

**PERFORMANCE READINESS ASSESSMENT**

**For Determining the Appropriateness of Establishing Directives, Delegation and Performing Procedures beyond Principal Expectations of Practice<sup>1</sup>**

<b>Title/Procedure:</b>	Renewal Order for Refilling Prescriptions During a Pandemic			
<b>Applicable Authorizing Mechanism (circle):</b>	<i>Delegation</i>	<i>Medical Directive</i>	<i>Direct Order</i>	<i>Unnecessary</i>
<b>Authorizing Profession:</b>	Physicians and RN(EC)s - See <i>Authorizer Approval List</i> , Appendix 4 of Directive			
<b>Implementing Profession:</b>	Pharmacists - See <i>List of Participating Pharmacists</i> , Appendix 2 of Directive			
<b>Patient(s):</b>	Patients identified by the conditions of the directive			
<b>Disposition (circle):</b>	<i>Approved</i>	<i>Being forwarded for Approval</i>	<i>Not Approved</i>	
<b>Date:</b>	_____			

**Sponsors  
(For Use in Large Multi-professional Settings)**

<b>Authorizing Profession Representative(s):</b>	_____
<b>Implementing Profession Representatives(s):</b>	_____
<b>Administrative Representative(s):</b>	_____

<b>Have all applicable stakeholders been consulted (circle):</b> (See Section 11 for list)	Yes	No	
<b>Is a completed Medical Directive/Delegation template attached (circle):</b>	Yes	No	N/A
<b>Is a completed Performance Readiness Plan attached:</b>	Yes	N/A	

<sup>1</sup> This tool may be used to determine the appropriateness of establishing a directive and a delegation. As well, it may be used to evaluate performance of a procedure that does not require a directive or delegation but is beyond principal expectations of practice for the proposed implementer(s). Examples of such procedures include controlled acts being performed under an RHPA exception/exemption that are not within an implementer's authorized controlled acts and procedures that are not controlled acts or part of regular practice.

## Assessment Parameters

The assessment parameters identify the necessary conditions for a proper directive, delegation or practice beyond principal expectations. There may be exceptions to the parameters in some practice settings. If all relevant stakeholders are satisfied the proposed implementers will be able to perform the procedure and manage the outcomes in the patient's best interests then the directive, delegation or practice may be appropriate.

The degree of detail used to respond to the parameters depends on the circumstances in the situation. Where the responses guide practice or where there are a number of approvers who are not directly familiar with the proposal or where account of decision making is indicated, providing a description or rationale for yes or no responses is recommended.

### 1. Reason and Specific Benefits of the Directive or Delegation:

1.1. Does establishing the directive or delegation address patients' best interests?

Possible Response: It is in the best interest of a patient using medications to manage chronic disease states to continue taking these medications as prescribed in the absence of clinically significant adverse effects or drug interactions. In the event of an Influenza Pandemic, physicians or RN(EC)s may be called on to assess and care for infected members of the public while, at the same time, attempting to manage the ongoing medication needs of non-infected patients in their practice. To better meet the needs of mutual patients and those of the public during a influenza pandemic, pharmacists may refill medications under authority of a medical directive. Pharmacists have the knowledge and medication expertise to assess a patient for the appropriateness of refilling medication therapy under a renewal directive, and to provide appropriate counseling.

Yes No Unsure

### 2. Authorizer:

Does the authorizer:

- 2.1.1. Have the scope, authority from their college, competencies and privileges (where applicable) to authorize performance?
- 2.1.2. Have an established or anticipated professional relationship with the patient?
- 2.1.3. Agree the directive applies to all his/her patients who meet the conditions?
- 2.1.4. Have the ability to provide ongoing supervision directly, or are other provisions for appropriate supervision in place?

Yes No Unsure

### 3. Implementer:

Does the implementer have the scope, competence and authority from their own college (where applicable) to implement the procedure(s) and manage the outcomes given the:

- 3.1.1. predictability of the patient's condition and needs,
- 3.1.2. predictability of the procedure and its outcomes, and
- 3.1.3. circumstances in the situation including resources and safeguards (such as established standards of practice, written materials, back-up and supervision), and opportunities to attain and maintain competence?

Possible Response: Yes. All participating pharmacists are under Part A of the register, are expected to be able to make the decisions involved in implementing the directive as part of principal expectations of practice and have a written copy of the directive for reference.

