



Saskatchewan enhanced prescriptive authority

May 2020

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Saskatchewan Enhanced Prescriptive Authority

Pharmacists in the province of Saskatchewan are authorized to provide prescriptive services to patients, thereby improving the efficiency and accessibility of health care services. This user guide explains how to fill prescriptions for Saskatchewan Prescriptive Authority DINs and how to generate documentation for the services.

Generating Documentation for Saskatchewan Prescriptive Authority Service Prescriptions

All Level 1 Prescriptive Authority services must be documented in accordance with the Pharmacist Assessment Record (PAR) requirements. The pharmacist must record the prescription on PIP; in the case of an out-of-province patient, pharmacists can document and file a manual hard copy of the PAR.

Requirements of a PAR as defined by the Saskatchewan College of Pharmacist bylaws must include:

- Date of prescription
- Name and address of person the prescription is for
- Proper name, common name or brand name, strength, dosage, quantity of prescribed drug, and instructions for use
- Prescribing pharmacist's name
- Reason for prescribing

The PAR requirements may be fulfilled by filling a new prescription on Kroll and using the Pharmacist Prescription Adaptation Report as follows:

1. From the Patient Profile, select the prescription you are going to do a prescriptive authority service for and press **F** to bring it up onto the Fill screen.
2. Invoke the **Copy to New Rx** function.

- At the Fill screen, change the prescriber to yourself. Edit the **Sig** field, appending the rationale for prescribing. Edit any other necessary fields.

Drug Search Pack 100		Dgc Search Loc Office	
Brand	Dom-Paroxetine 10mg	Name	Dr. Pharmacist, Kroll
Generic	Paroxetine Hydrochloride DPC (Do	Address	220 Duncan Mill Rd
Pack	100 Form TAB Sched 1	City	Toronto Prov ON
Purch	\$87.44 OnHand 0	Phone	(555) 111-2222
DIN	02248447 Min Qty 0	Lic#	00000000 Alt. Lic#
No image			
Sig 1T QD RATIONALE: CONTINUING THERAPY TAKE 1 TABLET DAILY RATIONALE: CONTINUING THERAPY		Init	KRL KRL Auth Qty 30 1
Route of Admin Oral		Disp Qty	30 Refills(+)
Dosage Form Tablet		Days	30
		Prod Sel	1 - Prescrit
		O/W	Written
		Labels	0 F2
		Rem Qty	30 1
		G.P. %	33.32
		Acq Cost	\$26.23
		Cost	\$28.85
		Markup	\$0.00
		Fee	\$10.49
		Total	\$39.34

- Select **Reports > Pharmacist Prescription Adaptation**. The **Original Rx Information** tab will be populated with information from the copied prescription.

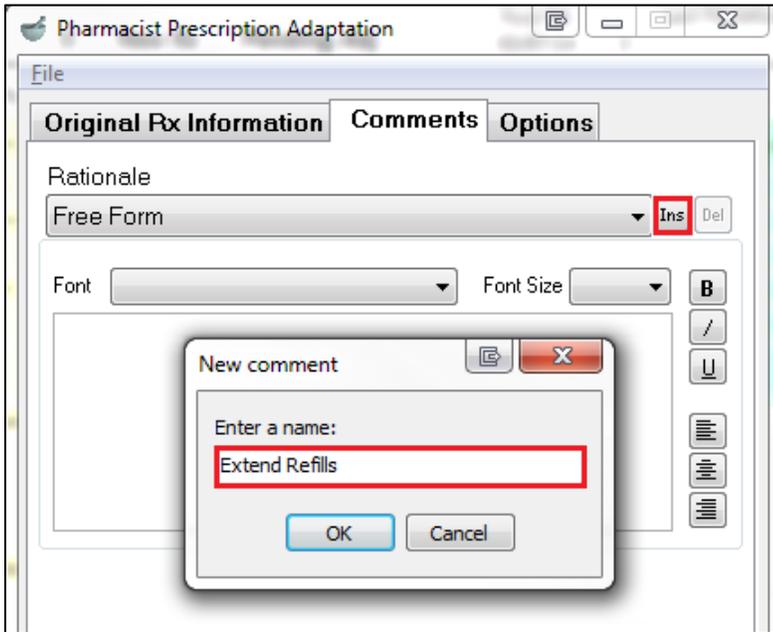
The screenshot shows a window titled "Pharmacist Prescription Adaptation" with a "File" menu. The "Original Rx Information" tab is active, displaying the following data:

- Original Prescription Date: 03/07/2014
- Original Rx Number: 1000421
- Drug: Dom-Paroxetine 10mg
- Doctor: Dr. Pharmacist, Kroll
- Sig: 1T QD
- Disp Qty: (empty field)
- Text area: TAKE 1 TABLET DAILY

At the bottom, there are printer settings: "Send to" (Printer selected), "Printer" (Microsoft XPS Dc), "Copies" (1), "Tray" (Automatically Sel), and checkboxes for "Collate" (checked) and "Duplex" (unchecked). Buttons for "Restore Defaults", "Print", "Preview", and "Close" are also visible.

