Tips for your practice – medication related context

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Goal

At the end of this session, attendees will be provided an overview of resources and tips for your practice related to medications

Overview

1. Handy phone numbers to have on hand
2. Legislation References – CDSA, NCR, BOTSR
3. Controlled Prescription Program (Duplicate form)
4. Harmonized CPP Forms
5. Verbal and Faxing of Prescriptions – CDSA Exemption due to Public Health Emergency
6. Prescription tips for office team
7. Tramadol
8. Part-fills (related to CDSA)
9. Safer Alternatives – addition of code for prescribed harm reduction drugs
10. Resources related to SUD
11. Drug Interchangeability
12. Writing for Prescription Changes
13. Days Supply
14. Overview of Shortages
15. PharmaNET
16. Writing Prescriptions for Outside of BC

1. Useful phone numbers (to save)

Covid-19 Clinician Support Line (M-F 8:30am to 4:30pm)	1-844-915-5005
Lost or stolen prescription pad	1-844-660-3200
Pharmacare Practitioner Line – not for public use	1-866-905-4312
Drug Information Line for BC Healthcare Professionals (M-F 9am to 4pm)	604-707-2787 1-866-298-5909
Poison Information line (24/7, 365 days)	604-682-5050 1-800-567-8911
24/7 Addiction Medicine Clinician Support Line (24/7, 365 days)	778-945-7619
RACE line (M to F: 8:00am to 5:00pm) (RACE app available too) http://www.raceconnect.ca/services-available/	604-696-2131 1-877-696-2131

Consider subscribing to email updates from:

- PharmaCare Newsletter
- BC Centre for Disease Control
- BC Centre on Substance Use

2. What legislation governs controlled drugs and targeted substances federally?

Legislative References:

- Controlled Drugs and Substances Act (CDSA)
  - Narcotic Control Regulations (NCR)
  - Benzodiazepine and Other Targeted Substances Regulations (BOTSR)

- Food and Drug Regulations, Part G (FDR)

3. BC Controlled Prescription Program (CPP)

- The Controlled Prescription Program aims to reduce inappropriate prescribing of selected controlled drugs and to prevent forgeries.

- Prescriptions for the controlled drugs specified in the program must be written on the duplicate prescription pad specially developed for this purpose,

BC Controlled Prescription Program (CPP)

PROGRAM PARTNERS

- BC College of Nurses and Midwives
- College of Dental Surgeons of BC
- College of Pharmacists of BC
- College of Physicians & Surgeons of BC
- College of Veterinarians of BC
- Ministry of Health (PharmaCare Program)

- Representatives from each of these organizations make up the Controlled Prescription Program Advisory Committee which is responsible for regularly reviewing and updating the Controlled Prescription Program requirements and drug list, and making recommendations regarding drugs that should require a duplicate prescription, and the information that should be provided by registrants of each college on a duplicate prescription.

- In addition, the committee provides a collaborative forum to discuss common concerns and knowledge related to prescribing of drugs with a high-risk profile. Best practices discussed by the forum also help guide development of related College standards for health professionals.

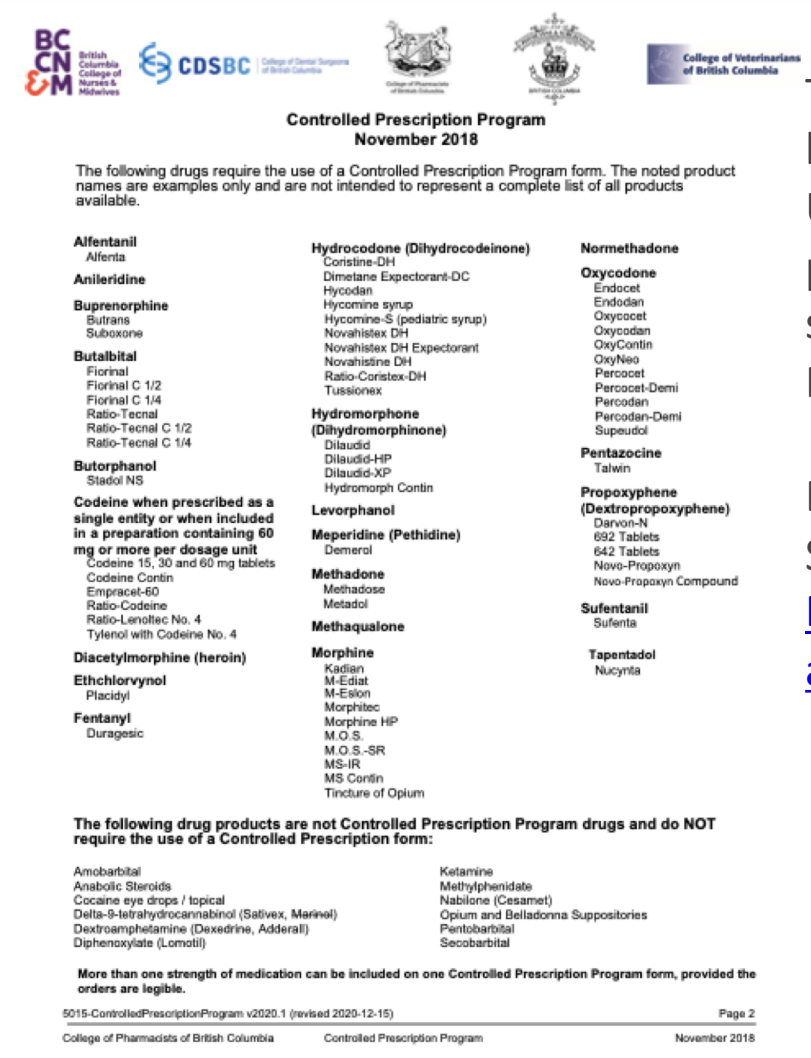
BC Controlled Prescription Program (CPP)

- The selected drugs included in the program 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.

