practice Policies.

Although it is mandatory to know this policy it is not mandatory that a pharmacist adapt a prescription. The decision to adapt a prescription or not is at the discretion of the individual pharmacist. Whenever a pharmacist chooses to adapt a prescription however, the adaptation must be done in accordance with PPP-58 and within the limits of the pharmacist's own competencies.

This policy is designed to enable continued high quality, safe and effective pharmacy care by BC pharmacists and to serve as a foundation for new professional pharmacist activities in the future.

## 1.2 Important Facts

Although the Guide will go into specific detail regarding the parameters and application requirements of *Medication Management – Adapting a Prescription* (PPP-58) the following is a list of key facts:

- PPP-58 applies to adapting an **existing** prescription only and does not include initiating a prescription nor activities requiring diagnosis
- Excludes narcotics, controlled drugs and targeted substances
- Does not replace a patient's need to see their physician
- For a pharmacist to adapt a prescription they must have completed the Orientation process and must possess personal professional liability insurance (minimum \$2 million)
- Pharmacist authorization to adapt prescriptions **does not** mean obligation
- Once a pharmacist adapts a prescription they take **full responsibility** for and **assume liability** for that adapted prescription
- Although notification to the prescriber is the **final step** in the adaptation process, **prior approval** from the prescriber is **not** required

## 1.3 Bottom-line

The implementation of PPP-58 provides pharmacists the opportunity to utilize their professional judgment and practice to the full extent of their knowledge, skills and abilities to optimize health outcomes for their patients.

The evolutionary change in pharmacy practice through the implementation of PPP-58 is that it gives pharmacists independent authority and accountability for the adaptation of a prescription. In doing this, the pharmacist is making the decision, based on their professional judgment, that the prescription is the 'right' prescription for their patient.

Although this additional authority comes with added responsibility and ultimately liability, it allows pharmacists to demonstrate their value, as medication experts, in an evolving patient-centered, clinical care environment.

## 1.4 Objectives

After reviewing the material in this Guide, you will be able to:

1. Understand the elements of *Medication Management (Adapting a Prescription)*;
2. Understand the professional requirements and expectations when you undertake *Medication Management (Adapting a Prescription)*;
3. Understand the specific consent, documentation and notification requirements of implementing this policy in your practice;
4. Implement specifically defined Medication Management activities; and
5. Optimize the services you provide to patients within your enhanced scope of practice.

# About PPP-58

## Medication Management (Adapting a Prescription)

This section provides a detailed description of the following:

- 2.1 The fundamentals of adapting a prescription;
- 2.2 The categories of adapting a prescription that you are authorized to engage in; and
- 2.3 Determining when you are NOT adapting a prescription.

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### 2.1 Seven Fundamentals of Adapting a Prescription

PPP-58 outlines that you may dispense a drug contrary to the terms of an existing prescription (adapt a prescription) if the action is intended to optimize the therapeutic outcome of treatment with the prescription drug **and** you have addressed **all** of the following seven fundamental elements:

1. Individual competence;
2. Appropriate information;
3. Prescription;
4. Appropriateness of adaptation;
5. Informed consent;
6. Documentation; and
7. Notification of other health professionals.

Each of these elements provides structure to, and refines the process for, exercising professional judgment in your practice. When considering an adaptation you must consider the seven fundamentals in sequential order beginning with number 1 – Individual competence. If you are uncomfortable or unsure about any aspect along the way, **do not** adapt the prescription.

#### 2.1.1 Individual Competence (Fundamental 1)

You must practice within your area of competency only. Do not adapt a prescription for any patient unless you have ‘appropriate knowledge and understanding’ of the condition being treated and the drug being prescribed.

It is not possible to establish parameters to define what is meant by ‘appropriate knowledge and understanding’ each situation, like each patient, is unique. Therefore, in order for a pharmacist to determine if they feel that they have ‘appropriate knowledge and information’ they must rely on their own professional judgment.

In doing this it is helpful to answer the following questions:

1. If someone asks why I made this decision, can I justify it?
2. Would this decision withstand a test of reasonableness (i.e., would another pharmacist make the same decision in this situation)?

## 2.1.2 Appropriate Information (Fundamental 2)

You must have ‘sufficient information’ about the patient’s health status to be satisfied that adapting the prescription will maintain or enhance the effectiveness of the drug therapy, patient outcomes and will not put the patient at increased risk.

In doing this you must respect and consider all relevant information available to you. This would include, but is not limited to; a review of the patient’s health record on local and PharmaNet data bases, the acknowledgement of any hand-written notations on the prescription by the prescriber and any information obtained directly from the patient or their representative. You may also need to obtain additional information from an appropriate source such as relevant medical literature or other colleagues.

Again it is not possible to establish parameters to define what is meant by ‘sufficient information’ as each situation, like each patient, is unique. Therefore, in order for a pharmacist to determine if they feel that they have ‘sufficient information’ they must rely on their own professional judgment.

In doing this it is helpful to consider the following questions:

1. If someone asks why I made this decision, can I justify it?
2. Would this decision withstand a test of reasonableness (i.e., would another pharmacist make the same decision in this situation)?

## 2.1.3 Prescription (Fundamental 3)

You must have a **new or the original prescription**<sup>1</sup> and it must be current, authentic, and otherwise appropriate for the patient. Pharmacists may not adapt a prescription if the original prescription has expired. All prescriptions have an expiry of one year from the date the **original prescription is written**. The exception is oral contraceptives, which have a two year expiry date.

### **Reminder:**

*Irrespective of PPP-58, if, upon review of relevant information, your professional judgment is that a drug-related problem exists and the prescription should not be filled or the drug should not be sold, you must refuse to dispense or sell the drug.*

### **Example(s) of Prescription Expiry:**

**If a prescription is written on January 1, it is valid until December 31 of that same year even though the prescriber may only authorize an initial quantity of 100 days (with no authorized refills).**

**If after the initial 100 days the pharmacist felt, based on following the Seven Fundamentals laid out in PPP-58 that it was appropriate for the patient, they could adapt (renew) the prescription for any portion of the days remaining – in this case to a maximum of 265 days. (Note: while the decision to renew can be up to 265 days, it may also be significantly less and the duration is based on the professional judgement of the pharmacist)**

*continued on next page*

<sup>1</sup> For purposes of PPP-58, and included in the Glossary of Terms (appendix B), a ‘new’ or ‘original’ prescription is defined as the first fill of a prescription and does not need to be the beginning of a new therapy.

It is never possible however, for a pharmacist to adapt (renew) the prescription beyond its' validity date – in this case December 31. Therefore, if the patient requested that the pharmacist adapt (renew) the prescription on Dec 1 the pharmacist could only dispense a 30 day supply and must refer the patient back to their prescriber for a new prescription. *(Note: if the patient were to present to the pharmacist after the Dec 31 expiry date the pharmacist could not adapt (renew) the prescription at all but could, for continuity of care purposes, extend an emergency refill under PPP-31)*

It is also important to remember that the validity of a prescription is based on a period of time – in this example Jan 1 to Dec 31 – not on the overall quantity that could potentially be dispensed over that period of time.

