

Drug Prescriptions

Terms and Conditions for Filling Prescriptions for Ambulatory Patients

January 2000

Alberta Pharmaceutical Association

&

College of Physicians and Surgeons of Alberta

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T5K 2K4

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- *Mr. Ron Pohar*
- *staff, College of Physicians and Surgeons of Alberta*
- *staff, Alberta Pharmaceutical Association*

Foreword

Proper drug therapy requires full participation of the physician, pharmacist and patient. It must be based on sound and specific knowledge, and the appropriate selection, accurate distribution and correct use of a drug for the patient's condition. The proper choice of drug considers effectiveness and cost as contributing factors to optimal care.

The Alberta Pharmaceutical Association and the College of Physicians and Surgeons of Alberta have jointly published this guide to facilitate communication between pharmacists and physicians. Also, it is to be used as a reference for practising pharmacists and physicians on the correct methods for prescribing and dispensing, and is to be used as a resource for new practitioners.

We acknowledge that the document was written during the transition to new legislation. We tried to reflect the intent of the old legislation and what we believe will be the intent of the regulations to the new legislation. We are committed to reviewing and updating this premier edition on a regular basis, incorporating new practices and standards as they evolve.

We hope you will find the information in this guide useful in your practice.



A handwritten signature in black ink, appearing to read "J May".

Jeff May, B.Sc. Pharm.
President
Alberta Pharmaceutical
Association



A handwritten signature in black ink, appearing to read "Lyle Mittelsteadt".

Lyle Mittelsteadt, M.D.
President
College of Physicians and Surgeons
of Alberta

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1 Introduction

Aims of the Guide

As health care professionals, physicians and pharmacists endeavor to provide Albertans with the best possible health care. Among the means at their disposal are medications which are increasingly effective for improving health outcomes. However, in addition to their increased potency, prescription drugs can cause toxicity and iatrogenic injury.

Optimal drug therapy management is a challenging responsibility. This responsibility will become greater as the proportion of elderly people continues to grow. Optimizing drug therapy is particularly challenging in this age group due to the prevalence of chronic diseases and use of multiple medications.

Collaboration between pharmacists and physicians is one way to improve drug therapy management. To ensure patient well being, prescribers must ensure that their intentions regarding drug therapy are clearly communicated to pharmacists.

When prescribing, physicians need to be aware of:

- 33,000 documented drug interactions
- 6,500 drug-disease contraindications
- 3500 drug allergy contraindications

Last year in Alberta, 22 million prescriptions were written and filled.

Collaboration between pharmacists and physicians is one way to improve drug therapy management.

The primary aim of this guide is to provide physicians and pharmacists with standardized information concerning issuing and filling prescriptions in ambulatory settings. Suggestions for managing common prescribing related problems are also provided. The value of good working relationships between physicians and pharmacists is emphasized.

Sometimes, prescription drugs are obtained for illegal purposes. Physicians and pharmacists can be manipulated. Consequently, this guide also aims to raise the awareness of professionals about prescription drug fraud.

The suggestions and recommendations contained in this guide can improve prescribing and dispensing practices.

Preparation of the Guide

This guide was prepared as a joint effort between the College of Physicians and Surgeons of Alberta and the Alberta Pharmaceutical Association. This document reflects the way physicians and pharmacists are increasingly working together in their daily activities to improve the drug use process.

2 Prescriptions

The *Pharmacy and Drug Act* provides the following definition of a prescription:

“A direction by a person who is authorized by an Act of the Legislature of Alberta or an Act of the Parliament of Canada to prescribe drugs, directing that a drug in a stated amount be dispensed for the person named in the direction.”

Categories of Individuals Authorized to Prescribe

In the medical field, only physicians and residents are authorized to prescribe. Residents who are training in a hospital may write a prescription for an inpatient or non-triplicate prescription for an outpatient of that hospital. They may also issue non-triplicate prescriptions for patients of a clinic if they are working in that clinic as part of their residency. Medical students (student interns) are not authorized to prescribe.

While physicians prescribe the majority of drugs, other professionals are authorized to prescribe drugs in Alberta. The groups of physicians authorized to prescribe are listed below.

Categories of Physicians Authorized to Prescribe Drugs in Alberta

Profession	Restrictions
Medical Residents and Interns	Some (see discussion above)
Physicians	None

3 Issuing the Prescription Physician’s Responsibility

General Considerations for Issuing Prescriptions

To minimize errors, prescriptions must be issued clearly and completely. Clear pronunciation, legible writing and accurate spelling are essential. The Regulations to the Food and Drugs Act require that every prescription include the following information:

- patient’s name (one patient per prescription);
- prescription date;
- name, strength and quantity of drug;
- complete directions for use;
- the number of repeats (if appropriate); and,
- the prescriber’s signature and prescriber ID.

Where appropriate, it is good practice to include on the prescription the reason for therapy or the expected outcome of therapy, especially when drugs are prescribed for side effects or for off-formulary indications. A clear understanding about the objectives of therapy allows the pharmacist to complement the prescriber’s role through more focused counselling.

The prescriber’s name, address and telephone number should be pre-printed on the prescription form, or hand printed beneath the signature.

The following information should appear on the written prescription:

- date;
- patient’s name, address, (DOB);
- name, strength, quantity of drug;
- complete directions for use (indication);
- repeat authorization;
- prescriber’s signature; and,
- prescriber’s name and phone number

Written Prescriptions

Prescription Pad Forms

Forms must be large enough to contain complete information for each prescription.

