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 client to do so.

2. A pharmacist may adapt a prescription, including a transferred prescription, by doing one or more of the following:
    a. changing the dose, formulation, or regimen of the prescription;
    b. renewing the prescription for continuity of care;
    c. making a therapeutic drug substitution within the same therapeutic class for the 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 about health status:** The pharmacist has sufficient information about the specific client's health status to ensure that adapting the prescription will maintain or enhance the effectiveness of the drug therapy and will not put the client at increased risk.

    c. **Prescription:** The pharmacist has a prescription that is current, authentic, and valid.

    d. **Sufficient information about any previous adaptations:** The pharmacist has access to the documentation listed in paragraph g. below for any previous adaptations.

    e. **Appropriateness:** The pharmacist determines whether adapting the prescription is appropriate in the circumstances.

    f. **Informed consent:** The pharmacist obtains the informed consent of the client or client's representative[1].

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1 "client's representative" means "patient's representative" as defined in section 64 of the *Health Professions Act* Bylaws.

g. **Documentation:** The pharmacist documents the adaptation in the client record[2], and the documentation includes all of the following:
    i. client information, including PHN;
    ii. pharmacist information, including their signature and the name of the pharmacy;
    iii. 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;
    vi. details of the assessment and client history along with any instructions to the client and relevant follow-up plan;
    vii. acknowledgement of informed consent;
    viii. the name of the practitioner(s) notified and the date of the notification.

h. **Notification of other health professionals:** The pharmacist notifies the prescriber, if available, (and the client's primary health care provider, if different) as soon as reasonably possible after dispensing. When adapting a prescription that has been adapted previously by another pharmacist, the pharmacist doing the new adaptation also notifies the pharmacist who did the most recent previous adaptation, if available, unless both adaptations are done in the same pharmacy. Notification includes the information listed in paragraph g. i., ii., iv., v., vi. and vii above.

4. When adapting a prescription, a pharmacist takes full responsibility and assumes liability for the adaptation.

5. A pharmacist may adapt a prescription at the time of the first or subsequent refills of that prescription.

6. A pharmacist may adapt a prescription from a former practitioner or a practitioner whose prescribing authority is suspended or subject to limits or conditions, if the prescription, at the time of adapting, is otherwise current, authentic, and valid.

7. A pharmacist may adapt a prescription that has been adapted by a pharmacist previously. There is no limit on the number of times a prescription may be adapted in accordance with this Policy as long as the prescription, at the time of each adaptation, is current, authentic, and valid.

8. Adaptation is an exercise of dispensing authority, not prescribing authority. Every adaptation is a new adaptation. The adaptation of a prescription:
    a. does not cancel, replace, or modify the prescription as issued by the practitioner;
    b. does not create a new prescription;
    c. cannot be adapted further; and
    d. cannot be transferred.

9. A prescription that has been adapted, and that is still current, authentic, and valid, may be transferred in accordance with the *Health Professions Act* Bylaws Schedule F, Part 1 - Community Pharmacy Standards of Practice, except that a pharmacist must not transfer a prescription for a narcotic, controlled drug or targeted substance that has been adapted unless such transfer is also permitted under:
    a. the Controlled Prescription Program, if applicable to the narcotic, controlled drug or targeted substance; and
    b. a section 56 exemption to the *Controlled Drugs and Substances Act*.

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2 "client record" means, as applicable, the patient record referred to in section 11 of the *Health Professions Act* Bylaws Schedule F Part 1 - Community Pharmacy Standards of Practice or section 12 of the *Health Professions Act* Bylaws Schedule F Part 2 - Hospital Pharmacy Standards of Practice, or the resident record referred to in section 13 of the *Health Professions Act* Bylaws Schedule F Part 3 - Residential Care Facilities and Homes Standards of Practice.

10. 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.

11. All documentation, including the prescription information and the documentation required for adaptations, must be retained for the period specified in the bylaws of the College of Pharmacists of British Columbia.

Change of Dose, Formulation or Regimen:

12. A pharmacist may change the dose, quantity, formulation and/or regimen of a prescription, other than a prescription for a narcotic, controlled drug or targeted substance, if:
    a. the strength of the drug is not commercially available;
    b. in the case of a change in dose and/or regimen,
        i. the client's age, weight or kidney or liver function requires the change, or
        ii. the change would otherwise benefit the client; or
    c. in the case of a change in formulation and/or regimen, the change would improve the ability of the client to effectively take the drug.

13. As long as the quantity dispensed does not exceed the stated amount authorized in the prescription, a pharmacist may change the dose, formulation and/or regimen of a prescription for a narcotic, controlled drug or targeted substance if:
    a. the strength of the drug is not commercially available;
    b. in the case of a change in dose and/or regimen,
        i. the client's age, weight or kidney or liver function requires the change, or
        ii. the change would otherwise benefit the client; or
    c. in the case of a change in formulation and/or regimen, the change would improve the ability of the client to effectively take the drug.

14. A pharmacist may change the dose, quantity, formulation or regimen of a prescription, other than a prescription for a narcotic, controlled drug or targeted substance, if the information provided is incomplete or ambiguous but the intended treatment can be determined through consultation with the client and a review of client records.

15. As long as the quantity dispensed does not exceed the stated amount authorized in the prescription, a pharmacist may change the dose, formulation or regimen of a prescription for a narcotic, controlled drug or targeted substance if the information provided is incomplete or ambiguous but the intended treatment can be determined through consultation with the client and a review of client records.

16. A pharmacist must not change the dose, quantity, formulation, or regimen of a prescription except in accordance with this Policy.

Renewal for Continuity of Care:

17. A pharmacist may renew a prescription for the purpose of continuity of care. In general, this requires that the pharmacist be reasonably satisfied that:
    a. there has been no clinically significant change to the prescription for a minimum of three to six months, to be assessed at the time of each renewal by reference to accepted clinical practice applicable to the condition being treated; and
    b. the condition being treated is stable.

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18. For the purpose of continuity of care, a pharmacist may renew a prescription for an appropriate time period as long as that time period does not exceed the expiry date of the prescription. In addition, if the prescription is for a narcotic, controlled drug or targeted substance, it may only be renewed:
    a. for a time period that does not exceed the same duration as prescribed or 30 days, whichever is greater; and
    b. if permitted under a section 56 exemption to the *Controlled Drugs and Substances Act*.

Therapeutic Drug Substitution:

19. A pharmacist may make a therapeutic drug substitution for a prescription within the same therapeutic class.

20. 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 prescribed drug.

21. 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).

22. A pharmacist must not make a therapeutic drug substitution of a prescription for a narcotic, controlled drug or targeted substance.

Limits:

23. A pharmacist must not adapt a prescription for a cancer chemotherapy agent.

24. A pharmacist must not adapt an expired prescription.

25. 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.

26. A pharmacist must not adapt:
    a. a prescription from a veterinarian; or
    b. an emergency supply for continuity of care.

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