To illustrate this point lets assume that the patient has the initial 100 days dispensed on Jan 1 but then does nothing until Dec 1 of that same year. At that point he presents to the pharmacist requesting a renewal for another 100 days. Although there is enough undispensed quantity to accommodate this request the prescription is only valid for 30 more days so the pharmacist could only provide a renewal for up to 30 days and must refer the patient back to their prescriber for a new prescription.

## 2.1.4 Appropriateness of Adaptation (Fundamental 4)

You must be sure that adapting the prescription is appropriate for the patient under the current circumstances, and will, in your professional judgment, optimize the therapeutic outcome of treatment.

You must maintain your professional independence at all times when making any adaptation and particularly when making therapeutic substitution decisions. You must critically evaluate evidence, clinical practice guidelines, information from pharmaceutical manufacturers, and approved indications. You may also be required to take into account formulary restrictions and other patient-related considerations. To be consistent with general practices and the College's Code of Ethics it is not appropriate to adapt a prescription for yourself or family members.

All decisions must be in the best interest of the patient and must focus on addressing the health needs of that patient. Any indication that a decision is based on benefit to the pharmacist or pharmacy rather than the patient will be considered professional misconduct.

## 2.1.5 Informed Consent (Fundamental 5)

### 2.1.5.1 General

In British Columbia, the obligation to obtain informed consent to healthcare from an adult patient, the criteria for consent and how to obtain consent, is defined in the *Health Care (Consent) and Care Facility (Admission) Act*.

The Act, states that every adult patient has the right to give, refuse or withdraw consent to treatment. Adaptation of a prescription in accordance with PPP-58 is a treatment that requires you to obtain consent from a particular patient.

The Act also sets out the criteria and process for obtaining valid consent. You must ensure that the consent has been **voluntarily** given to the proposed treatment by a capable adult patient.

You must also provide the patient with enough information to enable that patient to make an informed decision. Although this may sometimes be difficult to determine, you are required to decide:

*What the average prudent and reasonable person in the patient's particular position would agree to or not agree to, if all material and special risks of going ahead (with the treatment) or foregoing it were made known to him.<sup>2</sup>*

When advising a patient of risks, you must be familiar with the patient's circumstances, and take into account any special considerations that apply.

Informed consent is specific to the current treatment under consideration and not a blanket consent for any possible treatment. You **must** bring the following matter to the patient's attention:

- The specific condition for which the prescription adaptation is proposed;
- The nature of the proposed adaptation; and
- The risks and benefits of the adaptation that a reasonable patient would expect to be told about.

This list is not inclusive. Other matters may exist that need to be discussed with the patient, depending on the circumstances.

You must also provide an opportunity for the patient to ask questions and receive answers about the adaptation.

### 2.1.5.2 Substitute Consent – Adult Patients

Pharmacists frequently obtain consent from someone other than the patient being treated. This usually happens when an adult patient is no longer capable of providing an informed consent. In this situation, based upon the information that you have been provided, you must determine whether the patient has demonstrated that he or she is not able to give a valid consent.

When this happens, the *Act* provides that you may obtain consent from a recognized representative from one of the following three categories:

- A committee appointed by the Supreme Court of British Columbia pursuant to the *Patients Property Act*;
- A representative named in a Representation Agreement validly made pursuant to the *Representation Agreement Act*; or
- A substitute decision maker pursuant to Section 16 of the *Health Care (Consent) and Care Facility (Admission) Act* where there is no committee or representative. The ranked list of acceptable substitute decision makers is:
  1. The patient's spouse;
  2. The patient's child;
  3. The patient's parents;
  4. The patient's brother or sister; or
  5. Any one else related by birth or adoption to the patient.

In order to give substitute consent, substitute decision makers must meet the following criteria. They must:

- Be at least 19 years old;
- Have had contact with the patient in the preceding twelve months;

<sup>2</sup> Reibl v Hughes, (1980) 14 C.C.L.T. 1 at paragraph 21

- Have no dispute with the patient;
- Be capable themselves; and
- Be willing to comply with the duties in Section 19 of the *Health Care (Consent) and Care Facility (Admission) Act*.

If there is no one available to act as a substitute decision maker, you should contact the Health Care Decisions Consultant at the Public Guardian and Trustee for assistance. The Public Guardian and Trustee is authorized to provide consent in appropriate cases.

### 2.1.5.3 Consent of Minors

In British Columbia, the age of majority is 19 years. Normally a parent or guardian provides consent to healthcare on behalf of the minor. However, this is not always the case. The *Infants Act* provides that a minor may consent to treatment (adaptation of a prescription) if you have explained to and are satisfied that the minor understands the nature, consequences and can reasonably foresee risks and benefits of the treatment; and you have decided that in the circumstances the treatment is in the infant's best interest. A parent or guardian can not overrule the decision made by the minor and is not entitled to disclosure of the information.

If a parent or a guardian is unavailable to provide consent and the infant is not mature enough to provide his or her own consent, it is customary for you to obtain the consent of grandparents, aunts, uncles, or other relatives as appropriate in the circumstances.

### 2.1.5.4 Recording of Consent

The *Health Care (Consent) and Care Facility (Admission) Act* provides that consent may be expressed orally, in writing or may be inferred from the patient's conduct. Therefore it is not strictly necessary for you to document that you have obtained consent. However the recommended documentation/notification template form (Appendix D) includes an area to acknowledge, by a tick mark, that consent was obtained and if by a representative, their name.

Such documentation is a useful risk management tool. In fact, written evidence that informed consent has been obtained in a particular situation can have a significant influence on the outcome of a negligence case brought against a healthcare professional for failure to obtain informed consent.

## 2.1.6 Documentation (Fundamental 6)

You must document all adaptations of all prescriptions in a way that creates an accurate record of the circumstances and details of the adaptation. The documentation must always relate back to the original prescription and include (if applicable) reference to any and all previous adaptations. Attached to this Guide as Appendix D is a recommended documentation and notification template form (an electronic version of this form is available on the college website [www.bcpharmacists.org](http://www.bcpharmacists.org)). The intention of the form is that once complete it can easily be faxed to the prescriber for notification purposes and then attached to the adapted prescription and maintained in the pharmacy records.

Pharmacists can develop their own documentation process as long as they ensure that the method of record-keeping is consistent with College auditing policies and procedures. In other words, all original prescription hard copies must always be retained, including new prescription hard copies generated as part of the adaptation process. All of the required documentation information, listed below, must be captured and retained with the adapted prescription.

