



**Neighbourhood
Pharmacy**
Association of Canada

Association canadienne
**des pharmacies
de quartier**

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Kimberly Hilchie
College of Pharmacists of British Columbia
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RE: Proposed Amendments to the College of Pharmacists of British Columbia's Professional Practice Policy-58 Medication Management (Adapting a Prescription)

Dear Dr. Hilchie,

The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) provides this submission on behalf of Canada's leading pharmacy organizations trusted with delivering high value, quality care in all models including chain, banner, long-term care, specialty, independent pharmacies as well as grocery chains and mass merchandizers with pharmacies.

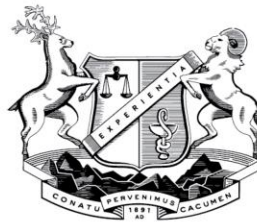
Neighbourhood Pharmacies' contributions to this consultation are grounded in the need to ensure that Canadian patients receive safe and effective medication management and healthcare services from regulated pharmacy professionals, while still ensuring that pharmacies can sustain effective and efficient delivery of services.

We've attached a completed consultation question form. Overall, we are very supportive of intent and language of the proposed amendments. We also further recommend the College explore allowing pharmacists to adapt prescriptions for controlled drugs (narcotics and benzodiazepines) and prescriptions for cancer chemotherapy agents; and have provided some detailed feedback on the public benefits of this action.

Thank you for the opportunity to contribute.

Sincerely,

Sandra Hanna, RPh.
Chief Executive Officer



College of Pharmacists
of British Columbia

Proposed Amendments to the College of Pharmacists of British Columbia's Professional Practice Policy-58 Medication Management (Adapting a Prescription)

Feedback from: [Sandra Hanna, CEO, Neighbourhood Pharmacy Association of Canada \(Neighbourhood Pharmacies\)](#)

Consultation Questions:

The College welcomes any feedback on the proposed amendments, and we are particularly interested in your thoughts on the following questions:

1. Do you foresee any specific public safety risks with the proposed changes?

No

2. Do you think the proposed changes are in the best interest of the public and patient care?

Yes. Neighbourhood Pharmacies supports changes that will allow pharmacists to make full use of their education, competence and scope to provide effective and seamless care to patients. Specifically:

"Allowing pharmacists in all practice settings to renew prescriptions for psychiatric medications, where there has been no recent change to the prescription."

We agree with removing the prior limitation on psychiatric medications.

"Allowing pharmacists in all practice settings to change the dose or regimen for prescriptions for cardio-vascular disease, asthma, seizures, or psychiatric conditions, where the pharmacist has appropriate knowledge and understanding of the condition and the drug and has sufficient information about the 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."

We agree with removing the prior limitations on prescriptions for these conditions.

"Allowing pharmacists in all practice settings to make a therapeutic substitution within the same therapeutic class for any drug (except controlled drugs and substances). Pharmacists have been able to do this since May 2020 where there is a drug shortage, and there have been no public safety concerns identified."

We strongly support the continuation and eventual permanence of allowing pharmacists to make these therapeutic substitutions. Throughout the pandemic, pharmacists have demonstrated their ability to do this safely and effectively. We further recommend the College considering exploring the possibility of removing the limitation on controlled drugs and substances.

"Allowing pharmacists to adapt transferred prescriptions on a permanent basis (currently, this is only permitted during the COVID-19 public health emergency)"



We strongly support the continuation and eventual permanence of allowing pharmacists to adapt transferred prescriptions. Throughout the pandemic, pharmacists have demonstrated their ability to do this safely and effectively.

“Consolidating PPP-58, the table of Amendments to the Orientation Guide, and the Orientation Guide into one succinct stand-alone policy.”

We support this.

We do have one specific concern to raise with wording in the existing draft policy. Point 11 states: *“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.”* We recommend removing this statement from the recommendations so that pharmacists can ensure continuity of care until the patient can follow up with the prescriber.”

3. When a pharmacist adapts a prescription, the pharmacist is required to notify the original prescriber and the general practitioner, if applicable, as soon as possible.
 - a. We would like to change the term “general practitioner” to “primary health care provider” to be inclusive of other practitioners such as nurse practitioners. Is the proposed wording change clear, or is there a clearer term to use?

We support the use of the term primary health care provider, or primary healthcare provider.

4. Under the current policy, if a prescriber does not wish for a prescription to be adapted, a pharmacist “will honour hand-written (not pre-stamped) “do not renew/adapt” notification on prescriptions. If a prescriber electronically produces their prescriptions, they must sign or initial beside the notation.”
 - a. We propose simplifying this requirement to state, “a pharmacist must not adapt a prescription if the prescriber indicates it should not be adapted.” Are you supportive of simplifying this requirement? Do you have any concerns with the proposed wording?

We support the simplified wording proposed.

5. It is generally understood that adapting prescriptions for animals (veterinary prescriptions) is outside of the scope of a pharmacist. Should it be clearly stated in the policy that adapting veterinary prescriptions is not permitted?

6. We do not believe any such statements to be necessary.

7. Lastly, the current policy restricts pharmacists from adapting prescriptions for controlled drugs, including narcotics and benzodiazepines, and prescriptions for cancer chemotherapy agents.

- a. Would there be public benefits to allow pharmacists to adapt prescriptions for these drug classes, as long as the pharmacist has appropriate knowledge and understanding of the drug and the condition being treated, and has sufficient information on the patient’s health status?



Yes, we believe that there are significant public and patient benefits in allowing pharmacists to adapt prescriptions for narcotics and benzodiazepines as well as prescriptions for cancer chemotherapy agents as long as pharmacist have the appropriate context and knowledge and understanding of the medications and the patients care plan.

Several provinces including Ontario now permit pharmacists to adapt prescriptions for opioids and other controlled substances. Pharmacists, with their frequent interactions with the public, can support safe medication use in the ability to adapt dosages, dosage regimens and quantity of therapy dispensed with respect to opioids, benzodiazepines and other controlled substances. They can support continuity of care in these patients who may not have the same access to their primary care provider. Pharmacists can help steward safe and effective use of medication to ensure that risk of overdose, withdrawal or illicit use is minimized by adapting the opioid or benzodiazepine to support unique and current needs of that patient with respect to drug dosage or regimen.

Cancer chemotherapy dosage regimens can be complex and many patients experience untoward adverse effects. Pharmacists, especially those who specialize in oncology practice or community pharmacists that work in specialty pharmacy practice and engage more often with patients on cancer chemotherapy can help to adjust dosage and regimens to mitigate or reduce common adverse effects related to cancer chemotherapy. With their frequent patient interactions and knowledge about chemotherapy they can help to maximize benefits of drug therapy and minimize the adverse effect profile which is an important public benefit.

- b.** Do you foresee any public safety concerns if pharmacists were able to adapt prescriptions for these classes of drugs?

No. The independent ability of pharmacists to be able to optimize efficacy and safety of medication therapy by adapting prescriptions is a tremendous public benefit. And as an integral provider in the circle of care, and the most accessible healthcare provider, pharmacists do not make these changes in a vacuum but are well versed in communicating and documenting changes in medication regimens to physicians and other key providers in care, parameters of which would be identified in supporting regulatory guidance.