

Saskatchewan Enhanced Prescriptive Authority



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Saskatchewan Enhanced Prescriptive Authority

Pharmacists in the province of Saskatchewan are authorized to provide prescriptive services to patients, thereby improving the efficiency and accessibility of health care services. This user guide explains how to fill prescriptions for Saskatchewan Prescriptive Authority DINs and how to generate documentation for the services.

Generating Documentation for Saskatchewan Prescriptive Authority Service Prescriptions

All Level 1 Prescriptive Authority services must be documented in accordance with the Pharmacist Assessment Record (PAR) requirements. The pharmacist must record the prescription on PIP; in the case of an out-of-province patient, pharmacists can document and file a manual hard copy of the PAR.

Requirements of a PAR as defined by the Saskatchewan College of Pharmacist bylaws must include:

- Date of prescription
- Name and address of person the prescription is for
- Proper name, common name or brand name, strength, dosage, quantity of prescribed drug, and instructions for use
- Prescribing pharmacist's name
- Reason for prescribing

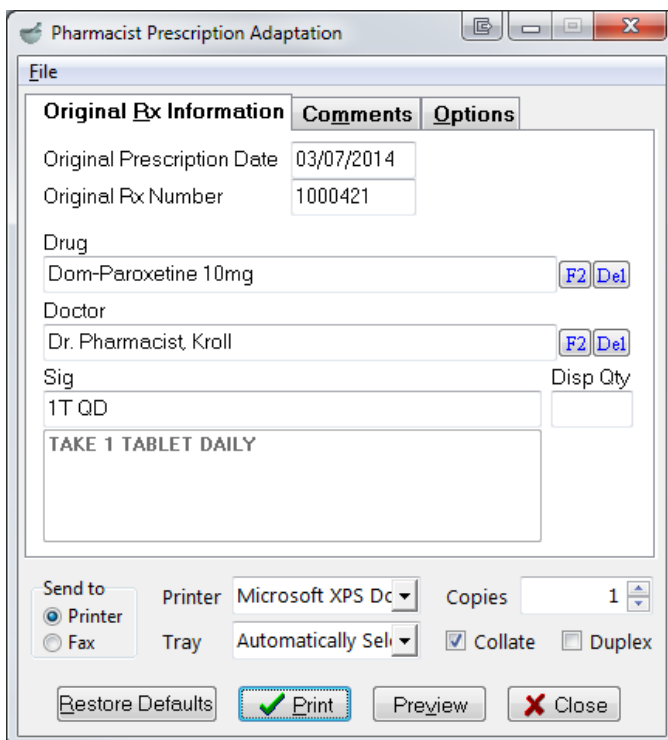
The PAR requirements may be fulfilled by filling a new prescription on Kroll and using the Pharmacist Prescription Adaptation Report as follows:

1. From the Patient Profile, select the prescription you are going to do a prescriptive authority service for and press **F** to bring it up onto the Fill screen.
2. Invoke the **Copy to New Rx** function.

- At the Fill screen, change the prescriber to yourself. Edit the **Sig** field, appending the rationale for prescribing. Edit any other necessary fields.

Drug Search		Pack 100	Dgc Search		Loc Office
Brand	Dom-Paroxetine	10mg	Name	Dr. Pharmacist, Kroll	
Generic	Paroxetine Hydrochloride	DPC (Do	Address	220 Duncan Mill Rd	
Pack	100	Form TAB	Sched 1	City	Toronto
Purch	\$87.44	OnHand 0	Prov	ON	
DIN	02248447	Min Qty 0	Phone	(555) 111-2222	
		No image	Lic#	00000000	Alt. Lic#
Sig 1T QD			RATIONALE: CONTINUING THERAPY		
TAKE 1 TABLET DAILY			RATIONALE: CONTINUING THERAPY		
Route of Admin	Oral		Init	KRL	KRL
Dosage Form	Tablet		Auth Qty	30	1
			Disp Qty	30	Refills(+)
			Days	30	Rem Qty
			Prod Sel	1 - Prescrit	G.P. %
			O/W	Written	Acq Cost
			Labels	0	F2
					Cost
					Markup
					Fee
					Total
					\$39.34

- Select **Reports > Pharmacist Prescription Adaptation**. The **Original Rx Information** tab will be populated with information from the copied prescription.



