



Untapped Opportunities in Pharmacy: Expanding Scope of Practice and Therapeutic Substitutions

Key Points at a Glance

- Pharmacists are highly trained healthcare professionals who play a vital role in the management of patients' health, including the prescribing of medications (prescribe medications, initiate and adjust doses, and manage drug therapeutic substitutions for patients without the need for physician involvement) which has been an ongoing topic of policy discussions across all Canadian provinces in the aftermath of the COVID-19 pandemic.
- Throughout the pandemic, pharmacists have undertaken increasing responsibility for their patients' care and wellbeing, demonstrating the untapped potential for primary care provision in a heretofore underutilized sector.
- Expanding prescribing authority to pharmacists' full capabilities across all provinces has never been more urgent and relevant than in this period of severe, enduring health professional shortages across the country. Demonstrated positive outcomes of expanded scope of practice across Canada in recent years include:
 - Pharmacies providing millions of assessments for common ailments in more convenient locations closer to home, especially for rural and remote residents.
 - An overwhelming participation rate among pharmacies, as high as 99% of all pharmacies in Ontario

- Provinces with pilot programs consulting on more ways to leverage the skills and expertise of pharmacists to continue making pharmacies a one-stop-shop for more convenient care closer to home (e.g., Nova Scotia, Ontario, British Columbia).
- Allowing pharmacists to connect people with more care options at their local pharmacy has given family doctors more time to help people with more complex needs.
- Pharmacists could be enabled to further alleviate the pressure on public health, and primary care by expanding the scope of practice of pharmacists across all Canadian jurisdictions.
- For provincial governments to achieve this, McKesson Canada recommends that:
 - The expanded scope of practice be harmonized across all Canadian jurisdictions.
 - The potential of therapeutic substitutions by pharmacists be harnessed to address Health Human Resources (HHR) capacity, and medication shortages, and to authorize pharmacists across the country to facilitate the uptake of, and patient access to, less costly biosimilars.
 - Consistent government funding and reimbursement frameworks be established in all Canadian jurisdictions for activities allowed under the fully expanded pharmacy scope of practice.
 - Pharmacists be provided with a holistic view of their patients' medical history and diagnostic testing.

Introduction

Pharmacists are highly trained healthcare professionals who play a vital role in the management of patients' health, including the prescribing of medications. Pharmacist prescribing authority – their ability to prescribe medications, initiate and adjust doses, and manage drug therapeutic substitutions for patients without the need for physician involvement – has been an ongoing topic of policy discussions across all Canadian provinces in the aftermath of the COVID-19 pandemic. **Expanding prescribing authority to pharmacists' full capabilities across all provinces has never been more urgent and relevant than in this period of severe, enduring healthcare professional shortage across the country.** Some of the demonstrated positive outcomes of expanded scope of practice across Canada in recent years include:

- Pharmacies providing millions of assessments for common ailments in more convenient locations closer to home, especially for rural and remote residents.
- Allowing pharmacists to connect people with more care options at their local pharmacy has given family doctors more time to help people with more complex needs.
- An overwhelming participation rate among pharmacies, as high as 99% of all pharmacies in Ontario.
- Provinces with pilot programs consulting on more ways to leverage the skills and expertise of pharmacists to continue making pharmacies a one-stop-shop for more convenient care closer to home (e.g., Nova Scotia, Ontario, British Columbia).

Prior to the pandemic, many members of the public were not aware of the potential benefits of pharmacist prescribing or were unsure of pharmacists taking on expanded roles. However, the pandemic years showed in practice the numerous benefits that can come from pharmacy engagement in primary healthcare and vaccine administration: from ubiquitous locations in even the smallest and most rural communities, to increased patient access due to longer working hours, to trust in pharmacists based on more personal relationships.