Patient Identification

It is essential to identify the patient on the written prescription so that the medication is not delivered to the wrong person accidentally. This identification must include the patient's surname and given name. To prevent confusion between people with the same name, other identifying features may also be added, such as the patient's date of birth, gender or address.

A prescription must be written for only one person. If two people are to receive the same prescription medication, two separate prescriptions must be written.

Physician Handwriting

Handwritten prescriptions must be legible. A study found that one out of three physicians had illegible to poor handwriting (JAMA, 1979). The following suggestions may improve the legibility of written prescriptions.

- Use a computer and commercially available prescription writing software.
- Use pre-printed prescription blanks for selected items.
- Print your name legibly underneath your signature on each prescription.
- Take your time, write more slowly.
- Print, don't write.
- Print the drug name in block letters.

It is good practice to print the name of the drug.

Legible writing with accurate spelling can reduce medication errors.

Drug Identification - Homonyms

Over 600 pairs of sound-alike and look-alike drug names have been identified. Mix-ups may result in serious consequences. Similarities may exist between two trade names, two generic names or between brand and generic names. A partial list of easily confused drug names is provided below.

- Clofibrate and Clorazepate
- Cefitin and Coptin and Capoten
- Ditropan and Diazepam
- Decadron and Percodan
- Demerol and Demulen and Dicumarol
- Elavil and Aldoril
- Lasix and Losec
- Mogadon and Modulon
- Nardil and Norinyl
- Nilstat and Nitrostat
- Orinase and Ornade and Ornex
- Serax and Eurax
- Sinequan and Surgam
- Zantac and Xanax

Source: Davis, N.M., et al. (1992). Look-alike and sound-alike drug names. *Hospital Pharmacy*. 27, 95-110.

Duration of Therapy

The duration of therapy can either be indicated by the total quantity of drug to be dispensed (e.g., 30 tablets) or by a period of time (i.e., days, weeks or months). For example:

Amoxil 250 mg

Sig.: One TID x 7 days for bronchitis

or

Amoxil 250 mg

Sig. : One TID for bronchitis

Mitte: 21

In appropriate circumstances, e.g., newly diagnosed conditions, consideration of a trial or starter dose prescription may be appropriate. This can be accomplished by writing a prescription for a trial period. Alternatively, a physician may indicate to the pharmacist to use a starter dose. This would allow the pharmacist to discuss cost, tolerance and effectiveness of therapy of this option with the patient. Once informed of this option, the final decision rests with the patient.

Refills

When a drug is achieving a desired therapeutic response and the dosage is stabilized, refills, where permitted by law, can be indicated on the prescription. Refills can be authorized until the patient's next appointment. If refills are not indicated on the prescription, pharmacists must, by law, contact the prescriber for refill authorization.

Specific prescription regulations apply to certain categories of drugs. A complete summary of restrictions for all drugs is included in Appendix A.

Narcotic prescriptions can not be repeated. The total quantity of the prescription must be written. Pharmacists can only dispense the total quantity. However, specified quantities may be dispensed at prescribed intervals. The following is an example:

MS Contin 30 mg

Mitte 300

Dispense 100 at 25-day intervals

Dosage

The dosage of drug should consider the patient's gender, age, renal and hepatic function, body size and state of health.

When writing prescriptions, avoid using trailing zeros. For example, when a dose is written as 1.0 mg the decimal point may not be seen and the dose may be interpreted as 10 mg. The dose should be written as 1 mg. Similarly, when quantities less than one are written, use a leading zero to avoid errors. A dosage of .5 mg. may be seen as 5 mg. The prescription should be written as 0.5 mg or 500 mcg.

Many drug products exist in different strengths. When specifying the dosage, the physician must clearly indicate the strength of the drug as well as the quantity per dose and the route of administration. Ambiguity in this area is a frequent cause of error.

"As Directed" is not an acceptable way to prescribe a medication. Verbally communicated instructions (directions) for drug use to patients may not be recalled precisely and accurately. Therefore, written directions for use are required in most cases.

Date

The prescriber should always date the prescription. Often, people may keep a prescription for a long time before having it filled. The prescriber may want to indicate a cut-off date after which the prescription may not be filled or renewed.

Directions for use

Placing the indication for use in the directions benefits the patient, the pharmacist and the physician. By doing so, pharmacists can maintain patient profiles of information about prescriptions dispensed, directions for use, drug allergies, medical conditions and other pertinent information. Complete directions enable the pharmacist to counsel the patient and reinforce the prescriber's instructions.

An example is to take all of the prescribed antibiotic to clear up your infection. By taking all of the antibiotic, you are decreasing the potential for development of bacterial resistance.

Abbreviations

Incorrect use and misinterpretation of abbreviations is a common source of error. Only the most common Latin abbreviations should appear on the prescription. Similarly, only the metric system of weights and measures should be used when writing prescriptions. *Never abbreviate drug names.*

Stop Orders

If the prescriber wants to ensure that the patient cannot renew previous prescriptions, the medications to be discontinued can be written on the prescription. The pharmacist will then cancel any existing renewals for these drugs.

Complete directions for use consists of statements like "Take one tablet daily in the morning" and the indication for use "for heart beat regulation."

It is important that verbal prescriptions be exchanged only between qualified professionals.