**Note:**

*In the future, when dispensary software is able to accommodate it, all of the required documentation information can be retained electronically.*

**Note:**

*As of the publication date of this Guide, the process for capturing the pharmacists' identification number when changing or substituting **new** prescriptions in the PharmaNet system had not yet been defined. This process is expected to be available prior to adaptation taking effect on January 1, 2009 and will be communicated to pharmacists through regular College communications including; the website and ReadLinks publications.*

Documentation must include:

1. Patient (including PHN number) and Pharmacist (including signature and name of Pharmacy) information
2. Original prescription information (including prescribers name and contact information)
3. A description of the adaptation (including all relevant prescription details)
4. The rationale for the decision to adapt the prescription (including pertinent details of your assessment and patient history along with any instructions to the patient and relevant follow-up plan)
5. Acknowledgment of informed consent
6. The date and name of practitioner(s) notified

When adapting an existing prescription, during the prescription filling process on PharmaNet, you must input your pharmacist identification number in the prescriber field. This will confirm, within the system, that you have adapted the initial prescription and are now responsible for the adapted prescription.

Documentation establishes accountability and responsibility for your professional activities. It is a key component in demonstrating how you exercised your professional judgment and will be the primary tool used to communicate the rationale for your decision. It is also important to remember that every time you document you are creating a health care record. Following are some points to be considered:

- Complete your documentation as soon as possible (preferably immediately) after the activity;
- Use a standard format (preferably the template included with this Guide) for documenting that includes the information outlined above;
- Include all information deemed necessary to support the identification of drug-related problems, recommendations and decisions;
- Use clear, logical and precise language;
- Ensure all documentation is legible and non-erasable; and
- Do not delete, remove or rewrite from any part of the record. If you make an error, cross out the error with a single line and initial it.
- Remember that documentation must always relate back to the original prescription and include, if applicable, reference to any and all adaptations.

## 2.1.7 Notification of Other Health Professionals (Fundamental 7)

**Note:**

*The College of Pharmacists of BC developed this form with input from the College of Physicians and Surgeon of BC.*

At all times, when you adapt a prescription you must notify the **original prescriber**<sup>3</sup>. Notification must take place as soon as reasonably possible, preferably within 24 hours. **You must also notify the patient's most responsible clinician** if you are aware that the original prescriber is not your patient's usual practitioner. Although a requirement of PPP-58, one of the benefits of notification is that it provides enhanced opportunity for collaboration between you, the prescriber and the patient.

As introduced in Fundamental 6 and attached to this Guide as Appendix D is a recommended documentation and notification template form (an electronic version of this form is available on the college website [www.bcpharmacists.org](http://www.bcpharmacists.org)). The intention of the form is that once complete it can easily be faxed to the prescriber for notification purposes and then attached to the adapted prescription and maintained in the pharmacy records.

<sup>3</sup> For purposes of PPP-58, and included in the Glossary of Terms (Appendix B) the 'original prescriber' refers to the prescriber who authorized the first fill.

Pharmacists can develop their own notification process as long as all of the required notification information, listed below, is included.

Notification must include:

1. Patient (including PHN number) and Pharmacist (including signature and name of Pharmacy) information
2. Original prescription information (including prescribers name and contact information)
3. A description of the adaptation (including all relevant prescription details)
4. The rationale for the decision to adapt the prescription (including pertinent details of your assessment and patient history along with any instructions to the patient and relevant follow-up plan)
5. Acknowledgment of informed consent
6. The date and name of practitioner notified

Experience in other jurisdictions has shown that fax notification is a preferred method for notification of other health professionals. You will need to determine the most suitable notification method for your practice based on what works best for you and the practitioners you usually communicate with. Fax or written notification is the preferred method, however, in certain circumstances, verbal notification may be sufficient, but may lead to extra transcribing work at the receiver's end and introduces a margin of error if the information is transcribed incorrectly.

This Guide also includes, in Appendix E, a sample letter &/or fax directed to prescribers introducing them to PPP-58. You may choose to utilize this document as a means of preparing and informing your prescribers that you will be exercising your authority to adapt prescriptions, starting January 1, 2009, and introduce them to the type of documentation they can expect to see from you.

## 2.2 Activities considered Adapting a Prescription

Three professional activities are considered to be adapting a prescription within the current scope of pharmacy practice in BC:

**Remember:**  
*authorization does not mean obligation*

1. **Change:** Changing the dose, formulation, or regimen of a prescription to enhance patient outcomes;
2. **Renew:** Renewing a prescription for continuity of care; and
3. **Substitution:** Making a therapeutic drug substitution within the same therapeutic class for a prescription to best suit the needs of the patient.

Exceptions:

- PPP-58 **does not** include adapting a prescription for narcotic, controlled drugs or targeted substances. If a change to a prescription for one of these categories of drugs is warranted, the pharmacist must contact the original prescriber to discuss modifying the original prescription.
- PPP-58 **does not** allow for the adaptation of a prescription if the original prescription has expired. All prescriptions have an expiry of one year from the date the original prescription is written. The exception is oral contraceptives, which have a two year expiry date.

You must use professional judgment to evaluate each situation and have addressed all of the seven fundamentals of adapting a prescription as described in Section 2.1 of this Guide.

## 2.2.1 Changing the Dose, Formulation, or Regimen of a New Prescription

Under PPP-58 you can change the dose, quantity, formulation, or regimen of a drug presented on a prescription without prior authorization from the prescriber if, in your professional judgment, the change will enhance the patient's outcome. This includes adding missing information.

### Changing the dose

You can change the dose:

- If the strength of the drug prescribed is not commercially available;
- If the patient's age, weight or kidney or liver function requires you to change the dose; or
- If, in your professional judgment, you are satisfied the changed dose would otherwise benefit the patient.

### Changing the formulation or regimen

You can change the formulation or the regimen of the medication to improve the ability of the patient to effectively take the medication.

### Miscellaneous

You can also adapt a prescription dose, quantity, formulation or regimen if the information provided is incomplete but you determine what the intended treatment is through consultation with the patient and a review of your records (locally or on PharmaNet).

## 2.2.2 Renewing a Previously Filled Prescription for Continuity of Care

Currently under PPP-31 – Emergency Prescription Refills, pharmacists may exercise professional judgment in providing prescription refill supplies in emergency situations (see Appendix C). The intention of PPP-31 is to ensure continuity of care by allowing pharmacists to extend a prescription, for a short period of time, to enable the patient to get back to their physician for further authorization.

Now under PPP-58 pharmacists, by adhering to the *Seven Fundamentals of Adapting a Prescription*, are able to adapt (renew) the prescription themselves on behalf of the patient without prior authorization from the prescriber for whatever period of time felt appropriate as long as it does not exceed the expiry of the prescription (refer to 2.1.3 of this Guide).

By doing this the pharmacist is utilizing their professional judgment and demonstrating that they have enough competence and information about the patient and their condition to determine that the prescription will maintain or enhance the patient's health outcome. PPP-58 provides pharmacists with the opportunity to practice to the full extent of their knowledge, skills and ability and demonstrate their value as medication experts.

Given the authority available to pharmacists under PPP-58, when faced with a situation requiring or requesting the renewal of a prescription for continuity of care, it is recommended that a pharmacist first consider the opportunity to fully adapt the prescription under PPP-58 before deferring to PPP-31.

It is important to remember that unlike PPP-31, where a pharmacist can provide an emergency refill without access to a prescription (evidence such as; an empty prescription vial, a label or a copy of a prescription receipt will suffice), PPP-58 requires that a pharmacist has the original prescription and that it is current, authentic and has not expired.