Yes No Unsure

<b>4. Consent:</b> 4.1. Can informed consent be properly obtained?	<b>Yes   No   Unsure</b>
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<b>5. Review and Quality Monitoring Processes:</b> 5.1. Is there a process in place to ensure a regular review of the directive or delegation? 5.2. Is there a process in place to address questions or concerns arising from the directive or delegation?	<b>Yes   No   Unsure</b>
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<b>6. Practice Setting Feasibility:</b> 6.1. Are the necessary human and material resources available to support the practice? 6.2. Is the practice sustainable? Is it in the patient's best interests? For example, if implementers are responsible for implementing the directive or delegation or performing the proposed procedure, will other services only they can provide be disrupted? Will other team members or care delivery systems be negatively impacted? Can these effects be offset? 6.3. Can any billing, cost or liability considerations be appropriately managed? 6.4. Are there any other situation-specific factors to consider?	<b>Yes   No   Unsure</b>
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<b>7. Risk/Benefit Analysis:</b> 7.1. Do the benefits of proceeding by way of the directive, delegation or practice outweigh the risks?	<b>Yes   No   Unsure</b>
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<b>8. Education/Performance Readiness Plan:</b> 8.1. Is there a plan for enabling implementers to attain the necessary competencies and achieve performance readiness? (Identify a basic plan here, or where the plan is more involved, refer to the Performance Readiness Plan.)	<b>Yes   No   Unsure</b>
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<b>9. Communication Plan:</b> 9.1. Is there a plan for informing stakeholders and for activating the directive, delegation or practice?	<b>Yes   No   Unsure</b>
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<b>10. References to Support Practice:</b> 10.1. Are there references to support practice? (References may be listed here or attached)	<b>Yes   No   Unsure</b>
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<b>11. Those Consulted for Input:</b> 11.1. Have all affected stakeholders been consulted? List those who need to have input in the table below.	<b>Yes   No   Unsure</b>
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Professions/Committees	Names/Positions	Agree?	
		Yes	No
1. Physicians/Authorizers: <ul style="list-style-type: none"> <li>▪ Responsible for patients who may receive the procedure<sup>2</sup></li> <li>▪ Affected (as applicable)<sup>3</sup>, <b>or</b></li> </ul> 2. Non-ordering (Delegating) Authorizers	See Appendix 4 of Directive, <i>Authorizer Approval Form - List of Participating Physicians and RN(EC)s</i>		
3. Implementers: <ul style="list-style-type: none"> <li>• Implementer(s) or representatives,</li> <li>• Co-implementers (if applicable)<sup>4</sup></li> <li>• Educators (as applicable)</li> </ul>	See Appendix 2 of Directive, <i>Implementer Approval Form - List of Participating Pharmacists</i>		
4. Managers of affected staff/areas			
5. Professional Leaders of: <ul style="list-style-type: none"> <li>• Authorizers;</li> <li>• Implementers; &amp;</li> <li>• Co-implementers (if applicable)</li> </ul>			
6. Applicable profession-specific groups/committees of: <ul style="list-style-type: none"> <li>• Authorizers</li> <li>• Implementers</li> <li>• Co-implementers (if applicable)</li> </ul>			
7. Relevant Others			
8. Program and Program Medical Director of affected staff/areas			
9. Program Committees			
10. Relevant Corporate Committees			
11. Pharmacy and Therapeutics Committee (only if medication involved)			
12. Medical Advisory Committee (MAC)/ MAC Subgroup			

<sup>2</sup> If a medical directive is being used to authorize performance of the procedure, all physicians/authorizers potentially responsible for patients who may receive the procedure pursuant to the directive must sign off on it.

<sup>3</sup> Affected MDs/authorizers include those who may also have a stake in how the procedure is performed, e.g. physicians with admitting privileges consulting to Emergency Departments, physicians responsible for Laboratory Services, radiologists and other authorizers who may be, or may become responsible for the same episode of care.

<sup>4</sup> Co-implementers are those performing the procedure upon implementation of the directive by another, for example medical radiation technologists taking an x-ray in accordance with a requisition completed by a nurse under authority of a directive from a physician, or medical laboratory technologists taking and/or analyzing blood specimens in accordance with a requisition completed by geneticist under authority of a directive from physician.

**MEDICAL DIRECTIVE &/or DELEGATION TEMPLATE**  
**Template for Use by Physicians/Authorizers with Ordering Authority**<sup>5 6</sup>

**Title:** Renewal Order for Refilling Prescriptions During an Influenza Pandemic

**Number:** \_\_\_\_\_

**Activation Date:** \_\_\_\_\_

**Review due by:** \_\_\_\_\_

**Sponsoring/Contact Person(s)** (name, position, contact particulars):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Order and/or Delegated Procedure:**

Renew prescriptions for medications in the *List of Eligible Medications* (Appendix 1) to a maximum of a 30-day supply of medication, with subsequent 30 day refills of medications permitted so long as the declaration of a pandemic remains in effect.

**Appendix Attached:**

Yes X No

**Recipient Patients:**

Patients of any age whose physician and/or RN(EC) as included in the *Authorizer Approval - List of Participating Physicians and RN(EC)s* (Appendix 4), have approved and signed off on the directive.

**Appendix Attached:**

Yes X No

**Authorized Implementers:**

Any pharmacist listed in Part A of the Ontario College of Pharmacists' register and included in the *Implementer Approval Form - List of Participating Pharmacists* (Appendix 2)

**Appendix Attached:**

Yes X No

<sup>5</sup> **Organizing Information.** The template is set up to capture all information essential to a directive. Users may choose to organize the information differently, for example the 'Order and/or Delegated Procedure' section may also include information identifying 'Recipient Patients' and 'Authorized Implementers'.

<sup>6</sup> **Use of Appendices.** Where a directive includes a series of orders or information that is best conveyed in another format, an appendix may be used. It is essential that the directive explicitly refer to any appendix to ensure that neither part could be used separately. Examples of possible appendices include algorithms, identification of specific indications and contraindications pertaining to a series of orders and provisions for documentation. Sample appendices – a table for identifying a series of orders and indications and contraindications and a recommended format for a prescription being completed pursuant to a directive - are available in the Supporting Documents section.

**Indications:**

Refilling a prescription under this directive is permitted when:

1. An influenza epidemic/public health emergency is declared by a Medical Officer of Health for (name applicable jurisdiction).
2. The prescribing physician or RN(EC) has previously authorized a renewal of the prescription and the most recent renewal was authorized by a physician or RN(EC) included in the *Authorizer Approval Form – List of Participating Physicians and RN(EC)s* (Appendix 4).
3. The patient obtained the most recent refill at the pharmacy where the refill is to be dispensed under authority of this directive.