Verbal Prescriptions

Communication between Professionals*

Legally and ethically, verbal prescriptions can only be exchanged between qualified practitioners. It is imperative when authorizing a prescription for a narcotic, controlled drug or other medication subject to abuse, that this authorization occur directly between the physician and the pharmacist.

Direct physician-pharmacist communication is necessary to provide quality patient care. The pharmacist may need to discuss an aspect of the drug therapy prior to dispensing the prescription. The physician, the pharmacist and the patient will benefit from this direct communication.

Verbal Prescriptions for Narcotics and Controlled Drugs

The distribution of narcotics and controlled drugs is regulated by the *Controlled Drugs and Substances Act*. A summary of the regulations concerning verbal prescriptions for narcotics and controlled drugs is provided in Appendix A.

According to this legislation, pharmacists must verify the origin of all narcotic prescriptions. Pharmacists must maintain a register of sales of most classes of narcotics and controlled drugs for the Bureau of Drug Surveillance. The name and address of the person issuing the prescription are included in this register.

Physicians must cooperate and provide identity confirmation when requested.

**see note on page 20*

If a pharmacist notices such prescriptions being repeated, the pharmacist should notify the physician or seek the advice of the College of Physicians and Surgeons of Alberta.

Medications for the Prescriber's Use

Professional Use

A physician may obtain medication for professional use by writing a prescription. The prescription must include the name and quantity of the medication required, the prescriber's signature and the words "for office use." The pharmacist will enter the prescription in a record bearing the prescribing physician's name.

Personal/Family Use

Section 11 of the *Code of Ethics of the Canadian Medical Association* stipulates that physicians must "Limit treatment of yourself or members of your immediate family to minor emergency services and only when another physician is not readily available; there should be no fee for such treatment."

In self-treatment or when treating a spouse or children, physicians sometimes underestimate problems or fail to assess them thoroughly and accurately. Physicians may experience a loss of judgement due to the emotional context of the relationship or may agree to requests from loved ones that are unjustified, not medically required or that involve the misuse of medication, notably psychotropic drugs.

Physicians are permitted to issue a prescription for an acute benign pathology that can be treated in a few days and that seldom requires prescription renewal. However, a third party must be entrusted with the treatment of any chronic pathology requiring the patient to take regular medication.

The experience of the College of Physicians and Surgeons of Alberta also leads to the inclusion of the physician's parents or other relationships of personal significance in this recommendation, particularly for prescriptions of narcotics and controlled drugs.

4 Filling a Prescription Pharmacist's Responsibility

Role of the Pharmacist

Due to their education and specialized skills, pharmacists play an important role in the drug use process. The CMA-CPhA Joint Statement, *Approaches to Enhancing the Quality of Drug Therapy* identifies the following primary roles of pharmacists:

- to evaluate the patient's drug therapy record and review prescription orders to ensure that the prescribed therapy is safe;
- to identify, solve or prevent actual or potential drug-related problems or concerns;
- to ensure safe procurement, storage, preparation and dispensing of pharmaceutical products; and,
- to monitor drug therapy to identify drug-related problems or concerns and to discuss significant concerns with the physician.

For every prescription received, the pharmacist is required to conduct several verifications, some of a legal nature, others of a pharmaceutical or pharmacological nature.

If, after these verifications, the pharmacist believes it is not in the patient's best interest to receive the medication, the pharmacist must refuse to dispense the prescription. This judgement is in accordance with section 4.4(e)(iii) of the APhA's *Standards of Practice - The Pharmacist, January 1996*. In such situations, the pharmacist should make a reasonable attempt to contact the physician directly. When this is not possible, the pharmacist should contact the physician in writing within a reasonable period of time.

General Validation

When prescription information is missing, the pharmacist must obtain the missing or additional information from the physician or the patient.

For prescriptions not filled immediately, the pharmacist should exercise professional judgement to determine if it is appropriate to fill the prescription. Pharmacists must not fill a new prescription after **one year** from the date the prescription was originally written or refill a prescription after **18 months** from the date the prescription was originally filled.

(APhA's *Standards of Practice - The Pharmacist*, January 1996)

Pharmacological Validation

To ensure that the prescription is pharmacologically suitable for the patient, the pharmacist must consider the information in the patient's medication profile and determine that the prescribed therapy is safe. To meet the responsibilities outlined under Section 15 of the *Regulations to Pharmaceutical Profession Act*, prior to dispensing a prescription, the pharmacist is responsible for identifying, solving or preventing actual or potential drug-related problems.

For any new prescription, the pharmacist should obtain information about the prescription and the condition being treated. This information may be obtained from the patient or the prescriber. In doing so, the pharmacist must respect the patient's right of confidentiality in these matters.

With the assistance of the patient's medication profile, the pharmacist must assess and evaluate the drug, the dose, and the route and frequency of administration for each prescription. Factors such as the patient's age, gender, and mental and physical condition may need to be considered. The following aspects should be considered during pharmacological validation:

- the practicality of the regimen for administration;
- potential therapeutic duplication;
- the patient's ability to use the medication;
- previous adverse reactions;
- potential interactions with other drugs or with food;
- access to the results of blood analysis or other tests promotes pharmacist-physician communication regarding changes to drug therapy; and
- pregnancy or breast feeding conflicts.

When appropriate, pharmacists should recommend therapeutic alternatives to prescribers.

Delivery to the Patient

When dispensing medication and counselling, the pharmacist must provide the necessary information to enable the patient to follow the prescribed treatment.

