



Frequently Asked Questions

If you have additional questions or concerns, or require further clarification please email us at ppp58@bcpharmacists.org. These FAQ's will be updated regularly.

What is an “original” prescription?

In the glossary of terms included in the PPP-58 Orientation Guide a “new and/or original” prescription is defined as: the first fill of a prescription and does not need to be the beginning of a new drug therapy. Although this definition remains accurate further clarification is required.

An “original” prescription may be a new written, verbal or faxed authorization from any prescriber. In addition, an “original” prescription may be a fax-back or verbal refill request authorized by a prescriber.

Which of the new clinical services fee intervention codes should be used for missing information?

PharmaCare has not defined a specific intervention code for missing information, however, depending on the situation, pharmacists should use their professional judgment and choose the code that best fits the circumstance. For example:

- If no dose or no quantity was provided
 - use NI (dosage change)
- If no directions were provided
 - use NK (directions for use modified)

For more information regarding clinical services fee processes and procedures refer to the BCPharmaCare Newsletter

December 22, 2008, Edition 08-012 www.health.gov.bc.ca/pharme/newsletter/index.html

As a community pharmacist (not working in a multi-disciplinary environment) what are the restrictions with respect to medications and/or medical conditions for adapting prescriptions?

There are differing guidelines for the three distinct ways in which a community pharmacist may adapt a prescription (change, renew or substitute), therefore the restrictions vary with each type of adaptation.

Change:

- Will not change the dose or regimen of a prescription for: cancer, cardiovascular disease, asthma, seizures or psychiatric conditions, however pharmacists can complete missing information if there is historical evidence to support it.

Renew:

- With the exception of narcotics and/or controlled substances, which are restricted from any type of adaptation and psychiatric medications which are reserved for pharmacists working in multi-disciplinary environments there are no restrictions for renewals as long

as the condition is stable, chronic (defined as being on the same medication, without change, for a minimum of 6 months). The maximum renewal is up to approximately 6 months from the date of the original prescription.

Therapeutic Substitution:

- Limited to: histamine 2 receptor blockers (H2 blockers), non-steroidal anti-inflammatory drugs (NSAIDs), nitrates, angiotension converting enzyme inhibitors (ACE inhibitors), dihydropyridine calcium channel blockers (dihydropyridine CCBs) and proton pump inhibitors (PPIs) – similar to government policies.

What happens to the authorized refills when a prescription is adapted?

The pharmacist takes responsibility for the adapted prescription as well as the authorized refills. The pharmacist could choose to provide an initial adaptation of the prescription but reduce or eliminate the authorized refills. If they did this they would need to provide the rationale for their decision in their documentation and inform the patient that they will need to return to their physician earlier than intended (note: a pharmacist cannot add refills that were not initially authorized by the prescriber). Whatever the final decision is, it must be properly documented and provided in the notification to the prescriber.

If the pharmacist adapts the prescription and maintains the authorized refills, when the patient returns for a refill the pharmacist would process the refill as they would any other refill prescription. The processing of a refill of an adapted prescription is not considered an adaptation per se, so the documentation and notification requirements of PPP-58 do not apply.

Should the patient return to the pharmacy for a refill and a different pharmacist is on duty that pharmacist would again process the refill as they would any other refill, keeping it under the adapting pharmacist's ID. If they have a concern about the appropriateness of the adapted prescription they should do what they normally do if they have a concern about refilling a prescription; refuse to fill, provide an emergency fill if necessary and in this case either refer the patient back to the adapting pharmacist or to the original prescriber.

Finally it is important to note that when a pharmacist adapts a prescription and maintains the authorized refills they must inform the patient that as a result of them doing this the prescription is now non-transferable which means the patient will need to return to this specific pharmacy in order to get their refills.

I have just received a prescription with the following statement “Do Not Renew &/or Adapt” (or something similar) hand-written on it. Does this mean that I cannot adapt or renew this prescription?

Yes. Just like we honour notations like this from prescribers today regarding generic substitution pharmacists are expected to honour hand-written “Do Not Renew &/or Adapt” instructions on prescriptions. The College of Physician and Surgeons (CPSBC) have agreed that pre-printed prescription pads are not acceptable and if a physician electronically produces their prescription they must sign or initial beside the notation

It is important to remember that should a pharmacist, presented with a valid notation on a prescription, still feel that an adaptation or renewal is in the best interest of the patient there are a number of options still available to them: contact the prescriber for prior permission to adapt or renew the prescription or

provide an emergency fill (PPP-31) to ensure continuity of care giving the patient time to get in to see their physician.

What are the limits and conditions, including length of time, with respect to renewing prescriptions for my patients?

When considering whether or not to renew a prescription for a patient a pharmacist must ensure the following:

- a. They have the original prescription in their pharmacy and the prescription is still valid, and
- b. The patients' condition is stable and chronic (defined as being on the same medication, without change, for a minimum of six months).

Assuming these conditions are met a pharmacist, by applying the seven fundamentals , could provide a renewal for up to six months from the date of the original prescription.

Example(s):

- Hydrochlorothiazide 25mg, daily, 100 – pharmacist could provide one renewal of Hydrochlorothiazide 25mg, daily, 100 (note: although this is slightly over the maximum six months timeline it is completely acceptable by the College and the CPSBC)
- Hydrochlorothiazide 25mg, daily, 30 – pharmacist could provide one renewal for Hydrochlorothiazide 25mg, daily, 100, then after the 100 days, after assessment, provide a second renewal for 60 days.