- ***Note:*** *Controlled Prescription Program duplicate prescription pads must still be used when using Electronic Medical Records (EMRs). As with all prescriptions, prescribers* ***must ensure that all fields on Controlled Prescription Program forms are completed correctly including one generated from an EMR.***

What Drugs are required on a CPP form? (save)



Controlled Prescription Program
November 2018

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
Butrans
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-Codeine
Ratio-Lenoltec No. 4
Tylenol with Codeine No. 4

Diacetylmorphine (heroin)

Ethchlorvynol
Placidyl

Fentanyl
Duragesic

Hydrocodone (Dihydrocodeinone)
Coristine-DH
Dimetane Expectorant-DC
Hycodan
Hycomine syrup
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
Methadose
Metadol

Methaqualone

Morphine
Kadian
M-Eclat
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
OxyNeo
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, Adderall)
Diphenoxylate (Lomotil)
Ketamine
Methylphenidate
Nabilone (Cesamet)
Opium and Belladonna Suppositories
Pentobarbital
Secobarbital

More than one strength of medication can be included on one Controlled Prescription Program form, provided the orders are legible.

5015-ControlledPrescriptionProgram v2020.1 (revised 2020-12-15) Page 2

College of Pharmacists of British Columbia Controlled Prescription Program November 2018

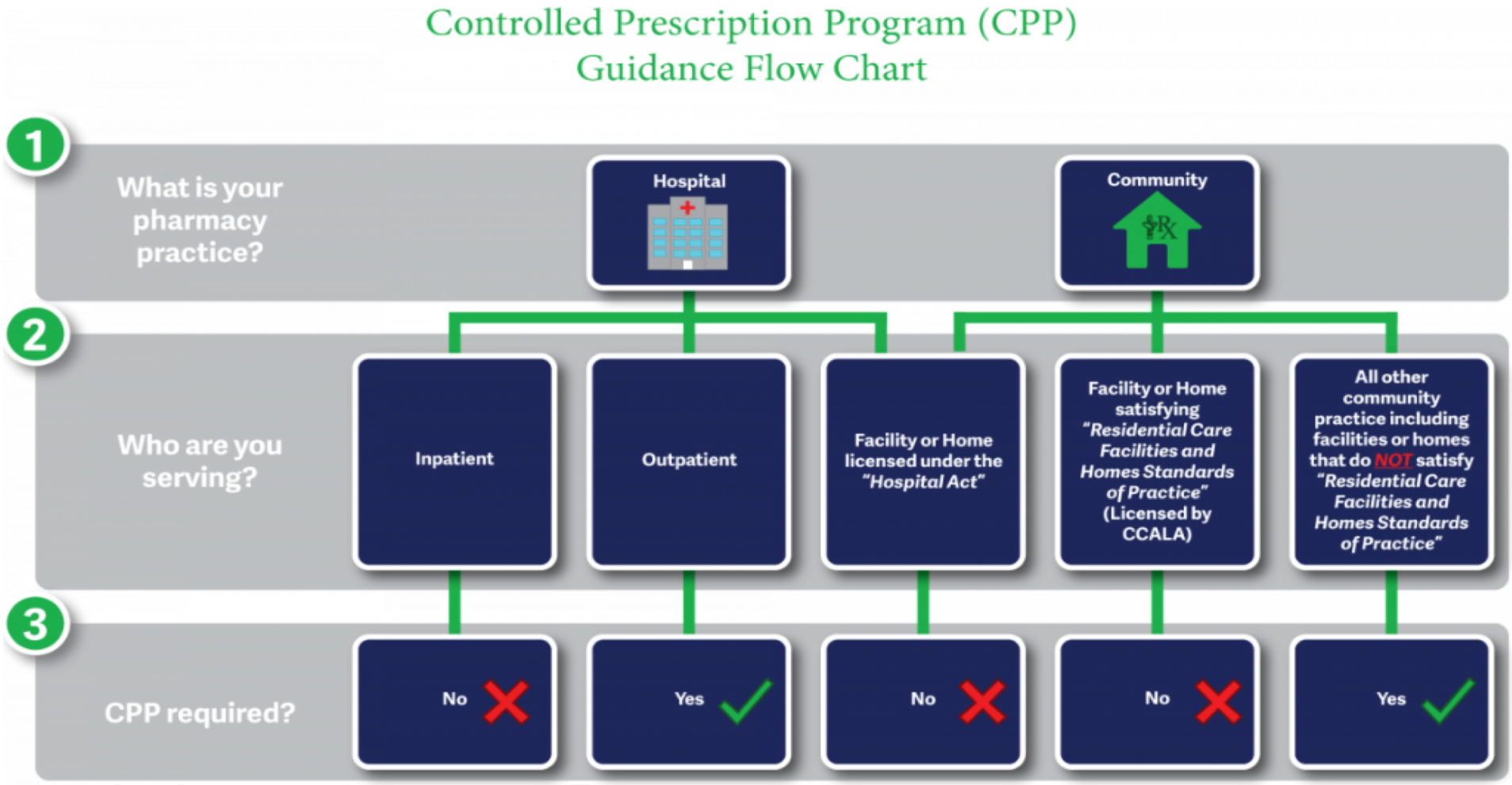
The list of drugs covered by the program has been agreed to by all the program participants. Unless otherwise specified, both single-entity products and preparations or mixtures of the scheduled drugs require the use of Controlled Prescription Program forms.

