

## CONTROLLED PRESCRIPTION PRINTING POLICY

### Summary of Changes

	NEW	Previous
<b>All Sites</b>	Rules for Schedule 1A drug <u>outpatient</u> prescriptions printed from CST Cerner electronic health record (EHR) using designated, secure, tamper-proof printers stocked with BC Controlled Prescription Forms  Harmonized 2-Up Prescription form.	
<b>VCH</b>		
<b>PHC</b>		Limited requirements for tamper proof printing
<b>PHSA</b>		

## CONTROLLED PRESCRIPTION PRINTING POLICY

### 1. Introduction

The [Controlled Prescription Program \(CPP\)](#), regulated by the College of Pharmacists of BC, is a multi-stakeholder program that includes the Ministry of Health and several health regulators including British Columbia College of Nursing Professionals (BCCNP), College of Physicians and Surgeons of BC (CPSBC), College of Dental Surgeons (CDSBC), and the College of Midwives of BC (CMBC).

The goal of the Controlled Prescription Program is to set standards for the prescribing of Schedule 1A controlled drugs and substances to prevent forgeries and reduce inappropriate prescribing.

#### 1.1 Purpose

The purpose of this policy is to define and describe the rules for prescribing Schedule 1A drugs in the CST Cerner electronic health record (EHR) to generate a prescription from designated, secure, tamper-proof printers stocked with **BC Controlled Prescription Forms** to be filled at an outpatient, community pharmacy

#### 1.2 Scope

This policy applies to specified approved Health Organization (HO – VCH, PHC, PHSA) **Designated Health Care Professionals (DHCPs)** who use the CST Cerner EHR to write outpatient prescriptions for Schedule 1A drugs to be filled in a community pharmacy (i.e. dentists, nurse practitioners, and physicians) and those DHCPs who are involved in stocking the tamper-proof printers with BC Controlled Prescription Forms.

### 2. Policy

#### 2.1 Controlled Prescription Program (CPP) Drugs

The [Schedule 1A](#) drug identified in the *Pharmacy Operations and Drug Scheduling Act* Drug Schedules Regulation require use of the BC Controlled Prescription Form.

#### 2.2 BC Controlled Drug Prescriptions Printed from the CST Cerner EHR

- a. Outpatient prescriptions for Schedule 1A drugs entered in, and printed from, CST Cerner EHR must be printed on the BC Controlled Prescription Form, which provides an original and duplicate copy of the prescription ([See Appendix A](#)).
- b. Both the original and duplicate copy of the BC Controlled Prescription Form printed from the CST Cerner EHR must be signed with the prescriber's handwritten signature (i.e. a pen to paper signature). The original copy of the prescription will only be considered valid at the patient's community pharmacy if the prescriber's signature is handwritten. Any other handwriting on the printed BC Controlled Prescription Form (e.g. additional instructions, changes to the quantity or date) will make the form void.

**Exception:** Prescriptions for methadone 10 mg/mL oral liquid – See Section 2.3

- c. The duplicate copy must be retained by attaching it to a **Controlled Prescription Mounting Form** (See [Appendix C](#)) and scanned into the patient's chart in CST Cerner.

### 2.3 Prescriptions for Opioid Agonist Therapy

- a. Schedule 1A medications recognized as OAT will prompt providers to confirm whether the prescription is for OAT, or another indication. If providers confirm the prescription is for OAT, the prompt will load additional fields to specify witnessed ingestion, carries, and delivery status. The prompt will automatically calculate the total daily dose based on the dose and frequency chosen. The additional information will populate the respective sections of the BC Controlled Prescription Forms.

### 2.4 Reprinting of CPP Prescriptions

Reprinting (i.e. printing of a previously printed BC Controlled Prescription Form) is limited to the prescriber who wrote the prescription.

