

Prescription Checklist for Oral Opioid Agonist Treatment

-----BC CONTROLLED PRESCRIPTION FORM-----

Quantity

- ☐ Exact total quantity is written
- ☐ Total quantity is calculated correctly for the date range

End date

- ☐ End date does not fall on a day the prescriber is not available (e.g., weekend or statutory holiday)

Total Daily Dose

Bup/nlx: if the daily dose differs on different days:

- ☐ Strikethrough the section
- ☐ Initial strikethrough
- ☐ Write "Refer to directions"

Delivery Authorization

- ☐ Checked if not authorized for delivery

Prescriber's Contact Information

- ☐ Prescribing address matches prescribing location (for clinicians practicing at multiple locations)
- ☐ Include telephone and fax numbers

PERSONAL HEALTH NO.			PRESCRIBING DATE		
			DAY	MONTH	YEAR
PATIENT NAME					
FIRST (GIVEN)			MIDDLE / INITIAL		LAST (SURNAME)
STREET					
PATIENT ADDRESS					
CITY			PROVINCE		DATE OF BIRTH
					DAY MONTH YEAR
Rx: DRUG NAME AND STRENGTH			ONLY ONE DRUG PER FORM		
			VOID IF ALTERED		
QUANTITY (IN UNITS)					
NUMERIC			ALPHA		
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 WITNESSED INGESTION		
NUMERIC ALPHA mg/day			NUMERIC ALPHA		
☐ NOT AUTHORIZED FOR DELIVERY					
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS					
NO REFILLS PERMITTED					
VOID AFTER 5 DAYS UNLESS PRESCRIPTION IS FOR OAT					
PRESCRIBER'S SIGNATURE					
PRESCRIBER'S CONTACT INFORMATION					
PRESCRIBER ID					
FOLIO					
PHARMACY USE ONLY					
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		

PHARMACY COPY - PRESS HARD YOU ARE MAKING 2 COPIES
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Prescribing date

- ☐ Prescribing date is correct

Daily Witnessed Ingestion

- ☐ States number of days per week that are witnessed (i.e., NOT carries)

Directions for Use

- ☐ Medication, dose, and frequency
- ☐ **Bup/nlx induction:** Dose schedule
- ☐ **Methadone:** Specific formulation, if required

Daily witnessed ingestion:

- ☐ Specific days for daily witnessed ingestion
- ☐ **SRM:** Dispense instructions (if no instructions are written, the default is to provide capsule to swallow whole)

Carry doses:

- ☐ Specific days of the week for carries
- ☐ Days of the week for dispensing carries
- ☐ If carries are on a statutory holiday, indicate the specific date for carries
- ☐ **Bup/nlx:** Specific packaging, if required

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Once the prescription is completed, check that the:

- ☐ Units are written in both numeric and alpha in the following sections:
 - ☐ Quantity (e.g., 672mg | Six hundred and seventy-two milligrams)
 - ☐ Total Daily Dose, when included (e.g., 24 | Twenty-four)
 - ☐ Daily Witnessed Ingestion (e.g., 1 | One)
- ☐ Blank spaces are struck through on the prescription
 - ☐ Including any empty space in the additional information field
 - ☐ Strikethroughs are initialed (see example image)
- ☐ If no witnessed ingestion days are required, "Nil | Nil" is written
- ☐ Corrections made by the prescriber are initialed (changes without initials will not be accepted by the pharmacy)
- ☐ Prescription is written on both copies of the duplicate prescription form
- ☐ Duplicate copy of the prescription is filed in the patient's medical record

QUANTITY (IN UNITS)					
16mg NUMERIC			Sixteen milligrams ALPHA		
THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)					
START DATE: 29 06 21 DAY MONTH YEAR			END DATE: 29 06 21 DAY MONTH YEAR		
TOTAL DAILY DOSE Refer to Directions mg/day			NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION		
Nil NUMERIC			Nil ALPHA		

Example image of the quantity, total daily dose, and daily witnessed ingestion fields

Resources

Health Professions Act—BYLAWS: https://www.bclaws.gov.bc.ca/civix/document/id/mo/hmo/m0369_2016

Pharmacy Operations and Regulation Act—BYLAWS: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/03077_01

Controlled Prescription Program, BC Pharmacists: <https://www.bcpharmacists.org/cpp>

Addiction medicine specialist consultation

24/7 Addiction Medicine Clinician Support Line

Available to physicians, nurse practitioners, nurses, midwives, and pharmacists

Phone: 778-945-7619 (available 24 hours a day, 7 days per week)

