



PHARMACY SERVICES
IN NOVA SCOTIA:
Prescribers' Guide

WE ARE HERE TO HELP.

This resource is part of the Pharmacy of Nova Scotia's **Help Us Help You** campaign to improve the patient experience at NS pharmacies and increase the overall understanding of pharmacy scope of practice.

This guide provides you with details on what pharmacists can provide to patients. From prescription renewals to preventative treatments, pharmacists are a valuable health resource for all Nova Scotians.

With better understanding of how we provide care, we can work together more effectively - a win for patients, pharmacists, and other healthcare providers.

To find a list of all pharmacies in the province, visit
[PANS.NS.CA/FIND](https://pans.ns.ca/find)

Filter by "special services" for more information on services available by area. Services require an assessment appointment. Availability of appointments will vary by pharmacy.

Community Pharmacy Primary Care Clinics are located at select pharmacies. Some services and fees differ at these locations as indicated in this document. To find a list of these clinics visit
[PANS.NS.CA/PPCC](https://pans.ns.ca/cppcc)

When a pharmacist provides a test, or gives medication by injection, they are **required by standards of practice** to notify the patient's physician or nurse practitioner by fax. When a pharmacist prescribes a medication, they will notify when appropriate.

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DISPENSING SERVICES

- **Please include the indication on prescriptions.** Pharmacies require the indication under pharmacy regulations to ensure that the assessment and counselling is based on the appropriate indication. Adding the indication at the time of prescribing will reduce phone calls/ faxes from pharmacies.
- If the patient is using blister packs, please prescribe a quantity to match the blister pack
 - ie: M: 28 S: Take one table daily. Fill every 28 days.
- If there is a change in the dose, please add "dose change" or "new dose" notation to keep pharmacy team informed; this will limit office calls.
- Please add Pharmacare exception status criteria codes when required for Pharmacare patients

For a full list visit: [novascotia.ca/dhw/pharmacare/documents/](https://novascotia.ca/dhw/pharmacare/documents/Criteria-for-Exception-Status-Coverage.pdf)

Criteria-for-Exception-Status-Coverage.pdf

- **Prescriptions take up to 48 hours to complete. When providing a prescription to a patient (or faxing to the pharmacy), please ensure the patient is aware of this timeline. If patient is out of medication or it is an acute care need, the patient should call the pharmacy to let them know.**
 - **Include doctor license # and fax # to prevent delay**
- If a prescription is sent by e-prescribing in the DIS, the pharmacy does NOT receive notification. The patient will need to contact their pharmacy to request it be filled. The pharmacy can confirm when it can be ready.
- For narcotic and controlled medications, please include the quantity/part-fill and total amount authorized. Third party drug plans will not pay for the prescription unless the prescriber writes out the quantity.
 - ie: "30 days with 5 refills" does not meet their requirements.
 - the prescription would need to state "180 tablets total, dispense 30 tablets every 30 days."

SERVICES FUNDED AT ALL COMMUNITY PHARMACIES FOR ALL RESIDENTS WITH A VALID NS HEALTHCARD

- Prescription Renewals
- Lyme Disease Prophylaxis and/or Early Treatment of Lyme
- UTI (uncomplicated) Assessment & Prescribing
- Hormonal Contraception Assessment & Prescribing
- Herpes Zoster Assessment & Prescribing
- Anticoagulation Management Service *
- INR testing & assessment
- Mental Health & Addictions *
- Naloxone home kit training
 - kits are also free of charge
- Medication Reviews **
- Adaptations
- Therapeutic Substitutions
- Covid-19 related cough
- Publicly Funded Vaccines
 - Covid-19
 - Influenza
 - Prophylaxis Prescribing by Public Health Protocol
 - Meningococcal B
 - Learn more about patient eligibility: <https://novascotia.ca/meningococcal-vaccines>

* Service available at select pharmacies

** Co-pay may apply. Medication reviews are a benefit for patients covered by one of the Pharmacare programs (ie: Seniors pharmacare, income assistance, etc).

Patients are encouraged to book an appointment with their pharmacy to avoid delays.
Virtual appointments available at some pharmacies

Learn more about pharmacy services here:
PANS.NS.CA/PUBLIC/PHARMACY-SERVICES

Most publicly funded vaccines are available at CPPCC sites, however some may need to be ordered. Patients should contact clinic in advance to confirm availability.