Whether verbal or written, this information must be properly adapted to each patient (Joint Statement of the AMA and APhA - Communicating effectively with patients about medicine - March 1998). Typically, information will include explaining the dosage, describing the method of use, summarizing the expected benefits and potential side effects, and providing compliance aids when needed. The pharmacist should ascertain the level of the patient's understanding and anxiety in order to facilitate communication.

Standards of practice for pharmacists in Alberta stipulate that patient education must be provided with every prescription dispensed. The pharmacist must communicate the following information to the patient:

- the drug name and purpose (indication - see directions for use on page 6);
- proper procedures for correct drug administration;
- dosage;
- time(s) of day to take the drug;
- method of administration;
- duration of use;
- auxiliary instructions;
- signs and symptoms indicative of therapeutic response, therapeutic failure or adverse reaction;
- suggestions to minimize the possibility of side-effects;
- cautions regarding other drugs and foods to avoid while taking the drug; and,
- cautions for special populations [e.g., 1) geriatric patients, or those with diabetes or cystic fibrosis or 2) when physicians prescribe medication(s) on a daily basis for specific patients who have problems in complying with their therapy, e.g., psychotropic drugs)].

Substitution

Unless directed otherwise, pharmacists may select and dispense an interchangeable pharmaceutical product other than the one prescribed. An interchangeable drug product is a product containing the same drug or drugs in the same amounts, and in the same dosage form as that directed by the prescription.

In certain cases (e.g., for patients with complex underlying conditions), a prescriber may request that a specific brand of a drug be dispensed. The prescriber indicates this on the prescription by designating the name of the manufacturer on the prescription or by specifying in the prescriber's original hand writing that no generic or brand name equivalent may be dispensed.

Quantity Dispensed

When filling a prescription, the pharmacist generally gives the patient the quantity of drug required for the duration of treatment specified by the physician. The pharmacist may not exceed this quantity. In certain situations a smaller quantity may be dispensed.

When dispensing medication and counselling, the pharmacist must give the patient the necessary information to follow the prescribed treatment and make optimal use of the medication.

Labelling Regulations

Labels for medications prepared in filling a prescription are governed by a regulation of the *Pharmaceutical Profession Act*. To comply with this regulation, pharmacists must ensure that labels affixed to or inserted into a drug container are legible and explicitly identify the following information:

- name, address and telephone number of the pharmacy;
- given name and surname of the patient;
- name of the prescriber of the drug;
- name, strength, quantity and dosage form of the drug (see additional information below);
- complete instructions for use of the drug;
- identity of the dispensing pharmacist;
- a unique prescription number; and,
- date the drug was dispensed.

In addition to the above information, APhA's *Standards of Practice for Pharmacists* stipulates that the prescription label must also indicate the following:

- generic name and strength and the identity of the manufacturer for single entity products;
- generic names and strengths and the identity of the manufacturer for combination products, where possible, or the brand name and strength;
- name of compounded product or ingredients and strength;
- drug identification number (DIN), in special circumstances when deemed appropriate after consultation with the physician or, appropriate description for drugs used in official scientific investigations;
- the expiry date, when appropriate; and,
- the number of refills remaining.

If complete directions for use cannot be placed on the prescription label, the pharmacist must provide complete written directions on an instruction sheet accompanying the dispensed drug.

Transfer of Prescriptions

Only prescriptions for Schedule F drugs may be transferred from one pharmacist to another. The original prescription must always remain in the possession of the pharmacist who first received and filled it. However, remaining refills may be transferred if the patient requests.

When a prescription is transferred, the original prescription must remain on file, and the following information should be entered on it:

- the date of the transfer;
- an indication that no further transfers or sales may be made under the prescription (i.e., the word INACTIVE); and
- the name of the pharmacy and pharmacist to whom the prescription was transferred.

The patient profile, manual or electronic, must also indicate the prescription is inactive.

The pharmacist receiving the prescription must record the following information:

- name of the pharmacist transferring the prescription;
- name and address of the pharmacy transferring the prescription;
- number of authorized refills remaining, if any; and the date of the last refill.

Drug Therapy Monitoring

Pharmacists shall maintain medication profiles for all patients. These profiles shall contain as a minimum the following information:

- patient demographic information (name, address, age, gender, telephone number);
- clinical information (any known drug allergies, disease states, chronic conditions); and
- prescription information (date of each prescription, drug name, strength, quantity).

Pharmacists must evaluate the medication profile for clinically significant problems in the patient's drug therapy and, if required, intervene or make a suitable record prior to dispensing. The medication profile must include at least a two-year history of drugs dispensed by the pharmacy. Drugs used in specialized delivery systems (e.g., implants) should remain on the medication profile at least two years after the completion of therapy.

When monitoring a patient's drug therapy for potential problems, pharmacists should consider patient-specific factors in the medication profile, such as:

- prior and present medical problems;
- drug usage and compliance;
- drug allergies and sensitivities;
- use of non-prescription drugs and medications;
- non-medical use of drugs and non-prescription medications;
- previously consulted health care providers; and,
- laboratory and physical examination results, if available.

The pharmacist is expected to integrate drug-specific and patient-specific information in order to determine an appropriate course of action. For example, patients may be predisposed to side effects from certain drugs because of medical conditions, or the non-medical use of substances such as alcohol or tobacco.

Prescription Refills

Pharmacists may not refill a prescription that does not indicate that it may be renewed, or when all the refills have been dispensed or cancelled. If refills are not properly indicated on the prescription, the pharmacist must, by law, contact the prescriber for authorization.

