

This policy outlines a protocol for pharmacists to renew a prescription or dispense a drug contrary to the terms of a prescription (adapt a prescription) in accordance with section 25.92 of the *Health Professions Act*. This policy applies in all practice settings where another protocol approved by a governing body of a hospital or by the Board for the College of Pharmacists of British Columbia does not exist.

This policy must be read in conjunction with the *Health Professions Act* Bylaws Schedule A, Conflict of Interest Standards section 1(a)(ii-iii) and Schedule F, Part 1 - Community Pharmacy Standards of Practice section 6(10).

**POLICY STATEMENTS:**

1. 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 it is in the best interest of the patient to do so.
2. A pharmacist may adapt a prescription by:
  - a. Changing the dose, formulation, or regimen of a prescription;
  - b. Renewing a prescription for continuity of care; or
  - c. Making a therapeutic drug substitution within the same therapeutic class for a prescription.
3. A pharmacist must meet each of the following principles when adapting a prescription:
  - a. **Individual competence:** The pharmacist has appropriate knowledge and understanding of the condition and the drug being dispensed in order to adapt the prescription.
  - b. **Sufficient information:** The 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.
  - c. **Prescription:** The pharmacist has an original prescription that is current, authentic, and valid. In this policy, an original prescription may include a transferred prescription.
  - d. **Appropriateness:** The pharmacist determines whether adapting the prescription is appropriate in the circumstances.
  - e. **Informed consent:** The pharmacist obtains the informed consent of the patient or patient's representative.
  - f. **Documentation:** The pharmacist documents in the patient's record any adaptation of the prescription, and documentation includes:
    - i. Patient information, including PHN;
    - ii. Pharmacist information, including their signature and the name of the pharmacy;
    - iii. Original prescription information, including the prescriber's name and contact information;
    - iv. A description of the adaptation, including all relevant prescription details;
    - v. The rationale for the decision to adapt the prescription, including pertinent details of the assessment and patient history along with any instructions to the patient and relevant follow-up plan;
    - vi. Acknowledgment of informed consent; and
    - vii. The name of the practitioner(s) notified and the date of the notification.
  - g. **Notification of other health professionals:** The pharmacist notifies the original prescriber (and the patient's primary health care provider, if different) as soon as reasonably possible (preferably within 24 hours of dispensing). Notification includes all information listed in subsection 3(f)(i-vii).

4. When adapting a prescription, a pharmacist takes full responsibility and assumes liability for the adapted prescription.
5. A pharmacist may adapt a prescription at the time of the first or subsequent refills of that prescription.
6. The College of Pharmacists of British Columbia pharmacist registration number must be entered in the practitioner ID field of the PharmaNet dispensing record to identify the pharmacist responsible for the adaptation, where applicable.
7. All documentation, including the original and adapted prescriptions, must be retained for the period specified in the bylaws of the College of Pharmacists of British Columbia.

#### **Change of Dose, Formulation or Regimen:**

8. A pharmacist may change the dose and/or regimen of a prescription if
  - a. The strength of the drug is not commercially available;
  - b. The patient's age, weight or kidney or liver function requires a change in the dose and/or regimen; or
  - c. The change in dose and/or regimen would otherwise benefit the patient.
9. A pharmacist may change the formulation or the regimen of the prescription to improve the ability of the patient to effectively take the medication.
10. A pharmacist may adapt a prescription dose, quantity, formulation or regimen if the information provided is incomplete, but the intended treatment can be determined through consultation with the patient and a review of patient records.

#### **Renewal for Continuity of Care:**

11. A pharmacist may renew a prescription for the purpose of continuity of care. In general, this means there has been no recent change to the prescription for usually a minimum of six months, and the condition being treated is stable.
12. A pharmacist may renew a prescription for an appropriate time period as long as it does not exceed the expiry date of the original prescription. If the prescription is for a narcotic, controlled drug or targeted substance, it may only be renewed for the same duration as originally prescribed, and only if permitted under a section 56 exemption to the *Controlled Drugs and Substances Act*.

#### **Therapeutic Drug Substitution:**

13. A pharmacist may make a therapeutic drug substitution for a prescription within the same therapeutic class.
14. When making a therapeutic substitution, the pharmacist must be satisfied that the dose and dosing regimen of the new drug will have an equivalent therapeutic effect as the originally prescribed drug.
15. When making a therapeutic substitution, the pharmacist must ensure the new drug is approved for the intended indication by Health Canada or evidence supports using the drug for the intended indication (e.g., it is considered a best practice or is accepted clinical practice in peer-reviewed clinical literature or clinical practice guidelines).

#### **Limits:**

16. A pharmacist must not change the dose, formulation or regimen, nor make a therapeutic substitution of a prescription for a narcotic, controlled drug or targeted substance.
17. A pharmacist must not adapt a prescription for a cancer chemotherapy agent.

18. A pharmacist must not adapt an expired prescription, nor adapt a prescription for a duration that exceeds the expiry date of the original prescription.
19. A pharmacist must not adapt a prescription if the prescriber indicates it should not be adapted using a hand-written “do not renew/adapt” notation (not pre-stamped). If a prescriber electronically produces their prescriptions, they must sign or initial beside the notation.
20. A pharmacist must not adapt the following:
  - a. A previously adapted prescription,
  - b. A prescription from a veterinarian, or
  - c. An emergency supply for continuity of care.