

EMERGENCY PROTOCOL: PRESCRIBING NARCOTICS, CONTROLLED AND TARGETED DRUGS

Effective March 19, 2020

Introduction

To ensure that patients receiving monitored drugs do not experience an interruption in drug therapy during the current COVID-19 Pandemic, pharmacists in Nova Scotia may prescribe narcotics, controlled drugs, and targeted substances consistent with the protocol below. This prescriptive authority is enabled by a [Health Canada Subsection 56 \(1\) Class Exemption](#) issued on March 19, 2020.

The provisions in this protocol are in effect as of March 19, 2020 and may be used for a defined time period directed by the NSCP for the COVID-19 public health emergency/crisis, and not beyond the expiry of the Health Canada Exemption (Sept 30, 2020).

Given the ongoing opioid crisis and deaths related to opioids and benzodiazepines, diligence is warranted when deciding to prescribe. In addition to the provisions set out below, prescribing must be done in accordance with the [Health Canada Exemption](#) and with the [Standards of Practice: Prescribing Drugs, and its Appendix H-Prescribing in a Public Health Emergency/Crisis](#).

Protocol

There are unique risks and challenges associated with prescribing monitored drugs for acute pain and opioid use disorder that warrant special consideration.

Acute Pain

Pharmacists may only prescribe to adapt a prescription indicated for acute pain.

Pharmacists may **not** prescribe to renew a prescription for acute pain.

Pharmacists may **not** adapt a prescription for acute pain to increase the dose.

Opioid Use Disorder

The NSCP has established [provisions](#) to the OAMT Standards, available on the NSCP website, that should be used in conjunction with the following.

Prescriber not available

Pharmacists should make every effort to contact either the patient's regular prescriber or another prescriber covering for the patient's prescriber before they prescribe for the patient. If a prescriber is not available to provide a written, faxed, or verbal order, a pharmacist may prescribe to extend a prescription for a patient whose dose is stabilized.

Prescriptions must be written with the already established dispensing and witnessed dosing schedule and may be prescribed for up to a maximum of 14 days.

Pharmacists should not prescribe for a patient whose dose has not been stabilized. However, it is important that patients do not go without their dose. As such, in the rare event that not prescribing would result in the patient having an interruption in therapy, pharmacists should prescribe a limited supply and must not increase the patient's dose.

Pharmacy closures

When a patient's regular pharmacy is closed for business as a result of the COVID-19 Pandemic, making a transfer not possible, pharmacists may prescribe to replace an existing prescription that is at the patient's regular pharmacy and that has part-fills or refills remaining by doing the following:

- consult the patient's Nova Scotia Drug Information System (DIS) profile;
- prescribe the medication for the patient consistent with the number of part-fills or refills remaining on the patient's prescription; and
- discontinue (abort) the existing prescription in the DIS.

Adapting an OAMT Prescription

Pharmacists may prescribe to adapt a prescription to reduce a dose as required in the event of a missed dose or doses. The dose must be reduced in accordance with the established standard of care provided by primary care providers or specialists and aligned with best practice treatment evidence supported by clinical experts.

Pharmacists may prescribe to adapt a prescription to decrease the number of take home doses or increase the number of witnessed doses if, in the professional judgment of the pharmacist, it is in the best interest of the patient to do so.

Other Indications

For prescriptions written for indications other than acute pain or opioid use disorder, pharmacists may prescribe to renew or adapt prescriptions as follows:

Prescriptions may be provided for up to a maximum of a 30 days supply at one time. (For clarity, prescriptions can be written for a shorter days supply with part-fills but cannot exceed a 30 days supply for each prescription).

Pharmacists may **not** adapt a prescription to increase the dose.

Pharmacy closures

When a patient's regular pharmacy is closed for business as a result of the COVID-19 Pandemic, making a transfer not possible, pharmacists may prescribe to replace an existing prescription that is at the patient's regular pharmacy and that has part-fills or refills remaining by doing the following:

- consult the patient's Nova Scotia Drug Information System (DIS) profile;
- prescribe the medication for the patient consistent with the number of part-fills or refills remaining on the patient's prescription; and
- discontinue (abort) the existing prescription in the DIS.