**Contraindications:**

Refilling a medication under this directive is not permitted if the pharmacist identifies:

1. A clinically-relevant adverse reaction which can be attributed to the medication for which a patient has requested a refill. The patient should be referred to the prescribing physician or RN(EC).
2. A clinically-relevant drug interaction involving the medication for which a patient has requested a refill that has not been previously discussed with the prescribing physician or RN(EC). The pharmacist should contact the prescribing physician to discuss the drug interaction or refer the patient to the prescribing physician or RN(EC).

That the patient already has an adequate supply of that medication and there are no other circumstances whereby an immediate refill is warranted and thus stockpiling is a risk. Pharmacists should use professional judgment in determining an “adequate supply” of medication to prevent stockpiling.

**Appendix Attached:**

Yes X No

**Consent:**

1. Consent is implied as patient requests the refill, and pharmacist informs patient that medications are being refilled under directive.

**Appendix Attached:**

Yes No X

**Guidelines for Implementing the Order/Procedure:**

1. Inform patients that medications are being refilled under directive.
2. Follow *Procedure for Refilling Prescriptions during an Influenza Pandemic under Authority of this Directive*, Appendix 3.
3. Where a patient has a drug insurance plan, identify the medication as prescribed, and bill it to that patient’s drug insurance plan under the authority of the patient’s prescribing Physician or RN(EC).

**Appendix Attached:**

Yes X No

**Documentation/Communication:**

The Pharmacist will:

1. Document the following information in accordance with legislation and standards:
  - a) the name of the patient
  - b) the date of the refill
  - c) the name and strength of the medication refilled
  - d) the directions for use
  - e) the quantity of the medication refilled
  - f) the name of the prescribing physician or RN(EC)
  - g) A notation indicating authority such as: "Refill Authorized as per Medical Directive # ...; Renewal Order for Refilling Prescriptions During an Influenza Pandemic".
2. Provide the prescribing physician or RN(EC) with a written record of the drug name, dose, instructions for use, and quantity provided to that patient as soon as reasonably possible.

**Appendix Attached:**

Yes      No X

**Review and Quality Monitoring Guidelines:**

This directive is reviewed and renewed annually. In the event of emergent issues such as changes to the *List of Eligible Medications*, *List of Participating Pharmacists* or *Authorizer Approval List* or untoward or unexpected outcomes arising out of the use of this directive, the person identifying the issue will:

1. Take the appropriate immediate action to ensure patient safety
2. Notify the (designated contact person(s)) as soon as indicated (immediately for patient safety issues) to enable the directive to be updated as indicated.

**Appendix Attached:**

Yes      No X

**Administrative Approvals (as applicable):**

List applicable Administrative Approvals

**Appendix Attached:**

Yes      No X

**Approving Physician(s)/Authorizer(s):**

See *Authorizer Approval Form – List of Participating Physicians and RN(EC)s* (Appendix 4)

**Appendix Attached:**

Yes X No

Appendix 1

**List of Eligible Medications**

Noted: Where this directive is being implemented pursuant to a physician’s prescription, all the medications identified in this list are eligible.

Where this directive is being implemented pursuant an RN(EC)’s prescription, the medications eligible for renewal are limited to those listed on the RN(EC) Drug List - Nursing Regulation 275.

**This is a sample medication list only; prescribers and pharmacists will need to set out their own agreed upon list of eligible medications which may include drugs not on this list.**

<b>5-AMINOSALICYLIC ACID</b>	Oral tablets (regular and delayed-release), rectal enema, suspension, and suspension
<b>ACARBOSE</b>	Oral tablets
ACEBUTOLOL	Oral tablets
<b>ACEBUTOLOL HCL</b>	Oral tablets
<b>ACETAMINOPHEN</b>	Oral tablets
<b>ACETAZOLAMIDE</b>	Oral tablets
<b>ACETYLSALICYLIC ACID</b>	Oral tablets
<b>ACYCLOVIR</b>	Oral tablets for management of HSV1 only.
ADAPALENE	Topical cream and gel
<b>ALENDRONATE</b>	Oral tablets
<b>ALFUZOSIN HCL</b>	Oral prolonged-release tablets
All diabetic supplies	Test strips, needles, glucose tablets, glucagon, lancets
<i>All Oral Contraceptive Agents</i>	<b>All forms</b>
<b>All Topical Steroids</b>	All topical creams and gels
<b>ALLOPURINOL</b>	Oral tablets
<b>AMANTADINE HCL</b>	Oral tablets
<b>AMILORIDE HCL</b>	Oral tablets
<b>AMILORIDE HCL &amp; HYDROCHLOROTHAZIDE</b>	Oral tablets
<b>AMINOPHYLLINE</b>	Oral SR tablets
<b>AMIODARONE HCL</b>	Oral tablets
<b>AMITRIPTYLINE</b>	Oral tablets
<b>AMLODIPINE</b>	Oral tablets
ATAMOXETINE	
<b>ATENOLOL</b>	Oral tablets
<b>ATENOLOL &amp; CHLORTHALIDONE</b>	Oral tablets
<b>ATORVASTATIN CALCIUM</b>	Oral tablets
<b>AZATHIOPRINE</b>	Oral tablets
<b>BACLOFEN</b>	Oral tablets
<b>BECLOMETHASONE DIPROPIONATE</b>	Nasal spray
<b>BECLOMETHASONE DIPROPIONATE</b>	MDI
<b>BENAZEPRIL</b>	Oral tablets
<b>BENZOYL PEROXIDE (All products)</b>	Topical creams and gels
<b>BENZTROPINE</b>	Oral tablets
BENZTROPINE	Oral tablets
<b>BETAMETHASONE DISODIUM</b>	Rectal enema