Drugs included in the program are listed as Schedule 1A drugs in the Drug Schedules Regulation under the Pharmacy Operations and Drug Scheduling Act.

https://library.bcpharmacists.org/6_Resources/6-4_Drug_Distribution/5015-ControlledPrescriptionProgram.pdf

Are CPP forms required from all practice settings?

Prescriptions for long-term and extended-care facility patients do not require the use of Controlled Prescription Program forms.



4. New Harmonized CPP Forms

- The creation of the new harmonized form brings together the two different duplicate prescription forms currently required to be used as part of British Columbia's Controlled Prescription Program, the generic CPP form used for the majority of controlled prescriptions, and the methadone CPP form which is used to prescribe methadone for maintenance treatment.

- Since the release of the Provincial Guidelines for the Clinical Management of Opioid Use Disorder, prescribers have been using the generic CPP form to prescribe buprenorphine/naloxone and slow release oral morphine for OAT which has resulted in inconsistencies amongst prescriptions for OAT drugs, as prescriptions written on the generic CPP form are "void after 5 days," whereas prescriptions for methadone for OAT are not as they include a "start day" and "last day."

The benefits the new harmonized CPP form include:

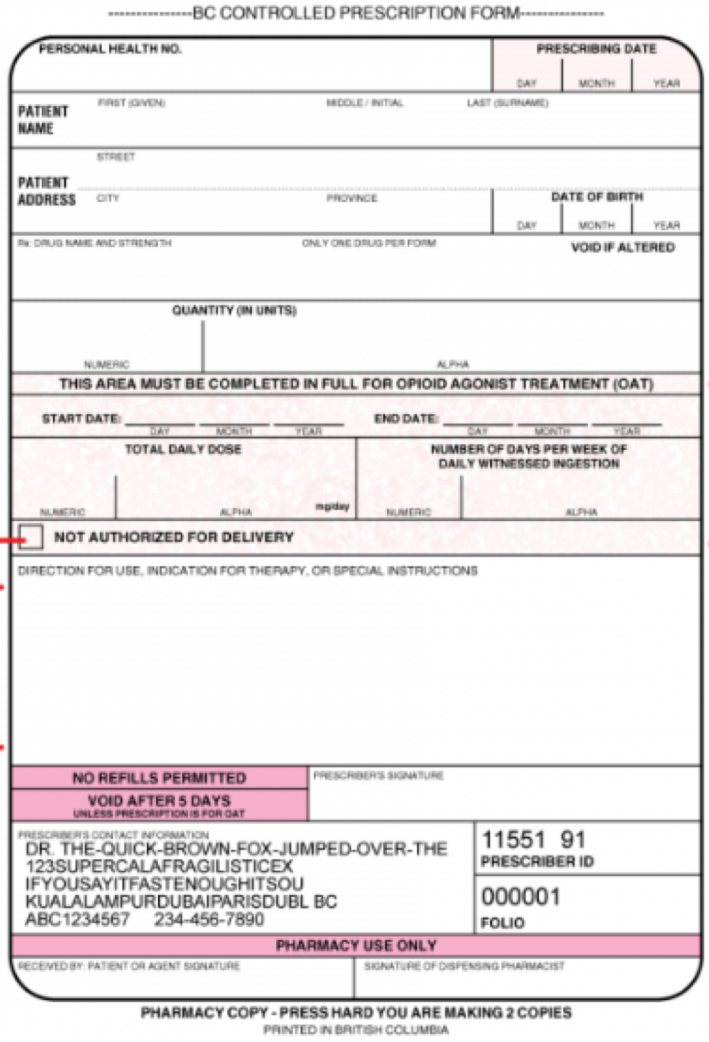
- A consistent approach to writing prescriptions for all 1A drugs
- Increased patient access to OAT therapy (currently only prescribers of OAT have methadone CPP forms)
- Reduced administrative burden associated with ordering/printing of two pads for 1A drugs
- In addition, the new harmonized CPP form reflects updated OAT delivery guidance. Most notably, the form no longer requires physician authorization for delivery which reflects that pharmacists may use their professional judgement to determine whether or not to deliver OAT to a patient, in accordance with the College of Pharmacists of BC's Professional Practice Policy – 71 (Delivery of Opioid Agonist Treatment). Instead, the new form allows prescribers to specify when delivery is not permitted.

New Harmonized CPP forms

Pharmacist will use professional judgement to determine if delivery is appropriate for OAT unless prescriber indicates that delivery is not permitted

Include important prescription information, such as directions for use, indication for therapy or indicating use as a safe supply pharmaceutical alternative

Only required to be completed for drugs prescribed for the purpose of Opioid Agonist Treatment



5. Verbal and Faxed Prescriptions (CPP forms)

- Normally, prescriptions for Schedule 1A drugs transmitted verbally or by facsimile may not be accepted by a pharmacist in a community pharmacy.

