



PHARMACY SERVICES
IN NOVA SCOTIA:
**A Guide for Healthcare
Providers**

OVERVIEW:

- There are 312 pharmacies across Nova Scotia, 44 of these are Community Pharmacy Primary Care Clinic sites.
- There are 1,825 registered pharmacy professionals in Nova Scotia (pharmacists and pharmacy technicians); pharmacy assistants are not registered professionals at this time.
- While pharmacy professionals practice in a variety of settings (hospital, collaborative care clinics, academia, etc), this guide highlights pharmacy services available to the public in a community setting (also called retail, drug stores, neighbourhood pharmacies).
- A valid Nova Scotia health card is required to access publicly funded services at no cost.

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. These clinics offer an extended suite of services at no cost with a valid Nova Scotia health card.

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

Dispensing is the process of preparing, documenting, and assessing a prescription for technical accuracy and clinical appropriateness prior to release to a patient. Visit <https://pans.ns.ca/dispensing-services> for a description of the process and the role of each pharmacy team member.

Pharmacists also provide counselling to ensure safe use and avoid drug related problems.

Medical device training—such as for inhalers, glucose monitors, and compression stockings—is also offered and is often provided by registered pharmacy technicians.

In order to ensure prescriptions can be filled efficiently, we suggest the following:

- **Please include the indication on prescriptions.** Pharmacies require the indication by pharmacy legislation to ensure that the assessment and counselling is based on the appropriate indication. They also use indication to assess dose, directions, and to prevent medication errors for look-a-like drug names. 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/faxes, etc.
- Please add Pharmacare exception status criteria codes when required for Pharmacare patients

For a full list visit: novascotia.ca/dhw/pharmacare/documents/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."

PUBLICLY FUNDED SERVICES AVAILABLE IN ALL PHARMACIES

- Prescription Renewals
- Adaptations & Therapeutic Substitutions & Deprescribing BZRAs
- **Common Conditions (see page 8 for full list)**
- Lyme Disease Prophylaxis and/or Early Treatment of Lyme
- UTI (uncomplicated) Assessment & Prescribing
- Covid-19 related cough
- Hormonal Contraception Assessment & Prescribing
- Herpes Zoster Assessment & Prescribing
- Naloxone home kit training
 - kits are also free of charge
- Adaptations & Therapeutic Substitutions & Deprescribing BZRAs
- Vaccines & Medication Injections
- Nicotine Reduction Programs
- Prescribing Antimicrobial Prophylaxis for Close Contacts

Look for the logo!

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

Learn more:

PANS.NS.CA/PHARMACY-HEALTHCARE-SERVICES



**PHARMACY
HEALTHCARE
SERVICES**

This logo indicates service is covered for residents of Nova Scotia with a valid Nova Scotia Health Card.

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 the DIS and the Clinical Portal 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 do substitution to another drug.

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."

ADAPTATIONS



- 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
 - Reasons may include:
 - 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



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).

COMMON CONDITIONS

Pharmacists can assess and prescribe for a number of common conditions including:



DIGESTIVE SYSTEM

- Diarrhea (non-infectious)
- Heartburn, Reflux Disease or Indigestion
- Hemorrhoids
- Nausea
- Threadworms & Pinworms

INFECTIONS

- Urinary Tract Infection (uncomplicated)
- Impetigo skin infection
- Pink Eye
- Skin fungal infection
- Yeast Infection (vaginal)
- Covid 19-related cough (age 18+, Covid-19 positive test)
- Lyme Prophylaxis and early Lyme treatment
- Herpes Zoster

EYES

- Dry Eyes

MOUTH

- Cold sores
- Canker sores (oral ulcers)
- Oral Candidiasis (thrush)

PAIN

- Muscle Pain (mild)
- Headache (mild)
- Joint Pain (mild)

REPRODUCTIVE SYSTEM

- Dysmenorrhea (menstrual cramps, not hormonal contraception)
- Emergency contraception
- Hormonal contraception

SKIN

- Acne (mild)
- Contact allergic dermatitis
- Insect bite and itchy skin/hives
- Eczema (mild to moderate)

OTHER

- Allergies (nasal and ocular symptoms)
- Sleep Disorders (mild)
- Smoking cessation

Some conditions listed will be described in more detail on the following pages.

- The pharmacist will provide the patient with a follow up plan or when to see additional care
- The patient's primary care providers will be notified of medication prescribed

LYME ASSESSMENTS FOR PROPHYLAXIS AND EARLY LYME DISEASE



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 clinical practice guidelines such as the 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



Uncomplicated UTI only

- The patient must have a vagina (with no past genital surgery) who are post pubertal
- Requires an assessment by a pharmacist
- Patient must have had a previous UTI diagnosed by an MD or NP

Note: Pharmacists do not perform urinalysis. NSH/IWK Firstline and Choosing Wisely guidelines do not recommend urinalysis for uncomplicated UTIs.