- Select the **Comments** tab.

6. If you have already used this kind of rationale for a new Rx, select it from the **Rationale** drop down list. If this is the first time for this rationale, do the following:
 - a) Click **Insert**. Enter a rationale description in the **New comment** window and click **OK**.



- b) In the main body of the rationale, enter the rationale, along with the standard disclaimer found on the Saskatchewan College of Pharmacists' PAR sample.

Example:

Under the authority as defined by the Saskatchewan College of Pharmacists (SCP), I have prescribed medications for the following purpose:

Level I where I have met the basic training requirements of the SCP: Extending refill(s) during physician absence

I have instructed the patient to call your office to make an appointment to review their drug therapy within:

- the next 72 hours
- the next week

Pharmacist's additional comments:

For Recipient's (Dr., RN/NP, Specialist) Office Use:

File: Patient Other

OR

Response to Pharmacist as follows:

1. Click **Print** or **Preview** to see the report.

Sample Report:

Pharmacist Prescription Adaptation			
To:	Dr. Physician, Kroll License: 1234 200 Dunce Mill Road Regina SK R3C 4R4 Tel: (555) 383-1010 Fax: (555) 383-0001	From:	Kroll Pharmacy #313, 9622 - Broadview Avenue Regina SK R3C3F3 Tel: (306) 555-9346 Fax: (306) 555-9348
Patient:	Kroll, Aa 1234 A Street Aa Addr Line 2 Regina SK R3V 3V3 Tel: (306) 555-1212	DOB:	14-Jul-1934 Health Care Number: 105123447
Allergies:	Lincomsides; Lobelia Seed; Neisseria meningitides; Penciclovir/Analogues(REPLACED)	Conditions:	No known conditions.
CONFIDENTIAL			
Pharmacist Prescription Adaptation		Printed on: 02/07/2014 15:25:47	
Original Prescription Information	Refun:100942	Prescription Date: 09/09/2013	
Qty:	Brand Name	Generic Name	
30	Dom-Paroxetine20mg TAB	Paroxetine Hydrochloride	
Directions: TAKEIT ABLETDAILY			
Adapted Prescription Information		Adaptation Date: 02/07/2014	
Qty:	Brand Name	Generic Name	
30	Dom-Paroxetine20mg TAB	Paroxetine Hydrochloride	
Directions: TAKET ABLETDAILYRATIONALCONTINUINGTHERAPY			
Rationale for Adaptation (including instructions to patient and follow-up plan)			
Under the authority as defined by the Saskatchewan College of Pharmacists (SCP), I have prescribed medications for the following purpose:			
Level I where I have met the basic training requirements of the SCP:			
Extending refills) during physician absence			
I have instructed the patient to call your office to make an appointment to review their drug therapy within:			
the next 72 hours.			
the next week.			
Pharmacist's additional comments:			
For Recipient's (Dr., RN/NP, Specialist) Office Use:			
File: Patient Other			
OR			
FOR YOUR RECORDS NO RESPONSE REQUIRED.			
<small>THIS IS A COPY OF A CONFIDENTIAL AND IS INTENDED TO BE RECEIVED BY THE ADDRESSEE ONLY. IF THIS LABOR IS NOT THE INTENDED RECIPIENT, YOU ARE ADVISED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS FACSIMILE IS STRICTLY PROHIBITED.</small>			
Page 1			

