



Contextual Information and Resources

Prescribing Requirements

The Contextual Information and Resources are provided to support registrants in implementing this Standard of Practice. The Contextual Information and Resources do not define this Standard of Practice, nor should it be interpreted as legal advice. It is not compulsory, unlike a Standard of Practice. The Contextual Information and Resources are dynamic and may be edited or updated for clarity, new developments, or new resources at any time.

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Importance of Pharmacists as Part of the Health Care Team

Pharmacists are important members of a patient's health care team. Their knowledge, skill, and judgement contribute to improving health care of patients.

However, without knowing the diagnosis, clinical indication, or treatment goal(s) associated with a prescription, the pharmacist's ability to optimize patient outcomes is limited.

It is important for registrants to understand that pharmacists aim to work collaboratively with prescribers to ensure the patient receives good medical care. Pharmacists have expertise in navigating complex drug therapy, in-depth knowledge about pharmacology, and specialized training in hundreds of medications and how these may interact with one another.

From the pharmacist's perspective it is best practice for them to have the diagnosis, clinical indication, or treatment goal when filling a prescription. For the reasons outlined in this document when pharmacists have appropriate information, they are in a better position to exercise their professional responsibilities to the patient. CPSM is primarily concerned with patient safety. This document provides guidance to prescribers exercising their professional judgment to determine if it is beneficial to the patient to include the diagnosis, clinical indication, or treatment goal. The starting point is that if the information can assist the pharmacists carry out their professional duties to the patient's safety, then it should be included. However, there may be situations when doing so is deemed unnecessary or inappropriate by the prescriber. The latter may occur in rare circumstances when sensitive psychosocial or ethical considerations prevail.

The Role of the Pharmacist

Patient safety and quality medical care are optimized when pharmacists know the diagnosis, clinical indication, or treatment goal for medications.

Patient Safety

Good medical care requires safety checks along the care path to prevent inadvertent errors from occurring. Unintended prescribing errors do occur. Pharmacists provide a safety check to catch these errors. However, they may not be able to identify an error if they are unaware of the diagnosis, clinical indication, or treatment goals. For example, a pharmacist would not be able to identify an error if the registrant inadvertently prescribed hydroxyzine when the intention was to prescribe hydralazine. Additionally, there is also a need to verify the correct dose for the intended indication. Verifying doses, formulations, or directions for use can be difficult without knowing the therapeutic indication.

There will also be occasions when a drug prescribed needs to be changed, whether it be due to a drug shortage, interaction, cost concerns, or other reasons. If the pharmacist understands the

therapeutic indication, they can effectively and efficiently advise on appropriate alternatives based upon what is available and covered by third-party payors.

Quality Patient Care

Often the community pharmacist will be the last health care provider the patient speaks with prior to taking a new medication. Although the registrant has provided the patient with counselling regarding the appropriate use of the medication, this information may be complex and new to the patient. It is often beneficial for the pharmacist to ensure that the patient understood this important information and will be able to follow through on taking the medication appropriately.

Proper patient counselling requires that the patient understands the purpose and desired therapeutic effect of the medication, and that any safety concerns are addressed. It is also important for the patient to have an opportunity to have their questions answered. However, without knowing the diagnosis, clinical indication, or treatment goals it can be more challenging for the pharmacist to provide effective counselling. If the pharmacist is unable to answer the patient's questions, this may result in delays in patient care while the pharmacist verifies the appropriateness of the prescription by contacting the prescriber. Providing specific information on a prescription can enhance patient care. For example, listing treatment goals will allow the pharmacist to reinforce care goals when counselling the patient, particularly when managing medication titrations, transitions, or changes.

Resource for the Health Care Team

Pharmacists should be viewed as a valuable resource for the health care team. Pharmacists have expertise evaluating the effectiveness and safety of medications and the appropriateness of medication regimens in general. This is especially true for the management of chronic conditions and complex or high-risk medication regimens.

Pharmacists can suggest medication options that are optimal for the patient in the context of their current conditions and medications. They can assist in developing care plans to achieve the patient's treatment goals through optimal medication therapy and support of chronic disease management and prevention. Keeping pharmacists informed about the therapeutic intent of medications prescribed can maximize their effectiveness as a key resource to the care team.