If the physician is unavailable, the pharmacist must use his or her professional judgement and provide the medication if it is in the patient's best interest.

Faxing of Prescriptions

The councils of the Alberta Pharmaceutical Association and the College of Physicians and Surgeons of Alberta approved a process whereby physicians can fax prescriptions from their offices directly to the dispensary in a pharmacy (see Appendix B for details).

5 Physician - Pharmacist Relationships

Communication Between Professionals

Good relations among health professionals are essential to improving the quality of patient care, particularly continuity of care. The cornerstone of good relationships is mutual respect between physicians and pharmacists.

Physicians and pharmacists have complementary and supporting responsibilities in providing optimal drug therapy. To achieve the best outcomes from drug therapy, physicians, pharmacists and patients must work together, cooperatively and in partnership. Working together effectively requires trust, respect, good communication and mutual recognition, as well as understanding each other's complementary roles.

An important and positive outcome of improved communications between physicians and pharmacists is that patients receive better follow-up care and consistent information about drug therapy. For example, on behalf of the physician, the pharmacist can repeat and reinforce information to help patients adhere to prescribed treatment regimens. Typically, when both professions monitor drug therapy, comprehensive assessment results. Physicians tend to focus on clinical progress toward treatment goals, whereas pharmacists focus on drug effects, interactions and treatment adherence. Both monitor for adverse effects thereby increasing the likelihood of early detection and intervention.

The recently published joint statement *Approaches to Enhancing the Quality of Drug Therapy* by the Canadian Medical Association and the Canadian Pharmaceutical

Association, offers the following suggestions for facilitating teamwork between pharmacists and physicians:

- promote knowledge, understanding and acceptance of the responsibilities of physicians and pharmacists in drug therapy and communicate these responsibilities so that they are understood by all;
- support both professions' relationships with patients and promote a collaborative approach to drug therapy within the health care team. Care must be taken to maintain patients' trust and foster their relationship with other caregivers;
- share relevant patient information for the enhancement of patient care. Share this information in accordance with ethical standards to protect patient privacy;
- physicians and pharmacists should be aware that it is important to make themselves readily available to each other to communicate about a patient for whom they are both providing care;
- optimize the use of technology (e.g., e-mail, voice mail and fax) in individual practices to enhance communication and support consistency of information provided to and about patients; and,
- develop local communication channels and encourage dialogue between the professions. For example, use joint continuing education programs and local meetings to promote a peer review-based approach to local prescribing and drug use issues.

6 Prescription Fraud

General Measures

Many relatively simple measures can be implemented to help prevent fraud. For instance, physicians should adhere to the following guidelines.

- Keep prescription pads in a safe place (not on a desk top or examining room counter top).
- Provide complete information on prescriptions (i.e., surname, given name, address of patient).
- Write out the quantity, in words, for any medication prone to misuse, e.g., narcotics, benzodiazepines, controlled drugs.
- Strike out any unused portion of the prescription.
- Always indicate the number of authorized refills. If there are none, specify “0” or “NR.”

Pharmacists need to be vigilant with prescriptions for drugs that may be abused, especially when presented by unfamiliar patients or if they bear the signature of an unfamiliar physician. In accordance with the *Controlled Drugs and Substances Act*, the pharmacist must confirm the authenticity of any prescription for narcotics bearing a signature unknown to him/her.

Triplicate Prescription Program

The Triplicate Prescription Program (TPP) was established in 1986 as a drug monitoring system to reduce the misuse of certain categories of drugs. The program requires physicians to write prescriptions on special triplicate prescription forms for designated narcotics and controlled drugs. When prescribing a drug included in the TPP, the prescriber must completely fill in the prescription form provided by the program. The prescriber must write firmly as two underlying copies are produced.

The original and first copy are detached and given to the patient. To fill the prescription, the patient must present both the pharmacy copy and the patient copy to the pharmacist. The physician retains the second copy which becomes part of the medical record for the patient. The pharmacist retains the original and sends the first copy to the College. Refills are not permitted for drugs listed in the TPP.

The College of Physicians and Surgeons maintains records of prescriptions and monitors the frequency and volume of TPP prescriptions written by practitioners on a regular basis.

Triplicate prescription pads are valuable to patients who have chemical dependencies and should be secured properly (e.g., in a locked drawer).

If a triplicate pad is lost or stolen, notify the College immediately and be prepared to provide the following information:

- date of loss/theft;
- police file number; and,
- constable’s name and phone number.

Physicians on the Education Register cannot write prescriptions for triplicate drugs.

The policy for faxing Triplicate Prescriptions can be found in Appendix B.

Appendices

Appendix A

Prescription Copies

The Regulations to the Food and Drugs Act permit the transfer of a prescription for a Schedule F Drug from one pharmacist to another. Please observe the following regulations:

- C.01.041.1 A pharmacist may transfer to another pharmacist a prescription for a Schedule F Drug.
- C.01.041.2 A pharmacist to whom a prescription has been transferred under section C.01.041 shall not sell a drug pursuant thereto until
- (a) he has obtained from the pharmacist transferring the prescription his name and add address, the number of authorized refills remaining and the date of the last refill; and
 - (b) he has
 - (i) received a copy of the prescription as written by the practitioner or as reduced to writing as required by subsections C.01.041 (3) and (4), as the case may be, or
 - (ii) where the prescription has been transferred to him verbally, reduced the prescription to writing indicating therein the information specified in subsection C.01.041 (4).
- C.01.041.3 The pharmacist to whom a prescription for a Schedule F Drug is transferred under section C.01.041.1 shall retain in his files for a period of two years the information and documents referred to in section C.01.041.2.
- C.01.041.4 A pharmacist who transfers a prescription under section C.01.041.1
- (a) shall enter on the original of the prescription or in a suitable record of prescriptions kept under the name of each patient, the date of transfer; and
 - (b) shall not make any further sales under the prescription nor transfer it to another pharmacist.