PRESCRIPTION RENEWALS

- Pharmacists can assess and prescribe for renewal of most medications, including controlled substances
- Requires an assessment by a pharmacist
 - Legislation does not permit pharmacies to "lend a couple of pills" until scheduled appointments. A pharmacist renewal assessment is required. **It's a separate stand alone prescription.**
 - The pharmacist takes full responsibility for the prescribing decision
- Renewal prescriptions can be written for a duration that the pharmacist determines to be appropriate based on assessment and available information (ex: current symptoms, lab results). Pharmacists have access to SHARE and will review as part of the assessment for the renewal.
- Renewals for controlled substances are determined by pharmacists' professional judgement; pharmacists may not adapt a prescription to increase the dose or increase quantity dispensed at a time.
- Renewal service may only be billed by pharmacies if the pharmacist renews prescriptions for a duration not less than the patient's usual duration of therapy following billing guidelines. The Department of Health and Wellness Guide states, "the pharmacist renews prescriptions for the duration not less than the patient's usual duration of therapy, unless it is the professional judgement of the pharmacist that it would be unsafe or unwise to do so as documented in the patient record. Usual duration will include usual day supply dispensed plus authorized refills."

LYME ASSESSMENTS FOR PROPHYLAXIS AND EARLY LYME DISEASE

covered by MSI with NS Health Card

Pharmacists can prescribe preventative treatments for Lyme disease only in accordance with the NS Infectious Disease Protocol:

- Tick bite must have occurred within the past 72 hours and tick was attached for at least 36 hours. Timing is essential in treatment.
- Pharmacist must be confident that tick has been identified as a black-legged tick. To help with identification, it is recommended that the patient keep the tick and bring it in a zip-lock bag. It is also recommended to take a picture of tick at the time of removal.
 - This service does not include tick removal.
- Effective May 1, 2024, pharmacists can assess and prescribe for the treatment of early Lyme in accordance with a protocol that is consistent with treatment guidelines in Nova Scotia Infectious Disease Expert Group (IDEG) - Guidance for Primary Care and Emergency Medicine Providers in the Management of Lyme Disease in Nova Scotia in individuals who:
 - present with a localized erythema migrans rash (>5cm);
 - do not require confirmatory laboratory testing; and
 - are not presenting with complicating factors or signs and symptoms suggestive of early disseminated or late Lyme disease as set out in clinical practice guidelines.

UTI (UNCOMPLICATED) ASSESSMENT & PRESCRIBING

covered by MSI with NS Health Card

- **Uncomplicated UTI** only for patients ages ≥ 16
 - patient has a **female** reproductive system
 - infrequent (none in past six months, less than three in one calendar year)
- Requires an assessment by a pharmacist
- This service is covered twice in one calendar year.
- Patient must have had a previous UTI diagnosed by an MD or NP

- Pharmacists do not perform urinalysis. NSH and Choosing Wisely guidelines do not recommend urinalysis for uncomplicated UTIs.
- If patient has had a UTI in the last 6 months, or three in the last 12, the pharmacist will refer to another healthcare provider for urinalysis and assessment
- If patient has symptoms of a complicated UTI, they will be referred to another healthcare provider (ex: external (male) reproductive system, fever, flank pain, etc.)

HORMONAL CONTRACEPTION ASSESSMENT & PRESCRIBING

covered by MSI with NS Health Card

- Requires an assessment by a pharmacist
 - assessment includes counselling on many topics such as STI prevention, pap smears, and mammograms
 - service provided once per calendar year
 - pharmacists will provide follow-up assessment in 3 months for new prescriptions
- The indication must be for contraception (not for other reasons such as acne or dysmenorrhea) **for the female reproductive system.**
- Pharmacists can prescribe all hormonal contraception methods. When intra-uterine contraception or subdermal implant is the method of choice, pharmacists can prescribe if they have an arrangement with a healthcare provider for insertion.
- Pharmacists can prescribe and administer injectable hormonal contraception (fees may apply for injection service).

HERPES ZOSTER

ASSESSMENT & PRESCRIBING

covered by MSI with NS Health Card

- Requires an assessment by a pharmacist for anti-viral.
- Pharmacists can prescribe for mild pain treatment. Post-herpetic neuralgia will be referred to another provider.
- Pharmacists can treat if shingles rash has been present for 72 hours or less (7 days or less if immunocompromised).
- Patients that present with complicating factors such as ophthalmological, otic or neurological manifestations can be assessed by pharmacist to initiate anti-viral treatment and referred to a MD/NP for further assessment of one of these infected areas.