**Illustration:**

When a pharmacist is presented with a situation in which a patient has run out of a valid prescription (i.e.; it is current, authentic, appropriate and has not expired) and there are no authorized refills the pharmacist should:

- **Step One: Consider adapting the prescription by referring to the first two of the seven fundamentals of PPP-58 and ask:**
  - a. Do I have ‘appropriate knowledge and understanding’ of the condition being treated and the drug being prescribed? If yes, then ask,
  - b. Do I have ‘sufficient information’ about the patient’s health status to be satisfied that adapting the prescription will maintain or enhance the effectiveness of the drug therapy, patient outcomes and will not put the patient at increased risk? If yes, then the pharmacist should consider adapting the prescription
- **Step Two: If on the other hand the pharmacist answers no to either of the questions in step one they should not adapt the prescription but could either try to contact the prescriber to seek approval for a refill or defer to PPP-31 and provide an emergency supply**

### 2.2.3 Making a Therapeutic Drug Substitution within the Same Therapeutic Class

You may adapt a prescription by making a therapeutic substitution. You are making a therapeutic substitution when you substitute the drug prescribed with a different drug that is expected to have a similar therapeutic effect, as long as that drug is from within the same therapeutic class. When making a therapeutic drug substitution, you must be satisfied that the dose and the dosing regimen of the new drug you select will have an equivalent therapeutic effect.

You must be satisfied that the following conditions are met when making a therapeutic substitution decision:

1. The decision is in the best interest of the patient by:
  - a. Addressing the health needs of that patient,
  - b. Maintaining or enhancing the safety or effectiveness of drug therapy,
  - c. Not placing the patient at increased risk,
  - d. Considering formulary or payer restrictions and other patient-related information, and
  - e. Ensuring the drug is approved for the intended indication by Health Canada or strong evidence supports using the drug for the intended indication (e.g., clinical practice guidelines);
2. Your professional independence has been maintained and you avoid conflict of interest. If a decision is based on benefit to the pharmacist or pharmacy rather than the patient, this will be considered professional misconduct;

3. You have considered all relevant information about the patient, the condition and the drug, and you have effectively communicated this to the patient to ensure they agree with the decision; and
4. You take full responsibility for your decision.

## **2.3 Determining When You Are Not Adapting a Prescription**

### **2.3.1 When You Call the Original Prescriber to Make a Change**

When you identify a drug-related problem during the process of filling a prescription or discussing medication needs with a patient, you may choose to do what you have always done and contact the prescriber to discuss your concerns about the prescription. If, as a result of that conversation, the original prescriber directs you to make a change to the prescription, you may make the change and sign or initial it as you always have. In this case you are not adapting the prescription.

In fact, in any circumstance where you obtain prior authorization from the prescriber to make a change, provide a substitution or refill a prescription you are not adapting a prescription.

### **2.3.2 When You Dispense an Interchangeable Drug Product**

Dispensing an interchangeable drug product, including generic substitution, is not adapting a prescription and is addressed in Professional Practice Policy #53 (PPP-53) – Drug Product Interchangeability (see Appendix C).

### **2.3.3 When an Approved Protocol Exists**

If you practice in environments where a specific hospital board – or College Council – approved protocol exists and applies in that situation, you may be required to make changes to the prescription. In these circumstances, where you are simply applying the policy or treatment protocol (e.g. automatic substitution), and you are not using your professional judgment, you are not adapting a prescription.

### **2.3.4 When You Are Continuing Therapy by Advancing a Few Doses**

As described in PPP-31 – Emergency Prescription Refills (see Appendix C), you are already authorized to assist patients in maintaining continuity of their drug therapy by advancing them a few doses or a few days supply if they run out of medication and an appointment with the prescribing physician is imminent. Advance supplies are not technically prescription renewals and do not fall under PPP-58, but you must evaluate the patient's need for the medication and be satisfied that providing any additional doses will not cause or worsen a drug-related problem for the patient.

## Implementing PPP-58 in Your Practice

In addition to information posted on the College's website [www.bcpharmacists.org](http://www.bcpharmacists.org) and/or communicated in ongoing College publications such as *ReadLinks* there are a number of resources available to support you in the effective implementation of PPP-58 in your practice.

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### 3.1.1 Practical Resources

The following resources are provided in the appendix of this Guide:

- Appendix B – Glossary of Terms
- Appendix D – Documentation and Notification Template (an electronic version is also available on the College website [www.bcpharmacists.org](http://www.bcpharmacists.org))
- Appendix E – Sample letter/fax introducing PPP-58 to your prescribers
- Appendix F – Practical Examples
- Appendix G – Frequently Asked Questions
- Appendix H – Quick Reference Guide

### 3.1.2 “Live” Orientation Sessions

Live orientation sessions are also being scheduled across the province in Fall 2008 to assist you in understanding the contents of this Guide. Online registration is available now through the College website [www.bcpharmacists.org](http://www.bcpharmacists.org). *Instructions: Log into eServices, select “Register for an Event” from the left-hand menu and then select “PPP-58 Orientation Session”.*

### 3.1.3 Need more support?

If you still have questions or concerns and want to implement the policy in your practice, please contact the on-call Quality Outcomes Specialist through the College office at 604-733-2440 or 1-800-663-1940.

## Other Important Considerations

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**Note:**

*In the near future, pharmacists will be coming under the Health Professions Act in BC and liability insurance will be a mandatory requirement of licensure for all registrants under the new Act.*

### 4.1 Liability and Insurance

Adapting a prescription is one activity within a pharmacist's current scope of practice that expands the potential for liability. Although a pharmacist is not obligated to adapt a prescription, should they choose to adapt a prescription they are required to possess personal professional liability insurance – minimum \$2 million.

### 4.2 Consequences for Failure to Follow PPP-58

Any pharmacist who adapts a prescription contrary to the requirements of PPP-58 will be forwarded to the Inquiry Committee process as per current College procedures.

All pharmacists are expected to abide by all aspects of professional practice as described in the College's Framework of Professional Practice, federal legislation (*the Food and Drug Act (FDA) and Regulations and the Controlled Drug and Substances Act*), provincial legislation (*the Pharmacists, Pharmacy Operations and Drug Scheduling (PPODS) Act and Bylaws*), the College's *Professional Practice Policies* and the *Code of Ethics*.

### 4.3 Conflict of Interest

The implementation of PPP-58 may put pharmacists in a position of real or perceived conflict of interest with their patients. The adaptation of a prescription may lead to increased revenue thereby enhancing a pharmacist's financial interests.

Pharmacists must consider first and foremost the interest and well-being of their patients. Prescriptions must not be adapted unless it is in the best interest of a patient to do so.

Any indication that the decision was based on benefit to the pharmacist or pharmacy, rather than the patient, will be considered professional misconduct and reviewed through the Inquiry Committee process.