Considering Prescription Drug Costs

Effective prescribing involves consideration of efficacy, safety, convenience/burden, and cost. Available research shows that a failure to consider prescription drugs costs at the point of care can have a variety of unintended negative consequences, including:

- many prescriptions going unfilled because the patient is unable to afford the medication;
- many patients do not take their medications as prescribed due to cost; and

- high prescription drug costs are associated with increased clinic and emergency room visits, and hospitalizations.

For this reason, prescribers should consider the following on a proactive basis:

- the cost of the drugs they prescribe, and
- whether there is a therapeutically equivalent alternative that is available at a lower price.

This analysis will be particularly important when a prescriber has reason to believe that their patient may struggle to afford or be unable to pay for the medication being prescribed.

CPSM recognizes that physicians may not be aware of up-to-date resources regarding the cost of prescription drugs in Manitoba. Consultation with a pharmacist may be helpful. Additionally, the [MEDS \(Medications, Evidence, & Decision Support\) Conference](#) site is a source of current, convenient, and up-to-date information, specifically the list of [Price Comparisons of Commonly Prescribed Medications in Manitoba \(2023\)](#).

Reporting Adverse Drug Reactions or Medication Incidents

Registrants can help support the ongoing evaluation of prescription drug safety by reporting adverse drug reactions, suspected adverse drug reactions, and medication incidents to the relevant organizations/authorities, especially those that are:

- unexpected, regardless of their severity;
- serious, whether expected or not; and
- related to recently marketed health products (on the market for less than five years).

Registrants can report adverse drug reactions to [Health Canada's Vigilance Program](#) and medication incidents through the [Institute for Safe Medication Practices Canada](#).

Prescription Drug Disposal

Because most community pharmacies have procedures in place to safely dispose of patients' returned medications (also called post-consumer waste), it is generally best practice for registrants to direct patients to their local pharmacy to return unused medication.

In circumstances where a registrant takes possession of the patient's drugs directly or is in possession of any other types of medications (e.g., unused or expired medication samples), registrants can contact a drug disposal company to set up their own contract for safe disposal. Registrants may further consider arranging for the disposal of unused/expired/returned drug samples directly through the pharmaceutical representative or company that has provided them.

Suspected Prescription Forgery

What Physicians Can Do

Report Forgeries. Physicians should notify CPSM, CPhM, and the pharmacies involved upon becoming aware of forgeries. Likewise, pharmacies should alert prescribers of forgery attempts and notify CPhM.

Notify Police. If impersonated, physicians can report to local police authorities. If a patient's information was fraudulently used, the physician may review this with their patient and involve police if safety concerns arise.

Safeguard Practice. Reduce risk of theft and forgery by locking up all prescription pads, letterhead, and fax templates. Pharmacists may contact prescribers to verify prescriptions for opioids, benzodiazepines, or other potential products of abuse, particularly if they seem unusual or concerning.

What Pharmacists Can Do

Verify Suspected Forgeries. Pharmacists should contact the prescriber to confirm any unusual or concerning prescriptions prior to dispensing.

Report Forgeries. Pharmacists should notify the prescriber, CPhM, and see [Forgery of Narcotics and Controlled Substances](#) on CPhM's website for details of reporting to Health Canada.

Notify Police. Pharmacists should report prescription forgeries to the local police authorities. Whenever possible, this should be done while the individual(s) are waiting in the pharmacy. If the individual requests the forgery back, the pharmacist should take a copy, stamp the original with the pharmacy contact information and document refusal to fill on the original and in Drug Program Information Network (DPIN).

What CPSM & CPhM are doing

CPSM and CPhM work directly with prescribers and pharmacies involved in forgeries. The Colleges monitor situations and trends and collaborate to raise awareness by informing registrants of identified trends, risks, and actions to take.

Resources

[CPSM General Regulation](#)

[CPSM News Reminder to Prescribers: Prescribing Requirement Changes Effective June 1, 2024](#)

[Frequently Asked Questions: The Standard of Practice Prescribing Requirements](#)

[CPSM Portal Login](#) (Access to *M3P Prescription Guidance: Requirements and Recommended Templates*)

[M3P Drug List](#)

[Controlled Drugs and Substances Act \(CDSA\)](#)

[Schedule to Part G of the Food and Drug Regulations](#) (for the full list of Part II and III controlled drugs)

[The Pharmaceutical Act of Manitoba](#)