Throughout the pandemic years, pharmacists undertook increasing responsibility for their patients' care and well-being, demonstrating the untapped potential for primary care provision in a before now underutilized sector. These pandemic-era public awareness advancements have been further reinforced through the highly successful rollouts of pharmacy care clinics and minor ailments prescribing by pharmacists in all provinces and one territory (Yukon) in the last two years. For instance, the British Columbia¹, Ontario² and Nova Scotia³ examples below have all met with resounding success as measured by pharmacy buy-in and patient uptake:

- In Ontario, starting on January 1, 2023, pharmacists have been allowed to consult with patients directly and prescribe for 13 minor ailments – increasing to 19 minor ailments by the fall of 2023 due to the overwhelming success and demand for these services (with the Ontario Ministry of Health recently celebrating 1 million minor ailment prescribing events in the summer of 2024).
- In Nova Scotia, the launch of community pharmacy primary care clinics on February 9, 2023 has already been expanded from the original 12 locations to 26 participating locations across the province. These pharmacy clinics provide a suite of primary care services, such as minor ailments prescribing and prescription renewals, as well as injections of publicly funded vaccines for adults and children, other medical injections, chronic disease management, and point-of-care testing.
- In British Columbia, pharmacists' scope of practice has been expanded to administration and adaptation of a wider range of drugs since October 2022, along with online prescription renewals for patients without a primary care provider starting in January 2023, and assessing and prescribing for 21 minor ailments and contraception as of June 2023.

These positive changes in minor ailments prescribing have helped to alleviate some of the pressures on physicians' offices, clinics, and emergency rooms for issues that pharmacists can easily diagnose – offering greater patient access at a lower cost than the rest of the healthcare system. However, the full potential of pharmacist prescribing has yet to be unlocked across the country.

¹ <https://www.bcparmacy.ca/tablet/summer-23/british-columbia-pharmacists-performing-more-1000-minor-ailments-each-day>

² <https://toronto.ctvnews.ca/ontario-expands-pharmacists-prescription-powers-to-include-6-more-common-ailments-1.6584456>

³ <https://www.cbc.ca/news/canada/nova-scotia/health-care-pharmacies-patients-1.6988059>

Pharmacists could be enabled to further alleviate the pressure on public health primary care with additional changes being made to pharmacists' prescribing authority across all Canadian jurisdictions, including:

- **Harmonizing the expanded scope of practice** across all Canadian jurisdictions, particularly recent advances in ordering/interpreting lab tests and point-of-care testing
- **Harnessing the potential of therapeutic substitutions** by pharmacists to address HHR capacity challenges and medication shortages across the country. Pharmacists' therapeutic substitution could also include biosimilar interchangeability which is currently not practiced in any Canadian jurisdiction except Quebec⁴
- **Establishing consistent government funding and reimbursement frameworks** in all Canadian jurisdictions for activities allowed under the fully expanded pharmacy scope of practice; and
- **Providing pharmacists with a holistic view of their patients' medical history** via access to electronic health records.

Harmonizing Pharmacist Scope of Practice Across Canada

Healthcare falls under provincial jurisdiction in Canada, and each province is responsible for its own healthcare legislation and regulations. **This means that the scope of practice for pharmacists – and reimbursement for expanded scope activities – can vary widely from province to province (see Appendix for full overview)**, and changes to each province's scope of practice may require legislative or regulatory changes, which can be a slow and complicated process for which political will and public pressure may be necessary as a driver of change.

Currently, all provinces and one territory (Yukon) allow some form of minor ailments prescribing, however, there is no consistency in terms of either the ailments included, nor their eligibility for reimbursement.

The list of eligible minor ailments ranges from a high of 33 in Newfoundland and Labrador, to a low of 14 in Manitoba. Government funding for prescriptions also ranges from full funding for all eligible minor ailments (BC, AB, SK, ON, PEI), to only some prescriptions being funded (MB, NB, NS, NL, QC), to no funding (YK). Moreover, some provinces require pharmacists to complete additional training modules before being allowed to diagnose and prescribe for minor ailments (BC, AB, SK, ON), with the costs of the additional certification not fully covered by the province or the provincial college of pharmacists (MB, PEI, YK); yet, some provinces allow minor ailments prescribing without additional training (QC, NB, NS, NL).