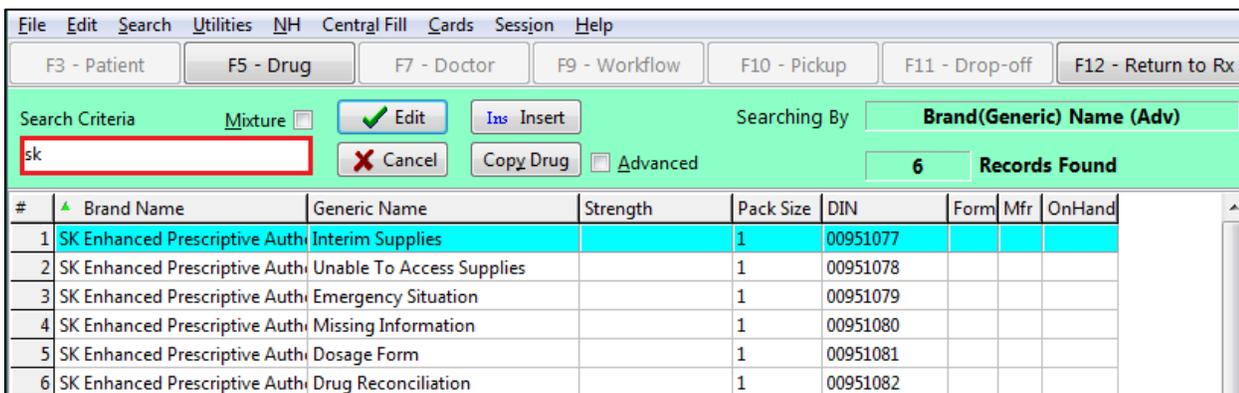
2. When you are finished printing the report, close the form. Return to the **F12 - Fill** screen and press **F12** to fill the Rx.

Billing an Rx for an Saskatchewan Prescriptive Authority Service DIN

The billing of Saskatchewan prescriptive authority fees is separate from the billing of the actual medication. Medication should be filled the same as you would for regular Rx's.

1. Call up the **F12-Fill** screen in and enter the following:
 - a) **Patient:** Enter the patient receiving the prescriptive authority service
 - b) **Drug:** Enter the applicable Saskatchewan Prescriptive Authority DIN

NOTE: You can perform a quick search for all enhanced prescriptive drug cards by searching "SK" from the **F5-Drug** search screen



File Edit Search Utilities NH Central Fill Cards Session Help

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F10 - Pickup F11 - Drop-off F12 - Return to Rx

Search Criteria Mixture Edit Searching By Brand(Generic) Name (Adv)

sk Advanced 6 Records Found

#	Brand Name	Generic Name	Strength	Pack Size	DIN	Form	Mfr	OnHand
1	SK Enhanced Prescriptive Auth	Interim Supplies		1	00951077			
2	SK Enhanced Prescriptive Auth	Unable To Access Supplies		1	00951078			
3	SK Enhanced Prescriptive Auth	Emergency Situation		1	00951079			
4	SK Enhanced Prescriptive Auth	Missing Information		1	00951080			
5	SK Enhanced Prescriptive Auth	Dosage Form		1	00951081			
6	SK Enhanced Prescriptive Auth	Drug Reconciliation		1	00951082			

- c) **Doctor:** Enter the name of the pharmacist who performed the prescriptive authority service
- d) **SIG:** Enter the type of prescriptive authority service Rx being filled (e.g., Interim Supplies, Emergency Situation, etc.)

e) Enter a **Disp Qty** and **Days** value of “1”.

File Edit Rx View Labels Profile Reports Utilities NH Central Fill Cards Session Help																															
F3 - Patient			F5 - Drug			F7 - Doctor			F9 - Workflow			F10 - Pickup			F11 - Drop-off			F12 - Fill Rx													
0		New Rx		Pending Adj		First Fill 03/07/14		Last Fill Information 0		Qty 0		\$0.00		Init		Lookup		Cancel													
Priority		Default Wait Time		F2		Due		in 15 mins		Forward Rx		F2		Work Order 0		F2		Delivery Pickup													
Patient Search				Drug Search				Pack 1				Doc Search				Loc Office															
Name		Doe, Jane		Age		34		Brand		SK Enhanced Prescriptive Au		Name		Dr. Pharmacist, Kroll		Address		220 Duncan Mill Rd													
Address		321 Any St		Female		Generic		Unable To Access Supplies		Address		220 Duncan Mill Rd		City		Toronto		Prov ON													
City		Toronto		Prov		ON		Pack		1 Form		Sched		1		City		Toronto													
Phone		Cell		(555) 999-9999		Purch		\$0.00		OnHand		0		Phone		(555) 111-2222		Lic#													
Plan		Client ID				DIN		00951078		Min Qty		0		Lic#		00000000		Alt. Lic#													
Allergies				Sig				UNABLE TO ACCESS SUPPLIES				Init				KRL KRL				Auth Qty				1 1							
Conditions				UNABLE TO ACCESS SUPPLIES				Route of Admin				Disp Qty				1				Refills(+)				Rem Qty				1 1			
				Dosage Form				Prod Sel				3 - Pharm				G.P. %				100				Acq Cost				\$0.00			
								O/W				Written				Markup				\$0.00				Cost				\$0.00			
								Labels				0 F2				Fee				\$10.49				Total				\$10.49			

6. Click **F12-FII Rx** to adjudicate the prescription to SPDP for payment of the service.