Prescription Review Program (PRP)

DEFINITIONS

For the purposes of this policy, the following definitions apply:

"Controlled Substance" is a substance listed in Schedules I – V to the *Controlled Drugs and Substances Act* (CDSA). See Drug Distribution by Prescription for more details of each type of controlled substance.

"Part-fill" is the dispensing of a quantity of medication which is less than the total amount of the drug specified by a practitioner when the prescription was originally written or issued.

"PDL Medication" refers to a medication listed in the Prescription Drug List (PDL) established by the *Food and Drugs Act*.

"Pharmacy Professional" means licensed pharmacists, licensed pharmacy technicians and pharmacy interns (extended and student) who are practicing under the supervision of a licensed pharmacist or licensed pharmacy technician as required. (See Supervision of Pharmacy Interns)

"Practitioner" is a person who is registered and entitled under the laws of a province to practise in the profession of medicine, dentistry, veterinary medicine, nurse practitioner, podiatrists and midwives. (See CDSA and The Drug Schedules Regulations, 1997).

"PRP Medication" refers to a medication listed in subsection 18.1(a) of the CPSS Regulatory Bylaws.

"Refill" is the dispensing of a medication without a new authorization from the practitioner.

ACRONYMS

CDSS – College of Dental Surgeons of Saskatchewan

CPSS – College of Physicians and Surgeons of Saskatchewan

CRNS – College of Registered Nurses of Saskatchewan

PDL – Prescription Drug List

SCPP – Saskatchewan College of Pharmacy Professionals

1. PURPOSE

The Prescription Review Program is Saskatchewan's educationally-based program administered by the CPSS, in partnership with the CDSS, the CRNS, and the SCPP. The program is intended to monitor for inappropriate prescribing and use of a provincially designated panel of monitored prescriptions drugs which have been deemed subject to misuse or abuse in the province. (See subsection 18.1(a) of the CPSS Regulatory Bylaws, and Appendix A: Panel of Monitored Medications.)

The Saskatchewan Provincial Auditor's June 2019 report considered whether the monitoring activities of the PRP were sufficient to combat opioid misuse and addiction. The Auditor recommended improvement to the PRP which included a risk-based approach to identify concerns in opioid dispensing in Saskatchewan pharmacies. While the Auditor observed that several health care professionals are involved in **prescribing** opioids, it was also pointed out that **pharmacists are involved in all prescribed opioids dispensed**. The SCPP is taking steps to address the observations and suggestions made by the Provincial Auditor and reduce harm in Saskatchewan related to these monitored medications (e.g. mandatory harm reduction training).

In August 2020, the federal health minister reached out to provincial Ministers of Health, health profession regulators and organizations representing health care practitioners requesting that concrete actions be taken in their sphere of influence to combat the opioid crisis. The federal minister observed that the opioid overdose crisis has been one of the most significant public health crises in recent Canadian history, made worse with the onset of the COVID-19 pandemic, that requires a multi-system approach with action on several fronts.

2. PANEL OF MONITORED MEDICATIONS

SCPP Regulatory Bylaws: Panel of Monitored Drugs

> Part O s. 3: *The Prescription Review Program shall apply to all dosage forms of the drugs listed in the panel of monitored drugs under the Prescription Review Program bylaw of the College of Physicians and Surgeons of Saskatchewan.*

Monitors Both Controlled Substances and PDL Drugs:

The PRP primarily monitors controlled substances (i.e., narcotics, controlled drugs, and targeted substances), and includes some medications in the Prescription Drug List. Also see Drug Distribution by Prescription.

Impact on Schedule of Drugs

The PRP does not impact the schedule of drugs. However, the PRP may impose practice restrictions (e.g., see section 5 below for transferring prescriptions).

2.1. The PRP policies and procedures apply to:

2.1.1. all medications listed in subsection 18.1(a) of the CPSS Regulatory Bylaws, (also see Appendix A: Panel of Monitored Medications);

2.1.2. all dosage forms of PRP medications, including their salts and enantiomers, as a single active ingredient or combination product; and

2.1.3. low-dose codeine products dispensed through prescription.

