



Duplicate Prescriptions

From office to pharmacy to patient

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Prescribers Course
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Which prescription (Rx)?

BC METHADONE MAINTENANCE TREATMENT CONTROLLED PRESCRIPTION PROGRAM FORM
Take to pharmacy of choice.
PLEASE PRINT

PERSONAL HEALTH NO. _____ PRESCRIBING DATE _____
DAY MONTH YEAR

PATIENT NAME: FIRST _____ INITIAL _____ LAST _____

ADDRESS: STREET _____
CITY PROVINCE DATE OF BIRTH
DAY MONTH YEAR

Rx: DRUG NAME AND STRENGTH: **METHADONE 10 mg/ml** USE TO THE PATIENT'S IMMEDIATELY, 100% WHEN DELIVERY IS REQUIRED PRESCRIBER'S SIGNATURE _____

NUMERIC QUANTITY ALPHA _____
mg mg

START DAY: _____ LAST DAY: _____
DD MM YYYY DD MM YYYY

DIRECTIONS FOR USE: **METHADONE** CIRCLE ONE: **DWI** OR **CARRIES** SPECIFY NUMBER OF DAYS PER WEEK OF WINE USED INGESTION IN PHARMACY
mg/day NUMERIC ALPHA _____

SPECIAL INSTRUCTIONS: _____ PRESCRIBER'S SIGNATURE _____

PHARMACY INFORMATION: _____ CPSID _____

RECEIVED BY - PATIENT OR AGENT SIGNATURE: _____

PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE

PRESS HARD YOU ARE MAKING 2 COPIES
PRINTED IN BRITISH COLUMBIA

MTD for OUD (Methadose®)

B.C. CONTROLLED PRESCRIPTION FORM
Take to pharmacy of choice.
PLEASE PRINT

PERSONAL HEALTH NO. _____ PRESCRIBING DATE _____
DAY MONTH YEAR

PATIENT NAME: FIRST _____ INITIAL _____ LAST _____

ADDRESS: STREET _____
CITY PROV DATE OF BIRTH
DAY MONTH YEAR

Rx - DRUG NAME AND STRENGTH _____ ONLY ONE RX PER PATIENT **VOID if altered**

NUMERIC QUANTITY ALPHA _____

DIRECTIONS FOR USE _____

PRESCRIBER'S SIGNATURE _____

NO REFILLS PERMITTED VOID AFTER 5 DAYS UNLESS PRESCRIPTION FOR METHADONE MAINTENANCE

PHARMACY USE ONLY

RECEIVED BY - PATIENT OR AGENT SIGNATURE _____ SIGNATURE OF DISPENSING PHARMACIST _____

PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE

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Controlled medications MTD for analgesia (Suboxone®)

Writing the Rx

- Note if quantity required is in **mg** or **units**
- Yes, you **can** write more than one strength on the same form, just be clear (ideal to use dates)
 - e.g. Suboxone 2mg i sl qd Aug 1-7 then 4mg sl qd Aug 8-28
 - e.g. 1) Hydromorph Contin 6mg bid Sep 1-30, and
 - 2) Hydromorph Contin 3mg tid Sep 1-30
- **Tapers** may be done on the same Rx as well
 - e.g. OxyNeo 40mg bid x 7 days then 30mg bid x 7 days then 20mg bid x 7 days then 10mg bid x 7 days then switch to IR prescription (do separate Rx for IR)

Writing the Rx

- No refills allowed, but part-fills ok
 - e.g. Oxy IR 20mg tid x 3/12. Dispense 90 tablets at monthly intervals.
 - e.g. M-Eslon 30mg bid x 28 days. Dispense 14 capsules weekly.



Prescription Regulations

A synopsis of federal and provincial laws and regulations distribution of drugs by prescription in British Columbia