### 4.4 Conclusion

These are indeed exciting times for the profession of pharmacy in British Columbia as pharmacist's involvement in medication management activities continues to expand. PPP-58 creates the framework to guide pharmacists in the safe and effective adaptation of prescriptions allowing you to maximize your full educational and professional competencies to optimize therapeutic outcomes for your patients. In addition this policy provides a structure to the process of using professional judgment in practice and establishes a foundation for the further expansion of pharmacy practice in the future.

Take time to consider your competencies, your work environment, and your current and potential relationships with patients and other health professionals. And the next time you have the opportunity to adapt a prescription – use the seven fundamentals to help determine if it is the 'right' thing to do for your patient.

# Declaration Form

## Medication Management (Adapting a Prescription) Professional Practice Policy #58 (PPP-58)

**Note:**

*You must retain this signed Declaration Form in your personal records.*

### Declaration of completion and understanding

I, \_\_\_\_\_ a registrant on the Register of Pharmacists of the College of Pharmacists of British Columbia, declare that I have thoroughly read and understood the PPP-58 Orientation Guide Medication Management (Adapting a Prescription).

I also declare and understand that although it is not mandatory that I adapt a prescription, should I choose to adapt a prescription in addition to having read and understood the Orientation Guide I must:

- Adhere to all of the seven fundamentals for adapting a prescription as outlined in PPP-58 and possess personal professional liability insurance (minimum \$2 million).

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

# Professional Practice Policy #58

## Protocol for Medication Management (Adapting a Prescription)

This professional practice policy enables pharmacists to maximize their full educational and professional competencies by providing authorization to adapt existing prescriptions. This policy is not mandatory and the decision whether to adapt a prescription is at the discretion of the individual pharmacist.

To guide decisions with respect to adapting a prescription, where a specific hospital board or College of Pharmacists of BC council-approved protocol does not exist, the pharmacist must refer to all applicable legislation and standards. This includes, but is not limited to, the *Pharmacist, Pharmacy Operations and Drug Scheduling Act* and related Bylaws, the *Health Care (Consent) and Care Facility (Admission) Act*, the Framework of Professional Practice, the Code of Ethics and Professional Practice Policies. This specific policy (PPP-58) does not apply to narcotic and controlled drugs.

The Framework of Professional Practice (FPP) is the standards of pharmacy practice in British Columbia. In adapting a prescription the pharmacist must follow the FPP Role 1 *Provide pharmaceutical care*. Role 1 elements include:

- Function A – Assess the patient’s health status and needs
- Function B – Develop a care plan with the patient
- Function C – Support the patient to implement the care plan
- Function D – Support and monitor the patient’s progress with the care plan
- Function E – Document findings, follow-ups recommendations, information provided and patient’s outcomes

In addition to the FPP, PPP-58 outlines that a pharmacist may dispense a drug contrary to the terms of a prescription (adapt a prescription) if the action is intended to optimize the therapeutic outcome of treatment with the prescribed drug and meets **all** of the following elements of a protocol to adapt a prescription:

### 1. Individual Competence

Pharmacist has appropriate knowledge and understanding of the condition and the drug being dispensed in order to adapt the prescription.

### 2. Appropriate Information

Pharmacist has sufficient information about the specific patient’s health status to ensure that adapting the prescription will maintain or enhance the effectiveness of the drug therapy and will not put the patient at increased risk.

### 3. Prescription

Pharmacist has a prescription that is current, authentic, and appropriate.

#### 4. Appropriateness of Adaptation

Pharmacist determines whether adapting the prescription is appropriate in the circumstances.

#### 5. Informed Consent

Pharmacist must obtain the informed consent of the patient or patient's representative before undertaking any adapting activity.

#### 6. Documentation

Pharmacist must document in the patient's record any adaptation of the prescription, the rationale for the decision, and any appropriate follow-up plan.

#### 7. Notification of Other Health Professionals

Pharmacist must notify the original prescriber (and the general practitioner if appropriate) as soon as reasonably possible (preferably within 24 hours of dispensing) and this must be recorded in the patient's record or directly on the prescription hard copy.

The benefits of PPP-58 to patients are to:

#### 1. Optimize drug therapy leading to improved patient health outcomes

- a. Better therapeutic responses.
- b. Reduced drug errors.
- c. Fewer adverse drug reactions/interactions.

#### 2. Have an effective and efficient health care system

- a. Minimize delays in initiating and changing drug therapy.
- b. Make the best use of human resources in the health care system.

#### 3. Expand the opportunities to identify people with significant risk factors.

#### 4. Encourage collaboration among health care providers.

**Note:**

*PPP-58 is not a stand-alone document and must be read and interpreted in conjunction with the Orientation Guide to PPP-58.*

First Approved: 21 September 2007

## Glossary of Terms

For the purposes of Professional Practice Policy #58 *Protocol for Medication Management – Adapting a Prescription* – the terms below have the following meaning:

<b>Adaptation</b>	<ul style="list-style-type: none"> <li>term used to describe the pharmacists' authority under PPP-58 to adapt an existing prescription when, in their professional judgment, the action is intended to optimize the therapeutic outcome of treatment</li> </ul>
<b>Conflict of Interest</b>	<ul style="list-style-type: none"> <li>at all times pharmacists must maintain professional independence and adaptation decisions must first and foremost be made in the best interest of the patient with the intention of optimizing the therapeutic outcome of treatment</li> <li>any indication that a decision is based on benefit to the pharmacist or pharmacy, rather than the patient, will be considered professional misconduct</li> </ul>
<b>Continuity of Care (for medication management)</b>	<ul style="list-style-type: none"> <li>the assurance of uninterrupted drug therapy for the best health outcome of the patient</li> </ul>
<b>Liability</b>	<ul style="list-style-type: none"> <li>pharmacist assumes legal responsibility for the adapted prescription and as a mandatory condition of their authority to adapt possesses personal professional liability insurance (minimum coverage \$2 million)</li> </ul>
<b>New and/or Original Prescription</b>	<ul style="list-style-type: none"> <li>refers to the <u>first fill</u> of a prescription and does <u>not</u> need to be the beginning of a new drug therapy</li> </ul>
<b>Original Prescriber</b>	<ul style="list-style-type: none"> <li>refers to the prescriber who authorized the <u>first fill</u></li> </ul>
<b>Prescription Expiry</b>	<ul style="list-style-type: none"> <li>all prescriptions have an expiry of one year from the date the prescription is written (the exception is oral contraceptives, which is two years)</li> <li>a pharmacist may not adapt a prescription if the original prescription has expired</li> <li>a pharmacist may not adapt components of a prescription beyond its' expiry date (ie: quantity cannot exceed the time remaining)</li> </ul>
<b>Refill</b>	<ul style="list-style-type: none"> <li>term used by the prescriber to indicate their authorization to provide a refill(s) to the original prescription</li> </ul>
<b>Renew</b>	<ul style="list-style-type: none"> <li>term used to describe the extension of a prescription (not beyond its' expiry date) by a pharmacist; the act of renewing a prescription constitutes adaptation and thereby transfers liability to the adaptor</li> </ul>
<b>Responsible Clinician</b>	<ul style="list-style-type: none"> <li>most responsible physician/provider who manages the patient's care on an ongoing basis (ie: family physician, nurse practitioner)</li> </ul>
<b>Therapeutic Drug Substitution</b>	<ul style="list-style-type: none"> <li>substitution of the prescribed drug with a different drug, from the same therapeutic class, that is expected to have a similar therapeutic effect</li> <li>pharmacist must be satisfied that the dose and dosing regimen of the new drug will have an equivalent therapeutic effect</li> </ul>

# Other Relevant Professional Practice Policies

## 1 - PPP-31 – Emergency Prescription Refills

Pharmacists may exercise professional judgment in the provision of emergency prescription refill supplies of a medication to ensure continuity of patient treatment until the physician can be contacted for authorization. This practice is *the exception to the rule and not normal practice*.