Although there are no restrictions with respect to the types of conditions or drugs (other than narcotics and controlled substances which are restricted for all adaptations) to which a pharmacist could consider a renewal, special consideration should be taken with respect to psychiatric medications.

As a typical community pharmacist what are the circumstances in which I could provide a therapeutic substitution or make a change to a prescriptions dose, formulation or regimen?

Assuming that no collaborative relationships or appropriate protocols have been established which would provide more detailed patient medical information, therapeutic substitution in most typical community practices is limited to the following classifications (similar to government policies):

- Histamine 2 receptor blockers (H2 blockers),
- Non-steroidal anti-inflammatory drugs (NSAIDs),
- Nitrates,
- Angiotension converting enzyme inhibitors (ACE inhibitors),
- Dihydropyridine calcium channel blockers (dihydropyridine CCBs), and
- Proton pump inhibitors (PPIs)

With respect to making changes to a prescription dose or regimen, pharmacists working in typical community practice settings, as described above, would not adapt prescriptions for patients with: cancer, cardio-vascular disease, asthma, seizures or with psychiatric conditions. Changes to prescription formulations to ensure continuity of care, such as switching from a tablet to a liquid, as well as completing missing information from a prescription, if there is historical evidence to support it, would be acceptable.

A patient would like me to renew a prescription for them but the original fill was not done in my pharmacy. Can I have the prescription transferred and then renew it?

No. In order for a pharmacist to even consider adapting or renewing an existing prescription they must have the 'original prescription' in their pharmacy. The reason for this is because in order to adapt or renew a prescription a pharmacist must have all relevant information available to them and a transferred prescription does not physically transfer the 'original' prescription which may have some important notations on it. For similar reasons, once a prescription has been adapted it can not be transferred.

Why did the College establish PPP-58?

You probably already perform many prescription adaptation-related activities now, such as making minor adjustments to prescription details or giving patients an interim supply of a medication to maintain continuity of care. PPP-58 goes beyond what is available today and gives pharmacists independent authority and accountability for the adaptation of a prescription and provides the framework to guide pharmacists in safe and effective practice.

The policy, which provides the opportunity for pharmacists to maximize their full educational and professional competencies, also provides structure to, and refines the process of, exercising professional judgment in clinical practice. This becomes increasingly important as pharmacists evolve their role as medication experts.

Do I have to adapt a prescription?

No. Authorization does mean obligation. The decision to adapt a prescription or not is at the discretion of the individual pharmacist. Whenever a pharmacist chooses to adapt a prescription however, the adaptation must be done in accordance with PPP-58 and within the limits of the pharmacist's own competencies.

Why should I care about adapting prescriptions? What are the benefits to my patients and to my practice?

It makes good practical sense that pharmacists are authorized to adapt prescriptions. With your training in drug therapy, being able to adapt prescriptions means that patients will have access to medication management services from pharmacists more effectively than in the past. Patients will have improved access to drug therapy renewals to ensure uninterrupted continuity of on-going therapy for chronic conditions. Pharmacists will be able to eliminate the delays associated with contacting a prescriber for clarification, modification or improvement of drug therapy with a prescription. Pharmacist involvement with adapting prescriptions will improve inter-professional communication, documentation of care and patient involvement in decision-making and consent, which are all positive steps for health care. The bottom line is that British Columbians have asked for quicker, more convenient access to prescription renewals and optimal drug therapies. PPP-58 is the first step in this process and has the potential to also free up physician time to see patients in need of their services.

Are there special requirements needed in order to adapt a prescription?

Yes. In order to adapt a prescription a pharmacist, in addition to having read and understood the Orientation Guide and Amendment to the Orientation Guide, must possess professional liability insurance (minimum \$2 million) and must adhere to all of the seven fundamentals for adapting a prescription as outlined in PPP-58.

How will my patients know that I'm qualified to adapt prescriptions?

You are responsible for informing patients of your authority to adapt a prescription and for deciding whether or not you are prepared to make an adaptation when appropriate. All pharmacists who are licensed in British Columbia are required to have read the Orientation Guide and Amendment to the Orientation Guide by December 31, 2008 and pharmacists' authority to implement PPP-58, and thereby adapt prescriptions, is effective January 1, 2009.

How will the College ensure quality medication management activities by pharmacists?

The College's mission is to protect the public by ensuring that College registrants provide safe and effective pharmacy care to help people achieve better health. The College's Quality Outcome Specialist Staff will include a review of the processes and procedures required to apply PPP-58 in their on-going site visits.

Will I be able to adapt prescriptions for narcotics?

No. PPP-58 does not authorize pharmacists to adapt prescriptions for narcotics, controlled drugs or targeted substances.

In Alberta, pharmacists are also authorized to provide medications by injection, initiate prescriptions, or modify prescriptions for ongoing therapy – is that being planned for British Columbia?

College council recently, through inclusion in the College's strategic plan, has directed College staff to "develop a plan to encourage the government to authorize advanced professional practice for pharmacists in BC".

Do I have to complete this orientation if I don't plan to adapt prescriptions?

Yes. Although it is not mandatory that a pharmacist adapt a prescription, given that PPP-58 enhances pharmacists' scope of practice, it is mandatory that all registrants acknowledge that they have read and understood PPP-58 (by signing the Declaration Form included in the Orientation Guide and the Amendment to the Orientation Guide) by December 31, 2008.