The picture is similarly disparate when it comes to pharmacists' ability to prescribe smoking cessation products (allowed: BC, AB, SK, ON, QC, NB, NS, NL, YK; allowed only with additional training: MB, PEI; not allowed: NWT, NU), but more consistent in regards to pharmacists being allowed to adapt and manage prescriptions through changing dosages, formulations, and renewing/extending prescriptions (only SK limits dosage changes to pharmacists in collaborative practice agreements, while NWT and NU do not allow dosage changes, and NU does not allow continuity of care renewals of prescriptions).

By far the most glaring gap between pharmacists' trained abilities and their scope of practice is the permission to prescribe Schedule 1 substances⁵ independently and to make therapeutic substitutions. **Currently, only Alberta allows pharmacists to initiate Schedule 1 drug therapies independently or in a collaborative practice/agreement**, after submitting an "Additional prescribing authorization" application form to the Alberta College of Pharmacy and meeting certain criteria, including at least one year of full-time experience in direct patient care while on the clinical pharmacist register. In Quebec, the adoption of Bill 67 on November 7, 2024 has enabled pharmacists to prescribe Schedule 1 medications independently, under certain conditions. In all other provinces and territories, independent prescribing of Schedule 1 drugs is not permitted except in an emergency situation (ON, NB, NS, PEI), in order to provide continuity of care (BC, SK, NL, YK) or during declared public health emergencies (MB).

Therapeutic Substitution: The “Swiss Army Knife” of Expanded Scope

The ability of pharmacists to make therapeutic substitutions is fairly ubiquitously allowed across the country, except Ontario, Manitoba, Northwest Territories, and Nunavut, limiting it only to pharmacists working under collaborative

⁴ <https://www.opq.org/materiel-documentation/guide-sur-la-substitution-en-pharmacie/>

⁵ According to the National Association of Pharmacy Regulatory Authorities (NAPRA) Schedule 1 drugs are any drugs requiring a prescription.

practice agreements. **Therapeutic substitutions – the practice of replacing a prescribed medication with an alternative drug that is considered therapeutically equivalent or similar in terms of efficacy and safety - has been shown to be a safe and effective practice when implemented appropriately, and it can bring numerous benefits to patients and the healthcare system as a whole.**

Empowering pharmacists to make therapeutic substitutions aligns with the expanding role of pharmacists as medication experts and valuable members of the healthcare team. They are trained in drug therapy management and have the knowledge and skills to assess the safety and efficacy of alternative medications.

In recent years, Canada has experienced a significant increase in the occurrence of drug shortages, a result of numerous factors such as unanticipated increase in product demand, lack of availability of active ingredients, manufacturing or regulatory issues, or natural disasters, creating challenges for patients and healthcare providers. Medication shortages can create critical challenges in patient care (such as deterioration of disease status, delayed access to care, economic hardship, etc.), and allowing pharmacists to make therapeutic substitutions can help manage these shortages effectively in less time.

Allowing pharmacists to make therapeutic substitutions in the remaining jurisdictions (Ontario, Manitoba, Northwest Territories, and Nunavut) would promote harmonization across the country by streamlining medication management – similar to the Quebec model which allows for therapeutic substitutions in pharmacy – improving patient adherence and enhancing coordination of care across different healthcare settings.

Therapeutic substitution expands the valuable role of pharmacists and helps alleviate healthcare system pressures

Key benefits of pharmacy therapeutic substitution include:

- **Managing drug shortages** through cost-effective, readily available alternatives directly at the pharmacy counter.
- **Facilitating the uptake of future biosimilars** as provinces transition away from expensive biologics, by enabling pharmacists to switch between biosimilars (biosimilar “interchangeability”).
No Canadian jurisdiction currently allows for true biosimilar interchangeability at the pharmacy, as the definition of “interchangeability” is based on bioavailability and only applies to generic substitution. Therefore, one potential new application of therapeutic substitution would be to enable pharmacists to apply biosimilar “interchangeability”, provided evidence supports therapeutic substitution between biosimilars. One potential low-risk starting point could be to allow pharmacists to therapeutically substitute between biosimilar insulins.
- **Continuing to relieve HHR pressures** at all levels of the healthcare system, including pharmacies.
- **Cost effectiveness** – by substituting to the lowest-cost alternative within a therapeutic class (e.g., proton pump inhibitors), pharmacists can significantly reduce healthcare expenditures without compromising patient outcomes while still addressing disparities in medication affordability for patients who lack insurance coverage.
- **Personalized medicine** – by considering individual patient factors when making therapeutic substitutions pharmacists can consider a patient’s medical history, lifestyle, preferences, and specific needs to ensure that the alternative medication is the best fit for the patient, leading to improved patient outcomes and satisfaction.
- **Enhance patient adherence to medications** – by standardizing therapy options, simplifying treatment plans and reducing the number of different medications patients need to take, therapeutic substitutions can reduce the likelihood of medication errors and improve patient understanding and adherence, ultimately leading to better health outcomes.
- **Preventing medication errors** – by being able to make therapeutic substitutions, pharmacists can identify potential drug interactions, allergies, or contraindications and select the most appropriate medication for each patient.
- **Enhancing professional collaboration** – by enabling pharmacists to collaborate with other healthcare professionals and fostering a team-based approach to patient care, pharmacists can work closely with physicians, nurses, and other healthcare providers to ensure that the selected alternative medication aligns with the patient’s overall treatment plan. This can also lead to more effective and integrated healthcare delivery.

Establishing Consistent Government Funding and Reimbursement Frameworks

There are challenges around consistency between jurisdictions for funding and reimbursement for pharmacists to prescribe medications. **In some provinces (e.g., New Brunswick, Nova Scotia), pharmacists may be able to prescribe medications, but they may not be reimbursed for their services, making it difficult to sustain a prescribing practice.** Contrary to the funded model of Nova Scotia, the limited promotion and funding of pharmacy clinics in New Brunswick has led to more muted results⁶. To ensure successful rollouts of any scope of practice expansions, provincial governments need to develop clear and consistent communications campaigns to educate the public and build support for pharmacist prescribing, as well as providing additional provincial funding for education, training, and infrastructure. **Moreover, a successful rollout of expanded prescribing authority demands that adequate compensation be provided to pharmacists and pharmacy technicians to ensure there are sufficient resources, akin to what is in place for physicians and registered nurses.**

There are two main principles that can be used to determine pharmacist remuneration: the prescribing principle and the assessment principle. The prescribing principle is based on the idea that pharmacists should be paid based on the number of prescriptions they fill – and it is the basis of most pharmacist remuneration in all provinces, based on drug price markups.

On the other hand, the assessment principle is based on the idea that pharmacists should be paid based on the value of the services they provide, an example of which is the more recent move towards allowing for minor ailments assessments and prescribing. This means that pharmacists are incentivized to focus on patient value-add & outcomes, and provide high-quality care that is tailored to the individual needs of each patient, much like a physician would do. This can lead to better health outcomes and lower healthcare costs over time.

There are several reasons why pharmacist remuneration should be based on a blend of the assessment principle and the prescribing principle, recognizing the critical role each plays in the provision of pharmacy services:

- **Better patient outcomes:** When pharmacists are enabled to focus on patient outcomes rather than simply filling more prescriptions, they are more likely to take the time to assess each patient's individual needs and provide personalized care. This can lead to better health outcomes and a higher level of patient satisfaction.
- **Cost savings:** By focusing on patient outcomes and providing high-quality care, pharmacists can help to reduce healthcare costs over time. This is because patients are less likely to experience adverse reactions or complications from their medications, which can lead to costly hospitalizations and other medical interventions.
- **Medication management:** Compensating pharmacists for prescribing medications is essential because dispensing fees alone do not cover the additional costs of providing this service, such as investment in, and maintenance of, supporting IT infrastructure, and additional pharmacist and support staff labour costs. Pharmacists also provide crucial services like medication management and patient education, enhancing healthcare outcomes. Proper compensation recognizes their expertise and ensures sustainable pharmacy practice, benefiting both patients and the healthcare system.
- **Professional development:** The assessment principle can also encourage pharmacists to continue to develop their skills and knowledge over time. This can lead to a higher level of expertise and a greater ability to provide specialized care for patients with complex medical needs, which in turn could contribute to higher job satisfaction and attract new talent into the industry.