Pharmacists may use their Pharmacist Identification Numbers (diploma numbers) in the prescriber field to identify the responsible decision-maker when providing an emergency supply of a drug to a patient.

First Approved: 29 January 1999

Revised: 20 June 2003

## 2 - PPP-53 – Drug Product Interchangeability

Drug product interchangeability decisions can be based on Health Canada's Declaration of Equivalence, as indicated by the identification of a Canadian Reference Product in a Notice of Compliance for a generic drug.

Pharmacists may also use their professional judgment in interchanging other products if the products meet the definition of an interchangeable drug. An interchangeable drug is defined as follows in the Pharmacists, Pharmacy Operations and Drug Scheduling Act:

Interchangeable drug means a drug that:

- Contains the same amount of the same active ingredients;
- Possesses comparable pharmacokinetic properties;
- Has the same clinically significant formulation characteristics; and
- Is to be administered in the same way as the drug prescribed.

First Approved: 2 May 2003

Revised: 28 November 2003



## Sample letter/fax introducing PPP-58

[drugstore letterhead]

Date

Doctor name

Address

Re: Introduction to Pharmacists enhanced scope of practice

Dear Dr. \_\_\_\_\_,

The purpose of this letter is to ensure that you are aware of some recent changes that have evolved the scope of practice for pharmacists in BC. Earlier this year the government introduced *Bill 25* which, specific to the profession of pharmacy, formalized pharmacists' authority to 'renew' existing prescriptions.

In conjunction with this the College of Pharmacists of BC (CPBC) has introduced *Professional Practice Policy #58 (PPP-58) Medication Management – Adapting a Prescription* which provides the framework to guide pharmacists in the safe and effective adaptation, including renewal, of existing prescriptions.

Although it is not mandatory that a pharmacist adapt a prescription, it is mandatory that should a pharmacist choose to adapt a prescription they adhere to the guidelines laid out in the PPP-58 Orientation Guide, which includes notification to the original prescriber (a copy of the PPP-58 Orientation Guide is available on the CPBC website [www.bcpharmacists.org](http://www.bcpharmacists.org)).

This means that from time to time you may receive a fax notification (sample attached) from a member of our pharmacy team to inform you of a prescription adaptation that has occurred. Pharmacists' authorization to implement this policy and thereby adapt prescriptions is effective January 1, 2009.

We value our professional relationship with you. Please feel free to contact (insert: pharmacy manager name) with any questions or comments you may have.

Sincerely,

The information contained in this fax communication is confidential and is intended only for the use of the recipient named above. If the reader of this fax memo is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this fax memo is strictly prohibited. If you have received this fax memo in error, please destroy the memo and notify the sender.


## Practical Examples

### Example 1 – Changing the Dose:

You receive a new prescription for *alendronate 10mg once weekly* for an elderly female patient. The PharmaNet record indicates the patient was previously taking *alendronate 10mg once daily* for the past year.

You have a discussion with the patient and determine the following:

- The patient has been having difficulty with compliance of the once daily regimen.
- The physician discussed with her that she was changing the prescription to the once weekly formulation to make it easier for her to remember her dose.

Original Prescription Information	Adaptation Information
Date of Prescription: <u>January 15, 2009</u>	Date of Adaptation: <u>January 16, 2009</u>
Prescription Details: <u>Alendronate 10mg</u> <u>once weekly x 6 months</u>	Adaptation Details: <u>changed Alendronate 10mg once</u> <u>weekly to 70mg once weekly x 3 months with 1 refill</u>
Rationale for Adaptation (including instructions to patient and follow-up plan)	
<p>Rationale</p> <ul style="list-style-type: none"> <li>- usual dose alendronate 10mg once daily or 70 mg once weekly</li> <li>- product monograph indicates no dosage adjustment necessary for the elderly or for patients with mild to moderate renal insufficiency</li> <li>- confirmed with patient that no impaired renal function</li> <li>- patient confirmed doctor discussed change to weekly formulation for compliance reasons</li> </ul>	
Instructions to Patient	<u>Instructed the patient to take 1 tablet once/week on the same day each week with plenty of water.</u>
Follow-up Plan	<u>contact her physician if any GI upset or unusual symptoms.</u>
Informed Consent	
<p>The patient and/or their representative (name: _____) was provided sufficient information, including the risks and benefits associated with the adaptation and voluntarily provided their consent.</p>	
	

Thumbnail of a prescription form with handwritten entries. The form includes sections for Patient Information, Adaptation Information, Original Prescription Information, Rationale for Adaptation, Instructions to Patient, Follow-up Plan, and Informed Consent. A blue arrow points from this thumbnail to the larger form below.

**Example 2 – Change in Formulation:**

You receive a new prescription for an adult female patient for **Betaderm 0.1% Cream; Apply TID**. The patient indicated that her skin is really dry and scaly and that she would prefer a product with more of a moisturizing effect.

You have a discussion with the patient and determine the following:

- She had used Betaderm 0.1% Cream for one month and was getting results with the cream.
- You visually confirm that her skin is dry and scaly.

Original Prescription Information	Adaptation Information
Date of Prescription: <u>January 15, 2009</u>	Date of Adaptation: <u>January 15, 2009</u>
Prescription Details: <u>Betaderm 0.1% Cream; Apply TID</u>	Adaptation Details: <u>changed Betaderm 0.1% Cream to etaderm 0.1% Ointment; Apply TID</u>
Rationale for Adaptation (including instructions to patient and follow-up plan)	
Rationale - reviewed PharmaNet profile which indicates patient has been using Betaderm 0.1% Cream for one month - patient indicated that the cream is helping her condition except that the affected area on her skin is dry and scaly - change in formulation will still provide the same result with a more emollient effect	
Instructions to Patient <u>Apply sparingly to affected area three times a day. If skin condition worsens, contact your doctor.</u>	
Follow-up Plan <u>See your doctor at your regular interval in one month.</u>	
Informed Consent	
The patient and/or their representative (name: _____) was provided sufficient information, including the risks and benefits associated with the adaptation and voluntarily provided their consent.	