ANTICOAGULATION MANAGEMENT SERVICE

covered by MSI with NS Health Card

- Visit pans.ns.ca/cpams for a list of 90+ participating pharmacies
- In-pharmacy INR testing by finger prick blood test
- Pharmacist takes responsibility for anticoagulation management including dose adjustments and follow-up.
- pharmacist will refer patients to emergency department if there are signs of a major bleed
- Pharmacist will contact another provider if signs of minor/moderate bleed occur that require a physical assessment and/or if guidelines recommend Vitamin K
- Fax notifications will be marked "for patient file" OR "requires physician/ NP" if further action is required.



Patients have reported the service improved convenience, shorter wait time, less expense/time off work required to regularly visit a lab and improved confidence in managing their condition.

MENTAL HEALTH & ADDICTIONS

covered by MSI with NS Health Card

Bloom Program

- A community pharmacy initiative (first of its kind in Canada and internationally) designed to increase and improve mental health and addictions care for Nova Scotians
- Available at **69+** pharmacies across the province (for a full list visit www.bloomprogram.ca)
- Available for patients with one or more mental health or substance use diagnosis or a medication problem
 - No waitlist.
 - One-on-one care and patient advocacy from pharmacist.
 - Access to and information about community mental health and addiction resources.
 - Assistance in navigating the mental health and addictions system in Nova Scotia.
 - Help managing medication-related issues.
- Funded by NS Dept of Health & Wellness, administered by NSHA, part of NS mental health & addictions strategy.

MEDICATION REVIEWS

fees covered for Pharmacare patients, see details below

The goal of the **Basic Medication Review** is to ensure that patient has an up to date list of all medications, doses, and directions, understands the reason for use of each medication, and how to manage any side effects.

An **Advanced Medication Review** will also include an in depth review of any potential drug therapy problems and creation of a care plan to resolve these medication related problems.

Basic Medication Review Eligibility Criteria

- Patient must be prescribed 3 or more medications, with a chronic disease
- Funded for all Pharmacare patients; co-pay may apply

Advanced Medication Review Eligibility Criteria

- Patient must be taking 4 or more prescription medications OR taking one of the following:
**Methyldopa | Indomethacin | Cyclobenzaprine | Diazepam
Chlordiazepoxide | Clorazepate | Amitriptyline**
- Have at least one of the following diseases:
**Asthma | Diabetes | Hypertension | Hyperlipidemia
Congestive heart failure | COPD | Arthritis**
- Service is covered for all senior (65+) Pharmacare patients; co-pay may apply

Pharmacists do a comprehensive review of all medications (prescription and non-prescription), educate patients, and check for appropriateness, safety and effectiveness.

Of note: Complex Medication Reviews are available at CPPCC sites only for eligible patients. See page 28 for more information.

ADAPTATIONS

covered by MSI with NS Health Card

- An adaptation is a change in a prescribed therapy that maintains the same drug molecule but enhances the drug efficacy, affordability and/or tolerability.
- Modifications may be made to the dose, formulation, regimen and/or duration of therapy for the following reasons:
 - drug strength and/or formulation prescribed is not commercially available
 - dose, formulation, regimen, and/or duration of therapy is missing from the prescription and sufficient information can be obtained from the patient, patient record, and/or sources to determine the appropriate adaptation
 - A patient specific factor (age, weight, organ function, medical conditions, adverse drug reactions, other medications) require the dose to be adjusted
 - An adjustment in the formulation and/or regimen will enhance the ability of the patient to take the medication more effectively

THERAPEUTIC SUBSTITUTION

covered by MSI with NS Health Card

A change in the patient's originally prescribed therapy can be substituted to a different drug molecule

Change must be used to achieve the same therapeutic goal and this may/may not be within the same therapeutic drug class

Change will maintain/enhance effectiveness of the patient's drug therapy and/or improve adherence

Duration will not exceed duration of original prescription, or it will be therapeutically equivalent to the original prescription when substituting a drug with a defined treatment period (ex: antibiotics)

COVID-19 RELATED COUGH

assessment & prescribing service covered by MSI with NS Health Card

Pharmacists can assess and prescribe for a Covid-19 related cough if patient meets the following criteria:

- ≥ 18 years old
- a positive Covid-19 test
- non-severe symptom onset within the past 14 days
- new or worsening cough or shortness of breath

While assessment & prescribing service is covered by MSI with a valid NS health card, medication costs apply.