**Model Medical Directive for *Renewal Order for Refilling a Prescription during a Pandemic/Emergency***

<b>PHOSPHATE</b>	
<b>BETAXOLOL</b>	Ophthalmic suspension
<b>BEZAFIBRATE</b>	Oral tablets
<b>BIMATOPROST</b>	Ophthalmic solution
<b>BISOPROLOL FUMARATE</b>	Oral tablets
<b>BRIMONIDINE</b>	Ophthalmic solution
<b>BRIMONIDINE TARTRATE &amp; TIMOLOL MALEATE (Combigan®)</b>	Ophthalmic solution
<b>BRINZOLAMIDE</b>	Ophthalmic suspension
<b>BROMOCRIPTINE</b>	Oral tablets and capsules
<b>BUDESONIDE</b>	Nasal turbuhaler and spray, turbuhaler
<b>BUDESONIDE</b>	Turbuhaler
<b>BUDESONIDE &amp; FORMOTEROL FUMARATE DIHYDRATE (SYMBICORT®)</b>	Turbuhaler
<b>BUPROPION HCL</b>	Oral SR tablets
<b>CALCIPOTRIOL</b>	Topical cream and ointment
<b>CALCITRIOL</b>	
<b>CANDESARTAN CILEXETIL</b>	Oral tablets
<b>CANDESARTAN CILEXETIL &amp; HYDROCHLOROTHIAZIDE (Atacand Plus®)</b>	Oral tablets
<b>CAPTOPRIL</b>	Oral tablets
<b>CARBACHOL</b>	Ophthalmic solution
<b>CARBACHOL</b>	Ophthalmic solution
<b>CARBAMAZEPINE</b>	Oral regular, chewable, and LA tabs
<b>CARVEDILOL</b>	Oral tablets
<b>CELECOXIB</b>	Oral capsules
<b>CETIRIZINE</b>	Oral tablets
<b>CHLORTHALIDONE</b>	Oral tablets
<b>CHOLESTYRAMINE RESIN</b>	Oral powder
<b>CILAZAPRIL</b>	Oral tablets
<b>CILAZAPRIL &amp; HYDROCHLOROTHIAZIDE (Inhibace Plus®)</b>	Oral tablets
<b>CIMETIDINE</b>	Oral liquid and tablets
<b>CITALOPRAM HYDROBROMIDE</b>	Oral tablets
<b>CLINDAMYCIN</b>	Topical preparations for treatment of acne vulgaris only
<b>CLINDAMYCIN PHOSPHATE &amp; BENZOYL PEROXIDE</b>	Topical cream and gel
<b>CLOBAZAM</b>	Oral tablets (for seizure control only)
<b>CLOMIPRAMINE HCL</b>	Oral tablets
<b>CLONIDINE HCL</b>	Oral tablets
<b>CLOPIDOGREL BISULFATE</b>	Oral tablets
<b>COLCHICINE</b>	Oral tablets
<b>COLESTIPOL HCL</b>	Oral granules
<b>CONJUGATED EQUINE ESTROGEN &amp; MEDROXYPROGESTERONE ACETATE</b>	Oral tablets
<b>CONJUGATED ESTROGENS</b>	Oral tablets
<b>CYANOCOBALAMIN</b>	IM injection
<b>DANTROLENE SODIUM</b>	Oral Tablets
<b>DESIPRAMINE</b>	Oral tablets
<b>DESMOPRESSIN ACETATE</b>	Nasal spray and oral tablets