Pharmacist Prescription Adaptation

File

Original Rx Information | Comments | Options

Original Prescription Date: 03/07/2014

Original Rx Number: 1000421

Drug: Dom-Paroxetine 10mg [F2] [Del]

Doctor: Dr. Pharmacist, Kroll [F2] [Del]

Sig: 1T QD

Disp Qty: []

TAKE 1 TABLET DAILY

Send to: Printer Fax

Printer: Microsoft XPS Dc

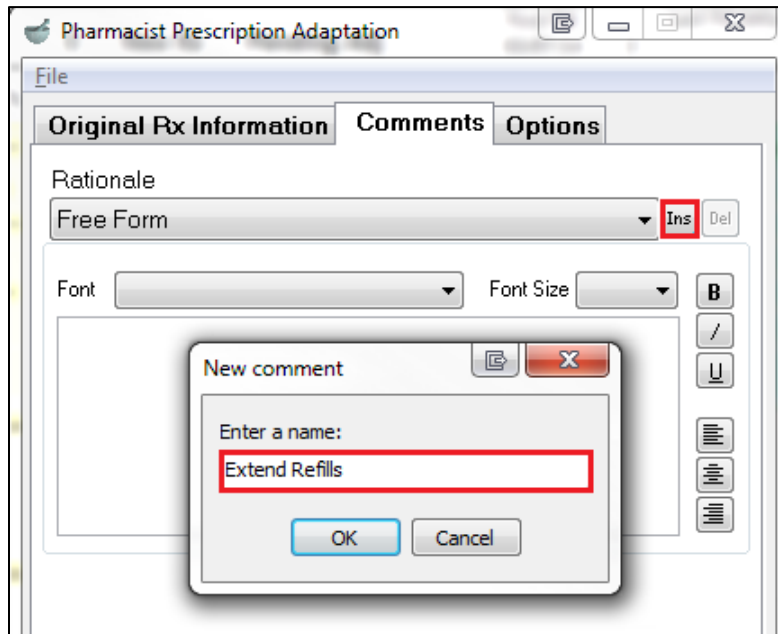
Tray: Automatically Sel

Copies: 1

Collate Duplex

Restore Defaults | | Preview |

5. Select the **Comments** tab.
6. If you have already used this kind of rationale for a new Rx, select it from the **Rationale** drop down list. If this is the first time for this rationale, do the following:
 - a) Click **Insert**. Enter a rationale description in the **New comment** window and click **OK**.



- b) In the main body of the rationale, enter the rationale, along with the standard disclaimer found on the Saskatchewan College of Pharmacists' PAR sample.

Example:

Under the authority as defined by the Saskatchewan College of Pharmacists (SCP), I have prescribed medications for the following purpose:
Level I where I have met the basic training requirements of the SCP: Extending refill(s) during physician absence
I have instructed the patient to call your office to make an appointment to review their drug therapy within:
 the next 72 hours
 the next week
Pharmacist's additional comments:
For Recipient's (Dr., RN/NP, Specialist) Office Use:
File: Patient Other
OR
Response to Pharmacist as follows:

7. Click **Print** or **Preview** to see the report.

Sample Report:

Pharmacist Prescription Adaptation			
To: Dr. Physician, Kroll License: 1234 220 Duncan Mill Road Regina SK R3C 4R4 Tel: (555) 383-1010 Fax: (555) 383-0001	From: Kroll Pharmacy #313, 9622 -Broadview Avenue Regina SK R3C3F3 Tel: (306) 555-9346 Fax: (306) 555-9348		
Patient: Kroll, Aa 123AA Street Aa Addr Line 2 Regina SK R3V 3V3 Tel: (306) 555-1212		DOB: 14-Jul-1934 Health Care Number: 105123447	
Allergies: Lincosamides; Lobelia Seed; Neisseria meningitides; Penciclovir Analogues (REPLACED)		Conditions: No known conditions.	
CONFIDENTIAL			
Pharmacist Prescription Adaptation		Printed on: 02/07/2014 15:25:47	
Original Prescription Information		RNum1000421	Prescription Date: 09/09/2013
Qty	Brand Name	Generic Name	
30	Dom-Paroxetine 20mg TAB	Paroxetine Hydrochloride	
Directions: TAKE 1 TABLET DAILY			
Adapted Prescription Information		Adaptation Date: 02/07/2014	
Qty	Brand Name	Generic Name	
30	Dom-Paroxetine 20mg TAB	Paroxetine Hydrochloride	
Directions: TAKE 1 TABLET DAILY. RATIONALE: CONTINUING THERAPY			
Rationale for Adaptation (including instructions to patient and follow-up plan)			
Under the authority as defined by the Saskatchewan College of Pharmacists (SCP), I have prescribed medications for the following purpose:			
Level I where I have met the basic training requirements of the SCP:			
Extending refill(s) during physician absence			
I have instructed the patient to call your office to make an appointment to review their drug therapy within:			
the next 72 hours.			
the next week.			
Pharmacist's additional comments:			
For Recipient's (Dr., RN/MP, Specialist) Office Use:			
File: Patient Other			
OR			
FOR YOUR RECORDS NO RESPONSE REQUIRED.			
THIS TELECOPY IS CONFIDENTIAL AND IS INTENDED TO BE RECEIVED BY THE ADDRESSEE ONLY. IF THE READER IS NOT THE INTENDED RECIPIENT HEREOF, YOU ARE ADVISED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS FACSIMILE IS STRICTLY PROHIBITED .			
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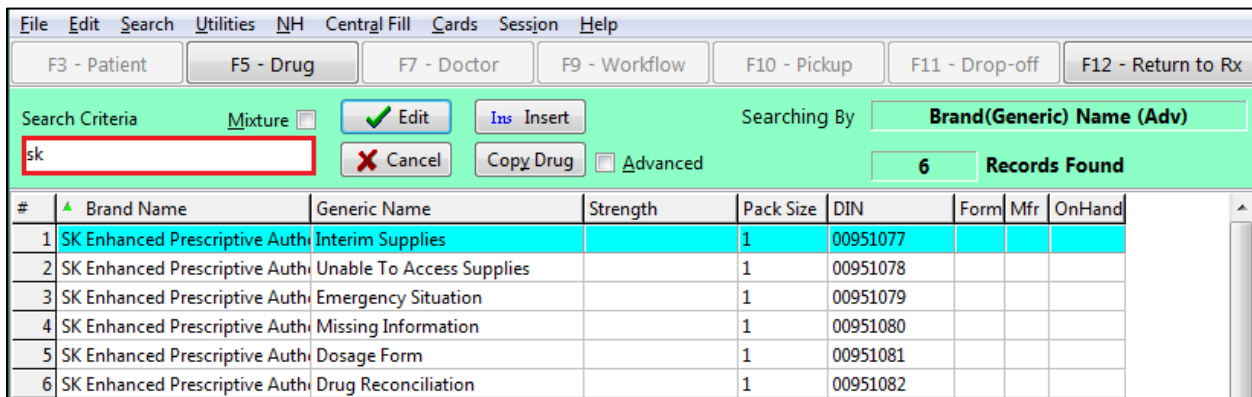
8. When you are finished printing the report, close the form. Return to the **F12 - Fill** screen and press **F12** to fill the Rx.