Appendix A continued ...

Summary of Regulations

This list does not include all trade names but identifies some of the more common pharmaceuticals controlled by this program.

Classifications	Description	Prescription Requirements
<p>(N) - Narcotic Drugs Examples: Codeine, Demerol*, Dilaudid*, Leritine*, Empracet 30, Lomotil, Morphine*, Tylenol #4, Tylenol w/ Codeine Elixir, Cophylac*, Dimetane Exp. DC*, Novahistex DH, Percodan*, Percocet*, Talwin*, Tussionex*, Darvon-N, Darvon-N-ASA, Frosst 642, Cesamet</p>	<p>All single entity narcotic drugs or compounds for parenteral use. All compounds containing more than one narcotic drug. All narcotic compounds containing less than two other non-narcotic ingredients. All products containing hydrocodone*, oxycodone* and pentazocine*. *(Methadone - Special Controls)</p>	<p>Written prescriptions signed and dated by physician, dentist or veterinary surgeon.</p>
<p>(N) - Narcotic Preparations (Verbal Prescription Narcotics) Examples: Tylenol #2, Tylenol #3, Frosst 282, Frosst 282 MEP, Frosst 292, Cheracol, Darvon-N Co., Frosst 692, Fiorinal-C*</p>	<p>A combination for other than parenteral use containing one (only) narcotic drug and two or more medicinal ingredients in a therapeutic dose. May not contain diacetylmorphine, hydrocodone*, oxycodone*, methadone*, or pentazocine*.</p>	<p>Written or verbal prescriptions from physician, dentist, or veterinary surgeon.</p>
<p>(C) - Controlled Drugs - Part I Examples: Dexedrine, Nembutal, Seconal, Tuinal, Ritalin*</p>	<p>Those drugs listed in Part I of the Schedule to Part G of the Food and Drug Regulations.</p>	<p>Verbal prescriptions must be direct from prescriber to pharmacist. All verbal prescriptions must be reduced to writing by the pharmacist and indicate:</p>
<p>(C) - Controlled Drugs - Parts II and III Examples: Barbituates (except Pentobarbital and Secobarbital), Tenuate, Ionamin, Stadol, Anabolic Steroids*</p>	<p>Those drugs listed in Part II and III of the Schedule to Part G of the Regulations.</p>	<p>1. Name and address of patient</p>
<p>(C) - Controlled Drugs - Preparations Examples: Donnatal, Tedral</p>	<p>Those drugs that contain a controlled drug and one or more active ingredients in a recognized therapeutic dose other than a controlled drug.</p>	<p>2. Name, initials and address of prescriber</p>
<p>PR - Schedule F Example: antibiotics, anti-psychotics, anti-depressants, oral contraceptives, antihypertensives, oral hypoglycemics</p>	<p>All drugs listed in Schedule F of the Food and Drugs Act and Regulations. All drugs listed in Schedule 1 of the Pharmaceutical Profession Act of Alberta.</p>	<p>3. Name, quantity, and form of drug(s)</p>
		<p>4. Directions for use</p>
		<p>5. Name and initials of pharmacist</p>
		<p>6. Date</p>
		<p>7. Prescription number</p>
		<p>8. Number of refills (when permitted) must be indicated</p>
<p>* Regulated Provincially by the Triplicate Prescription Program</p>		

Refills	Filing	Recording		Ordering	
		Receipt	Sale	Electronic	Phone
No refills allowed. All "re-orders" must be new written prescriptions. Part fills allowed; however, the practitioner must indicate the total amount of medication. If doctor indicates part fills, then quantity and intervals must be indicated.	<p>All new and refill prescriptions must bear the hand-written initials of the pharmacist on the original prescription or in a suitable record. [Pharm. Prof. Act Regulation 15(7)].</p> <p>Records must be current and kept for at least two years from date of fill. All prescriptions, written or verbal, must be filed in sequence as to date and number. The file must be kept for at least two years.</p> <p>Prescriptions for narcotics, controlled drugs and preparations for either, may be stored in the same file but must be separated from other prescriptions.</p>	YES	YES (except Darvon, 642's, etc.)	YES	NO
No refills allowed. All "re-orders" must be new written prescriptions. Partial fills allowed.		YES	NO	YES	YES
No refills allowed if original prescription is verbal. If written, the original prescription may be repeated if the prescriber has indicated in writing the number of repeats and the intervals between refills. Date and quantity of refill and pharmacist's name or initials must be recorded on original prescription or in a suitable record.		YES	YES	YES	NO
An original written or verbal prescription may only be refilled if the prescriber has authorized verbally or in writing the number of times and dates for, or intervals between, refills. Date and quantity of refill and pharmacist's name or initials must be recorded on original prescription or in a suitable record.		YES	NO	YES	YES
		YES	NO	YES	YES
An original written or verbal prescription may only be refilled if the prescriber has authorized verbally or in writing the number of times it may be refilled. Date and quantity of refill and pharmacist's handwritten initials must be recorded on the original prescription or in suitable record. Unfilled repeats may be transferred - this applies only to drugs in this classification. "PRN" is not acceptable authority for refilling any prescription.		NO	NO	YES	YES
<p>"PRESCRIPTION REGULATIONS" is a condensation of Federal regulations concerning Schedule F, G and Narcotic Drugs and has been compiled for your easy reference. For complete details, reference should be made to the official legislation. Revised April 1998.</p>					

Appendix A continued ...

