COLLEGE OF PHARMACISTS OF MANITOBA

Q&A FOR PHARMACISTS ON EXEMPTED CODEINE

When will prescription-only exempted codeine preparation come into effect?

Prescription-only exempted codeine preparation will take effect on February 1, 2016, but can be implemented before this date at pharmacists' discretion.

What place does exempted codeine preparations have in drug therapy and should they only be used after all other options are depleted?

The College has made no recent statements of the value of exempted codeine preparations, only concern regarding patient safety in relation to inappropriate or overuse of exempted codeine preparation.

Can a pharmacist prescribe medications for a patient to be filled at a later date?

Yes, a prescription must be written and given to the patient. As with all prescriptions, it can be logged into the pharmacy database for filling at a later date, if deemed appropriate by the pharmacist at the time the filling is requested.

Can a pharmacy/pharmacist refuse to sell exempted codeine products?

Yes, and the pharmacy may choose not to stock, and the pharmacist may refuse to prescribe or dispense the products.

Can a pharmacy owner obligate a pharmacist to prescribe or dispense the products or make it a requirement of employment?

No, this remains the professional authority of the pharmacist and not the pharmacy owner.

Can a patient deny a pharmacist DPIN (Drug Programs Information Network) access under PHIA (*Personal Health Information Act*)?

If a patient refuses to supply his/her personal health information number (PHIN), then the pharmacist will take this into consideration when providing care, as they do now. For exempted codeine preparations, however, DPIN entry is required under section 2.8 of the Practice Direction. The only exception applies to out-of-province patients. This requirement has been written for the safety of the patient (from acetaminophen toxicity, for example).

Do pharmacists need to assess the patient every time for someone who is stabilized and doesn't want to switch to any other products?

Yes, but the Practice Direction allows for one fill and one part fill (under section 2.10).

What are the limits on pharmacist prescriptions of exempted codeine preparations?

A pharmacist may only prescribe up to 100 tablets or 250mL with an option of one part fill (see above).

Can a person receive an exempted codeine preparation on behalf of another patient?

No, except where the person who will be using the medication has already been assessed by the pharmacist and a prescription has already been issued with an additional part fill. An agent can receive the part fill medication on behalf of the person who was previously assessed, if the pharmacist is certain that the agent is acting on behalf of the patient. The information of the patient to whom the prescription is issued must still be entered into the DPIN each time.

With exempted codeine preparations originally being an over-the-counter drug, is there any kind of regulatory explanation to the public and profession on the need for this practice direction?

Yes. A public awareness campaign describing these changes will be implemented by the College. Pharmacists, government and other healthcare professions have been made aware of this change.

If patients decide not to use exempted codeine preparations because of increased costs, inconvenience, or if pharmacists refuse to stock or prescribe the product, is it advisable that pharmacists recommend NSAIDs more for pain management? Do patients start taking more acetaminophen products?

Prescription-only status of exempted codeine preparations is not a barrier to care, but an avenue to better care and harm reduction. It is important to engage the patient in a conversation about proper use of medication, and should not be the end of the conversation. Other medications might be a better choice for acute or chronic conditions. Patients can also be referred to another healthcare professional as appropriate.

Why do we make people using these products feel like "criminals"?

The intention is only to protect the well-being of the patient and the public. Further, the role of the pharmacist in patient care has been evolving and this type of change supports this evolution.

Section 2.12 of the Practice Direction states that the "responsibility and duty of the pharmacist to refuse the sale". Does this mean refusing to prescribe or refusing to dispense?

It would mean either.

Will pharmacists be required to enter "refusal to fill" documentation into DPIN for any and all of these situations, or will they be able to use professional judgment in deciding whether to enter refusals to fill into DPIN?

It is a matter of professional judgment.

Are other provinces considering this action as well?
Yes, for example, Saskatchewan and Alberta already have a form of monitoring the use.

Will the College be communicating the final version of this practice direction to physicians and other prescribers?
Yes. The practice direction has already been shared with the College of Physicians and Surgeons, the College of Registered Nurses, Manitoba Heath, and the Minister of Health.

Is the College expecting the assessment (prescribing record) to be a written document as required in the Regulation, or just some of the additional information to be noted on the Rx. (i.e. treatment goals, diagnosis, clinical indication)?
You will be required to have a prescribing record as with any other authority for pharmacist to issue a prescription and in consistence with the "Prescribing" Practice Direction and record keeping.

For the document to be retrievable, is it to be treated like all other prescriptions where after some point in time the file could be offsite, or more like the minor ailment assessments which pharmacists keep separately and onsite?
All documentation must be readily available for regulatory review, as with other pharmacists' prescribing.

Is it possible for the College to prepare guideline so all pharmacists are on the same page when it comes to prescribing these products? i.e. actual approved indications, place in therapy, acute vs. chronic vs. intermittent use, maximum dispensing quantity per unit time, use with other narcotic pain killers (i.e. people who claim to take "T1s" because of the side effects of their stronger meds) etc.
This is not being considered by the College at this point. However, additional information on prescribing can be obtained through the Fundamentals of Self-Limiting Conditions Prescribing for Manitoba Pharmacists document, the Orientation Manual and the "Prescribing" Practice Direction.

Can the pharmacist charge dispensing fees for such items since they will be processed as a prescription?
The College does not regulate fees and charging practices should be clarified with the patient and third-party payers.

Can the pharmacist charge prescription or consultation fees since he/she will be providing a prescription and held liable for that prescription?
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