



# 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 10<sup>th</sup> can be accepted for filling or logging on until midnight January 15<sup>th</sup>.

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.**