If patient has symptoms of a complicated UTI, they will be referred to another healthcare provider:

- external (male) reproductive system
- pregnant patient
- fever,
- flank/back pain
- nausea/vomiting
- chills
- significant bleeding
- UTI in the past 30 days

HORMONAL CONTRACEPTION ASSESSMENT & PRESCRIBING



- Requires an assessment by a pharmacist
 - assessment includes counselling on many topics such as STI prevention, pap smears, and mammograms
- 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

VACCINES & MEDICATION INJECTIONS



All pharmacists and pharmacy technicians with an injection permit can administer injections for patients of any age. It is recommended that the patient call the pharmacy to discuss their injection prior to booking the first appointment. The pharmacy team will be able to advise if a prescription is already on file that can be filled prior to the injection appointment or if other arrangements need to be made. Pharmacists can prescribe most vaccines, but this should also be discussed in advance.

Examples of medications that are often injected at the pharmacy include, **Vitamin B12, contraception, hormone replacement (testosterone etc), sublocade, anti-psychotics**, and many more.

Appointments for the publicly funded vaccines available at pharmacies continue to be booked online through CANImmunize. These vaccines include:

- Influenza
- Covid-19
- Herpes Zoster for patients over 65
- RSV for patients over 75
- Meningococcal for individuals under 25 in congregate living settings
- Pneumococcal for patients over 65

Non-publicly funded vaccines such as travel vaccines, shingles under 65 can continue to be booked with the pharmacy and there will be a fee for this service.

HERPES ZOSTER ASSESSMENT & PRESCRIBING



- Requires an assessment by a pharmacist for anti-viral medication only
- 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 for emergency assessment of one of these infected areas with another provider.

COVID-19 RELATED COUGH

MEDICATION COSTS APPLY



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

ASSESSMENT AND PRESCRIBING TO QUIT/REDUCE USE OF NICOTINE

Pharmacists are able to provide assess a patient for the appropriate medication to help them quit smoking or using nicotine products. They may prescribe nicotine replacement therapy of various dosage forms, or other prescription medications such as varenicline, bupropion etc. This service is for prescribing medications only.



COMPREHENSIVE NICOTINE REDUCTION SUPPORT PROGRAM

A pharmacist will meet with the patient to discuss their readiness to reduce/quit smoking, vaping or other nicotine products and the benefits of doing so. The pharmacist will provide behavioral counseling, create a quit plan, recommend nicotine replacement therapy with over the counter products or may prescribe medications. They will provide you with resources to help in quitting, set goals and schedule follow up visits to reassess the plan and the goals.



TAKE HOME NALOXONE

Pharmacies can provide a free take home naloxone kit to Nova Scotians at risk of an opioid overdose or poisoning and those who are most likely to witness and respond to an opioid overdose or poisoning. The service includes education on opioid overdose and poisoning and how to use the kit. The patient is not required to provide their name for this service.



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 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.**

BASIC MEDICATION REVIEW

Medication Reviews for Eligible Pharmacare Patients

A **Basic Medication Review** is an insured service under all the Pharmacare Programs for beneficiaries who are having difficulties managing their medications and health conditions and/or could benefit from greater understanding and knowledge in accordance with the eligibility criteria below:

- The patient must be taking 4 (four) or more prescription medications that are used for the treatment of chronic conditions (this includes medications taken regularly or as needed). This does not include medications taken for acute conditions such as antibiotics for an acute infection.
- The beneficiary must also have one or more of the following needs:
 - Documented adherence issues that pharmacist, patient or caregiver is concerned may impact their care and cannot or have not been successfully addressed by regular prescription counselling e.g. patient demonstrates cognitive challenges.
 - Confusion or uncertainty related to their medications and/or conditions that the pharmacist is concerned may impact their care and cannot or has not been successfully addressed by regular prescription counselling e.g. patient demonstrates cognitive challenges.
 - Required for medication reconciliation post hospital discharge.

Note: There is no longer a copay for Seniors Pharmacare Patients.

OF NOTE:
Complex Medication Reviews are available at CPPCC sites only for eligible patients. See page 22 for more information. See Provider Referral Opportunities.