Note: Low-dose codeine products may be sold without a prescription in accordance with Low-Dose Codeine Products – Conditions of Sale.

3. POLICIES AND PROCEDURES FOR DISPENSING PRP MEDICATIONS

SCPP Regulatory Bylaws: Dispensing

Part O s. 4: *Prescriptions for drugs covered by the Prescription Review Program shall be dispensed by members according to the dispensing policies and procedures agreed to by the College of Dental Surgeons of Saskatchewan, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Registered Nurses Association and the Saskatchewan College of Pharmacy Professionals.*

PRP Partners:

The policies and procedures of the PRP apply to practitioners licensed by a PRP partner, which are enforced in the follow regulatory bylaws:

- CPSS Regulatory Bylaws (s. 18.1);
- CRNS Regulatory Bylaws (s. 4 of Bylaw VI);
- CDSS Regulatory Bylaws (s. 13); and
- SCPP Regulatory Bylaws (s. 2(1)(j) of Part K).

Non PRP Partners:

The policies and procedures of the PRP (e.g., written prescription requirements) **do not apply** to prescriptions from practitioners licensed by the following, unless otherwise indicated:

- Saskatchewan Association of Optometrists;
- Saskatchewan Veterinary Medical Association;
- Saskatchewan College of Midwives;
- Saskatchewan College of Podiatrists; or
- Another jurisdiction in Canada.

See Drug Distribution by Prescription and Prescription Refills and Part-fills for prescription requirements **when the PRP does not apply**.

3.1. The PRP policies and procedures, as outlined in this policy, apply to medications monitored through the PRP **and** written by professionals who are licensed with a regulatory body who is partner to the program, including:

3.1.1. prescriptions for residents of a provincially licensed special-care facility. (See also SCOPe newsletter, June 2020, p. 9.)

Practitioner Considerations

3.2. All prescriptions dispensed, including PRP medications, must be written by a practitioner authorized under federal and provincial laws (e.g. New Classes of Practitioners Regulations, and The Drug Schedules Regulations, 1997).

3.3. Practitioners may also have prescribing restrictions issued by their regulatory body relating to PRP and other medications (e.g. CPSS' Physicians with Prescribing Restrictions).

Pharmacists (Prescribing Authority for PRP Medications)

The PRP does not change the pharmacist's prescribing authority.

All pharmacists prescribing PRP medications (controlled substances and PDL medications), must fulfill all the requirements in Part K of the SCPP Regulatory Bylaws and policies that apply to pharmacist prescribing authority, including the PRP prescription requirements (see s. 8.3 of General Provisions for Prescribing Authority).

Also see the following SCPP documents for more information:

- Level I Prescribing Authority (Practitioner-Initiated)
- Community Pharmacy Practice Enactments.

Prescription Requirements

3.4. As with all dispensing, pharmacists may only dispense a prescription that meets the applicable federal and provincial laws and requirements (e.g. see Drug Distribution by Prescription).

3.5. The PRP prescription requirements contained in this policy are part of the policy and procedures required for the PRP program as per section 4 of Part O of the SCPP Regulatory Bylaws.

Information on the Prescription

3.6. Practitioners are required to provide the following information on all prescriptions issued for PRP medications:

3.6.1. Patient's date of birth;

3.6.2. Patient's address;

3.6.3. Patient's health services number;

3.6.4. Practitioner's name and address; and

3.6.5. Total quantity of the medication prescribed, both numerically and in written form.

3.6.5.1. When the prescription is provided directly from the practitioner to a pharmacy by electronic transmission, it need **not** include both the quantity numerically and in written form.

Pharmacists **are not authorized to fill in missing information** under their Prescribing Authority (see Level I Prescribing Authority (Practitioner-Initiated)).

3.7. Pharmacy professionals may not **refill** prescriptions for **controlled substances monitored by the PRP**, but may **part-fill** prescriptions if the following information is specified in the prescription:

3.7.1. Amount to be dispensed each time; and

3.7.2. Time interval between fills.

3.8. Pharmacy professionals may **refill** prescriptions for **PDL medications monitored by the PRP**.

<table>
<tr><td colspan="2">Clarification of "Total Quantity" for PRP Medications
The "total quantity" referred in section 3.6.5 in this policy refers to the quantity of drug authorized in the prescription, excluding refills.</td></tr>
<tr><td>For controlled substances, the "total quantity" may be larger than what is typically dispensed at a time when the practitioner is authorizing part-fills.