- However, due to the COVID-19 pandemic, temporary amendments were made to the Controlled Prescription Program

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- Food and Drug Regulations, Part G (FDR)

CDSA – Controlled Drugs and Substances Act
Subsection 56(1) class exemption for patients, practitioners and pharmacists prescribing and providing controlled substances n Canada

- To support continuity of care to patients during the COVID-19 pandemic, on March 19, 2020, Health Canada issued a national class exemption under the Controlled Drugs and Substances Act (CDSA) and its regulations, for prescriptions of controlled substances.

- In order to continue to maintain Canadians' access to controlled substances for medical treatments, the expiration date of this temporary exemption has been extended from September 30, 2021 to September 30, 2026.

What does this mean in a BC Context?

- Verbal prescriptions: A registrant may dispense drugs included in the controlled prescription program upon receipt of a verbal prescription from a practitioner if doing so is permitted under a section 56 exemption to the C*ontrolled Drugs and Substances Act*. The pharmacy must receive the original prescription form from the practitioner as soon as reasonably possible.

- Faxed prescriptions: A registrant must not dispense a prescription authorization received by facsimile transmission for a drug referred to on the Controlled Prescription Drug List, except in a public health emergency declared by the provincial health officer (note: this includes the opioid overdose public health emergency). In a public health emergency, the pharmacy must receive

  - a completed copy of the Controlled Prescription Program form transmitted by facsimile prior to dispensing the medication; and
  - the original form by mail as soon as reasonably possible.

6. TIPS for office team

- **Faxed prescriptions must include** the name and fax number of the pharmacy intended to receive the transmission
- Write “locum for” if you are completing a locum at an office
- Ensure CPSID is on prescription forms
- (remember, PNET search will show one contact information for prescriber…)
- Put fax number and phone number on the CPP form (Some of clinicians work in several places and MOAs and clinic will receive faxes related to clients who are not in the pr

REMINDER…a prescription cannot be emailed to a patient to present to a pharmacy

Volume 8 | No. 6 | Nov/Dec 2020 · 1 minute

Pharmacists are not able to process prescriptions that have been emailed to a patient

DRUG PROGRAMS Update

Share

The College continues to receive expressions of concern from community pharmacists who have received a prescription from a patient, which has been emailed to them from their prescribing physician or surgeon.

Under existing legislation, which sets out expectations for pharmacy practice in BC, the only acceptable prescriptions that a pharmacist can process include:

- a paper prescription with a wet signature from the licensed prescriber;
- a verbal prescription order provided by the licensed prescriber to the patient's pharmacist of choice; or
- a prescription that has been faxed to the pharmacy of the patient's choice by the licensed prescriber.

The College appreciates during these extraordinary times that it is tempting to email a prescription to a patient out of convenience. This is not acceptable. Registrants are reminded that pharmacists have an obligation to comply with their prevailing laws, regulations, and professional standards just as they do. Hoping that the pharmacist might "bend the rules" places the pharmacist in an untenable situation.

There are many patient safety concerns too. Emailing a prescription to a patient is, of course, dangerous as the information contained in that prescription is not always secure on an email server. Additionally, an emailed prescription can be printed out numerous times and may be filled more than once. And, while the pharmacist is taking time to obtain prescriptions by

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Seeking feedback on the soon-to-be-launched new

– https://www.cpsbc.ca/news/publications/college-connector/2020-V08-06/04

Other TIPS remind office team

- **Prescriptions will not be ready for pick up as soon as they are faxed**. Like the office, faxes may be in a queue on pharmacy software end, or waiting for transmission on office end or waiting to be received on pharmacy end

- Technically the **patient has to ask for it to be filled**
- Write date of pick-up, if special authority was applied, or if Plan G was applied for

- If urgent, suggest to call the pharmacy

- **Other considerations:** other orders or clients in pharmacy, shortage potential, may need to order, may need more information such as insurance and ID

Other TIPS remind office team

What if an error was discovered?

- **If an error prescription was faxed, call the pharmacy**, don't just fax a new one or the pharmacy will have two prescriptions on hand, and a different staff member may have logged the first one before the second one comes in. **(ERROR potential)**

- If **the incorrect pharmacy was faxed, call the pharmacy and tell them** so they destroy the fax. Double check with the client which is their primary pharmacy on file

-

7. Recent updates – Tramadol considered narcotic federally (including any product containing tramadol)

- The Office of Controlled Substances (OCS) from Health Canada (more information from the Canada Gazette, Part II, Volume 155, Number 7)

- As of **March 31, 2022**, tramadol will be removed from the Prescription Drug List (PDL) and listed in Schedule I of the *Controlled Drugs and Substances Act* (CDSA).

- Tramadol will also be listed as item 19 in the Schedule of the *Narcotic Control Regulations* (NCR) and therefore subject to all the regulatory requirements set out in the CDSA and NCR.

- Controlling tramadol will strengthen Health Canada's oversight of legitimate activities with this substance, and facilitate detection and prevention of diversion.

Why was a re-write needed for remaining tablets? Because tramadol is now classified as a narcotic federally.