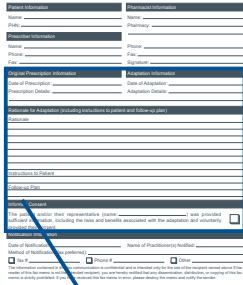
### Example 3 – Incomplete Information:

You receive a new prescription for Ramipril – take one tablet daily. No strength is indicated on the prescription. The PharmaNet record indicates the patient has been getting the 10mg strength for the past 6 months.

You have a discussion with the patient and determine the following:

- The patient confirms that the prescription was intended for the same dose (10mg) as before and that the medication is being used for blood pressure control.

Original Prescription Information	Adaptation Information
Date of Prescription: <u>January 4, 2009</u>	Date of Adaptation: <u>January 4, 2009</u>
Prescription Details: <u>Ramipril</u> <u>take 1 tablet daily, Mitte 90, no refills</u>	Adaptation Details: <u>Ramipril 10mg</u> <u>once daily Mitte 90, no refills.</u>
Rationale for Adaptation (including instructions to patient and follow-up plan)	
Rationale - PharmaNet record indicates patient has been on Ramipril 10mg once daily for 6 months - Patient confirmed that his regular doctor is on holiday and the locum prescribed his regular medication (he was not expecting any changes) - Patient confirms his blood pressure is on target (130/75)	
Instructions to Patient <u>Take one Ramipril 10mg daily for blood pressure control.</u>	
Follow-up Plan <u>Instructed to continue to check blood pressure regularly.</u>	
Informed Consent	
The patient and/or their representative (name: _____) was provided sufficient information, including the risks and benefits associated with the adaptation and voluntarily provided their consent.	
	



### Example 4 – Renew a Prescription:

A long standing patient of your pharmacy takes a thyroid supplement and diuretic every day. She comes to the pharmacy and requests a renewal of her prescriptions. You notice in your records that 3 months ago she received the same prescriptions but no refills were authorized. You review the PharmaNet record and determine she has been on the same dose of the same medications for 2 years.

You have a discussion with the patient and determine the following:

- She confirms that her TSH levels are being regularly monitored as well as her blood pressure.
- She confirms that she sees her physician every 6 months and that she is due for her follow-up in 3 months.

Original Prescription Information	Adaptation Information
Date of Prescription: <u>October 4, 2008</u>	Date of Adaptation: <u>January 16, 2009</u>
Prescription Details: <u>Hydrochlorothiazide 50mg OD</u> <u>Synthroid 100mcg 1 OD, no refills</u>	Adaptation Details: <u>Hydrochlorothiazide 50mg OD</u> <u>Synthroid 100mcg 1 OD, renewed x 3mth supply</u>
Rationale for Adaptation (including instructions to patient and follow-up plan)	
Rationale - PharmaNet record indicates patient has been on same dosage of both medications for 2 years - Patient confirmed TSH and blood pressure are regularly monitored - Patient confirmed she has follow-up with physician every 6 months and is seeing doctor in 3 months - Most recent original prescription was 3 months ago (Oct. 4/08) therefore prescription is still a valid prescription	
Instructions to Patient <u>Take 1 tablet of each medication daily, in the morning, on an empty stomach and continue monitoring your blood pressure regularly.</u>	
Follow-up Plan <u>Return for follow-up with your physician in 3 months as scheduled.</u>	
Informed Consent	
The patient and/or their representative (name: _____) was provided sufficient information, including the risks and benefits associated with the adaptation and voluntarily provided their consent.	
<input checked="" type="checkbox"/>	

**Note:**

In the 'Notification' section of the form you would indicate that both physicians were notified of this adaptation.

**Example 5 – Therapeutic Substitution:**

Patient arrives at your pharmacy with a prescription for Prevacid 30mg once daily x 3 months for GERD. You notice the prescription is from the local walk-in clinic physician. You check the PharmaNet profile and determine that the patient has previously been on Rabeprazole 20mg once daily x 6 months and has had Pharmacare coverage through special authorization for the Rabeprazole. You process the prescription for Prevacid 30mg once daily and notice that the patient does not have special authorization for the Prevacid.

You have a discussion with the patient and determine the following:

- The patient receives social assistance and cannot afford the prescription cost for the Prevacid.
- The patient had run out of the Rabeprazole prescription last week and couldn't get to her regular doctor, so went to the walk-in clinic.
- The patient wanted a renewal of the prescription she was previously on for her heartburn, but she couldn't remember the name of it when she went to the clinic and she didn't have her empty vial with her.
- Her previous prescription had been controlling her symptoms very well and she had not had any side effects.
- Patient is anxious to get her Rabeprazole medication as her symptoms have increased over the past week since she has been out of her medication.

Original Prescription Information	Adaptation Information
Date of Prescription: <u>January 15, 2009</u>	Date of Adaptation: <u>January 16, 2009</u>
Prescription Details: <u>Prevacid 30mg OD x 3 months</u>	Adaptation Details: <u>changed to Rabeprazole 20mg OD x 3 months</u>
Rationale for Adaptation (including instructions to patient and follow-up plan)	
<p>Rationale</p> <ul style="list-style-type: none"> <li>- Patient previously on Rabeprazole 20mg OD over last 6 months</li> <li>- Patient has Pharmacare special authority coverage for Rabeprazole</li> <li>- Patient cannot afford cost of Prevacid (no SA for Prevacid)</li> <li>- Product monograph for GERD Rabeprazole 20mg OD</li> <li>- Patient confirms she has had good control of symptoms and no side effects on Rabeprazole 20mg</li> <li>- Patient confirmed she had run out of medication 1 week ago and needed refill ASAP but couldn't remember the name of her Rx when she saw the walk-in clinic physician</li> </ul>	
<p>Instructions to Patient <u>Take one tablet daily 1/2 hour before food. Try non-drug measures to help control symptoms. Elevate the head of the bed, eat smaller more frequent meals. Avoid spicy food and alcohol.</u></p>	
<p>Follow-up Plan <u>Do a diary of food intake to see what foods make you feel worse or better. Review in 1 month.</u></p>	
Informed Consent	
<p>The patient and/or their representative (name: _____) was provided sufficient information, including the risks and benefits associated with the adaptation and voluntarily provided their consent.</p>	



## Frequently Asked Questions

### Why did the College establish PPP-58?

You probably already perform many prescription adaptation-related activities now, such as making minor adjustments to prescription details or giving patients an interim supply of a medication to maintain continuity of care. PPP-58 goes beyond what is available today and gives pharmacists independent authority and accountability for the adaptation of a prescription and provides the framework to guide pharmacists in safe and effective practice.

The policy, which provides the opportunity for pharmacists to maximize their full educational and professional competencies, also provides structure to, and refines the process of, exercising professional judgment in clinical practice. This becomes increasingly important as pharmacists evolve their role as medication experts.

### Do I have to adapt a prescription?

No. Authorization does mean obligation. The decision to adapt a prescription or not is at the discretion of the individual pharmacist. Whenever a pharmacist chooses to adapt a prescription however, the adaptation must be done in accordance with PPP-58 and within the limits of the pharmacist's own competencies.