Billing an Rx for an Saskatchewan Prescriptive Authority Service DIN

The billing of Saskatchewan prescriptive authority fees is separate from the billing of the actual medication. Medication should be filled the same as you would for regular Rxs.

1. Call up the **F12-Fill** screen in and enter the following:
 - a) **Patient:** Enter the patient receiving the prescriptive authority service
 - b) **Drug:** Enter the applicable Saskatchewan Prescriptive Authority DIN

NOTE: You can perform a quick search for all enhanced prescriptive drug cards by searching "SK" from the **F5-Drug** search screen.



#	Brand Name	Generic Name	Strength	Pack Size	DIN	Form	Mfr	OnHand
1	SK Enhanced Prescriptive Authi	Interim Supplies		1	00951077			
2	SK Enhanced Prescriptive Authi	Unable To Access Supplies		1	00951078			
3	SK Enhanced Prescriptive Authi	Emergency Situation		1	00951079			
4	SK Enhanced Prescriptive Authi	Missing Information		1	00951080			
5	SK Enhanced Prescriptive Authi	Dosage Form		1	00951081			
6	SK Enhanced Prescriptive Authi	Drug Reconciliation		1	00951082			

- c) **Doctor:** Enter the name of the pharmacist who performed the prescriptive authority service
- d) **SIG:** Enter the type of prescriptive authority service Rx being filled (e.g., Interim Supplies, Emergency Situation, etc.)

e) Enter a **Disp Qty** and **Days** value of “1”.

File Edit Rx View Labels Profile Reports Utilities NH Central Fill Cards Session Help																							
F3 - Patient			F5 - Drug			F7 - Doctor			F9 - Workflow			F10 - Pickup			F11 - Drop-off			F12 - Fill Rx					
0		New Rx		Pending Adj		First Fill 03/07/14		Last Fill Information 0 Qty		\$0.00		Init		Lookup		Cancel							
Priority		Default Wait Time		Due		in 15 mins		Forward Rx		Work Order		0		Delivery		Pickup							
Patient Search				Drug Search				Doc Search				Loc Office											
Name		Doe, Jane		Age		34		Brand		SK Enhanced Prescriptive Au		Name		Dr. Pharmacist, Kroll		Address		220 Duncan Mill Rd					
Address		321 Any St		Female		Generic		Unable To Access Supplies		Address		220 Duncan Mill Rd		City		Toronto		Prov ON					
City		Toronto		Prov		ON		Pack		1 Form		Sched		1		City		Toronto					
Phone		Cell		(555) 999-9999		Purch		\$0.00		OnHand		0		No image		Phone		(555) 111-2222					
Plan		Client ID				DIN		00951078		Min Qty		0		Lic#		00000000		Alt. Lic#					
Allergies				Sig				UNABLE TO ACCESS SUPPLIES				Init				KRL KRL				Auth Qty		1 1	
Conditions				UNABLE TO ACCESS SUPPLIES				Route of Admin				Disp Qty				1		Refills(+)		Rem Qty		1 1	
				Dosage Form				Prod Sel				3 - Pharm		G.P. %		100		Acq Cost		\$0.00			
								O/W				Written		Cost		\$0.00		Markup		\$0.00			
								Labels				0		Fee		\$10.49		Total		\$10.49			

6. Click **F12-Fill Rx** to adjudicate the prescription to SPDP for payment of the service.