⁶ <https://globalnews.ca/news/9699868/nb-pharmacist-added-responsibilities/>

Providing Pharmacists with a Holistic View of Their Patients' Medical History

Another aspect of ensuring patient safety involves looking at the patient's medical needs and journey as a whole. **Currently, pharmacists in Canada are not equipped (via technology or standards of practice) to have insight into the patient's journey and medication adherence, because they do not have standardized access to a patients' electronic health records (EHR) – access is usually restricted and may come with fees for use.** Provincial EHRs are a consolidation of health information from electronic medical record (EMR) systems from many sources, such as from clinics, hospitals, pharmacies, labs, public health, etc., and provincial Drug Information Systems ((DIS)⁷) into patient specific health records within the province. This network can be accessed by multiple healthcare providers, including pharmacists, but the amount of data available to pharmacists may be limited. Pharmacies typically do not have access to EMR systems unless they have an agreement with a specific physician or practice, or if they have specialized access to EMR systems for servicing long-term care homes. While a province may have a preferred EMR system, many providers choose to use other platforms unless its use is mandated.

In most pharmacist-patient relationships, once a prescription is dispensed, the pharmacist's insight stops, and they cannot determine their health outcomes afterwards. It would therefore be necessary to develop standardized, consistent EHR reporting and record management that includes all medical professionals along a patient's journey, from physicians, to nurses, to pharmacists, across all provinces.

To move towards an integrated EHR approach to patient-centric care, two notable obstacles would need to be overcome: physician resistance to expanded scope of practice for pharmacists, and a greater understanding among physicians and the public about pharmacists' qualifications and medical training. Some physicians and other health professionals are resistant to expanding the prescribing authority of pharmacists, arguing that they lack the same level of medical training and expertise as other medical professions. However, it is important to note that even with expanded prescribing authority, pharmacists must follow strict protocols and guidelines to ensure safe and effective use of medications, working closely with other healthcare providers to ensure optimal patient care. All graduating Canadian pharmacists are required to successfully complete two certification exams, ensuring all pharmacists have the theoretical training and expertise necessary for prescribing medications to patients, while the ability to practice builds a pharmacists' practical experience.⁸ They are also required to use their professional judgement to work within their training and scope of practice, as all healthcare providers are required to do.

In addition, diverting the easier, minor ailments cases to pharmacists for diagnosis and management would reduce the patient management (and associated administrative) activities, and would free up physicians' time to address the more complex cases in their patient population, as well as increase the number of patients on their roster because of reduced activities per patient for minor ailments.

⁷ Most Canadian provinces also have a DIS accessible to pharmacists (except for Ontario, Quebec, and the territories).

⁸ All graduating Canadian pharmacists are required to successfully complete two certification exams through the Pharmacy Examining Board of Canada (PEBC) – Part 1 (MCQ: Multiple Choice Questions) and Part 2 (OSCE: Objective Structures Clinical Examination) – in addition to a jurisprudence exam based on the province or territory where they intend to practice.



Conclusion

Overall, the disparate province-specific approaches to pharmacists' prescribing authority across Canada present a complex issue that has no simple, universal solutions. While some provinces have taken steps to expand the scope of practice for pharmacists, it will likely require ongoing collaboration and dialogue between healthcare professionals, regulatory bodies, and government agencies to establish a more uniform approach to prescribing authority and sustainable funding of such services, to increase the health care provision capacity of this underutilized sector.

In order to not lose the positive momentum established during and immediately after the pandemic, it is imperative for governments – and in the best interest of all Canadians – to continue to expand the prescribing authority and the ability of all pharmacists to perform therapeutic substitutions across the country until all jurisdictions reach the practice ability of pharmacists in Alberta and Quebec. For provincial governments to achieve this, McKesson Canada recommends that:

- The expanded scope of practice be harmonized across all Canadian jurisdictions, particularly recent advances in ordering/interpreting lab tests and point-of-care testing.
- The potential of therapeutic substitutions by pharmacists be harnessed to address HHR capacity, medication shortages across the country, and authorize pharmacists across the country to facilitate the uptake and patient access to less costly biosimilars.
- Consistent government funding and reimbursement frameworks be established in all Canadian jurisdictions for activities allowed under the fully expanded pharmacy scope of practice.
- Pharmacists be provided with a holistic view of their patients' medical history.