**Model Medical Directive for *Renewal Order for Refilling a Prescription during a Pandemic/Emergency***

<b>DICLOFENAC SODIUM</b>	Oral tablets
<b>DICLOFENAC SODIUM &amp; MISOPROSTOL (Arthrotec®)</b>	Oral tablets
<b>DIFLUNISAL</b>	Oral tablets
<b>DIGOXIN</b>	Oral tablets
<b>DILTIAZEM HCL</b>	Oral tablets
<b>DIPHENOXYLATE HYDROCHLORIDE &amp; ATROPINE SULFATE</b>	Oral tablets
<b>DIPYRIDAMOLE &amp; ACETYLSALICYLIC ACID (Aggrenox®)</b>	Oral capsules
<b>DIVALPROEX SODIUM</b>	Oral tablets
<b>DOMPERIDONE</b>	Oral tablets
<b>DOMPERIDONE MALEATE</b>	Oral tablets
<b>DONEPEZIL HCL</b>	Oral tablets
<b>DORZOLAMIDE HCL</b>	Ophthalmic solution
<b>DORZOLAMIDE HCL &amp; TIMOLOL MALEATE (Cosopt®)</b>	Ophthalmic solution
<b>DOXAZOSIN MESYLATE</b>	Oral tablets
<b>DOXEPIN HCL</b>	Oral capsules
<b>ENALAPRIL &amp; HYDROCHLOROTHIAZIDE</b>	Oral tablets
<b>ENALAPRIL MALEATE</b>	Oral tablets
<b>ENTACAPONE</b>	Oral tablets
<b>EPINEPHRINE HCL</b>	0.3 mg / 0.3 ml pen
<b>EPROSARTAN MESYLATE</b>	Oral tablets
<b>EPROSARTAN MESYLATE &amp; HYDROCHLOROTHIAZIDE (Teveten Plus®)</b>	Oral tablets
<b>ERYTHROMYCIN</b>	Oral tablets for treatment of acne vulgaris
<b>ERYTHROMYCIN &amp; BENZOYL PEROXIDE</b>	Topical preparations
<b>ESCITALOPRAM</b>	Oral tablets
<b>ESOMEPRAZOLE</b>	Oral capsules
<b>ESTRADERM 50 &amp; ESTRAGEST</b>	Transdermal patch
<b>ESTRADIOL</b>	Vaginal ring
<b>ESTRADIOL 17-B</b>	Transdermal gel and patch and vaginal tablet
<b>ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 1.25MG)</b>	Oral tablets
<b>ETHACRYNIC ACID</b>	Oral tablets
<b>ETHOSUXIMIDE</b>	Oral capsules
<b>ETIDRONATE DISODIUM</b>	Oral tablets
<b>ETIDRONATE DISODIUM/CALCIUM CARBONATE</b>	Oral tablets
<b>EZETIMIBE</b>	Oral tablets
<b>EZETIMIBE</b>	Oral tablets
<b>FAMOTIDINE</b>	Oral tablets
<b>FELODIPINE</b>	Oral tablets
<b>FENOFIBRATE</b>	Oral tablets or capsules
<b>FENOPROFEN</b>	Oral tablets
<b>FENOTEROL HBR</b>	MDI
<b>FERROUS FUMARATE</b>	Oral capsules and tablets
<b>FERROUS GLUCONATE</b>	Oral tablets
<b>FERROUS SUCCINATE</b>	Oral tablets
<b>FERROUS SULFATE</b>	Oral tablets or liquids
<b>FINASTERIDE</b>	Oral tablets
<b>FLEODIPINE</b>	Oral extended release tablets

<b>FLUCONAZOLE</b>	Oral liquid, tablets, or capsules
FIUCONAZOLE	Oral capsules
<b>FLUNISOLIDE</b>	Nasal spray
<b>FLUOXETINE HCL</b>	Oral capsules
<b>FLURBIPROFEN</b>	Oral tablets
<b>FLUTICASONE</b>	MDI, Diskus, nasal spray
<b>FLUVASTATIN SODIUM</b>	Oral regular and XL tablets or capsules
<b>FLUVOXAMINE MALEATE</b>	Oral tablets
<b>FOLIC ACID</b>	Oral tablets
<b>FORMOTEROL FUMARATE</b>	Turbuhaler
<b>FORMOTEROL FUMARATE DIHYDRATE</b>	Inhaler and Turbuhaler
<b>FOSINOPRIL SODIUM</b>	Oral tablets
<b>FUROSEMIDE</b>	Oral tablets
<b>GABAPENTIN</b>	Oral capsules
<b>GALANTAMINE HYDROBROMIDE</b>	Oral tablets
<b>GEMFIBROZIL</b>	Oral capsules
GEMFIBROZIL	Oral tablets
GLICLAZIDE	Oral tablets
<b>GLYBURIDE</b>	Oral tablets
<b>HALOPERIDOL</b>	Oral liquid and tablets
<b>HYDRALAZINE HCL</b>	Oral tablets
<b>HYDROCHLOROTHIAZIDE</b>	Oral tablets
<b>HYDROCHLOROTHIAZIDE &amp; SPIRONOLACTONE</b>	Oral tablets
<b>HYDROCHLOROTHIAZIDE &amp; TRIAMTERENE</b>	Oral tablets
<b>HYDROCORTISONE</b>	Rectal enema
<b>HYDROCORTISONE ACETATE</b>	Rectal foam
<b>HYDROXYZINE HCL</b>	Oral capsules
<b>IBUPROFEN</b>	Oral tablets
<b>IMIPRAMINE</b>	Oral tablets
<b>INDAPAMIDE</b>	Oral tablets
<b>INDOMETHACIN</b>	Oral capsules, suppositories
<b>INSULIN</b>	All types
<b>IPRATROPIUM BROMIDE</b>	MDI and nasal spray
<b>IPRATROPIUM BROMIDE &amp; SALBUTAMOL (Combivent®)</b>	MDI
<b>IRBESARTAN</b>	Oral tablets
<b>IRBESARTAN &amp; HYDROCHLOROTHIAZIDE (Avalide®)</b>	Oral tablets
<b>ISOSORBIDE DINITRATE</b>	Oral LA, SR, and regular tablets
ISOSORBIDE DINITRATE	Oral tablets
<b>KETOCONAZOLE</b>	Topical cream
<b>KETOPROFEN</b>	Oral LA and regular tablets, and suppositories
<b>LABETALOL HCL</b>	Oral tablets
LACTULOSE	Oral liquid
<b>LAMOTRIGINE</b>	Oral tablets
<b>LANSOPRAZOLE</b>	Oral capsules
<b>LATANOPROST</b>	Ophthalmic solution
<b>LATANOPROST &amp; TIMOLOL MALEATE (Xalacom®)</b>	Ophthalmic solution
<b>LEVOBUNOLOL HCL</b>	Ophthalmic solution
<b>LEVODOPA &amp; BENSERAZIDE</b>	Oral capsules