RECORD KEEPING REQUIREMENTS

- Starting March 31, 2022, pharmacists will be responsible for maintaining, in an auditable manner, all the records required by the NCR regarding their activities with tramadol for a minimum of two years. This includes, but is not limited to the following records:
- Purchase records
- Records of receipt
- Sale/Provision records
- Emergency transfer records
- Records of returns to licensed dealers
- Destruction records
- Furthermore, pharmacists must include all tramadol prescriptions dispensed on or after March 31, 2022 in their special narcotic prescription file. **This includes part-fills of tramadol that may be dispensed after March 31, 2022 pursuant to a prescription received or partially filled prior to the scheduling change.**

8. Part-fills?

- **Federal legislation establishes when refills are permitted on a prescription**

- **All controlled and targeted drugs** must state **intervals and quantities between fills.** If a prescriber issues a prescription incorrectly then this contravenes what is established.

- Pharmacists cannot adapt/complete missing information on narcotics/controlled/targeted drugs.

Examples:

- Tylenol #3 tablet Take 1 to 2 tablets every 6 hours daily when needed, Quantity: 480, fill 240 tablets at 25 to 30 day intervals **(DO NOT WRITE 240 + 1 rpt)**
- Zopiclone 7.5mg tablet Take half to 1 tablet once daily when needed at bedtime, Quantity 60, fill 20 tablets at 25 to 30 day intervals **(DO NOT WRITE 20 + 2 rpt)**

Prescription Regulations (save)

https://library.bcpharmacists.org/6_Resources/6-4_Drug_Distribution/5014-Prescription_Regulation_Table.pdf

PRESCRIPTION REGULATIONS

A synopsis of federal and provincial laws and regulations governing the distribution of drugs by prescription in British Columbia†

CLASSIFICATION	DESCRIPTION	PRESCRIPTION REQUIREMENTS	REFILLS	SALES RECORD	FILES AND RECORDS
(N) **Narcotic Drug *** Examples: Butrans, Cesamet, Codeine, Codeine Syrup, Cophylac, Darvon-N, Demerol, Dilaudid, Duragesic, Emtec-30 and -60, Hycodan, Jurnista, Kadian, Ketamine, Lomotil, M-Eslon, Metadol, Methadose, Morphine, Nabilone, Novahistex-DH, Nucynta, OxyNeo, Percocet, Percodan, Ratio-Lenoltec #4, Sativex, Sublocade, Suboxone, Talwin, Tussionex, Tylenol No.4, Tylenol with Codeine Elixir.	All single-entity narcotics. All narcotics for parenteral use. All narcotic compounds containing more than one narcotic drug. All narcotic compounds containing less than two other non-narcotic ingredients in a therapeutic dose. All products containing any substance listed in the schedule to the *Narcotic Control Regulations*.	Written or faxed prescription by a physician, dentist, veterinarian, nurse practitioner, midwife or podiatrist. Prescription must include components detailed immediately below. **Note:** Schedule 1A drugs cannot be faxed. (exception: licensed facilities). Schedule 1A drugs cannot be prescribed by podiatrists.	No refills allowed. All "re-orders" must be new written prescriptions. Written "part-fill" instruction can be included, specifying the total prescription quantity plus the interval between each "part-fill." Transfer of "part-fills" and undispensed prescriptions are not permitted.	All prescription sales (except those for dextropropoxyphene) must be recorded in a register or a computer-printed report. The register or computer-printed report must be current and kept for at least three years.	1. Narcotic and controlled drug purchases must be recorded in a book or register and must be readily available. 2. Prescriptions for narcotics, controlled drugs and preparations of either may be filed together, but must be separated from all other prescriptions. 3. All prescriptions, whether in writing from the practitioner or received verbally and recorded by a pharmacist, must be filed in sequence according to date and prescription number or transaction number. 4. All prescriptions must be kept for at least three years after their most recent activity, including refill transactions. 5. All dispensed prescription medication and authorized refills must be recorded on a patient medication profile for each patient. 6. At the time of dispensing a verbal prescription narcotic, a controlled drug, or a targeted substance pursuant to a verbal order, the written record must also include the patient's address, practitioner's initials and address, form of drug, and name or initials of the *pharmacist* who transcribed the verbal order. 7. Each dispensing of a new pres… a refill/part-fill, a renewal or a … owing must show the address … patient, identification number …
(N) **Verbal Prescription Narcotic Drug *** Examples: Calmylin ACE, Coactifed, Cotridin, Dimetapp C, 282 and 292, Fiorinal C ½, Fiorinal C ¼, ratio-Lenoltec-#2 and #3, Robitussin AC, Tylenol No.2 and No.3.	A combination for other than parenteral use containing only one narcotic drug plus two (or more) non-narcotic drugs in a therapeutic dose, except products containing diacetylmorphine (heroin) hydrocodone, methadone, oxycodone or pentazocine.	Written, verbal or faxed prescription by a physician, dentist, veterinarian, nurse practitioner or podiatrist. Midwives may prescribe verbal prescription narcotic drugs. All prescriptions must include: • Patient's name • Practitioner's name and signature (for written prescriptions) • Name, strength, and quantity of drug(s) or ingredients • Complete directions for use, including the frequency, interval or maximum daily dose • Number of refills and intervals between refills/part-fills (when permitted)	No refills allowed. All "re-orders" (written or verbal) must be new prescriptions. Written or verbal "part-fill" instruction can be included, as noted above. Transfer of "part-fills" and undispensed prescriptions are not permitted.	Prescription sales do not need to be recorded in a register or computer-printed report, except when an emergency supply is provided to another pharmacist and returns to licensed dealers.	
(C) **Controlled Drug Part 1*** Examples: Adderall XR, Biphentin, Concerta, Dexedrine, Ritalin, Vyvanse.	Drugs listed in Part I of the schedule to Part G of the *Food and Drug Regulations* (e.g. amphetamines and their salts and derivatives, methylphenidate, phenmetrazine, pentobarbital, secobarbital)		No refills allowed if original prescription is verbal; however, part-fills are allowed. If written, the original prescription may be refilled if the practitioner has indicated in writing the number of times and interval between refills. "Refill PRN" is not an acceptable authority for refilling a prescription.	All prescription sales must be recorded in a register or computer-printed report. Register must be current and kept for at least three years.	
(C) **Controlled Drug Preparation Part 1**	Combination containing only one controlled drug listed immediately above plus one			Prescription sales do not need to be recorded in a register or computer-printed report	