ADVANCED MEDICATION REVIEW

Medication Reviews for Eligible Pharmacare Patients

Advanced Medication Review Service (AMRS) is an insured service under the Nova Scotia Seniors' Pharmacare Program. AMRS is providing a comprehensive review to address specific eligible medication therapy problems (MTP) in accordance with the eligibility criteria below:

- The patient is taking four (4) or more prescription medications for chronic conditions (this includes medications taken regularly or as needed). This does not include medications taken for acute conditions such as antibiotics for an acute infection
- The patient must also have or be suspected of having one or more of the following needs:
 - Not meeting clinical target,
 - Drug ineffectiveness,
 - Significant adverse drug effects that require intervention and management,
 - No indication/reason to take the medication, or Beneficiary requires treatment for a condition that they are not currently receiving,
 - Is taking 8 or more medications for a chronic condition (this includes medications taken regularly or as needed) and is not attached to another primary care provider,
 - AMR can also be conducted when a referral for this service is received from a physician, nurse practitioner, NSH primary care site manager or family practice nurse.

Pharmacies are now receiving referral requests from other providers, as listed above to provide an Advanced Medication Review. Here are some examples of when an AMRS may benefit your patient:

- The patient is a new patient to you. The AMRS can provide you with a summarized list of medications, any potential and current drug therapy problems to get started with the patient
- The patient is experiencing symptoms that you suspect are related to their medications and you would like a pharmacist assessment.

Note: There is no longer a copay for Seniors Pharmacare Patients.

OF NOTE:

Complex Medication Reviews are available at CPPCC sites only for eligible patients. See page 22 for more information. See Provider Referral Opportunities.

COMMUNITY PHARMACY PRIMARY CARE CLINICS

Look for the logo!



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In February 2023, the Community Pharmacy Primary Care Clinic (CPPCC) demonstration project was launched in collaboration between the Government of Nova Scotia, Nova Scotia Health, and the Pharmacy Association of Nova Scotia. Today, these clinics are part of the healthcare system in Nova Scotia.

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.

These clinics can provide services available in all pharmacies (see page 5 for list) as well as the following:

- Additional publicly funded vaccines for high risk, childhood groups, and more
- Ear/Nose/Throat Assessments
 - Sinusitis
 - Ear infection (patients over 3)
 - Group A Strep (a select number of other pharmacies offer this service as publicly funded, other pharmacies may provide this service for a fee)
- Chronic Condition Management
- Prescribing with an Established Diagnosis
- Diagnosis of Hypertension & Diabetes
- Complex Medication Reviews
- Order Lab Tests (as it relates to service they are providing)

ADDITIONAL VACCINES



All publicly funded vaccines (on page 12) can be administered in Community Pharmacy Primary Care Clinics, except vaccines given as part of the Grade 7 program.

In addition, these publically funded vaccines are available to eligible patients only at Community Pharmacy Primary Care Clinics. Other pharmacies may offer these vaccines at a fee.

- Measles, Mumps and Rubella (MMR)
- Tetanus, Diphtheria, and Pertussis (Tdap or Td)
- Publicly Funded Vaccines (High Risk Program)
- Publicly Funded Vaccines (Childhood Program)

Nova Scotia has a publicly funded program available for patients who are at high risk of acquiring vaccine preventable diseases. Patients who are immunocompromised, have some chronic conditions, or certain personal or occupational risk factors, may be eligible for additional vaccinations at no charge.

EAR/NOSE ASSESSMENT



Pharmacists can assess and prescribe for Sinusitis and Otitis Media/Externa.

Sinusitis

A pharmacist can assess sinus symptoms and may provide over-the-counter suggestions if symptoms suggest a viral infection. If the assessment indicates acute bacterial rhinosinusitis, the pharmacist will prescribe an antibiotic or corticosteroid nasal spray as appropriate.

Patients experiencing ocular symptoms—such as eye weakness or paralysis, drooping eyelids, impaired or double vision, or bulging eyes or other “red flag” symptom—will be referred to the emergency room.

Otitis Media/ Externa

A pharmacist can assess symptoms, provide physical examination of ear for patients age 3 and up who have not had previous ear tubes or surgeries. A pharmacist can assess symptoms, provide physical examination of the ear, using an otoscope and a tympanometer. They can assess patients age 3 and up who have not had previous ear tubes or surgeries. The pharmacist will follow clinical practice guidelines and if the assessment indicates otitis media or otitis externa, they will prescribe the appropriate treatment.

CHRONIC CONDITION MANAGEMENT



Pharmacists can help patients manage their chronic conditions such as diabetes, high blood pressure, asthma, COPD and more. A pharmacist will meet with the patient for an initial assessment to gather their relevant health information, identify any potential medication problems and discuss their goals with regards to their chronic condition and health as a whole.

Together they will create a plan which may include:

- changes to medications to allow the patient to meet treatment targets,
- ways to reduce/avoid adverse effects,
- training for home testing if applicable,
- and support/coaching to help you meet lifestyle goals such as diet/exercise/smoking cessation.

The pharmacist will ensure you are up to date in other areas of care such as immunizations, foot care, eye exams, screening and other tests including ordering blood work if applicable. The pharmacist will provide the patient with a follow up plan to help support them in achieving your health goals. Follow up visits will be booked when needed.