PUBLICLY FUNDED VACCINES

covered by MSI with NS Health Card

Vaccines covered by MSI with NS Health Card at community pharmacies

- Covid-19
- Influenza
- Meningococcal B*

* Learn more about patient eligibility: <https://novascotia.ca/meningococcal-vaccine>

- Covid-19, Influenza, and Meningococcal B vaccinations are recorded in CanImmunize which feeds directly into Panorama.
- Pharmacies can only access Covid-19, Influenza, and Meningococcal B vaccinations from Public Health. Other public health vaccines are available at CPPCC sites only. Find a location near you: www.pans.ns.ca/cppcc

- All certified pharmacists and technicians can administer injections for patients ≥ 2 years.
- Those with additional training can administer Covid-19 and Influenza vaccines to patients ≥ 6 months.

PRESCRIBING ANTIMICROBIAL PROPHYLAXIS FOR CLOSE CONTACTS

Covered by Public Health with or without NS health card

Pharmacists can prescribe antibiotics (chemoprophylaxis) to close contacts only in accordance with Public Health Protocol and upon notification of the close contact from public health. They can prescribe to prevent:

- Invasive Group A Streptococcus (iGAS)
- Invasive Meningococcal Disease (IMD)
- Pertussis

Pharmacist will prescribe the appropriate antibiotic, dose, and formulation, and duration, considering a patient's age, weight, allergies, and relevant medical conditions and medications.

Pharmacist will notify the patient's primary care provider of the assessment, prescribing, and follow up plan.

Pharmacist cannot prescribe treatment for iGAS, IMD, and pertussis.

Pharmacist prescribing will only apply following a referral letter from Public Health via fax and phone call to the close contact's preferred community pharmacy.

***Patients suspected of being close contacts must be referred to Public Health. Requests for chemoprophylaxis prescribing by a pharmacist for close contacts must come from the members of Public Health.**

ADDITIONAL SERVICES AVAILABLE AT NO CHARGE AT COMMUNITY PHARMACY PRIMARY CARE CLINICS (CPPCC) WITH A VALID NS HEALTH CARD

May also be available at your local community pharmacy for a fee

- Additional publicly funded vaccines (CPPCC Only)
- Injection services
 - Travel and non-publicly funded vaccines (fees apply)
 - Medication injections
- Minor Ailment Assessment & Prescribing
- Managing Chronic Disease Services and Smoking Cessation
- Pharyngitis: Group A Strep assessment
- Point-of-care-testing (POCT) for A1C and Lipids panel are available at CPPCC. These are used as part of providing another service where appropriate.

ADDITIONAL INJECTIONS

Pharmacists can assess, prescribe and administer the following:

Vaccines and Preventative Medications:

(cost for vaccine + administration fees may apply when not publicly funded)

- Herpes Zoster (Shingles)
- Human Papilloma Virus (HPV)
- Hepatitis A and B
- Typhoid Fever
- Varicella (Chicken Pox)
- Meningococcal Disease
- Pneumococcal Disease
- Measles, Mumps and Rubella (MMR)
- Tetanus, Diphtheria and Pertussis (Tdap)
- Other travel vaccines
- Malaria prophylaxis

Injections:

Patient or their drug plan pays for cost of medication.

No fee to administer the injection at CPPCC. There will be a fee to administer the injection if provided at other community pharmacies

- Vitamin B12
- injectable hormonal contraception
- other S/C or I/M medications

- Patients should contact pharmacy in advance to inquire about availability of vaccines.
- Fee to inject is covered at CPPCC locations with a valid NS health card.

MINOR AILMENTS

No fee at CPPCC, fees apply at other community pharmacies

Pharmacists can assess and prescribe for a number of minor ailments including:

GASTROINTESTINAL

- Diarrhea (non-infectious)
- Dyspepsia
- GERD
- Hemorrhoids
- Nausea

HEAD/ NOSE/ THROAT

- Allergic Rhinitis
- Allergies
- Conjunctivitis (Pink Eye)
- Cough
- Dry eye
- Headache (mild)
- Nasal Congestion
- Oral Thrush
- Oral Ulcers
- Sore Throat

REPRODUCTIVE HEALTH

- Dysmenorrhea (menstrual cramps, not hormonal contraception)
- Emergency Contraception
- Vaginal Candidiasis

DERMATOLOGICAL

- Acne (mild)
- Calluses and Corns
- Contact Allergic Dermatitis
- Dandruff
- Eczema (mild to moderate)
- Fungal Infections of the Skin
- Impetigo
- Urticaria (mild)
- Warts (excluding facial and genital)

OTHER

- Herpes Simplex (infrequent)
- Joint Pain (minor)
- Muscle Pain (minor)
- Sleep Disorders (minor)
- Smoking Cessation
- Threadworms and Pinworms
- Xerophthalmia

CHRONIC DISEASE MANAGEMENT

No fee at CPPCC, there will be a fee at other community pharmacies.
Some private plans may cover the cost of the service.