9. Recent Updates - Safer Alternatives (BC PharmaCare Newsletter Edition 22-001, published on January 05, 2022)

- Prescribers and pharmacists are asked to add “SA” (safer alternative) to prescriptions and PharmaNet entries for prescribed harm reduction drugs.

- This will improve data for safer supply programs and identify unintended risks or harms. Prescribed harm reduction drug options are outlined in the Risk Mitigation Interim Clinical Guidance, the Opioid Use Disorder Practice Update, and the Access to Prescribed Safer Supply Policy.

- Most prescribed alternatives to the toxic, illicit drug supply are also used for other indications (e.g., pain). Identifying prescriptions as SA allows programs run by the BC Centre on Substance Use, the Ministry of Mental Health and Addiction, and the Ministry of Health to monitor, evaluate, and better mitigate the opioid public health emergency.

Instructions for Prescribers

- When writing a prescription for a drug to be used 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), clearly add “SA” at the bottom of the Directions for Use section of the BC CPP form (See example – next slide)

- “SA” tells the dispensing pharmacist to tag the prescription with a (non-public) identifying code, for program evaluation purposes and does not go onto the prescription direction in PharmaNet.

----------BC CONTROLLED PRESCRIPTION FORM----------

PERSONAL HEALTH NO.
9123 456 789

PRESCRIBING DATE
27 (DAY) | 05 (MONTH) | 21 (YEAR)

PATIENT NAME
FIRST (GIVEN) | MIDDLE / INITIAL | LAST (SURNAME)
Generic | | Name

PATIENT ADDRESS
STREET
123 Main Street
CITY | PROVINCE
Victoria | BC

DATE OF BIRTH
03 (DAY) | 09 (MONTH) | 88 (YEAR)

Rx: DRUG NAME AND STRENGTH — ONLY ONE DRUG PER FORM

VOID IF ALTERED

Hydromorphone 8mg tablets

QUANTITY (IN UNITS)
2240mg (NUMERIC) | Two thousand two hundred forty mg (ALPHA)

THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT

START DATE: (DAY / MONTH / YEAR)

END DATE: (DAY / MONTH / YEAR)

TOTAL DAILY DOSE (NUMERIC / ALPHA) mg/day

NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION (NUMERIC / ALPHA)

☐ NOT AUTHORIZED FOR DELIVERY

DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS

Use 1-2 tablets every 2-4 hours as needed
Dispense 5 tablets/day
Safe-Supply/Pharmaceutical Alternative

SA

NO REFILLS PERMITTED

VOID AFTER 5 DAYS
UNLESS PRESCRIPTION IS FOR OAT

PRESCRIBER'S SIGNATURE
Generic Prescriber

PRESCRIBER'S CONTACT INFORMATION
Generic Prescriber
123 Health Street
Victoria BC V8Z 4H4

91-09898
PRESCRIBER ID

5555555
FOLIO

PHARMACY USE ONLY

RECEIVED BY: PATIENT OR AGENT SIGNATURE

SIGNATURE OF DISPENSING PHARMACIST

PHARMACY COPY - PRESS HARD YOU ARE MAKING 2 COPIES
PRINTED IN BRITISH COLUMBIA

Safer Alternatives

Opioids (not necessarily part of official OAT)

- Fentanyl patches, tablets, and inhalable compounded options
- Hydromorphone tablets, injectables, and inhalable compounded options, except when prescribed as part of a formal iOAT, or TiOAT treatment program
- Morphine injectable, and immediate or sustained release tablets/capsules, except when prescribed for OAT
- Oxycodone immediate and sustained release formulations
- Sufentanil injection
- Diacetylmorphine (DAM)
  - Currently DAM is not part of harm reduction programs. If any form (e.g., inhalable compounded options, injectable) becomes available for harm reduction, the prescriptions should include the SA code, which should be entered with each fill/part fill.

Stimulants

- Dextroamphetamine IR or SR
- Methylphenidate IR or SR
- Any other stimulants prescribed for harm reduction, either commercial or compounded

Benzodiazepines

- Diazepam
- Clonazepam
- Any other benzodiazepines prescribed for harm reduction, either commercial or compounded

10. Additional Resources related to SUD

- Provincial Opioid Addiction Treatment Support Program (MOA module) (UBC CPD)
- Addiction Care and Treatment Online Course (UBC CPD)
- BC ECHO on Substance Use(community of learners) (https://bcechoonsubstanceuse.ca)
- Guidelines and Practice updates include sample scripts too

11. Reminder – Drug Interchangeability (some refer to as generic substitution)

DRUG INTERCHANGEABILITY UPDATE

Amended from the August 2004 Vol. 3 No.1 FYI Newsletter (Information for Pharmacists)

Drug product interchangeability decisions can be based on Health Canada's Declaration of Equivalence, as indicated by the identification of a Canadian Reference Product on a Notice of Compliance for a generic drug.

