

Working with pharmacist colleagues to ensure safer prescribing



Health care is a team effort and at no time has this been truer than at present. The world is facing unprecedented challenges, and the provincial health-care system is battling two public health crises: the opioid crisis and the COVID-19 pandemic. This has changed health care and prescribing. Pharmacists need the support and compliance of their physician colleagues to make prescribing safer for patients.

Below are four actions College registrants can take to make their patients' health-care team stronger when prescribing medications using BC's Controlled Prescription Program form (duplicate prescription).

1. Pharmacists are required to receive original duplicate prescription forms. The increase in virtual care has meant that more patients who need prescriptions for opioid or other controlled drugs are not being seen face-to-face and are not being given original prescriptions from duplicate pads. Health Canada has issued temporary exemptions, and the College of Pharmacists of BC (CPBC) changed its bylaws to allow duplicate prescriptions to be faxed or phoned into pharmacies. Although the pharmacist may dispense upon receipt of a faxed or phone prescription, they still need to obtain the original prescription form with the physician's unique signature. CPBC is exploring improvements to this system, but until the legislation and bylaws are changed, pharmacists must still receive the original prescription form with the physician signature as soon as reasonably possible. College

registrants should continue to deliver these to the appropriate pharmacy by mail or other method which safely provides the original form to the pharmacist.

2. College registrants who prescribe safer supply medications as an alternative to the toxic street supply (i.e. for risk mitigation during the dual public health emergencies or as a safer supply option), must clearly add "SA" at the bottom of the Directions for Use section of the duplicate form. "SA" informs the dispensing pharmacist to tag the prescription with a (non-public) identifying code for program evaluation purposes in [PharmaNet](#). Getting data on safer supply will enable data collection and analysis to help combat the opioid crisis more effectively.
3. College registrants must write the drug strength on their duplicate prescription form. It is not enough to simply write the dosage amount and leave it to the pharmacist to decide on a drug strength. For example, physicians who want 100mg of extended-release morphine sulphate for their patient, must also specify whether they want the medication to be dispensed as 10, 20, 50, or 100 mg capsules. While the pharmacist can make the calculation, they would prefer to be instructed as to strength on the form. They are required to have complete information on the form in order to receive payment for their services.
4. Controlled Prescription Program (CPP) forms are personalized for College registrants and cannot be shared or exchanged. If a registrant wishes to make a change to a colleague's prescription (i.e. correcting or changing dosing information, total quantity, carry instructions), this is viewed as a new prescription by the registrant ordering the changes and must be written and issued on their personalized duplicate form. The temporary exemptions from Health Canada and CPBC bylaw changes would allow these changes to be prescribed by fax or phone initially, however, the pharmacist must still receive the original form as soon as reasonably possible.

Attending to these four issues will ensure that patients get their medications in a timely manner and that delays will be mitigated while pharmacists attempt to contact busy physician colleagues to get clarity on their prescriptions.

For more information, see:

- Understanding the College's perspective on safer supply
- Prescribing medications during the COVID-19 pandemic
- Controlled Prescription Program