

# Quick Reference to Prescription Adaptation

## Amendment to PPP-58 Orientation Guide (December 2008)

For prescriptions eligible for adaptation pharmacists must apply the seven fundamentals as outlined in the original PPP-58 Orientation Guide:

1. Do I have enough knowledge about the condition and drug?
2. Do I have sufficient information?
3. Do I have the original prescription?
4. Is it in the best interest of the patient?
5. Does the patient agree?
6. Document my rationale.
7. Notify the original prescriber right away.

Topic	New Clarification / Update
<p>Renewals</p> <p><i>*Section 2.2.2; Page 13 and Section 2.1.3; Page 7</i></p>	<ul style="list-style-type: none"> <li>• Renewals apply to stable, chronic conditions (same medication, with no change, for a minimum of six months)</li> <li>• Maximum renewal up to approximately six months from the date of the original prescription</li> <li>• For psychiatric medications renewals are reserved for pharmacists working in multi-disciplinary teams</li> </ul>
<p>Change: dose or regimen</p> <p><i>*Section 2.2.1; Page 13</i></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"> <li>• Will not change the dose or regimen of prescriptions for: cancer, cardio-vascular disease, asthma, seizures or psychiatric conditions</li> <li>• Pharmacists can complete missing information on a prescription if there is historical evidence to support it</li> </ul>
<p>Therapeutic Substitution</p> <p><i>*Section 2.2.3; Page 14</i></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"> <li>• 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</li> </ul>
<p>Hand-written notation from prescriber “Do Not Renew / Adapt” (or similar)</p> <p><i>*Section 2.1.2; Page 7</i></p>	<ul style="list-style-type: none"> <li>• Pharmacists will honour hand-written (not pre-stamped) “Do Not Renew / Adapt” notification on prescriptions</li> <li>• If a prescriber electronically produces their prescriptions they must sign or initial beside the notation</li> </ul>

*\* Reference in original PPP-58 Orientation Guide*

Additional resource information, including FAQ's, are available on the College website at [www.bcpharmacists.org](http://www.bcpharmacists.org). Specific questions not already addressed in the FAQ's should be directed to the College at [ppp58@bcpharmacists.org](mailto:ppp58@bcpharmacists.org)

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# Submitting Claims for Prescriptions Renewed or Adapted by a Pharmacist

Clinical services fees will be paid based on the number of claims submitted with specific intervention codes. The clinical services fee amount itself should not be submitted with the claim.

When submitting claims eligible for a clinical services fee:

1. In the **PRACT ID Ref** field, enter *P1*.  
(for College of Pharmacists of BC).
2. In the **PRACT ID** field, enter your *College ID*.
3. At the beginning of the **sig** (“directions”) field, type “**Adapted**”.  
*It is important that the word “Adapted” appear at the beginning of the sig field to ensure other healthcare practitioners can easily recognize that this is not the original prescription.*
4. Include the appropriate new clinical services fee **intervention code** listed below to flag the claim as eligible for clinical services fee payment.

Code	Description
NI	dosage change
NJ	formulation change
NK	directions for use modified
NL	renewal of prescription
NM	therapeutic substitution

**IMPORTANT NOTE:** If the original prescription information has not already been entered into the PharmaNet system, pharmacists, at this time\*, are not required to enter and reverse this information in order to do an adaptation but can simply enter the adapted prescription by following the steps outlined above. It is important to remember that the ‘original’ prescription must remain on file at the pharmacy and once adapted, the prescription can not be transferred.

*\* This current procedure for submitting claims for adapted prescriptions will remain in place until changes to PharmaNet are released this summer.*

## New Procedure for Entering Emergency Fill and Emergency Contraceptive Claims

Pharmacists must now use the following procedure to submit claims for an emergency fill or for emergency contraceptives. These claims are not eligible for a clinical services fee.

1. In the **PRACT ID Ref** field, enter *P1*.  
(for College of Pharmacists of BC)
2. In the **PRACT ID** field, enter your *College ID*.
3. Include the appropriate new intervention code.  
*These intervention codes will be available to you on or before January 1, 2009.*

Code	Description
NN	emergency supply of medication
NO	emergency contraceptive

Further information regarding clinical services fee procedures or intervention codes should be directed to the PharmaCare Help Desk at 1.800.554.0225.

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