Pharmacists may also use their professional judgment in interchanging other products if the products meet the definition of an interchangeable drug. An interchangeable drug is defined in the *Health Professions Act:*

"Interchangeable drug" means a drug that:

* contains the same amount of the same active ingredients,
* possesses comparable pharmacokinetic properties,
* has the same clinically significant formulation characteristics,[1] and
* is to be administered in the same way as the drug prescribed.

Advantages of this approach to interchangeability:

1. When a generic product is approved for sale in Canada, it is immediately interchangeable with the brand name product it was compared to. There will be no delays in determining interchangeability.

2. The definition of an interchangeable drug in the *Health Professions Act* permits you to use professional judgment in specific circumstances.

   For example, if a physician prescribes 250 mg capsules of amoxicillin for a 3-year-old, you will still be able to use your judgment and dispense a suspension if, upon discussion with the caregiver, it is clear it is the more appropriate dosage form for the child. Those two products would meet the definition of an interchangeable drug.

Reminder - Methadone

Interchangeability refers to situations in which pharmacists may use their professional judgement to dispense another product if the product being interchanged meets the Health Professions Act definition (section 25.91) of an interchangeable drug:

- Same amount of the same active ingredients
- Comparable pharmacokinetics
- Same clinically significant1 formulation characteristics
- Administered in the same way as the drug prescribed

A pharmacist may decide to interchange a methadone formulation because of patient preference or other considerations. Interchanges should be done in consultation with the patient and, when possible, their prescriber. If the pharmacist decides to perform an interchange, they should document both the rationale and circumstances with the original prescription and communicate this decision to the prescriber using standard fax communication.

- Methadose and Metadol-D are commercially available methadone 10mg/mL products that meet the above requirements of an interchangeable drug.

- While commercial methadone formulations are interchangeable, patients may have success on one formulation but not another.

- Switching from one methadone formulation to another may lead to withdrawal symptoms emerging, although the reason for this is unclear

- Changes should be made in consultation with the patient and prescriber, where possible

- If a patient is not having success on a current methadone formulation, the clinician should re-assess the treatment plan and consider other forms of treatment, in consultation with the patient. The specific treatment to be pursued should be patient-specific and reflect the patient's past experiences with OAT and their treatment goals.

https://www.bccsu.ca/wp-content/uploads/2022/03/Methadone-Bulletin-FAQ.pdf

12. Writing for Prescription changes

If dose dose of medication changes, write a new Rx as soon as possible (ie: if clinic changes then write at visit, or write later if because you may get consult note from specialist and specialist did not write Rx as an example).

Preventing clarification calls:

- Write “cancel previous Rx; increase or decrease”
- Write when to start if it is a blisterpack as an example ”start on next due date, start immediately etc).

Reasons:

- Record keeping and tracking
- Error prevention (at pharmacy and at clinic when refilling or printing prescription)
- Coverage issues:
  - Benefit plans won’t cover early fills if the patient has been taking more than what was originally prescribed
  - On a 90-100 day supply, most insurance plans won’t pay for medications filled more than 14 days before the next refill is due (sometimes less depending on the quantity filled)
  - Telus: requires at least two-thirds of the previously dispensed supply has been used before processing the new supply

13. Days Supply

- Related to what the patient will be **reimbursed** for or have to **pay out of pocket**

- Most plans, including PharmaCare, have a **max days supply of 100** (writing for 90 is ok), Be specific - should not write 1 month, 30 days is okay.

Preventing clarification calls:

- **I**f giving an extended quantity or an early fill request for **vacation** please note this on the prescription so the pharmacy knows why the extra quantity is being requested.

8.3 Frequency of Dispensing Policy (daily, weekly, less than 28 days)

- https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmacare-publications/pharmacare-policy-manual-2012/pharmacyfees-subsidies-providerpayment/frequency-of-dispensing-fee-limits

- **If a client usually comes in daily or weekly, write down specific days they can have a holiday carry.**

14. Shortages….

- May have seen quite a bit of reachouts for this as BC pharmacists may not be able to unilaterally change some prescriptions

Shortages (ie: some considerations why this is happening)

- Drug utilization increases (projections are off from initial projections - ie: projections changed mid-way – new programs, increased awareness/capacity, increased need – AI vs signals and alerts on the ground)

- Supply issue (raw ingredients, GMP, machinery, labelling)