As the HHR staffing crises and medication shortages continue in all provincial and territorial health systems, unlocking pharmacists' full scope of practice potential would enable these trained health professionals to further alleviate the pressure on public health, and family and specialty medicine, providing care for underserved Canadian patients closer to home.

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Appendix A:

Prescribing Authority across Canada: Provincial and Territorial Overview

The prescribing authority of pharmacists across Canada varies depending on the province or territory in which they practice⁹. In order to bring all provinces and territories up to the same standard of fully funded and full prescribing authority, the following advancements would need to occur in each province and territory:

| Province | Funding | Next Steps |
|--|---|---|
| British Columbia: As of June 1, 2023, pharmacists in British Columbia have limited prescribing authority for certain medications, such as emergency contraception, smoking cessation products, and medications to treat certain minor ailments ¹⁰ . They can also make therapeutic substitutions, initiate and adjust doses of certain medications for patients with chronic conditions, and renew or extend prescriptions for continuity of care. To ensure patient safety and effective care, pharmacists had to complete a free, mandatory Regulatory Education Module , developed collaboratively by the College, the Ministry of Health and UBC's Continuing Pharmacy Professional Development Program (CPPD), before making diagnoses or prescribing medications for minor ailments and contraception . | Funds prescribing of all 22 eligible minor ailments in pharmacies across the province, with more soon to come. | BC's pharmacists are still not permitted to prescribe any Schedule 1 drug independently or in a collaborative practice setting/ agreement. In addition, their ability to prescribe Schedule 1 drugs in an emergency situation are limited to extending existing prescriptions only, in order to provide continuity of care. |
| Alberta: Alberta's pharmacists enjoy the most expansive scope of practice of all Canadian jurisdictions, including full prescribing authority for Schedule 1 drugs to initiate, adapt and manage drug therapies . In order to initiate Schedule 1 drug therapies independently or in a collaborative practice/agreement, Alberta pharmacists must submit an “Additional prescribing authorization” application form to the Alberta College of Pharmacy and meet certain criteria , including at least one year of full-time experience in direct patient care while on the clinical pharmacist register ¹¹ . | Funds prescribing of all pharmacist-issued prescriptions across the province. | None. |
| Saskatchewan: Pharmacists in Saskatchewan have a two-tiered prescriptive authority: Level 1 Prescribing includes all licensed Saskatchewan pharmacists and allows them to prescribe medications for certain minor ailments , smoking cessation and in an emergency situation (only to provide continuity of care, no new prescriptions) ¹² . In Level 2 Prescribing they are also able to make therapeutic substitutions and change drug dosage, formulation, regimen, etc. if they are working under collaborative practice agreements – i.e. the pharmacist must be confident in knowing the patient's practitioner would be in support of the prescribing and should not prescribe if they have reasonable grounds for believing that the patient's practitioner would not support the decision. | Funds prescribing of all 30 eligible minor ailments in pharmacies across the province. | Saskatchewan's pharmacists are still not permitted to prescribe any Schedule 1 drug independently, and their ability to prescribe Schedule 1 drugs in an emergency situation are limited to extending existing prescriptions only, in order to provide continuity of care. |
| Manitoba: In Manitoba, pharmacists can prescribe medications for certain minor ailments , such as cold sores, dermatitis and urinary tract infections (UTIs), as well as smoking cessation and in limited emergency situations ¹³ . In order to qualify for advanced prescriptive authority for these minor ailments, pharmacists must complete additional training and receive authorization from the College of Pharmacists of Manitoba . | Funds prescribing of only 1 (UTIs) of 14 eligible minor ailments in pharmacies across the province. | Manitoba's pharmacists are still not permitted to prescribe any Schedule 1 drug independently or make therapeutic substitutions, and their ability to prescribe Schedule 1 drugs in an emergency situation are pursuant to a Ministerial Order during a public health emergency, only. |

