



# Practice Dialogue

*The newsletter of the Newfoundland Medical Board*

## The Physician-Pharmacist Relationship and Narcotic Prescribing

April 2005

### Pharmacists seek “understanding and cooperation” from physicians on narcotic prescriptions

A recent memo from Sandra Carey, president of the Newfoundland and Labrador Pharmacy Board highlights concerns among pharmacists in dealing with dispensing narcotics and other controlled substances. The memo to Dr. Robert Young expressed a desire to reinforce the relationship between doctors and pharmacists.

“It is not uncommon for pharmacists to encounter problems with prescriptions for narcotics and controlled drugs. However, in many cases they are reluctant to contact the prescribing physician concerning these issues,” writes Ms. Carey, “particularly if frequent calls to a physician might be perceived as detrimental to the relationship between the pharmacist and the physician.”

“We would ask for the understanding and cooperation of physicians in meeting the requirements of the regulations regarding narcotics and controlled drugs. Understanding and cooperation between both professions will ensure the best care for the patients requiring these medications.”

This issue of *Practice Dialogue* includes the specific areas of concern to pharmacists highlighted in Ms. Carey’s memo. Ω

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### Prescriptions for narcotics and controlled drugs: requirements

Requirements for completing a legal, accurate drug order (prescription) are set down in the *Controlled Drugs and Substances Act* and associated regulations. With the imminent introduction of a tamper-resistant prescription pad in Newfoundland and Labrador, it is useful to review the basic requirements and those requirements needed for new transmission means such as facsimile.

In general, physicians should complete a prescription legibly, with clear indications as to the patient, drug, quantity, dosage instructions, repeat/refill/part-fill information and the physicians name, license number and contact information.

Proper patient care is based on a team approach both in institution-based care and in private practice. The basis of effective teamwork is clear and open communication based on the unique professional competencies of physicians, pharmacists and other health care professionals.

The following are the core requirements for prescriptions as established by federal and provincial regulations.

#### Requirement 1: Specific quantity

Prescriptions for narcotics and controlled drugs must contain “a stated amount” of the drug being ordered.

It is good practice to write quantities in both alpha and numeric form since this makes prescription tampering more difficult.

*Continued on page 2*

## Prescription requirements

*Continued from Page 1*

The order should be written in such a way that the quantity to be dispensed is clear or can be easily calculated.

For example, an order for “Demerol, 50 mg, 1 tid, 30 (thirty) tabs” is unmistakable. Similarly, “Demerol, 50 mg, 1 tid, X 10 days” can be easily calculated. However, “Demerol, 50 mg, 1-2 tid X 10 days pm pain” could be an order for 30 or 60 tablets. In this last case, a pharmacist should call a physician for clarification, but a clearly written prescription would avoid the need for a call and the resulting delay in the patient receiving medication.

### **Requirement 2: Vital information on each Rx**

Prescriptions should be issued clearly and completely, with legible handwriting. Pharmacies are required by regulation to maintain records containing the following information that should be included on each prescription:

- name and address of the patient;
- name, strength and quantity of drug;
- complete directions for use;
- authorization for partial filling or refills, as appropriate;
- name, initials and address of the prescribing physician; and.
- date of prescription.

Written prescriptions must be signed by the prescribing physician. In cases where “generic” pads are used, such as hospital emergency departments, it is a good practice for physicians to print their name legibly in the event the pharmacist needs to contact the physician.

### **Requirement 3: Refills, repeats and part-fills**

Federal narcotic and controlled drug regulations do not accurately define refill and part-fill and the terms are sometimes used interchangeably.

One thing is clear: **refills and repeats are not permitted for narcotics.**

Physicians may order that smaller quantities of a total prescription be dispensed in a series over time. This is a **part-fill**. The physician must specify the total quantity to be dispensed as well as clearly indicate the quantity for each part-fill and the frequency of the part fills.

For example, “Atasol 30 tabs 100 (one hundred), 1 tid, 20 (twenty) per week” or... “20 (twenty) per week X 5 weeks” is a clear order. The total quantity to be dispensed matches the part-fill and the frequency, with the pharmacist knowing that a total of 100 tablets may be dispensed over a five week period with each lot comprising no more than 20 tablets.

In her memo, Ms. Carey points to frustration that often occurs since federal regulations are sometimes complex. “We would ask that physicians be understanding when pharmacists seek rewording of certain prescriptions,” writes Ms. Carey.

Both physicians and pharmacists must comply with regulations “to ensure that patients legitimately requiring those medications can obtain them in a timely manner, while patients involved in abuse and diversion” can be detected and stopped.

### **Requirement 4: Facsimile Transmission of Prescriptions**

Standards for the facsimile transmission of prescriptions to pharmacies are set by the

Newfoundland and Labrador Pharmacy Board.  
Current standards have been endorsed by the  
Newfoundland and Labrador Medical Association.

Prescriptions faxed in accordance with these  
standards are considered to be equivalent to written  
prescriptions, and may include prescriptions for  
narcotic and controlled drugs.

A summary of the major requirements, including a  
sample form are contained below.

It is important to note that these standards require  
that the name and fax number of the pharmacy  
intended to receive the transmission must be  
indicated on the prescription and that the original  
copy of the prescription must be invalidated or  
retained by the prescribing physician so that it can  
not be re-issued.

It is also important to note that provision for “e-  
prescribing”, or the electronic transmission of  
prescriptions (eg. by e-mail, or via the Internet) is  
not permitted by the federal regulations.

Note: Recent correspondence from Health Canada  
to pharmacists specifically notes “The use of a  
rubber stamp or other means of signature which is  
not distinct for each transaction as the basis for a  
prescription order is not a valid signature and does  
not fulfill federal requirements.”

Prescription drug orders may be transmitted by  
facsimile from a prescriber to a pharmacy, provided  
that the following requirements are met:

1. The prescription must be sent to the  
pharmacy of the patient’s choice with no  
intervening person having access to the  
order.
2. The prescription must be sent directly from  
the prescriber’s office, directly from a health  
care institution for a patient of that  
institution or from another location provided  
that the transmission is direct to the  
pharmacy.
3. The equipment used for transmission must  
be located in a secure area in order to  
preserve confidentiality of the prescription.

4. The prescription must contain all  
information normally included on a  
prescription and including:
  - the time and date of transmission;
  - name and facsimile number of the  
receiving pharmacy;
  - signed certification that the  
prescription represents the original of  
the order;
  - a statement that the addressee is the  
only intended recipient and that there  
are no others; and,
  - that the original prescription will be  
invalidated or retained by the  
prescriber so that it cannot be  
reissued. **Ω**

