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.

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 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

2.2.2.3. 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

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 not required to be documented on the prescription if the patient is a resident of a provincially licensed special-care facility.

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.

**Exempted Codeine Products**

Exempted codeine products are included on the list of PRP medications. This does not change the scheduling of 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. However, prescriptions for 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.


4. AUTHORITY

*Controlled Drugs and Substances Act*

*Food and Drugs Act*

*The Pharmacy and Pharmacy Disciplines Act*

*Saskatchewan College of Pharmacy Professionals Regulatory Bylaws*

*College of Physicians and Surgeons of Saskatchewan Regulatory Bylaws*