

## Controlled Prescription Program NOVEMBER 2018

### PROGRAM OBJECTIVE

To prevent forgeries and reduce inappropriate prescribing of selected drugs.

### HOW THE PROGRAM WORKS

The selected drugs 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.

### PROGRAM PARTICIPANTS

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

### DRUG LIST

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 forms.

### DISPENSING INFORMATION

Prescriptions for the listed drugs must be written on a Controlled Prescription Program duplicate form. Prescriptions for these drugs written on any other form or transmitted verbally cannot be accepted by the pharmacist.

### ADDITIONAL INFORMATION

Prescription forms are personalized and numerically recorded and cannot be exchanged between prescribers.

Prescribers have been advised that failure to complete the prescription forms may result in rejection of the prescription by the pharmacist with resulting patient and prescriber inconvenience. However, if the prescription includes all the information required in pharmacy legislation, the medication may be dispensed.

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

“Part-fills” are not encouraged but are acceptable, subject to the usual legal and recordkeeping requirements. The total quantity of drug being prescribed, the quantity to be dispensed on each “part-fill” and the interval of time to be observed between these fillings must be specified.

Outpatient prescriptions written at hospital emergency and outpatient departments for a monitored drug must be written on a Controlled Prescription Program duplicate form.

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

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

“Void after 5 days” means that the prescription cannot be honoured after midnight of the fifth day following the date of issue. Therefore, a prescription written on January 10th can be accepted for filling or logging on until midnight January 15th.

Locum physicians receive a pad of blank forms at the time of registration from the College of Physicians and Surgeons. These are to be completed by the physicians with their name and CPSBC ID number, plus the name, address, and telephone number of the employing physician.

Physicians working in a permanent capacity as a locum and locum nurse practitioners will have their names printed on the prescription forms and are obliged to print or stamp the name, address and telephone number of the employing prescriber.

## 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-Ediat  
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.