CLASSIFICATION	DESCRIPTION	PRESCRIPTION REQUIREMENTS	REFILLS	S
<p>(N) Narcotic Drug *</p> <p>Examples: Butrans, Cesamet, Codeine, Codeine Syrup, Cophylac, Darvon-N, Demerol, Dilaudid, Duragesic, Emtec-30 and -60, Hycodan, Jumiata, Ketamine, Lomotil, Metadol, Methadose, Morphine, Nabilone, Novahistex-DH, Nucynta, OxyNeo, Percocet, Percodan, Ratio-Lenoltec #4, Safivex, Suboxone, Talwin, Tussionex, Tylenol No.4, Tylenol with Codeine Elixir.</p>	<p>All single-entity narcotics. All narcotics for parenteral use. All narcotic compounds containing more than one narcotic drug. All narcotic compounds containing less than two other non-narcotic ingredients in a therapeutic dose. All products containing hydrocodone, methadone, oxycodone or pentazodine.</p>	<p>Written or faxed prescription by physician, dentist or veterinarian.</p> <p>Prescription must include components detailed immediately below.</p> <p>Note: Schedule 1A drugs cannot be faxed. (exception: licensed facilities)</p>	<p>No refills allowed. All "re-orders" must be new written prescriptions.</p> <p>Written "part-fill" instruction can be included, specifying the total prescription quantity plus the interval between each "part-fill."</p> <p>Transfer of "part-fills" and undispensed prescriptions are not permitted.</p>	

Writing the Rx

- For Suboxone it is ideal to match the dates of dispensing to the quantity authorized – **write in start/stop dates and if DWI**
- Make sure the Rx does not end on a weekend, stat, or when either of you are on vacation
- Discuss safe storage
- Discuss naloxone – THN and pharmacy supply
- Pharmacists cannot independently alter the Rx; if any alterations must be made (in rare cases) then the prescriber must initial to confirm, or issue new Rx
- Border towns or regular patients from out of province—contact their community pharmacy in the other jurisdiction

What do CPBC and PharmaCare require?

- Prescription requirements:
 - All fields on the Rx must be filled out
 - “ud” is not acceptable from audit standpoint
 - CPSID, **not** MSP number
 - Correct contact info for pharmacist in case of issues, especially if you practise at multiple sites
- Technically, faxing the Rx does not legalize it—if you must fax it to the pharmacy, you must send the original to them as well (mail next day, courier, drop it off in person, etc.)
- Wet signature still required – if EMR then must countersign **before** faxing

Health Professions Act

CPBC Bylaws – Schedule F

PART 1 – Community Pharmacy Standards of Practice

Prescription

6. (2) Upon receipt from the practitioner, a prescription must include the following information:
 - (a) the date the prescription was written;
 - (b) the name of the patient;
 - (c) the name of the drug or ingredients and strength if applicable;
 - (d) the quantity of the drug;
 - (e) the dosage instructions including the frequency, interval or maximum daily dose;
 - (f) refill authorization if applicable, including number of refills and interval between refills;
 - (g) the name and signature of the practitioner for written prescriptions;

Controlled Prescription Program (CPBC)

- http://library.bcpharmacists.org/D-Legislation_Standards/D-4_Drug_Distribution/5015-ControlledPrescriptionProgram.pdf
- Locum physicians receive a pad of blank forms at the time of registration from the College of Physicians and Surgeons. These are to be completed by the physicians with their name and CPSID number, plus the name, address, and telephone number of the employing physician.

Controlled Prescription Program August 2011

The following drugs require the use of a Controlled Prescription Program form. The noted product names are examples only and are not intended to represent a complete list of all products available.

Filling the Rx

- If it is post-dated then it **cannot** be filled until the date indicated. If witnessing is required, first dose witness for that Rx must still occur.
 - **Start** and stop **dates** should match total quantity, **no extras**
 - **Discuss** your policy for early refills, loss/theft and pharmacy closures, with the pharmacies that dispense for your patients

Special circumstances

- **Air travel** – tablets may be more appropriate than liquid. Provide documentation for patient
- **Extended travel** – be judicious with quantities – do a count before and after
- **Snowbirds** – many come back for Christmas
- **Work situations** – patient should find a pharmacy nearby that can do the witnessing, and you can send Rx to them; also advisable to find a lab nearby for rUDT
- **Remote work** – document document document

Restricted Claimants Program

- The Restricted Claimant Program assists in reducing misuse by limiting coverage for certain patients to medications prescribed by a single prescriber and/or medications dispensed by a single pharmacy:
<http://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/3-2to3-6.pdf> (must meet criteria)
- Pharmacists, physicians and other health-care professionals may contact PharmaCare to request restrictions for particular patients
- Call the **PharmaNet Help Desk** at 1-800-554-0225—there will be two prompts to wait through (about 20 seconds) then press option 4 for the RCP
- Contacts: <http://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/11contacts.pdf>
- If you are calling regarding a patient, please have the following patient information ready: PHN, full name, address, gender
- Physician will be contacted to confirm they are patient's physician

Thank you

- Questions?
- www.cpsbc.ca

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