### 2.5 Secure Storage and Access to CPP Prescription Forms

- a. BC Controlled Prescription Forms must be securely stored. This includes
  - i. Secure storage of the stock of the Forms.
  - ii. Use of a designated, secure, tamper-proof printer for printing the Schedule 1A drug outpatient prescriptions from CST Cerner on the BC Controlled Prescription Forms.
  - iii. Secure collection and retention of the duplicate (second) copy of the prescription. (See [Appendix B : Controlled Prescription Mounting Form](#)).
  - iv. Secure retention and storage of a voided or otherwise unusable original or duplicate prescription (e.g. the BC Controlled Prescription Form is torn in a paper jam; a prescription error).
  - v. Sites/units must develop a procedure for management of the process for handling lost or stolen stock of the Forms.
- b. A designated HO provider (or providers) with an active college license must be named to order the BC Controlled Prescription Forms from the BC College of Physicians and Surgeons and to monitor the stock to ensure an adequate supply is maintained and no stock is lost/stolen.
- c. For the Prescription Review Program ([CPSBC](#), [BCCNP](#)), and possible HO internal auditing processes, sites must develop a procedure for accessing the BC Controlled Prescription Forms and for stocking the designated printers with the forms. The procedure should specify which DHCPs have access to the printer and how the stock of BC Controlled Prescription Forms will be managed and monitored.

### 2.6 Designated Printer Not Available or Downtime

- a. In areas where a designated printer is not available or during CST Cerner EHR downtime approved, specified DHCPs will need to prescribe Schedule 1A drugs by hand-writing in their personal **Duplicate Prescription Pad**.

- b. The hand-written duplicate copy should be retained using the same process as the printed Cerner CST EHR BC Controlled Prescription Form duplicate copy, per section 2.5. a. iii of this policy.

### 3. Responsibilities and Compliance

#### 3.1 Responsibilities

The expectation is that this policy will be followed responsibly and in compliance with professional standards of practice of the BC Ministry of Health and participating stakeholder Colleges.

#### 3.2 Compliance

- a. Compliance with this policy is expected. Anyone noting a violation of the policy may support others to locate and understand the policy and/or advise leadership of the need for education and support regarding the policy. After education and support is offered, if the person remains non-compliant, the HO may remove the person from their workplace position (job) up to and including termination of employment or privileges within the organization.
- b. The ability to print prescriptions for Schedule 1A drugs from the CST Cerner EHR will be removed for any sites that are not compliant with this policy.

### 4. Related Documents

#### 4.1 Related Standards / Guidelines / Forms

- a. British Columbia College of Nursing Professionals:  
Nurse Practitioner Prescribing Controlled Drugs and Substances (CDS)  
Web Module Learning Resources  
[https://www.bccnp.ca/PracticeSupport/RN\\_NP/Documents/NPCDSPAlearningresources.pdf](https://www.bccnp.ca/PracticeSupport/RN_NP/Documents/NPCDSPAlearningresources.pdf)
- b. College of Dental Surgeons of BC:  
Controlled Prescription Program in Prescribing and Dispensing Drugs -  
<https://www.cdsbc.org/Pages/Prescribing-and-Dispensing-Drugs.aspx>
- c. College of Pharmacists of British Columbia:  
Drug Distribution – Controlled Prescription Program  
<https://www.bcpharmacists.org/drug-distribution>
- d. College of Physicians and Surgeons of British Columbia:  
Controlled Prescription Program - <https://www.cpsbc.ca/programs/drug-programs/cpp>
- e. College of Midwives of BC: Standards for Prescribing and Administering Controlled Substances  
<https://www.cmbc.bc.ca/wp-content/uploads/2019/06/Standards-for-Prescribing-Ordering-and-Administering-Controlled-Substances.pdf>

## 5. Definitions

**BC Controlled Prescription Form** refers to specially formatted prescription form required for Schedule 1A drug prescriptions. The form comes in two formats: 1) a carbon copy pad format for hand-written prescribing. And 2) a single-page, side-by-side (original beside duplicate) format for printing Controlled Prescription Program Schedule 1A drugs from the CST Cerner EHR (see [Appendix A](#)).

**Designated Health Care Professionals:** refers to both **Regulated Health Care Professionals** and **Approved Non-regulated Health Care Professionals**.

- a. **Regulated Health Care Professionals:** Professionals (including students) governed by regulatory colleges under the [Health Professions Act](#) (e.g. Physicians, Midwives, Pharmacists, Nurses, and Dietitians). For complete list see [BC Ministry of Health Professional Regulation](#).
- b. **Approved Non-regulated Health Care Professionals:** Additional non-regulated professionals (including students) designated through the health organizations approval process (e.g. Medical Imaging Technologists, Cardiology Technologists, HIM staff, Clerks).
- c. **Students** in Designated Health Care Professions.