### Why should I care about adapting prescriptions?

#### What are the benefits to my patients and to my practice?

It makes good practical sense that pharmacists are authorized to adapt prescriptions. With your training in drug therapy, being able to adapt prescriptions means that patients will have access to medication management services from pharmacists more effectively than in the past.

Patients will have improved access to drug therapy renewals to ensure uninterrupted continuity of on-going therapy for chronic conditions. Pharmacists will be able to eliminate the delays associated with contacting a prescriber for clarification, modification or improvement of drug therapy with a prescription.

Pharmacist involvement with adapting prescriptions will improve inter-professional communication, documentation of care and patient involvement in decision-making and consent, which are all positive steps for health care.

The bottom line is that British Columbians have asked for quicker, more convenient access to prescription renewals and optimal drug therapies. PPP-58 is the first step in this process and has the potential to also free up physician time to see patients in need of their services.

### Are there special requirements needed in order to adapt a prescription?

Yes. In order to adapt a prescription a pharmacist, in addition to having read and understood the Orientation Guide, must possess personal professional liability insurance (minimum \$2 million) and must adhere to all of the seven fundamentals for adapting a prescription as outlined in PPP-58.

## **How will my patients know that I'm qualified to adapt prescriptions?**

You are responsible for informing patients of your authority to adapt a prescription and for deciding whether or not you are prepared to make an adaptation when appropriate.

All pharmacists who are licensed in British Columbia are required to have read the Orientation Guide by December 31, 2008 and pharmacists' authority to implement PPP-58, and thereby adapt prescriptions, is effective January 1, 2009.

## **How will the College ensure quality medication management activities by pharmacists?**

The College's mission is to ensure pharmacists in British Columbia provide safe and effective pharmacy care to help people achieve better health. The College's Quality Outcome Specialist Staff will include a review of the processes and procedures required to apply PPP-58 in their on-going site visits.

## **Will I be able to adapt prescriptions for narcotics?**

No. PPP-58 does not authorize pharmacists to adapt prescriptions for narcotics, controlled drugs or targeted substances.

## **In Alberta, pharmacists are also authorized to provide medications by injection, initiate prescriptions, or modify prescriptions for ongoing therapy – is that being planned for British Columbia?**

College council recently, through inclusion in the College's strategic plan, has directed College staff to "develop a plan to encourage the government to authorize advanced professional practice for pharmacists in BC".

## **Do I have to complete this orientation if I don't plan to adapt prescriptions?**

Yes. Although it is not mandatory that a pharmacist adapt a prescription, given that PPP-58 enhances pharmacists' scope of practice, it is mandatory that all registrants acknowledge that they have read and understood PPP-58 (by signing the Declaration Form included in the Guide) by December 31, 2008.

## **How should I handle a prescription that includes a handwritten notation "no adaptation"?**

If the original prescriber writes on the face of the prescription, in his or her own handwriting (a stamped or preprinted order is not acceptable) the words "no adaptation" or similar wording to reflect their wishes that the prescription not be adapted or changed in any way, the pharmacist must carefully consider this when determining if they have 'sufficient information – Fundamental 2' to adapt the prescription.

**Does the 1-year expiry on a prescription mean that a patient can request a renewal for a 3-month supply when less than 3 months remain before the prescription expires?**

Regardless of how much a patient requests, a pharmacist may only renew a prescription for up to the total number of days remaining before the expiry date (refer to section 2.1.3 of this Guide for further clarification).

# Patient Inquiries About Renewals

*Over the coming months the public will become more aware of the expanded scope pharmacists have been given which will likely lead to a little confusion and a lot of questions.*

*The scenario below is an example of a potential conversation between a patient and pharmacist and is intended to help guide you in answering some of the questions which will likely arise.*

## **Patient asks...**

“I heard somewhere that you can now renew my prescription – is that true?”

## **Pharmacist responds..**

“Maybe. It is true that pharmacists now have the authority to renew prescriptions however each situation has to be considered independently. What it really depends on is how well I know your condition and your drug therapy. Let’s take a look...”

## **Patient asks...**

“How can I trust that you know what you are doing?”

## **Pharmacist responds...**

“Pharmacists really are medication experts and we have more training in drug therapy than almost any other health care provider. But more importantly, I won’t renew a prescription unless I’m confident that it will optimize your treatment and you are comfortable with the decision. Once I renew the prescription, I take responsibility for it, so you can be sure that I will be confident in my decision.”

## **Patient asks..**

“What about my doctor? Is he going to be upset by this? Does this mean I never have to go back to see him?”

## **Pharmacist responds...**

“My renewal of your prescription in no way replaces the role your physician plays. First of all, as part of the process of renewing your prescription I will be notifying your doctor of what we have done and why. In the unlikely event that your doctor has any concerns about this they will contact one of us. Secondly, I can not renew your prescription beyond the life of the prescription, which is one year, so at some point I will be referring you back to your doctor.”

## Quick Reference Guide

*In order for a pharmacist to adapt an existing prescription they must have read and understood the PPP-58 Orientation Guide, possess personal professional liability insurance (minimum \$2 million) and sequentially follow the seven fundamentals.*

### ACTIVITIES CONSIDERED ADAPTING A PRESCRIPTION

#### CHANGING

the dose, formulation, or regimen of a prescription to enhance patient outcomes

#### RENEWING

a prescription for continuity of care

#### SUBSTITUTING

Making a therapeutic drug substitution within the same therapeutic class for a prescription

### FUNDAMENTALS OF ADAPTING A PRESCRIPTION

#### 1 Individual Competence

Must have appropriate knowledge and understanding of the condition being treated and the drug being prescribed.

#### 2 Appropriate Information

Must have sufficient information about the patient's health status to be satisfied that adaptation will maintain or enhance the effectiveness of the drug therapy.

#### 3 Prescription

Must have the original prescription and it must be current (not expired), authentic and otherwise appropriate for the patient.

#### 4 Appropriateness

Must be sure the adaptation will optimize the therapeutic outcome of treatment. Any indication that a decision is based on benefit to the pharmacy or the pharmacist, rather than the patient, will be considered professional misconduct.

#### 5 Informed Consent

Must obtain consent from the patient by providing enough information (including potential risks) to ensure they can make an informed and voluntary decision regarding the adaptation.

#### 6 Documentation

Must document the adaptation with the following information; patient and pharmacist information, original and adapted prescription details, rationale for adaptation (including patient instructions and follow-up plan), acknowledgment of informed consent and the date and name of practitioner(s) notified (sample form available online at [www.bcpharmacists.org](http://www.bcpharmacists.org)).

#### 7 Notification

Must notify the original prescriber and the patients' most responsible clinician, if applicable, as soon as reasonably possible (preferably within 24 hours). The same information as outlined in *Fundamental 6 – Documentation* must be included (sample form available online at [www.bcpharmacists.org](http://www.bcpharmacists.org)).

**Note:**

*Pharmacists' authority to implement this policy and thereby adapt prescriptions is effective January 1, 2009*



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OF BRITISH COLUMBIA

*Safe and Effective Pharmacy Care*

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