<b>LEVODOPA &amp; CARBIDOPA</b>	Oral regular and CR tablets
<b>LEVOTHYROXINE (SODIUM)</b>	Oral tablets
<b>LISINOPRIL</b>	Oral tablets
<b>LISINOPRIL &amp; HYDROCHLOROTHIAZIDE</b>	Oral tablets
<b>LITHIUM CARBONATE</b>	Oral capsules
<b>LOSARTAN POTASSIUM</b>	Oral tablets
<b>LOSARTAN POTASSIUM &amp; HYDROCHLOROTHIAZIDE (Hyzaar®, Hyzaar DS®)</b>	Oral tablets
<b>LOVASTATIN</b>	Oral tablets
<b>MAPROTILINE HCL</b>	Oral tablets
<b>MEDROXYPROGESTERONE ACETATE</b>	IM injection and oral tablets
<b>MEFENAMIC ACID</b>	Oral capsules
<b>MELOXICAM</b>	Oral tablets
<b>MESALAMINE</b>	
<b>METFORMIN HCL</b>	Oral tablets
<b>METHIMAZOLE</b>	Oral tablets
<b>METOCLOPRAMIDE HCL</b>	Oral tablets
<b>METOLAZONE</b>	Oral tablets
<b>METOPROLOL TARTRATE</b>	Oral tablets
<b>METRONIDAZOLE</b>	Topical preparations for acne rosacea only
<b>MIDODRINE HCL</b>	Oral tablets
<b>MINOCYCLINE</b>	Oral capsules for acne vulgaris only
<b>MIRTAZAPINE</b>	Oral tablets and disintegrating tablets
<b>MISOPROSTOL</b>	Oral tablets for prevention of GI bleed with NSAIDS only
<b>MOCLOBEMIDE</b>	Oral tablets
<b>MOMETASONE</b>	Nasal spray
<b>MONTELUKAST SODIUM</b>	Oral tablets
<b>NADOLOL</b>	Oral tablets
<b>NAPROXEN</b>	Oral tablets
<b>NARATRIPTAN</b>	
<b>NEDOCROMIL SODIUM</b>	MDI
<b>NICOTINIC ACID</b>	Oral tablets
<b>NIFEDIPINE</b>	Oral tablets
<b>NIFEDIPINE</b>	Oral LA or XL tablets
<b>NITROFURANTOIN</b>	Oral tablets or capsules for prophylaxis of UTI only
<b>NITROGLYCERIN</b>	Transdermal patch and ointment, oral tablets and spray
<b>NIZATIDINE</b>	Oral capsules
<b>NORETHINDRONE ACETATE &amp; ESTRADIOL 17-B</b>	Transdermal patch
<b>NORTRIPTYLIN</b>	Oral capsules
<b>NYSTATIN</b>	Oral liquid
<b>OLANZAPINE</b>	Oral tablets and rapid-dissolve tablets
<b>OMEPRAZOLE</b>	Oral tablets and capsules
<b>OSELTAMIVIR PHOSPHATE</b>	Only under the direction of the medical officer of health
<b>OXYBUTYNIN CHLORIDE</b>	Oral liquid and tablets
<b>PANTOPRAZOLE SODIUM</b>	Oral tablets
<b>PAROXETINE HCL</b>	Oral regular and CR tablets
<b>PERGOLIDE MESYLATE</b>	Oral tablets
<b>PERINDOPRIL ERBUMINE</b>	Oral tablets

<b>PHENELZINE SULFATE</b>	Oral tablets
<b>PHENOBARBITAL</b>	Oral liquid and tablets (for seizure control only)
<b>PHENYTOIN (DIPHENYLHYDANTOIN)</b>	Oral liquid and tablets
<b>PILOCARPINE HCL</b>	Ophthalmic solution and gel
<b>PIMECROLIMUS</b>	Topical cream
<b>PIMOZIDE</b>	Oral tablets
<b>PINAVERIUM BROMIDE</b>	
<b>PINDOLOL</b>	Oral tablets
<b>PINDOLOL &amp; HYDROCHLOROTHIAZIDE</b>	Oral tablets
<b>PIOGLITAZONE</b>	Oral tablets
<b>PIROXICAM</b>	Oral tablets
<b>PIZOTYLIN</b>	Oral tablets
<b>PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE</b>	Oral tablets
<b>PRAVASTATIN SODIUM</b>	Oral tablets
<b>PRAZOSIN HCL</b>	Oral tablets
<b>PREDNISONE</b>	Oral tablets
<b>PRIMIDONE</b>	Oral tablets
<b>PROBENECID</b>	Oral tablets
<b>PROCYCLIDINE</b>	Oral liquid and tablets
<b>PROPRANOLOL</b>	Oral tablets
<b>PROPYLTHIOURACIL</b>	Oral tablets
<b>PROTRIPTYLINE</b>	Oral tablets
<b>QUETIAPINE</b>	Oral tablets
<b>QUINAPRIL HCL</b>	Oral tablets
<b>QUINAPRIL HCL &amp; HYDROCHLOROTHIAZIDE (Accuretic®)</b>	Oral tablets
<b>RABEPRAZOLE SODIUM</b>	Oral tablets
<b>RALOXIFENE HCL</b>	Oral tablets
<b>RAMIPRIL</b>	Oral capsules
<b>RANITIDINE HCL</b>	Oral tablets
<b>RISEDRONATE SODIUM</b>	Oral tablets
<b>RISPERIDONE</b>	Oral tablets, liquid, and rapid-dissolve tablets
<b>RIVASTIGMINE</b>	Oral capsules
<b>RIZATRIPTAN</b>	
<b>ROPINIROLE</b>	Oral tablets
<b>ROSIGLITAZONE</b>	Oral tablets
<b>ROSUVASTATIN CALCIUM</b>	Oral tablets
<b>SALBUTAMOL</b>	MDI, Diskus, Rotacaps
<b>SALBUTAMOL SULFATE</b>	Ventodisk blisters
<b>SALMETEROL XINAFOATE</b>	MDI (to be discontinued), Diskus
<b>SALMETEROL XINAFOATE &amp; FLUTICASONE PROPIONATE (Advair®)</b>	MDI and Diskus
<b>SELEGILINE HCL</b>	Oral tablets
<b>SERTRALINE HCL</b>	Oral capsules
<b>SIMVASTATIN</b>	Oral tablets
<b>SODIUM CROMOGLYCATE</b>	Ophthalmic solution and nasal solution
<b>SOTALOL</b>	Oral tablets
<b>SOTALOL HCL</b>	Oral tablets
<b>SPIRONOLACTONE</b>	Oral tablets
<b>SUCRALFATE</b>	Oral tablets and suspension

