

REGULATION RESPECTING CERTAIN PROFESSIONAL ACTIVITIES THAT MAY BE ENGAGED IN BY A PHARMACIST

Medical Act

(c. M-9, s. 19, 1st par., subpar. b)

DIVISION I

GENERAL

1. The purpose of this Regulation is to determine, among the professional activities that may be engaged in by physicians, those that may be engaged in by a pharmacist pursuant to the terms and conditions set out in the Regulation.

O.C. 606-2013, s. 1.

DIVISION II

PRESCRIPTION OF MEDICATION

2. A pharmacist may prescribe medication for one of the minor conditions provided for in Schedule I where

(1) the patient has already received a diagnosis for the condition and a physician has prescribed medication for the patient;

(2) the patient's condition has already been assessed by a specialized nurse practitioner who has prescribed medication for the patient.

A pharmacist must prescribe medication in accordance with the provisions of the Regulation respecting prescriptions by a pharmacist (chapter P-10, r. 18.1).

The prescribed medication must belong to a class of medications of equal or lesser strength than the medication prescribed by the physician or specialized nurse practitioner.

O.C. 606-2013, s. 2.

3. A pharmacist who prescribes medication must communicate the following information to the attending physician or specialized nurse practitioner:

(1) the minor condition treated;

(2) the full name of the medication;

(3) the dose, including the pharmaceutical form, the concentration, where applicable, and the dosage;

(4) the duration of the treatment and the quantity prescribed.

O.C. 606-2013, s. 3.

4. To be authorized to engage in the professional activity provided for in section 2, a pharmacist must successfully complete 2 hours of supplementary training covering the following elements:

(1) ethical and professional considerations;

(2) the procedure for prescribing medication:

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- (a) the collection of information and assessment of signs and symptoms and of warning signs;
- (b) the decision-making process;
- (c) the writing of a prescription;
- (d) follow-up;
- (e) record-keeping and communication to the attending physician or the specialized nurse practitioner.

The training may have been acquired as part of a program of studies leading to a diploma giving access to the permit of the Ordre des pharmaciens du Québec or as part of refresher training determined by the Order for the purpose of obtaining the permit.

O.C. 606-2013, s. 4.

5. A pharmacist may not prescribe medication where

- (1) the patient is part of a population subgroup whose situation exceeds the pharmacist's skills;
- (2) the minor condition is accompanied by one of the following warning signs:
 - (a) a recurrent or persistent sign or symptom after the first medication prescribed by the pharmacist;
 - (b) a sign or a symptom suggesting the presence of an undiagnosed chronic or systemic disease;
 - (c) a sign or symptom suggesting a decline or alteration in the functioning of an organ or a system;
 - (d) an unusual reaction to the medication;
- (3) the signs and symptoms do not enable the pharmacist to clearly identify the minor condition;
- (4) more than 2 years have elapsed since the last treatment prescribed by the physician or specialized nurse practitioner for one of the minor conditions provided for in paragraph 10 or 11 of Schedule I;
- (5) more than 4 years have elapsed since the last treatment prescribed by the physician or specialized nurse practitioner for one of the minor conditions provided for in paragraphs 1 to 9 of Schedule I; and
- (6) more than 12 months have elapsed since the last treatment prescribed by the physician or specialized nurse practitioner for the minor condition provided for in paragraph 12 of Schedule I or the patient has received 3 treatments for the condition in the last 12 months.

The pharmacist must then refer the patient to a physician or specialized nurse practitioner and enter the reasons justifying the decision on a form to be given to the patient.

O.C. 606-2013, s. 5.

DIVISION III PRESCRIPTION OF LABORATORY ANALYSES

6. A pharmacist who engages in professional activities in a community pharmacy may prescribe the laboratory analyses provided for in Schedule II for the purpose of supervising medication therapy

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- (1) to substantiate the presence of known adverse effects associated with the taking of medication;
- (2) to ensure follow-up on known adverse effects and drug interactions;
- (3) to ensure follow-up on the effectiveness of medication therapy.

Before requesting an analysis, the pharmacist must ensure that no recent result of the analysis for the patient is otherwise available.

The pharmacist communicates to the attending physician or the specialized nurse practitioner responsible for the clinical follow-up the result of the requested laboratory analysis. The pharmacist must, where appropriate, refer the patient to the resource appropriate to the patient's condition, with the results of the analysis.

O.C. 606-2013, s. 6.

7. A pharmacist must prescribe the laboratory analyses in accordance with the provisions of the Regulation respecting prescriptions by a pharmacist (chapter P-10, r. 18.1).

O.C. 606-2013, s. 7.

DIVISION IV AUTHORIZATION OF OTHER PERSONS

8. A person referred to in section 1 of the Regulation respecting the professional activities that may be engaged in by persons other than pharmacists (chapter P-10, r. 3) may engage in the professional activities provided for in sections 2 and 6 of this Regulation if the person engages in the activities in the presence of a pharmacist and engaging in the activities is required for the purpose of completing a program of studies, a training period or training.

O.C. 606-2013, s. 8.

DIVISION V FINAL PROVISION

9. *(Omitted).*

O.C. 606-2013, s. 9; S.Q. 2015, c. 8, s. 205.

SCHEDULE I

(s. 2)

MINOR CONDITIONS

- (1) allergic rhinitis;
- (2) herpes labialis;
- (3) minor acne (without nodules or pustules);
- (4) yeast vaginitis;
- (5) diaper rash;
- (6) atopic dermatitis (eczema) requiring the use of a weak or moderate strength of corticosteroids;
- (7) allergic conjunctivitis;
- (8) thrush following the use of a corticosteroid inhaler;
- (9) mouth ulcers;
- (10) primary dysmenorrhea;
- (11) hemorrhoids;
- (12) urinary infections in women.

O.C. 606-2013, Sch. I.

SCHEDULE II

(s. 6)

LABORATORY ANALYSES

- (1) complete blood count (CBC);
- (2) prothrombin time (PT - INR) - INR;
- (3) creatinine;
- (4) electrolytes;
- (5) alanine transaminase (ALT);
- (6) creatinine kinase (CK);
- (7) serum drug levels;
- (8) glycemia;
- (9) glycated hemoglobin HbA1c;
- (10) lipid profile;
- (11) thyroid-stimulating hormone (TSH).

O.C. 606-2013, Sch. II.

O.C. 606-2013, 2013 G.O. 2, 1514
S.Q. 2015, c. 8, s. 205