Triplicate Prescription Program

Triplicate Prescription Program Products Included in the Triplicate Prescription Program

ANABOLIC STEROIDS

Anapolon
Andriol
Deca-Durabolin
Durabolin
Halotestin
Testosterone
Winstrol
(Does not include topical preparations or combination preparations such as Climacteron)

ANILERIDINE

Leritine

BUTALBITAL PREPARATIONS

Fiorinal
Fiorinal C 1/4
Fiorinal C 1/2
Tecnal
Tecnal C 1/4
Tecnal C 1/2

FENTANYL/SUFENTANYL/ALFENTANYL

Duragesic (patch)
Innovar
Sublimaze

HYDROCODONE - DIHYDROCODEINONE

Coristex-DH
Coristine-DH
Caldomine Forte and Pediatric
Calmydone
Dimetane Expectorant-DC
Hycomine and Hycomine-S
Hycodan
Mercodol with Decapryn
Robidone
Novahistex-DH and -DH Expectorant
Novahistine-DH
Tussionex
Triaminic Expectorant-DH
Tussaminic-DH Forte and -DH Pediatric

HYDROMORPHONE - DIHYDROMORPHINONE

Dilaudid
Dilaudid-HP
Hydromorph Contin

LEVORPHANOL TARTRATE

Levo-Dromoran

MEPERIDINE - PETHIDINE

Demerol
Pamergan

METHADONE

NOTE: May be prescribed only by those physicians authorized by the Health Protection Branch.

METHYLPHENIDATE

Ritalin
Ritalin SR

MORPHINE

Morphine Sulfate
· M-Elson
· Morphine Sulfate
· MS Contin
· MS-IR
· Morphine HP and LP
* Oxy Contin
· Statex
· Epimorph
* Kadian
Morphine Hydrochloride
· Morphitec
· Morphine Tincture
· MOS
· MOS S-R
Morphine Epidural

NORMETHADONE -p- HYDROXYEPHEDRINE

Cophylac
Cophylac Expectorant

OXYCODONE

Endocet
Endodan
Oxycocet
Oxycodan
Percocet
Percocet-Demi
Percodan
Percodan-Demi
Supeudol

OXYMORPHONE HYDROCHLORIDE

Numorphan

PENTAZOCINE

Talwin

This is a reference list for your convenience and should not be viewed as an all-inclusive listing of all trade names of drugs included on the Triplicate Prescription Program.

(Revised: July 21, 1998)

Appendix B

Facsimile Transmission of Prescriptions

Preamble

The facsimile transmission of a prescription for any drug is acceptable provided that the principles governing shared onus between the prescriber and pharmacist for patient confidentiality, authenticity, validity, security and patient choice of pharmacy are met. It has been determined that the facsimile transmission of a prescription is equivalent to the written format with the facsimile representing the original prescription. A faxed prescription can be interpreted as a written prescription that has been transmitted electronically which contains the authority for a pharmacist to sell the drug. It is a joint responsibility of the prescriber and pharmacist to ensure that measures are taken in each situation to ensure that these guidelines are met.

Authorized prescribers may transmit and pharmacists may receive prescriptions via facsimile when the criteria noted herein are met. A number of guiding principles are incorporated within these guidelines which are necessary to maintain accountability for the prescription transmitted by facsimile:

Principle #1

The process must maintain patient confidentiality

Principle #2

The process must be able to verify the authenticity of the prescription; that is, the prescriber initiating the document.

Principle #3

The **accuracy** of the prescription must be able to be **validated**, including a mechanism to prevent forgeries.

Principle #4

The process must incorporate a mechanism to **prevent diversion**, so that the prescription authorized cannot be transmitted to more than one pharmacy.

Principle #5

Patient choice must be protected; that is, the patient must determine the pharmacy to receive the prescription transmitted by facsimile.

Conclusion

Use of facsimile transmission is common in most business and health practices today. Often, the transfer of medication orders by facsimile may be more secure than verbal transmission. The use of contemporary technologies to accommodate health professionals in meeting patient needs must be permitted and supported.

Scope and Limitations

1. **“Facsimile Transmissions”** means transmission of the exact visual image of a document by way of electronic equipment.
2. Facsimile transmission can be accepted for all **classes of drugs**.
3. Facsimile transmission can be accepted by a pharmacist from a practitioner registered to practice in a province of Canada and who has been granted prescribing authority.
4. Transfers -prescriptions for Schedule F drugs may be transferred from one pharmacist to another pharmacist when all the requirements under the Food and Drug Regulations are met. The basic requirement is effective pharmacist to pharmacist communication that may also be achieved through facsimile transmission. When transferring a prescription via facsimile, a pharmacist must comply with the same principles as does a prescriber. The document being transmitted must include:
 - a) The name, address, and telephone number of the transferring pharmacy.
 - b) The name of the pharmacist transferring the prescription.
 - c) The patient specific documentation specific to the prescriptions as required by legislation.
 - d) The name of the pharmacist, the pharmacy, and the facsimile number to which the prescription is being transferred.
5. The pharmacist receiving the facsimile transmission transfer must ensure the authenticity of the transmission and must fulfil his/her requirements to complete the transfer process.
6. Triplicate Prescription Program - Guidelines for facsimile transmission of prescriptions permit the faxing of all schedules of drugs, including those listed on the Triplicate Program. Prescribers will be permitted to transmit a prescription written on a triplicate form. After verifying the authenticity of the order, the pharmacist will make a photocopy of the faxed prescription and treat this copy as the “College Copy”. The pharmacist will have the patient sign the photocopy with the pharmacist forwarding this information to the College of Physicians and Surgeons in a suitable fashion. The pharmacist will also have the patient sign the copy which is recorded, on permanent quality paper, to be filed in the pharmacy’s records.