- Pharmacists provide drug therapy assessments and follow-ups for patients living with chronic disease.
- This service also includes
 - advice on life-style changes
 - device training
 - patient education

Smoking Cessation Programs

- Pharmacists are authorized to prescribe all medications and nicotine replacement treatments available
- Many pharmacies offer programs that can provide patients with support to quit smoking.

Common chronic diseases treated in a pharmacy:

- Asthma/COPD
- Cardiovascular disease
- Diabetes
- Obesity

PHARYNGITIS: GROUP A STREP ASSESSMENT

covered by MSI with NS Health Card at CPPCC sites, fees apply at other pharmacies

- Pharmacist will assess if patient symptoms are consistent with GAS pharyngitis
- Patient's risks of GAS will be assessed by using a Modified Centor Criteria Score (> 15 yoa) or Centor Clinical Decision Rule (3-14 yoa) which both include examining the throat and palpating the lymph nodes
- Pharmacist will perform a molecular POCT if deemed appropriate
- Recommendations will be made for OTC medications/non pharmacological treatment for symptomatic relief and antibiotics if patient tests positive for GAS
- Patient will be referred if they present with any red flags or if further testing/physical exam is required
- Pharmacist will notify the patients provider of the assessment, any prescribing, follow up plan

SERVICES OFFERED AT COMMUNITY PHARMACY PRIMARY CARE CLINICS (CPPCC) ONLY

(NOT AVAILABLE AT OTHER COMMUNITY PHARMACIES)

- Ordering Laboratory Tests
- Prescribing with a Diagnosis Previously Established
 - May initiate/prescribe new or add on therapy if needed
- Diagnosing and Prescribing for Hypertension and Type 2 Diabetes
- Assessing and Prescribing for Acute Otitis Media/ Externa
- Assessing & Prescribing for Acute Bacterial Rhinosinusitis
- Complex Medication Review

COMMUNITY PHARMACY PRIMARY CARE CLINIC

covered by MSI with NS Health Card



In February 2023, the Community Pharmacy Primary Care Clinic (CPPCC) demonstration project was launched. The project is a collaboration between the Government of Nova Scotia, Nova Scotia Health, and the Pharmacy Association of Nova Scotia. Clinics are located in areas with the highest number of people without a family doctor in the province.

These clinics offer appointment based services. Patients can book online or by calling the clinic. The clinics are run separately from the traditional dispensary workflow. Pharmacists have dedicated clinic shifts to provide these services and do not work in the dispensary during their shifts. They also have dedicated administrative staff to support the clinic.

There are **31** CPPCC sites in total designated by health zone:

10 sites - CENTRAL
5 sites - EASTERN
7 sites - NORTHERN
9 sites - WESTERN

Find list of all sites and how to book online
visit www.pans.ns.ca/cppcc

ORDERING LABORATORY TESTS

covered by MSI with NS Health Card at CPPCC sites only



- Pharmacists at CPPCC sites have unique PMB numbers allowing them to order lab tests through NSH
- Results are sent to the pharmacy via EMR and fax and will be available in SHARE
- Pharmacists can order tests that are recommended for monitoring drug therapy.
- Currently pharmacist cannot order tests to diagnose a patient
- Primary providers will be notified by the pharmacy when results are out of range and what changes have been taken by the pharmacist. Actions may include prescribing a change to medication, and/or referral to another healthcare provider.
- Critical results will be reported to a Pharmacy Consult Service 24/7 phone line who will then contact the ordering pharmacist and patient on steps to follow to manage the critical result

Some additional pharmacies may also have the ability to order labs as part of another pilot project.