⁹ <https://www.pharmacists.ca/advocacy/scope-of-practice/>

¹⁰ <https://www.bcparmacists.org/news/pharmacists-now-able-prescribe-medications-minor-ailments-and-contraception>

¹¹ <https://abpharmacy.ca/additional-prescribing-authorization>

¹² https://saskpharm.ca/document/6106/REF_Prescriptive_Authority_Pharmacist.pdf

¹³ <https://www.pharmacistsmb.ca/resources/pharmacy-services.html>

| Province | Funding | Next Steps |
|---|--|--|
| Ontario: As of January 1, 2023, pharmacists in Ontario can prescribe medications for 19 minor ailments (originally 13, with an additional 6 added in March) ¹⁴ , prescribe for smoking cessation and initiate prescriptions independently in an emergency. Pharmacists are also allowed to adapt and manage prescriptions by changing drug dosage, formulation and regimen, and renewing or extending prescriptions for continuity of care. However, they are not allowed to independently make therapeutic substitutions. All practicing pharmacists enjoy the same scope of practice, without additional training or certification courses. | Funds all 19 eligible minor ailments in pharmacies across the province. | Ontario's pharmacists are still not permitted to prescribe any Schedule 1 drug independently or in a collaborative practice setting/ agreement. They are also not allowed to manage drug therapies by making therapeutic substitutions. |
| Quebec: On November 7, 2024, Bill 67 was passed ¹⁵ . Pharmacists in Quebec will now be able to prescribe medications for common conditions, to prevent health conditions, and to treat chronic diseases that have already been diagnosed . Pharmacists are also authorized to inject medications and manage prescriptions, including making therapeutic substitutions, changing the dosage, formulation, and regimen of medications, and renewing or extending prescriptions to ensure continuity of care. All practicing pharmacists will be able to benefit from the same scope of practice, without additional training or certification courses, except for pharmacists who have not completed training for injecting medications. | Negotiation required to align funding with expansion of pharmacist prescribing role for common ailments and chronic conditions. | Amendments to the regulations arising from Bill 67, including one for the "Exercise of certain professional activities" provided for in Article 17 of the Pharmacy Act, are currently being drafted for upcoming adoption. |
| New Brunswick: As of May 15, 2023, pharmacists in New Brunswick can prescribe medications for 24 minor ailments ¹⁶ , prescribe for smoking cessation and initiate prescriptions independently in an emergency. Pharmacists are also allowed to adapt and manage prescriptions, including making therapeutic substitutions, changing drug dosage, formulation and regimen, and renewing or extending prescriptions for continuity of care. All practicing pharmacists enjoy the same scope of practice, without additional training or certification courses. | Funds 10 of the 24 eligible minor ailments in pharmacies across the province. | New Brunswick's pharmacists are still not permitted to prescribe any Schedule 1 drug independently. |
| Nova Scotia: Pharmacists in Nova Scotia have the prescribing authority to initiate, adapt and manage drug therapies for minor ailments, smoking cessation and in an emergency situation, including Schedule 1 drugs in a collaborative practice setting/ agreement. As of February 1, 2023, the Pharmacy Association of Nova Scotia (PANS) , in partnership with the Government of Nova Scotia and Nova Scotia Health announced the piloting of new primary care clinics at 12 pharmacy locations, which has since been expanded to 26 participating locations ¹⁷ . The pharmacies under this pilot receive additional funding for providing added care for 31 minor ailments and are located in areas with the highest number of people without a family doctor. | Funds 4 of the 31 eligible minor ailments in pharmacies across the province. | Nova Scotia's pharmacists are still not permitted to prescribe any Schedule 1 drug independently. |
| Prince Edward Island: As of October 18, 2022, pharmacists in PEI can assess and prescribe, free of charge, for 32 common ailments , including cough, sore throat, seasonal allergies, heart burn, minor joint pain, thrush, and skin conditions like eczema and acne ¹⁸ . In order to qualify for advanced prescriptive authority for these minor ailments, pharmacists must complete additional training and receive authorization from the PEI College of Pharmacists. Currently, there are 48 registered community pharmacies on Prince Edward Island have agreed to participate in the Pharmacy Plus PEI program. | Funds all 32 of the eligible minor ailments in pharmacies across the province. | PEI's pharmacists are still not permitted to prescribe any Schedule 1 drug independently or make therapeutic substitutions, except in an emergency situation. They also require additional training and certification through the regulatory authority in order to prescribe for minor ailments, which means that not all pharmacists can practice to their full scope. |