Appendix B continued ...

7. Refill Authorization - refill authorizations transmitted by a prescriber are considered a “new prescription”. This documentation must be retained on file by the prescriber in accordance with the guidelines.

Responsibilities of Licensing Organization

1. A licensing organization that adopts these guidelines will communicate with and educate their members about the principles, the guidelines, and the professional responsibilities of their members.
2. The licensing organization will ensure that their practitioners retain original invalidated copies of prescriptions which they transmit for a minimum period of no less than that defined in the statute of limitations. These original prescriptions must be made available upon request to the licensing organization.
3. The licensing organization will monitor compliance with these guidelines, and failure of a practitioner to comply with them may be considered professional misconduct.

Responsibilities of Prescribers

Prescribers may transmit a prescription to a pharmacy by facsimile, provided that the following requirements are met:

1. The prescription must be sent only to the pharmacy of the patient’s choice.
2. The prescription must be transmitted to only one pharmacy.
3. The prescription must only be sent directly from the prescriber’s office or directly from a health institution for a patient of that institution.
4. The prescription must only be sent to a pharmacist practising in a licensed or publicly funded pharmacy. (Note: a publicly funded pharmacy is one that operates under the jurisdiction of a regional health authority or a department of the federal or provincial government, and which is managed by a second pharmacist.)
5. The prescription must include the:
 - 5.1:* Prescriber’s name, address, fax number and telephone number
 - 5.2:* Prescriber’s signature
 - Time and date of transmission
 - Name of the pharmacy intended to receive the transmission

* The signature of the sender verifying that:

- a) The prescription represents the original of the prescription drug order,
- b) The addressee is the only intended recipient and there are not others, and
- c) The original prescription will be invalidated, securely filed and not transmitted elsewhere at another time.

5.3: * Prescription information

- * Date
- * Surname, initials (or given names) and address of the patient
- * Name of the drug or ingredient(s) and strength where applicable
- * Quantity of the drug which may be dispensed
- * Dosage instructions for use by the patient that shall include a specific frequency or interval or maximum daily dosage
- * Refill authorization where applicable, which shall include the number of refills (and interval between refills, when so required).

6. After transmission, the prescriber or his/her agent must ensure that the original written prescription has been invalidated, securely filed, retained for a minimum period no less than that defined in the statute of limitations, be available to inspection, and not transmitted elsewhere at another time.

Responsibilities of Pharmacists

1. The equipment for receiving a prescription transmitted by facsimile should be located in the pharmacy, under the direct control of a pharmacist. If not located in the pharmacy, the equipment must be situated in a location where the facsimiles are only received by the pharmacist. The pharmacist must ensure that patient confidentiality is maintained.
2. Pharmacists must verify the origin of the transmission, the authenticity of the prescription, and if not know to the pharmacist, the signature of the prescriber. Pharmacists must check the origin of the transmission, and closely scrutinize the information transmitted. If there is any ambiguity, the prescriber should be contacted.
3. Pharmacists must retain the prescription on permanent quality paper for two (2) years.
4. Pharmacists must file prescription orders in sequence by date and number. The entire fax form received should be filed intact as a complete document.

Appendix B continued ...

Model form for initiating medication orders and renewals

Prescriber's Letterhead

Prescriber Name / Clinic Name
Prescriber Address
Prescriber Telephone Number
Prescriber Facsimile Number

Confidential facsimile transmission to:

Pharmacy Name: _____
Facsimile Number: _____ Date: _____ Time: _____
Name of person transmitting facsimile (print) _____
Signature of person transmitting facsimile: _____

Patient Given Name and Surname: _____

Patient Address: _____

RX #1

Refill _____ times every _____ day

RX #2

Refill _____ times every _____ day

Prescriber Certification

- This prescription represents the original of the prescription drug order.
- The pharmacy addressee noted above is the only intended recipient and there are no others.
- The original prescription has been invalidated and securely filed, and it will not be transmitted elsewhere at another time.

Practitioner / Prescriber Name (print name): _____ Registration Number: _____

Practitioner / Prescriber Signature: _____ Date: _____

Note

* The College of Physicians and Surgeons of Alberta and the Alberta Pharmaceutical Association are of the opinion that it may be appropriate for a nurse, on the direction of a physician, to convey the information about a verbal prescription to a pharmacist or pharmacy technician who is under the direct supervision of a pharmacist. This must not obstruct the communication between the pharmacist and physician; it is viewed as a mechanism to facilitate the communication process when either the pharmacist or physician is involved with a patient.

Our two organizations are jointly approaching the federal government to change the legislation to allow such practice.

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Drug Prescriptions

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