In these circumstances, the information in section 3.7 must be specified in the prescription.</td><td>Example:
90 tablets (ninety)
Dispense 30 tablets every 30 days</td></tr>
<tr><td>For PDL medications, the "total quantity" may be the amount typically dispensed at a time because refills are permitted.</td><td>Example:
30 tablets (thirty)
Refill x 2</td></tr>
<tr><td colspan="2">See here for examples of prescriptions created by the Prescription Review Program.</td></tr>
</table>

(See PRP's Fax Template to assist pharmacies in requesting missing PRP prescription requirements from practitioners.)

Additional Requirements Prescriptions Written by Medical Residents

CPSS Regulatory Bylaws:

> Subsection 18.1(g): *If a physician is registered on the Educational Register, the physician shall, in addition to the information in paragraph (c) above, include the following in a prescription for a drug to which the Prescription Review Program applies:*
>
> *(i) The training level of the physician writing the prescription;*
>
> *(ii) The legibly printed name of the Most Responsible Physician (the physician to whom queries regarding the prescription should be addressed);*
>
> *(iii) The legibly printed name of the physician writing the prescription.*

Written and Verbal Prescriptions

3.9. Prescriptions for PRP medications may be accepted in writing, electronically or verbally.

3.10. Pharmacists may only accept verbal prescriptions from PRP practitioners when it is authorized by their regulator. (See Community Pharmacy Practice Enactments.)

3.11. Unless otherwise communicated or specified in the Community Pharmacy Practice Enactments:

3.11.1. All PRP partners permit verbal prescriptions;

3.11.2. Verbal prescriptions should only be accepted after every effort has been made to receive a written or e-prescription from the practitioner; and

3.11.3. The rationale for accepting a verbal prescription must be documented by the pharmacist.

Controlled Substances: Federal Obligation to Verify Practitioners

When filling prescriptions for controlled substances, federal regulations require pharmacists to verify the identity of the practitioner if:

- The signature on the prescription is unknown to the pharmacist; or
- The practitioner placing a verbal prescription is not known to the pharmacist.

See SCPP's Forgery policy for more information and SCPP's Forgery Report Form for reporting all filled and unfilled forgeries.

4. STANDARDS OF PRACTICE FOR DISPENSING PRP MEDICATIONS

4.1. In keeping with their entry-to-practice competencies, to ensure that all products are dispensed safety and accurately that is appropriate to the patient, all pharmacists must use their professional judgement to:

4.1.1. address concerns related to the validity, clarity, completeness or authenticity of the prescription;

4.1.2. assess the therapeutic appropriateness of the prescription for the patient.

4.2. The NAPRA/SCPP Standards of Practice and other applicable SCPP bylaws and policies for dispensing medications also apply. As such, when dispensing PRP medications pharmacy professionals must:

4.2.1. Contribute to public and community health and safety by maintaining vigilance when dispensing any medication with a risk of diversion or misuse, including all PRP medications. (e.g. See CPSS DocTalk, Vol 9, Issue 4 – The List of PRP Medications at a Glance).

4.2.2. Release prescriptions to patients only after verifying the patient's identity and ensuring that the technical and clinical verifications and all required consultations have been completed to ensure that the right patient receives the right prescriptions and the right information:

4.2.2.1. The patient's identity must also be verified in accordance with SCPP's Patient Identification policy when dispensing controlled substances or PRP medications.

5. TRANSFERRING PRESCRIPTIONS FOR PRP MEDICATIONS

SCPP Regulatory Bylaws: Transferring of Prescriptions

Part N, s. 5: *A licensed member may transfer to another licensed member a prescription for a Schedule I drug.*

5.1. Further to section 5 of Part N of the SCPP Regulatory Bylaws, for controlled substances monitored by the PRP:

5.1.1. **only pharmacists** may transfer the prescriptions; and

5.1.2. the transfers are permitted **one time only**; and

5.1.3. the transfers may occur anywhere in Canada.