¹⁴ <https://www.ocpinfo.com/ontario-pharmacists-now-authorized-to-prescribe-for-minor-ailments/>

¹⁵ <https://www.assnat.qc.ca/fr/travaux-parlementaires/projets-loi/projet-loi-67-43-1.html>

¹⁶ <https://nbpharma.ca/minor-ailment-assessments>

¹⁷ <https://pans.ns.ca/public/pharmacy-services/assessing-prescribing-minor-ailments>

¹⁸ <https://www.princeedwardisland.ca/en/information/health-and-wellness/pharmacy-plus-pei-common-ailments-and-conditions>

| Province | Funding | Next Steps |
|---|--|---|
| Newfoundland and Labrador: Pharmacists in Newfoundland and Labrador can prescribe medications to treat 33 minor ailments , with an additional four added on April 4, 2023, supported by \$16.6 million government investment for coverage of the pharmacist's fees to allow universal access to these expanded services at community pharmacies ¹⁹ . They can also make therapeutic substitutions, initiate and adjust doses of certain medications for patients with chronic conditions, and renew or extend prescriptions for continuity of care for an additional 12 months (up from the previously allowed 90 days). These expanded services are universally available to all residents of Newfoundland and Labrador and not limited to beneficiaries of the Newfoundland and Labrador Prescription Drug Program. | Funds 9 of the 33 eligible minor ailments , plus contraceptives and Rx renewals, in pharmacies across the province. | Newfoundland and Labrador's pharmacists are still not permitted to prescribe any Schedule 1 drug independently or in a collaborative practice setting/agreement. In addition, their ability to prescribe Schedule 1 drugs in an emergency situation are limited to extending existing prescriptions only, in order to provide continuity of care. |
| Yukon: As of April 3, 2023, pharmacists in the Yukon have limited prescribing authority for certain medications , such smoking cessation products, injections for travel-related diseases and medications to treat certain minor ailments ²⁰ . They can also make therapeutic substitutions, initiate and adjust doses of certain medications for patients with chronic conditions, and renew or extend prescriptions for continuity of care. In order to qualify, pharmacists must complete additional training and licensing requirements for pharmacists that became available as of December 2022. | Does not fund any of the 24 eligible minor ailments prescribing by pharmacists. | Yukon's pharmacists are still not permitted to prescribe any Schedule 1 drug independently or in a collaborative practice setting/ agreement. In addition, their ability to prescribe Schedule 1 drugs in an emergency situation are limited to extending existing prescriptions only, in order to provide continuity of care. |
| Northwest Territories: In the Northwest Territories only physicians and nurse practitioners are authorized to prescribe medications to patients. Pharmacists are responsible for dispensing medications as prescribed by these authorized prescribers and providing medication counseling to patients, and they are allowed to renew or extend prescriptions for continuity of care only. | Does not fund any prescribing by pharmacists. | Northwest Territories should consider gradually expanding pharmacist prescribing authority. |
| Nunavut: In Nunavut, only physicians and nurse practitioners are authorized to prescribe medications to patients. Pharmacists do not have prescribing authority in any capacity for any Schedule 1 drugs, minor ailments, smoking cessation or therapeutic substitution. Pharmacists are not allowed to initiate, adapt or manage drug therapies for their patients. | Does not fund any prescribing by pharmacists. | Nunavut should consider gradually expanding pharmacist prescribing authority. |

¹⁹ <https://www.gov.nl.ca/releases/2023/exec/0404n03/>

²⁰ <https://yukon.ca/en/news/government-yukon-expands-services-pharmacists-include-prescribing>

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