**Duplicate Prescription Pad** refers to the prescription pads used for hand-writing prescriptions for Schedule 1A drugs.

**Outpatient** refers to an individual who receives services from a hospital, diagnostic and treatment centre, clinic or dispensary for medically necessary diagnosis and/or treatment, but who is not admitted as an inpatient and does not occupy an inpatient hospital bed.

**Prescription** means, in respect of a narcotic, an authorization given by a practitioner that a stated amount of the narcotic be dispensed for the person named in the prescription (Narcotic Control Regulations. C.R.C., c. 1041. CONTROLLED DRUGS AND SUBSTANCES ACT).

Accessed from: <http://laws-lois.justice.gc.ca/eng/regulations/C.R.C., c. 1041/FullText.html>

## 6. References

British Columbia College of Nursing Professionals. Controlled Prescription Pads. 2019. Accessed from [https://www.bccnp.ca/Standards/RN\\_NP/NPScopePractice/prescribing/Pages/cpp.aspx](https://www.bccnp.ca/Standards/RN_NP/NPScopePractice/prescribing/Pages/cpp.aspx)

Pharmacy Operations and Drug Scheduling Act. Drug Schedules Regulation. BC Reg9/98. 2019. Accessed from [http://www.bclaws.ca/civix/document/id/complete/statreg/9\\_98](http://www.bclaws.ca/civix/document/id/complete/statreg/9_98)

## 7. Appendices

[Appendix A: BC Controlled Prescription Form](#)

[Appendix B: Controlled Prescription Program Mounting Form](#)

Appendix A: BC Controlled Prescription Form

**BC CONTROLLED PRESCRIPTION FORM**

PERSONAL HEALTH NO.		PRESCRIBING DATE	
FIRST (GIVEN)      MIDDLE / INITIAL      LAST (SURNAME)		DAY    MONTH    YEAR	
PATIENT NAME			
STREET			
CITY		PROVINCE	DATE OF BIRTH
DAY    MONTH    YEAR		DAY    MONTH    YEAR	
NO. OF TABLETS AND STRENGTH      ONLY ONE DRUG PER FORM      VOID IF HANDWRITTEN			
QUANTITY (IN UNITS)			
THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)			
START DATE:		END DATE:	
DAY    MONTH    YEAR		DAY    MONTH    YEAR	
TOTAL DAILY DOSE		NUMBER OF DAYS PER WEEK OF DAILY WITHINDED INGESTION	
NUMERIC    ALPHABET    SIGNATURE    NUMERIC    ALPHABET		NUMERIC    ALPHABET    SIGNATURE    NUMERIC    ALPHABET	
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY			
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS			
NO REFILLS PERMITTED		PRESCRIBER'S SIGNATURE	
VOID AFTER 5 DAYS			
UNLESS PRESCRIPTION IS FOR OAT			
PRESCRIBER'S CONTACT INFORMATION DR. THE-QUICK-BROWN-FOX-JUMPED-OVER-THE 123SUPERCALAFRAGILISTICEX IFYOU SAYITFASTENOUGHITSOU KUALALAMPURDUBAIPARISOUBL BC ABC1234567 234 456-7890		11551 91 PRESCRIBER ID 0000000001 FOLIO	
PHARMACY USE ONLY			
RECEIVED BY: PATIENT OR AGENT SIGNATURE		SIGNATURE OF DISPENSING PHARMACIST	

PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE

**BC CONTROLLED PRESCRIPTION FORM**

PERSONAL HEALTH NO.		PRESCRIBING DATE	
FIRST (GIVEN)      MIDDLE / INITIAL      LAST (SURNAME)		DAY    MONTH    YEAR	
PATIENT NAME			
STREET			
CITY		PROVINCE	DATE OF BIRTH
DAY    MONTH    YEAR		DAY    MONTH    YEAR	
NO. OF TABLETS AND STRENGTH      ONLY ONE DRUG PER FORM      VOID IF HANDWRITTEN			
QUANTITY (IN UNITS)			
THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)			
START DATE:		END DATE:	
DAY    MONTH    YEAR		DAY    MONTH    YEAR	
TOTAL DAILY DOSE		NUMBER OF DAYS PER WEEK OF DAILY WITHINDED INGESTION	
NUMERIC    ALPHABET    SIGNATURE    NUMERIC    ALPHABET		NUMERIC    ALPHABET    SIGNATURE    NUMERIC    ALPHABET	
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY			
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS			
NO REFILLS PERMITTED		PRESCRIBER'S SIGNATURE	
VOID AFTER 5 DAYS			
UNLESS PRESCRIPTION IS FOR OAT			
PRESCRIBER'S CONTACT INFORMATION DR. THE-QUICK-BROWN-FOX-JUMPED-OVER-THE 123SUPERCALAFRAGILISTICEX IFYOU SAYITFASTENOUGHITSOU KUALALAMPURDUBAIPARISOUBL BC ABC1234567 234 456-7890		11551 91 PRESCRIBER ID 0000000001 FOLIO	
PHARMACY USE ONLY			
RECEIVED BY: PATIENT OR AGENT SIGNATURE		SIGNATURE OF DISPENSING PHARMACIST	

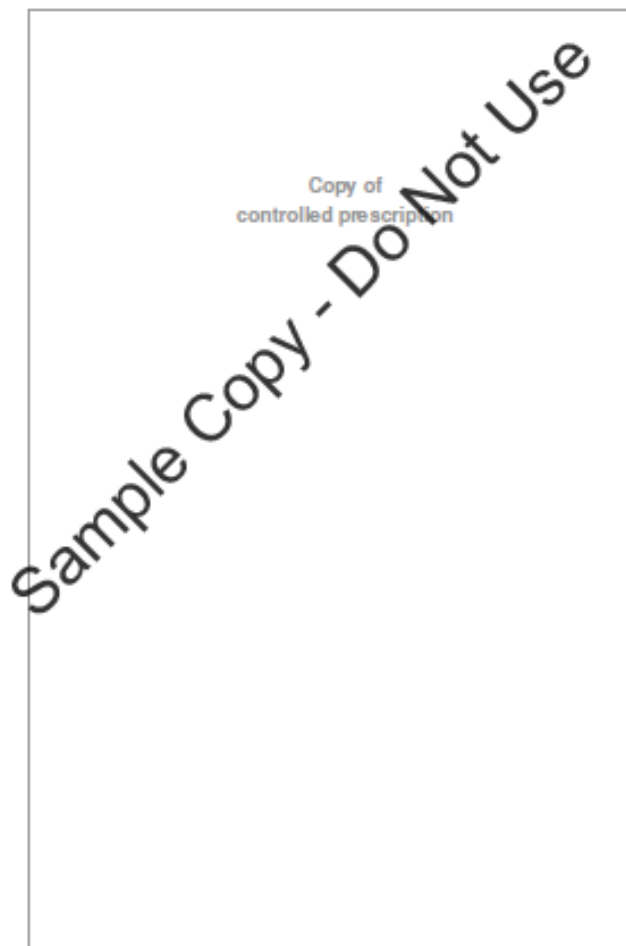
PRINTED IN BRITISH COLUMBIA

**Appendix B: Controlled Prescription Program Mounting Form**

<p><b>CONTROLLED PRESCRIPTION MOUNTING FORM</b></p>  <p style="text-align: right; font-size: small;">Correspondence Prescription Management</p>	<p style="text-align: center; font-size: small;">Place Patient Form Label Here</p>
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This form is used for mounting duplicate prescriptions as prescribed under the College of Pharmacist of BC's Controlled Prescription Program.

**Instruction:**  
Attach duplicate prescription within the black box using clear tape. **DO NOT COVER** any important information with tape because the adhesive dissolves the ink.



Released:	05-MAY-2020	Next Review:	05-MAY-2023	Page 7 of 8
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First Issued:	05-MAY-2020		
Approving Body:	Name / Committee: For Approvers see <a href="#">CST-89917</a>		
Final Sign Off:	Name	Title	Date Signed
		e.g. Director – Professional Practice	DD-MMM-YYYY
Developed By:	Name	Dept.	HO
	For Development Team See <a href="#">CST-89917</a>		
Owners:	PHC	PHSA	VCH
	05-MAY-2020		
Version:	2.2		
Revision:	Name of Reviser	Description	Date
			13-SEP-2021