Common chronic conditions treated in a pharmacy:

- Asthma/COPD
- Cardiovascular disease
- Diabetes
- Obesity

PRESCRIBING FOR AN ESTABLISHED DIAGNOSIS



- Pharmacists may prescribe to manage the drug therapy needs of a patient, including prescribing new medications:
 - for any condition where no new diagnosis is required and where the pharmacist has taken reasonable steps to confirm the diagnosis. or
 - for any condition when the diagnosis is provided to the pharmacist by a provider who has the authority to assess and prescribe for the condition.

DIAGNOSIS OF HYPERTENSION & DIABETES



Type II Diabetes and Hypertension are conditions that may be diagnosed by a pharmacist.

The diagnosis must be supported by clinical practice guidelines. a comprehensive assessment which is completed after the initial measurements (ex. A1C, fasting plasma glucose, blood pressure) indicate that the patient may have the condition and further investigation and discussion is required. In addition to the required tests, the assessment process includes an assessment of potential risk factors, potential comorbidities, microvascular and macrovascular complications that will warrant referral to another provider.

The pharmacist can start the patient on the appropriate medication, monitor and can provide chronic condition management follow-up to assist with meeting their goals. The pharmacist will collaborate their primary care provider(s) with respect to the plan.

COMPLEX MEDICATION REVIEW



This service is available to any NS resident if they meet one of the following criteria:

- patients taking 4 or more medications with 1 chronic condition that do not have a family physician or NP following their care
- patients taking 4 or more medications for chronic conditions that are referred by a Physician, Nurse Practitioner, Nova Scotia Health Primary Care Site Manager, Family Practice Nurse, Nova Scotia Health Clinic Site Manager or provider, Nova Scotia Continuing Care Coordinator who has assessed the individual and determined that this service is clinically appropriate.

The referral must be linked to a specific health-related concern or complaint prompting the service. Patients are expected to bring all of the medications that they use to their appointment. This includes over the counter medications, prescription medications, puffers, creams, and natural health products.

A pharmacist will meet one-on-one with the patient to review their medical conditions, medications, lab tests and questions or concerns that they have. At the end, they will receive a detailed medication list with the purpose of each drug indicated.

If they were referred, the pharmacist will collaborate with the referring provider with respect to the resulting care plan.

ORDERING LAB TESTS



- Pharmacists at CPPCC sites have a PMB number allowing them to order lab tests through NSH
- Results are sent to the pharmacy via e-results in their EMR and will be available in the Clinical Portal
- Pharmacists can order tests that are recommended for monitoring drug therapy.
- Primary providers will be notified by the pharmacy when results are out of range and what actions 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

SERVICES PUBLICLY FUNDED AT CPPCC & SELECT PHARMACIES ONLY



The following services are publicly funded at all Community Pharmacy Primary Care Clinics (CPPCC) as well as select pharmacies only:

- Pharyngitis: Group A Strep Assessment
- Anticoagulation Management Services (CPAMS)
- Mental Health & Addictions (Bloom Program)

These services require an appointment. Visit <https://pans.ns.ca/cppcc> to make your appointment at a pharmacist-led clinic. Visit <https://pans.ns.ca/find> and search for other pharmacies offering specific service for no cost with a valid Nova Scotia health card.

Other pharmacies may offer **Pharyngitis: Group A Strep Assessment** for a cost.

PHARYNGITIS: GROUP A STREP ASSESSMENT



- 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

ANTICOAGULATION MANAGEMENT SERVICE



- 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 refer to 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



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 including all Community Pharmacy Primary Care Clinics (for a full list visit www.bloomprogram.ca)
- Available for patients with one or more mental health or substance use diagnosis and 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.

PAY-FOR-SERVICE OPTIONS

The following services are within the pharmacist's scope of practice but are not publicly funded in any pharmacy or Community Pharmacy Primary Care Clinic.

PATIENT PAY VACCINES

- Herpes Zoster (Shingles) Under 65
- Human Papilloma Virus (HPV)
- Hepatitis A and B
- Meningococcal (Meningitis) Over 25, or for travel
- Pneumococcal (Pneumonia) Under 65
- Respiratory Syncytial Virus (RSV) Under 75
- Inactivated poliovirus (Polio)
- Typhoid Fever

Patient should contact pharmacy in advance to determine if these pay-per-service options are available at preferred site.

PATIENT PAY COMMON CONDITIONS

- Calluses and Corns
- Dandruff
- Fungal Infection of the Nail
- Warts



PHARMACY ASSOCIATION OF NOVA SCOTIA

We are the advocacy body for pharmacy professionals in Nova Scotia, dedicated to advancing the practice of pharmacy and improving the health of our community.

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