5.2. Further to section 5 of Part N of the SCPP Regulatory Bylaws, for PDL medications monitored by the PRP:

5.2.1. **pharmacists and pharmacy technicians** may transfer the prescriptions; and

5.2.2. there are no restrictions on the number of transfers; and

5.2.3. the transfers may occur anywhere in Canada.

6. REPORTING

6.1. All PRP medications sold to any practitioners, regardless of PRP-partnership (e.g. veterinarians), as "office-use" prescriptions must be reported to the PRP by the pharmacy. Fax to (306) 912-8944. (See SCOPe newsletter, October 2023, p.14.)

6.2. Pharmacy professionals may direct the public to the CPSS' Public Hotline (1-800-667-1668) to report concerns about prescribing, misuse or diversion of PRP medications.

Protection of Privacy and Reporting to the PRP

S. 17 of The Health Information Protection Regulations, 2023 authorizes pharmacists to disclose personal health information, without consent of the patient, to the PRP. However, pharmacists must be mindful of the general principles of *The Health Information Protection Act*, and wherever possible, obtain the patient's consent prior to disclosure of any personal health information.

Also see Guidelines For Use And Disclosure Of Personal Health Information For Secondary Purposes.

6.3. Concerns with practitioners should be directed to their respective regulatory body.

6.3.1. Pharmacists may report concerns about a physician's prescribing, or a patient's seeming misuse of PRP medication to the program:

Telephone: (306) 244-7355 Fax: (306) 912-8944 Email: prp@cps.sk.ca

SCPP Regulatory Bylaws: Information Requests

Under sections 5 and 6 of Part O of the SCPP Regulatory Bylaws, the SCPP is authorized to gather and analyze information pertaining to the dispensing of medications to which the PRP applies.

> Part O, s. 5: *The office of the Registrar may gather and analyze information pertaining to the dispensing of medications to which the Prescription Review Program applies in Saskatchewan for the purpose of limiting the inappropriate dispensing and inappropriate use of such drugs. In order to fulfill that role, the office of the Registrar may, among other activities:*
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> > *(e) require a member to provide explanations of his dispensing of medications to which the Prescription Review Program applies. In making requests for an explanation, the office of the Registrar may require the member to provide information about the patient, the reasons for dispensing to the patient, and any knowledge which the member may have about other narcotics or controlled drugs received by the patient;*
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> s. 6: *A licensed member shall respond to such requests for explanation, as described in clause 5(e) of Part O, from the office of the Registrar within 14 days of receipt of such a request for information.*

Appendix A: Panel of Monitored Medications (as of Mar. 27, 2024)

See here for most up to date list from the CPSS Regulatory Bylaws 18.1(a).

The Prescription Review Program shall apply to all dosage forms of the following drugs, their salts and/or enantiomers, in all dosage forms, as a single active ingredient or as a combination product, except where indicated otherwise:

Controlled Substances		
AMPHETAMINES	DIPHENOXYLATE	OXYCODONE
ANABOLIC STEROIDS	FENTANYL	OXYMORPHONE
ANILERIDINE	HYDROCODONE	PANTOPON
BARBITUATES	DIHYDROCODEINONE	PENTAZOCINE
BENZODIAZEPINES	HYDROMORPHONE	PHENTERMINE
BUPRENORPHINE	DIPHRYDROMORPHONE	PROPOXYPHENE
BUTALBITAL	KETAMINE	REMIFENTANIL
BUTALBITAL WITH CODEINE	LEVORPHANOL	SUFENTANIL
BUTORPHANOL	MEPERIDINE - PETHIDINE	TAPENTADOL
COCAINE	METHADONE	TRAMADOL
CODEINE	METHYLPHENIDATE	ZOLPIDEM
DIACETYLMORPHINE	MORPHINE	
DIETHYLPROPION	NORMETHANDONE-P-HYDROXYEPHEDRINE	

Prescription Drug List (PDL) Medications		
BACLOFEN	LEMBOREXANT	ZOPICLONE
CHLORAL HYDRATE	OXYBUTYNIN	
GABAPENTIN	PREGABALIN	