<b>SULFASALAZINE</b>	Oral tablets
<b>SULFINPYRAZONE</b>	Oral tablets
<b>SULFMAETHOXAZOLE-TRIMETHOPRIM</b>	Oral tablets for acne vulgaris or prophylaxis of UTI only
<b>SULINDAC</b>	Oral tablets
SUMATRIPTAN	Oral regular and DF tablets
SUMATRIPTAN	
<b>TACROLIMUS</b>	Topical ointment
<b>TAMSULOSIN HCL</b>	Oral tablets
<b>TELMISARTAN</b>	Oral tablets
TELMISARTAN	Oral tablets
<b>TELMISARTAN &amp; HYDROCHLOROTHIAZIDE (Micardis Plus®)</b>	Oral tablets
<b>TERAZOSIN HCL</b>	Oral tablets
<b>TERBUTALINE SULFATE</b>	Turbuhaler
<b>TETRACYCLINE</b>	Oral capsules for acne vulgaris only
<b>THEOPHYLLINE ANHYDROUS</b>	Oral LA and SR capsules and tablets
<b>THYROID</b>	Oral tablets
<b>TIAPROFENIC ACID</b>	Oral tablets
<b>TIMOLOL MALEATE</b>	Oral tablets
<b>TIMOLOL MALEATE</b>	Ophthalmic solution (regular or XE)
<b>TIMOLOL MALEATE &amp; HYDROCHLOROTHIAZIDE (Timolide®)</b>	Oral tablets
<b>TIMOLOL MALEATE &amp; PILOCARPINE HCL</b>	Ophthalmic solution
<b>TIOTROPIUM BROMIDE MONOHYDRATE</b>	Capsules for inhaler device
<b>TOLTERODINE L-TARTRATE</b>	Oral regular and LA tablets
<b>TOPIRAMATE</b>	Oral tablets and sprinkle capsules
<b>TRANDOLAPRIL</b>	Oral tablets
TRANDOPRIL	Oral tablets
<b>TRANLYCYPROMINE SULFATE</b>	Oral tablets
<b>TRAVOPROST</b>	Ophthalmic solution
<b>TRAZODONE HYDROCHLORIDE</b>	Oral tablets
<b>TRETINOIN</b>	Topical creams and gels
<b>TRETINOIN &amp; ERYTHROMYCIN</b>	Topical creams and gels
<b>TRIAMTERENE</b>	Oral tablets
TRIAMTERENE & HYDROCHLOROTHIAZIDE	Oral tablets
TRIMETHOPRIM	Oral tablets for prophylaxis of UTI only
<b>TRIMIPRAMINE</b>	Oral capsules
<b>VALACYCLOVIR</b>	Oral tablets for the management of HSV1 or the management or prophylaxis of HSV2 only.
<b>VALPROATE SODIUM</b>	Oral liquid
<b>VALPROIC ACID</b>	Oral capsules
<b>VALSARTAN</b>	Oral tablets
<b>VALSARTAN &amp; HYDROCHLOROTHIAZIDE (Diovan HCT®)</b>	Oral tablets
<b>VENLAFAXINE HCL</b>	Oral XR capsules
<b>VERAPAMIL HCL</b>	Oral tablets
<b>VERAPAMIL HCL</b>	Oral LA and SR tablets

Model Medical Directive for *Renewal Order for Refilling a Prescription during a Pandemic/Emergency*

<b>VIGABATRIN</b>	Oral tablets (for seizure control only)
ZAFIRLUKAST	Oral tablets
ZOLMITRIPTAN	

**Appendix 2**

**IMPLEMENTER APPROVAL FORM**

**List of Participating Pharmacists**

**Title and Number of Directive/Delegation**

Renewal Order for Refilling Prescriptions During an Influenza Pandemic, Medical Directive # ....

**Contact Person:** (Insert Name and contact particulars)

Name and Signature of Pharmacist (P) or Designated Manager (DM) <sup>7</sup>	Name of Pharmacy	Date
P <input type="checkbox"/> DM <input type="checkbox"/>		
P <input type="checkbox"/> DM <input type="checkbox"/>		
P <input type="checkbox"/> DM <input type="checkbox"/>		
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<sup>7</sup> When a designated manager is signing off on behalf of pharmacists within a pharmacy, the designated manager is responsible for ensuring that each pharmacist is aware of the directive, agrees with it and meets the conditions for implementing it. See the Implementer Performance Readiness Form (Group) on the next page for an option of how to document fulfillment of these responsibilities.



