



COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

Safe and Effective Pharmacy Care

Controlled Prescription Program August 2011

PROGRAM OBJECTIVE

To prevent forgeries and reduce inappropriate prescribing of selected drugs.

HOW THE PROGRAM WORKS

The selected drugs may only be prescribed in writing using a special controlled prescription program – duplicate pad printed for the purpose. Once the prescription is written, the prescriber retains the bottom copy marked “PRESCRIBERS COPY” and provides the patient with the original identified as “PHARMACY COPY,” which the patient gives to the pharmacist.

PROGRAM PARTICIPANTS

- College of Pharmacists of BC
- College of Physicians & Surgeons of BC
- College of Dental Surgeons of BC
- BC Veterinary Medical Association
- Ministry of Health Services (PharmaCare Program)

LEGISLATION

The legislation supporting pharmacy’s involvement in the program is detailed in the *Pharmacy Operations and Drug Scheduling Act*, Bylaw 4(6) and 4(8).

The list of drugs covered by the program has been agreed to by all the participating organizations. Unless otherwise specified, both single-entity products and preparations or mixtures of the scheduled drugs require the use of controlled prescription forms.

DISPENSING INFORMATION

Prescriptions for the listed drugs must be written on a Controlled Prescription Program duplicate form. Prescriptions for these drugs written on any other form or transmitted verbally cannot be accepted by the pharmacist.

Prescribers have been advised that failure to complete the prescription forms may result in rejection of the prescription by the pharmacist with resulting patient and prescriber inconvenience. However, if the prescription includes all the information required in pharmacy legislation, the medication may be dispensed.

ADDITIONAL INFORMATION

Prescription forms are personalized and numerically recorded and cannot be exchanged between prescribers.

More than one medication or strength of medication can be included on one Controlled Prescription Program form, provided the orders are legible.

“Part-fills” are not encouraged but are acceptable, subject to the usual legal and recordkeeping requirements. The total quantity of drug being prescribed, the quantity to be dispensed on each “part-fill” and the interval of time to be observed between these fillings must be specified.

Outpatient prescriptions written at hospital emergency and outpatient departments for a monitored drug must be written on a Controlled Prescription Program duplicate form.

Prescriptions for long-term and extended-care facility patients do not require the use of Controlled Prescription Program forms.

“Void after 5 days” means that the prescription cannot be honoured after midnight of the fifth day following the date of issue. Therefore, a prescription written on January 10th can be accepted for filling or logging on until midnight January 15th.

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 CPSBC ID number, plus the name, address, and telephone number of the employing physician.

Physicians working in a permanent capacity as a locum will have their names printed on the prescription forms and are obliged to print or stamp 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.

Alfentanil

Alfenta

Anileridine

Buprenorphine

Butran
Suboxone

Butalbital

Fiorinal
Fiorinal C 1/2
Fiorinal C 1/4
Ratio-Tecnal
Ratio-Tecnal C 1/2
Ratio-Tecnal C 1/4

Butorphanol

Stadol NS

Codeine when prescribed as a single entity or when included in a preparation containing 60 mg or more per dosage unit

Codeine 15, 30 and 60 mg tablets
Codeine Contin
Empracet-60
Ratio-Lenoltec No. 4
Tylenol with Codeine No. 4

Ethchlorvynol

Placidyl

Fentanyl

Duragesic

Hydrocodone (Dihydrocodeinone)

Coristine-DH
Dimetane Expectorant-DC
Hycodan
Hycomine syrup

Hydrocodone (Dihydrocodeinone)

(continued)

Hycomine-S (pediatric syrup)
Novahistex DH
Novahistex DH Expectorant
Novahistine DH
Ratio-Coristex-DH
Tussionex

Hydromorphone (Dihydromorphinone)

Dilaudid
Dilaudid-HP
Dilaudid-XP
Hydromorph Contin

Levorphanol

Meperidine (Pethidine)

Demerol

Methadone

Methaqualone

Morphine

M-Eslon
Morphitec
Morphine HP
M.O.S.
M.O.S.-SR
MS-IR
MS Contin
Tincture of Opium

Normethadone

Oxycodone

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

Pentazocine

Talwin

Propoxyphene (Dextropropoxyphene)

Darvon-N
692 Tablets
642 Tablets
Novo-Propoxyn
Novo-Propoxyn Compound

Sufentanil

Sufenta

Tapentadol

Nucynta

The following drug products are not Controlled Prescription Program drugs and do NOT require the use of a Controlled Prescription form:

Amobarbital
Anabolic Steroids
Cocaine eye drops / topical
Delta-9-tetrahydrocannabinol (Sativex, Marinol)
Dextroamphetamine (Dexedrine)
Diphenoxylate (Lomotil)

Ketamine
Methylphenidate
Nabilone (Cesamet)
Opium and Belladonna Suppositories
Pentobarbital
Secobarbital

More than one medication or strength of medication can be included on one Controlled Prescription Program form, provided the orders are legible.