PRESCRIBING WITH A DIAGNOSIS PREVIOUSLY ESTABLISHED

covered by MSI with NS Health Card at CPPCC sites only



- CPPCC project has been approved to study the impact of a modification to the Standard of Practice: Prescribing, Appendix F, Prescribing with a diagnosis
- **As of July 15, 2024, Pharmacists at CPPCC sites are able to prescribe add-on or new therapy for any conditions for which the diagnosis was previously established by another provider. Some exceptions apply in the area of mental health and addiction services. Pharmacists are not able to start patients on new medications for narcotic and controlled substances.**
- Pharmacist will notify the primary provider of their prescribing decisions, develop a follow up plan to refer the patient back to their provider if additional physical assessment, tests, specialist referrals are required.

DIAGNOSING AND PRESCRIBING FOR HYPERTENSION AND TYPE 2 DIABETES

covered by MSI with NS Health Card at CPPCC sites only



As of July 15, 2024, Pharmacists at CPPCC sites are able to diagnose and prescribe for Hypertension and Type 2 Diabetes.

When a CPPCC pharmacist is providing patient care in another service, they are able to diagnosis for Hypertension and/or Type 2 Diabetes in accordance with a protocol which is based on recognized clinical practice guidelines and developed in conjunction with subject matter experts.

For these conditions, guidelines may recommend ordering of specific baseline tests and/or exams and any tests/exams that are out of the pharmacists' scope will be provided by another provider. Nova Scotia Health has assigned a group of Nurse Practitioners to collaborate virtually with pharmacists during the diagnosis process, if needed.

ASSESSING AND PRESCRIBING FOR ACUTE OTITIS MEDIA/ EXTERNA

covered by MSI with NS Health Card at CPPCC sites only



As of July 15, 2024, Pharmacists at CPPCC sites are able to assess and prescribe for Acute Otitis Media/ Externa for patients age 3 and over who have a sore ear(s).

- The pharmacist will ask questions about medical history, signs, and symptoms that the patient is experiencing and check inside the ears using an otoscope. If the patient has signs of an acute bacterial infection a second device may be used to further support the diagnosis.
- Patients that are excluded from this assessment in the clinic are those who have had ear tubes/previous ear surgery, those taking immunosuppressive medications/conditions, those with malignancy, those with recurrent acute otitis media (> 3 episodes in 6 months of >4-6 episodes in 12 months), those with persistent hearing loss (3-4 weeks following resolution of infection) or speech developmental concerns, those with chronic tympanic membrane perforation (>12 weeks) or those with pre-existing comorbidities (children with significant heart/lung/renal/liver/neuromuscular disease, cystic fibrosis or immunosuppression).
- Depending on the signs/symptoms and the ear exam, patients might be instructed to watch-and-wait to see if patients symptoms improve over 24-48 hours, patients might be given an antibiotic and pain management if it looks like a bacterial infection, or patients may be given recommendations on pain management if it appears to be a viral infection. In all recommendations, patients will be given signs/symptoms to monitor, follow up details or instructions on when to see another health care provider if necessary.

ASSESSING & PRESCRIBING FOR ACUTE BACTERIAL RHINOSINUSITIS

covered by MSI with NS Health Card at CPPCC sites only



As of July 15, 2024, Pharmacists at CPPCC sites are able to assess and prescribe for Sinusitis for patients age 3 and over who are having persistent sinus symptoms or severe symptoms.

- Pharmacist will review the signs and symptoms with the patient and discuss the length of time the patient has been experiencing these symptoms to assess if the condition appears viral or bacterial in nature. Pharmacists may recommend a watch and wait approach, or provide pain management, or prescribe a nasal steroid spray, or prescribe an oral antibiotic depending on the assessment. In all recommendations, patients will be given signs/symptoms to monitor, follow up details or instructions on when to see another health care provider if necessary.
- Patients who appear to have a chronic sinus infection should see their primary provider (symptoms lasting ≥ 8 -12 weeks, or ≥ 3 -4 episodes of acute bacterial sinus infection in the last year).

COMPLEX MEDICATION REVIEW

covered by MSI with NS Health Card at CPPCC sites only



The service offered is the same process as an Advanced Medication Review (see page 13 for more information), but this is a new category of eligible patients.

Patients are eligible if:

- A patient referral is received from a physician, Nurse Practitioner or a Nova Scotia Health Authority Primary Care Site Manager requesting the service.

OR

- If they are an unattached patient AND they take four or more medications and at least one diagnosed chronic condition, with a significant healthcare need.
- If they are an unattached patient AND they have complex medical issues and medications, history of lack of consistent monitoring or follow up regarding medication management.

This service is offered at CPPCC locations only to eligible patients who can have one Complex Medication Review Initial Appointment and up to 2 follow ups per year.



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