April 20, 2007

New Prescribing Powers for Alberta Pharmacists

Background
On April 1, 2007, new Regulations designed to ease strains on the health care system took effect under Alberta's *Pharmacy and Drug Act* (the Act). As a result, pharmacists in the province will begin assuming expanded powers to prescribe and administer certain patient treatments.

Pharmacist prescribing has been an evolutionary process. The idea was first suggested in the 1970s, and pharmacists have routinely used their expert knowledge of medications to advise other health professionals with respect to appropriate drug treatments. In 1995, the concept of "pharmaceutical care" was first introduced in Alberta's *Pharmaceutical Profession Act*, according to which pharmacist prescribing can help achieve desired outcomes while minimizing adverse drug effects. After April 1, the concept of pharmaceutical care was formalized in Alberta.

Pharmacist Prescribing
Pharmacist prescribing describes a wide range of activities including:

- prescribing drugs to treat minor, self-diagnosed or self-limiting disease conditions;
- adjusting dosages and dosage forms;
- monitoring and refilling prescriptions to ensure appropriate and effective care;
- providing emergency supplies of previously prescribed medications; and
- providing comprehensive drug therapy management where the pharmacist, working with other health professionals, takes full responsibility for establishing and maintaining a patient's chronic drug therapy.

Hewitt

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These new prescribing powers will be implemented in two stages. Initially, pharmacists will only be able to modify prescriptions, provide advice about wellness programs and, in urgent or emergency situations, initiate new drug therapies.

Hewitt Comment: *As set out in the Regulations, prescription modification means: altering the dosage, formulation or regimen for previously prescribed Schedule 1 drugs (most commonly prescribed medications, excluding controlled drugs and substances such as opiates or barbiturates); substituting another drug for a prescribed Schedule 1 drug if similar therapeutic effects are expected; substituting a generic drug for a prescribed Schedule 1 drug; and renewing a prescription to dispense a Schedule 1 drug or blood product to ensure continuity of care. According to the College, an emergency or urgent situation will only arise when it is not reasonably possible to see another "prescriber" and there is an immediate need for drug therapy. In such situations, pharmacists will be required only to prescribe the minimum amount necessary to give the patient sufficient time to see a "prescriber*."

After the second stage of implementation, pharmacists will be able to undertake *initial access prescribing* of Schedule 1 drugs and blood products, the administration of injectable treatments (vaccines, but not the administration of drugs intravenously) to patients five years of age and older, and management of chronic conditions such as diabetes or high blood pressure in collaboration with other health professionals.

Detailed records of all prescribing activities must also be maintained by pharmacists, including: the rationale for the prescribing decision made, a follow-up plan; and proof that other health professionals in the patient record have been notified. Only pharmacists on the Clinical Register, a new registration category under the *Health Professions Act*, will be eligible to prescribe. This status will be indicated on a pharmacist's annual practice permit.

Hewitt Comment: *According to the College, initial access prescribing will occur when a patient chooses a pharmacist for advice about and treatment of minor, self-limiting or self-diagnosed conditions. Permissible examples of initial access prescribing include: the treatment of thrush with nystatin; and the treatment of athlete's foot with terbinafine HCI cream.*

Despite the scope of these new powers, there will be limitations on pharmacist prescribing. For example, under no circumstances will pharmacists be able to initiate new drug therapies for a patient exhibiting symptoms or indicators suggesting that a chronic condition, such as diabetes or hypertension, has not yet been diagnosed. In such situations, pharmacists will have to refer the patient to a physician or other health professional for a more comprehensive assessment and diagnosis.

Pre-Conditions to Pharmacists Prescribing

Before assuming any expanded powers, pharmacists will be required to complete an orientation program (based on new *Standards for Pharmacist Practice* and *Standards for Operating Licensed Pharmacies*) by July 1, 2008. Before assuming any second stage prescribing powers, pharmacists will be required to obtain "additional prescribing authorization" from the Alberta College of Pharmacists. The application and approval processes for this authorization have not been finalized. Further special training and certification will be required before pharmacists are allowed to administer drugs by injection.

Even after fulfilling the necessary requirements and receiving all required authorizations, pharmacists will have to establish a professional relationship with the patient and a collaborative relationship with his or her physician before prescribing any drugs. In addition, they will have to collect enough information about the patient, the condition being treated, and the drug being prescribed to make appropriate treatment decisions. Informed patient consent will also have to be secured and, in all cases, pharmacists will be required to strictly limit prescribing activities to their areas of professional competence.

As well, prior to exercising any expanded powers, pharmacists will be required to maintain in their own name $2 million of personal professional malpractice insurance in a "claims-made form".

The College has indicated its intention to establish an ethics committee to provide guidance on emerging ethical and moral questions associated with pharmacist prescribing and to prevent conflicts of interest. Initially, however, it will require that pharmacists advise patients that they can have their prescriptions dispensed by another pharmacist and, if a pharmacist dispenses a prescription he or she has provided, the accuracy of the drugs dispensed must be confirmed by a second competent person.

Hewitt Comment: *Enhanced patient care and accessibility by providing prescribing powers to pharmacists is expected to improve the health and wellness of individuals, resulting in the reduction of employee absences and disability-related costs to employers.*

It has not yet been determined if Alberta Health & Wellness will cover the fees for the services of pharmacists prescribing. Depending on how plan sponsors' contracts are written, private plans or employees could very well be picking up these service fees – whether they are built into existing dispensing fees or separated as a distinct fee.

It is expected that expenditures on drugs will rise with pharmacists prescribing, as there will be more prescriptions being written, and subsequently filled, resulting in the likelihood of higher drug costs to plan sponsors.

Plan sponsors who provide health care coverage to their employees in Alberta will need to consider:

- *if their plan should cover the cost of prescription drugs prescribed by pharmacists (as opposed to being prescribed by a physician);*

- *if their plan should cover the service fee of the pharmacist for prescribing (if this does not become covered by Alberta Health & Wellness);*

- *if they should amend their plans in all provinces (to cover or not cover the fees and/or pharmacist prescribed drugs), as other provinces seek to consider providing more powers to their pharmacists.*

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