Prescription Review Program (PRP)

1. PURPOSE

1.1. The Prescription Review Program is a partnership of this College (SCPP), the College of Physicians and Surgeons (CPSS), the College of Dental Surgeons of Saskatchewan (CDSS) and the Saskatchewan Registered Nurses Association (SRNA).

1.2. The goals of the program are to:
   - Monitor the prescribing and dispensing of a specific list of medications which have been deemed subject to misuse or abuse in the province;
   - Ensure appropriate prescribing and dispensing of the listed medications;
   - Limit diversion of the listed medications which have abuse potential and may be harmful to the public; and
   - Educate practitioners as to safe, appropriate medication management of the listed medications for their patients.

1.3. The entire list of medications which are monitored by the PRP can be found within the CPSS Regulatory Bylaws section 18.1.

1.4. This document is not intended to replicate the bylaws but rather highlight specific areas. The complete regulatory bylaws (CPSS Regulatory Bylaw section 18.1 and SCPP Regulatory Bylaw Part O) should be reviewed.

1.5. 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.

1.6. 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 will require a multi-system approach with action on several fronts.
2. POLICIES AND PROCEDURES

2.1. All prescription medications dispensed from a community pharmacy to a person with a valid Saskatchewan Health Services Number must be transmitted for capture and/or adjudication to the Saskatchewan Prescription Drug Plan and the Pharmaceutical Information Program (PIP).

2.2. Prescriptions for PRP medications must meet federal and provincial legal requirements. The following are additional PRP prescription requirements:

2.2.1. Prescriptions are required to be in writing, including verbal prescription narcotics, controlled drugs and benzodiazepines as well as Prescription Drug List (PDL) (formerly Schedule F) drugs baclofen, chloral hydrate, gabapentin, oxybutynin, pregabalin, tramadol and zopiclone even if federal legislation would allow a verbal order.

2.2.2. The following documentation is required on the prescription:

2.2.2.1. Patient’s date of birth, address, and health services number;

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

2.2.3. Practitioner’s name and address.

2.2.3. No refills are permitted for PRP medications. As per CPSS Regulatory Bylaw 18.1(g), eligible practitioners shall only prescribe part-fills of PRP medications if the following information is specified on the prescription:

2.2.3.1. Total quantity;

2.2.3.2. Amount to be dispensed each time; and

2.2.3.3. Time interval between fills.

2.3. In addition to the general requirements for writing PRP prescriptions, a physician registered on the Educational Register (as a medical resident) must include the following information on the prescription as per CPSS Bylaw 18.1(f):

2.3.1. The legibly printed name and training level of the physician writing the prescription; and

Forgeries
As per federal regulations, when the signature of the practitioner is not known to the pharmacist, the onus is on the pharmacist to ensure the prescription was issued by that practitioner. See SCPP’s Forgery policy for more information.

Electronic Prescriptions
When a PRP prescription is provided directly from the prescriber to a pharmacy by electronic transmission, it need not include both the quantity numerically and in written form.

Source: CPSS bylaw 18.1.(e)
2.3.2. The legibly printed name of the Most Responsible Physician (i.e. to whom queries regarding the prescription are to be addressed).

2.4. Additional PRP documentation requirements (e.g. health services number, date of birth, ‘alpha’ numerical quantity, etc.) are also required to be documented on the prescription or physician order form if the patient is a resident of a provincially licensed special-care facility. See also SCOPe Newsletter, June 2020, Page 9, Long-Term Care.

2.5. Baclofen, chloral hydrate, gabapentin, oxybutynin, pregabalin, tramadol and zopiclone are Prescription Drug List (PDL) drugs, not Controlled Drugs and Substances Act drugs as per federal legislation. They are also listed on the PRP which is governed by provincial regulations which means:

2.5.1. Prescriptions for baclofen, chloral hydrate, gabapentin, oxybutynin, pregabalin, tramadol and zopiclone are to be written with the total quantity and number of fills and quantity of each fill specified on the prescription;

2.5.2. Baclofen, chloral hydrate, gabapentin, oxybutynin, pregabalin, tramadol and zopiclone may be ‘prescribed’ as per prescriptive authority in Part K of the SCPP Regulatory Bylaws and may be transferred as per Part N of the Bylaws.

Practice Tip
Except for medications listed in the Controlled Drugs and Substances Act, pharmacists may prescribe interim supplies for medications on the PRP because the addition of medications to the PRP does not change the schedule of the medication (e.g. gabapentin, oxybutynin).

2.5.3. The same PDL drugs requirements for record keeping and storage apply to baclofen, chloral hydrate, gabapentin, oxybutynin, pregabalin, tramadol and zopiclone.

Low-Dose (Exempted) Codeine Products
Low-dose exempted codeine products are included on the list of PRP medications. This does not change the scheduling of low-dose exempted codeine as a Schedule II drug that a pharmacist can sell without a prescription in accordance with SCPP Regulatory Bylaws Part J, Section 8 and the Conditions of Sale for Low-Dose (Exempted) Codeine Products policy. However, prescriptions for low-dose exempted codeine products will have to be written to satisfy the PRP requirements.
3. RELATED RESOURCES

3.1. SCPP “Prescription Regulations” Summary Chart.

3.2. College of Physicians and Surgeons of Saskatchewan website – Prescription Review Program.


3.4. CPSS PRP Fax Communication Template

4. AUTHORITY

4.1. Controlled Drugs and Substances Act

4.2. Food and Drugs Act

4.3. The Pharmacy and Pharmacy Disciplines Act

4.4. Saskatchewan College of Pharmacy Professionals Regulatory Bylaws

4.5. College of Physicians and Surgeons of Saskatchewan Regulatory Bylaws