

IMPORTANT INFORMATION

Amendment to Orientation Guide – Medication Management (Adapting a Prescription) (December 2008 – revised February 2011)

This update makes minor changes to the December 2008 amendment to PPP58. This update is the result of incorporating feedback expressed by pharmacists after having more than 1 year of experience with the policy. The changes also reflect comments received from other stakeholders, namely the College of Physicians and Surgeons (CPSBC) and the BC Medical Association (BCMA).

There have not been any changes to the seven fundamentals to Adapting a Prescription as outlined in Professional Practice Policy #58 (PPP-58) and pharmacists are required to follow the fundamentals when choosing to renew or adapt any prescription.

Topic	Current wording in Orientation Guide	Reference in Orientation Guide	Clarification / Update
Liability Insurance	Minimum requirements for liability insurance: <ul style="list-style-type: none"> Personal professional liability insurance (minimum \$2 million) 	Section 4.1; Page 17	<p>December 2008: Minimum requirements for liability insurance are:</p> <ul style="list-style-type: none"> The policy provides a minimum of \$2 million coverage, and The policy provides occurrence-based coverage or claims-made coverage with an extended reporting period of at least three years, and If not issued in the pharmacist's name, the group policy covers the pharmacist as an individual. <p>February 2011: No change</p>
Hand-written notation from prescriber "Do Not Renew / Adapt" (or similar)	"review . . . the acknowledgement of any hand-written notations on the prescription by the prescriber."	Section 2.1.2; Page 7	<p>December 2008:</p> <ul style="list-style-type: none"> Pharmacists will honour hand-written (not pre-stamped) "Do Not Renew / Adapt" notification on prescriptions If a prescriber electronically produces their prescriptions they must sign or initial beside the notation <p>February 2011: No change</p>
Renewals – specific conditions &/or drugs	No limits and/or conditions stated	n/a	<p>December 2008:</p> <ul style="list-style-type: none"> Renewals apply to stable, chronic conditions (same medication, with no change, for a minimum of six months) For psychiatric medications renewals are reserved for pharmacists working in multi-disciplinary teams <p>February 2011:</p> <ul style="list-style-type: none"> Renewals apply to stable, chronic conditions (same medication, with no change) <i>Note: 'no change' is defined as usually a minimum of six months</i> For psychiatric medications renewals are reserved for pharmacists working in multi-disciplinary teams

Note: Shaded text indicates most recent changes approved at the February 11, 2011 Board Meeting.

Topic	Current wording in Orientation Guide	Reference in Orientation Guide	Clarification / Update
Renewals – length of time	“for whatever period of time felt appropriate as long as it does not exceed the expiry of the prescription”	Section 2.2.2; Page 13 and Section 2.1.3; Page 7	<p>December 2008:</p> <ul style="list-style-type: none"> Maximum renewal up to 6 months from the date of the original prescription <p>February 2011:</p> <ul style="list-style-type: none"> <i>For whatever period of time felt appropriate as long as it does not exceed the expiry of the prescription</i> <p><i>Note: All prescriptions have an expiry of one year from the date the original prescription is written; oral contraceptives have a 2 year expiry date</i></p>
Change: dose or regimen	No limits and/or conditions stated	Section 2.2.1; Page 13	<p>December 2008:</p> <p>Unless in practice settings such as hospital, long-term care facilities or multi-disciplinary environments where collaborative relationships or appropriate protocols are established, pharmacists:</p> <ul style="list-style-type: none"> Will not change the dose or regimen of prescriptions for: cancer, cardio-vascular disease, asthma, seizures or psychiatric conditions Pharmacists can complete missing information on a prescriptions if there is historical evidence to support it <p>February 2011:</p> <p>No change</p>
Therapeutic Substitution	No limits and/or conditions stated	Section 2.2.3; Page 14	<p>December 2008:</p> <p>Unless in practice settings such as hospital, long-term care facilities or multi-disciplinary environments where collaborative relationships or appropriate protocols are established, pharmacists:</p> <ul style="list-style-type: none"> Will limit therapeutic substitution 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 <p>February 2011:</p> <p>No change</p>

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