

POSITION STATEMENT

Prescription Pad Use and Distribution by Home Sleep Apnea Testing Providers

Purpose

Position statements from the College provide background information and express or clarify the College's intent on a particular matter. They are intended as guidance for stakeholders in areas where events are evolving or changing rapidly, the implementation of processes and procedures may be premature, or it is timely to communicate the College's broad intent before or as policies and procedures are developed.

This document addresses the parameters for prescription pad use when distributed by home sleep apnea testing (HSAT) providers.

Background

On June 30, 2021, the Medical Services Commission's Guidelines and Protocols Advisory Committee, in conjunction with the Ministry of Health (the Ministry) and the College of Physicians and Surgeons of British Columbia's (the College) Diagnostic Accreditation Program, released a [provincial standard requisition form](#) for home sleep apnea testing (HSAT). This requisition is available on a number of web-based platforms.

In conjunction with the requisition, prescription pads are being provided by HSAT providers to physicians to support therapeutic interventions for sleep disordered breathing. The Ministry and the College have received several inquiries for clarification regarding the use and distribution of such prescription pads.

Position

The College supports the definition of a prescription as an authorization from an authorized practitioner to dispense a specific drug or **device** for use by a designated individual. Therefore, a prescription is a direction given to a professional (e.g. pharmacist, respiratory therapist, nurse) by a physician or nurse practitioner.

Prescriptions and interpretive reports are patient specific and tailored to the individual. To support the prescription, the content for each interpretive report must be comprehensive and should include treatment options.

HSAT facilities are permitted to distribute prescription pads to physicians for the treatment of sleep disordered breathing **under the following parameters only:**

1. **Pre-filled** prescriptions for a CPAP trial, or any type of therapy, are not provided to referring practitioners, either in advance or with the interpretive report.
2. The prescription pads do not contain any pre-filled statements, including the patient's name, claiming diagnosis, or recommendations for treatment.
3. Clinical indications for the requested treatment may be listed as options to check off as appropriate to facilitate the completion of the form.
4. The prescription pad may include treatment options (e.g. modality, PAP pressure settings, frequency of use, duration of use, humidifier requirements, date of follow up, etc.) for the ordering physician to check off as appropriate.
5. Follow up plan for compliance (e.g. downloads and oximetry report at 30 days).
6. Statements about the College of Physicians and Surgeons of BC are limited to the facility's DAP accreditation status.
7. The prescription pads may include a list of accredited facilities for HSAT.
8. Prescription pad content is reviewed and approved by the medical director prior to use.

References

Pharmacy Operations and Drug Scheduling Act:

https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/03077_01

Contact

For further information, please contact dap@cpsbc.ca.