**IMPLEMENTER PERFORMANCE READINESS FORM  
(Group)**

*This form may be used to list individuals competent to perform procedures pursuant to a directive or delegation.*

Name and Number of  
Directive, Delegation or  
Practice:

Renewal Order for Refilling Prescriptions During an Influenza Pandemic,  
Medical Directive # ....

Unit/Area: \_\_\_\_\_ # of pages: \_\_\_\_\_

For Period: \_\_\_\_\_

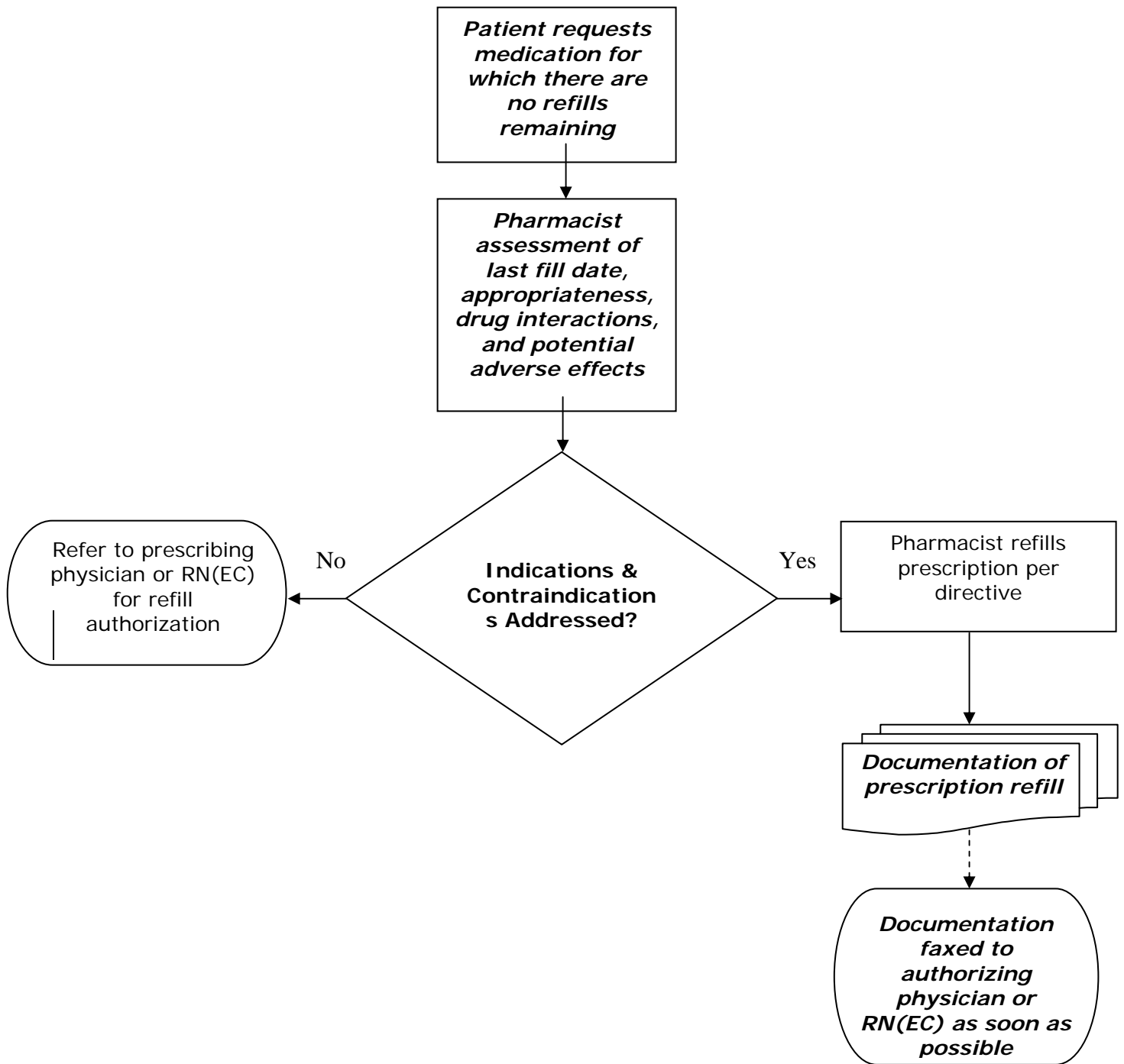
List Completed by: \_\_\_\_\_  
(Authorizer or Designated Manager's Name, Signature and Initials)

Date: \_\_\_\_\_

Name of Implementer	Date of Verification/ Re-verification	Signature of Implementer	Authorizer or Educator's Initials

Appendix 3

Procedure for Refilling Prescriptions During an Influenza Pandemic under Authority of this Directive



Appendix 4

<b>AUTHORIZER APPROVAL FORM</b>
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**List of Participating Physicians and RN(EC)s**

**Title and Number of Directive/Delegation:**

Renewal Order for Refilling Prescriptions During an Influenza Pandemic, Medical Directive # ....

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**Contact Person:** (Insert Name and contact particulars)

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Name of Physicians/Authorizers	Signature	Date

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