- Import/Export

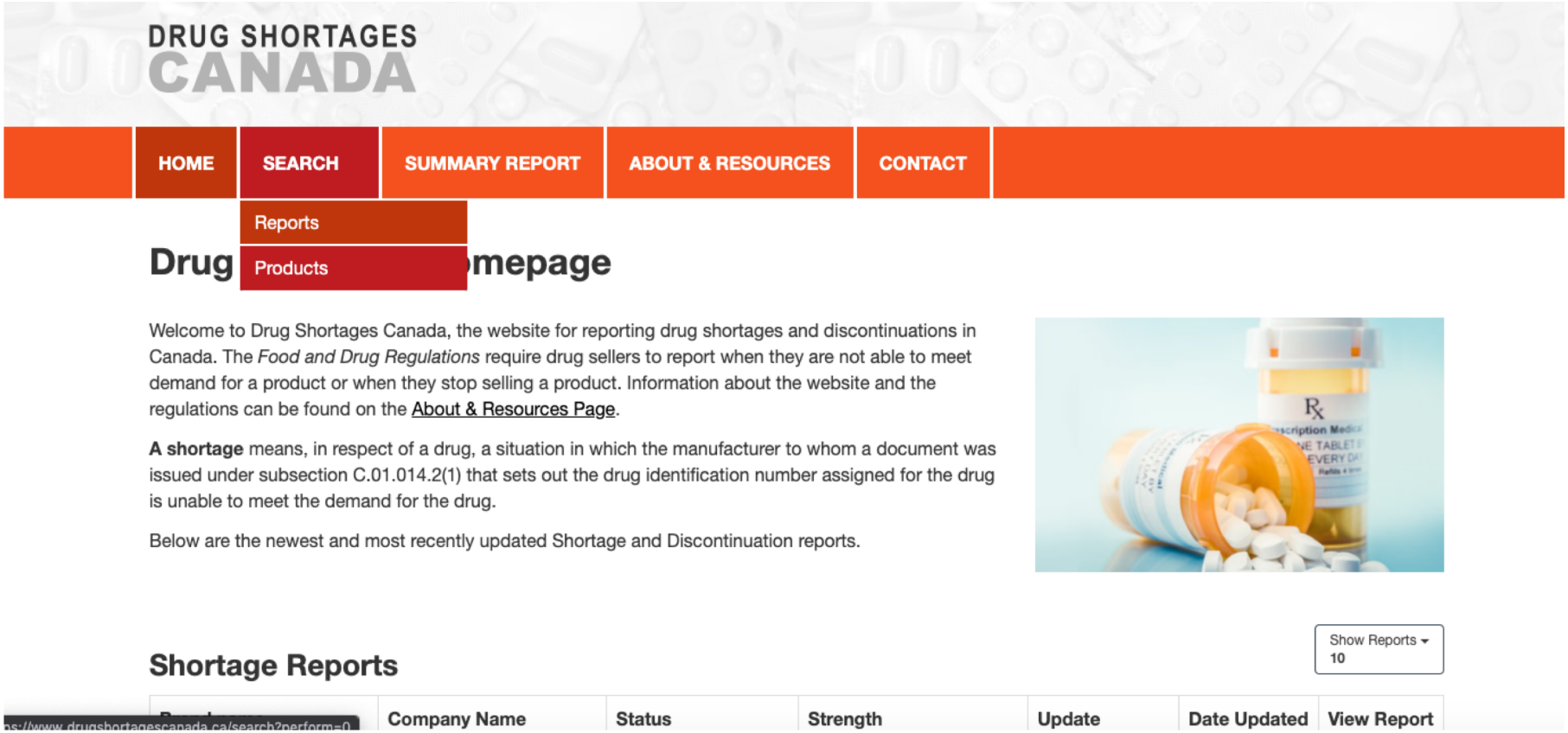
- Supply Chain Management (province, national, countries, company, shipping, wholesalers, local wholesalers, local deliveries)

Medication Shortages

- If you hear of shortages from your clients or in the clinic, contact the pharmacy to see how the situation is or look at the website for a transition plan.
- The pharmacist (if they have a client on the medication will be on the alert usually) will usually contact either the:
  - PharmaCare line
  - Provincial drug plan entity
- This is to ensure that:
  - Supply chain issues are addressed in a timely manner
  - Medication plans can be made for patients (e.g., transitions)

For reports about current drug shortages, visit https://www.drugshortagescanada.ca

www.drugshortagescanada.ca



15. PharmaNet: Prescriber Tips

- PharmaNet is a dispensation record, **not** a medication administration record
- Product Identification Numbers (PINs) vary according to delivery and witnessed ingestion
- Directions field (known as SIG)
  - Tablets or capsules are entered by number of tablets or capsules
  - Liquids are entered by volume of the specific product rather than total dose
  - Limited text is displayed in this field, call pharmacy if the full field needs to be read
- To identify the pharmacy that fills the patient's prescriptions, ask the patient or call the PharmaNet Medical Practitioner Line (relevant College ID is required)

PharmaNet: Common Codes

Code	Meaning
RU	Missed dose (pick up or daily witnessed ingestion) Note: If the doses are delivered for others to witness, there will not be an RU
NN	Emergency dispense (last resort). Criteria include: • Individual competence • Appropriate information • Appropriateness • Informed consent • Documentation
MV	Vacation supply
NL	Renewal of prescription
NM	Therapeutic substitution
UB	Consulted prescriber and changed dose
UC	Consulted prescriber and changed instructions for use
UF	Patient gave adequate explanation and filled as written

16. Writing Prescriptions for Outside of BC

- This may be necessary if the patient is travelling outside of BC
- Prescriber/clinic should connect with the out-of-province pharmacy to:
  - Discuss options available
  - Discuss coverage of medication
  - Check hours of operation
  - Provide prescriber license number
  - Provide the patient's contact information so that a patient record can be set up in advance of their arrival
  - Send the prescription
- Discuss with the patient what to do should prescription emergencies occur
  - For example, if the patient's stay outside of BC is extended, accidental medication spillages, dosage adjustments