Ontario Prescriptive Authority

May 2020

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This following document outlines the procedure for adding Ontario Prescriptive Authority Service DINs to Kroll. As well, it details on the requirements, conditions and how to fill a Pharmacist Authorized Refill in Kroll.

Requirements for a Pharmacist Authorized Refill

Effective March 18, 2011, a pharmacist in Ontario may authorize a refill if he or she believes all of the following:

- Reasonable efforts to contact the prescriber have been made and were unsuccessful;

- The prescriber of the prescription to be refilled, if available, would have authorized the refill;

- The patient for whom the drug is to be refilled has been prescribed the drug for a chronic or long term condition;

- And, the patient for whom the drug is to be refilled has a stable history with that drug.

If a pharmacist authorizes the refill of a prescription, the total amount of the drug dispensed shall not exceed the amount of the drug previously dispensed by the pharmacy, or a three months' supply, whichever is less.

Conditions for a Pharmacist Authorized Refill

For each pharmacist authorized refill, ALL of the following conditions must be met:

- A unique prescription identification number must be assigned to that refill prescription;

- The assigned prescription identification number and the name of the original prescriber must be recorded in the pharmacy's patient record;

- The fact that the refill has been made with the authorization of a pharmacist and the name of that pharmacist must be recorded on the pharmacy's patient record;

- And, within seven days, the pharmacy must send to the prescriber and, if known to the pharmacy and different from the prescriber, to the patient's primary health care provider, a report that includes notice that a refill of the prescription was made on the authorization of a pharmacist and the date, drug and quantity of drug dispensed.

For more information regarding Pharmacist Authorized Refills, kindly contact the Ontario College of Pharmacist (OCP).

Creating a Pharmacist-Prescriber in Kroll

The prescriber of a Pharmacist Authorized Refill is the authorizing pharmacist. As such, an F7-Doctor card will have to be created for the authorizing pharmacist if one does not already exist in the database. Add an **F7-Doctor** card for the pharmacist as follows:

1. Perform an **F7-Doctor** search for the pharmacist authorizing the refill.

2. If there is no existing record, click **Ins** or press **Insert** to add the pharmacist.
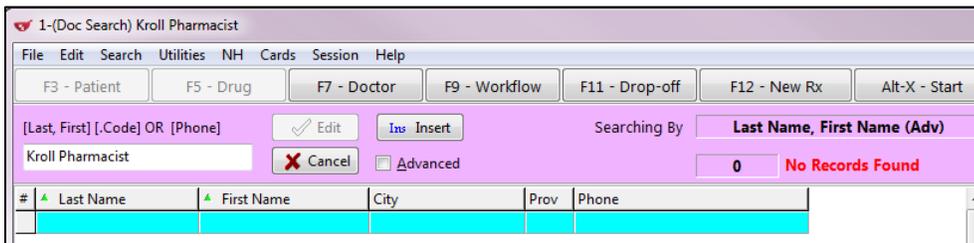
3. Fill out the **Full Address** and **Phone Number** of the pharmacy for which the authorizing pharmacist works.
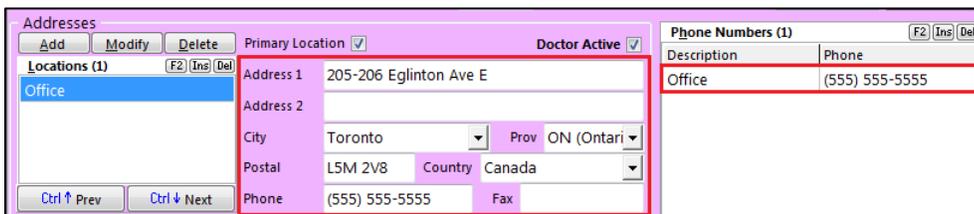
4. In the **Comments** section of the doctor card, enter a **General** comment with the license number of the authorizing pharmacist. Check the option to **Print On Hardcopy** and click **Save** to save the comment.
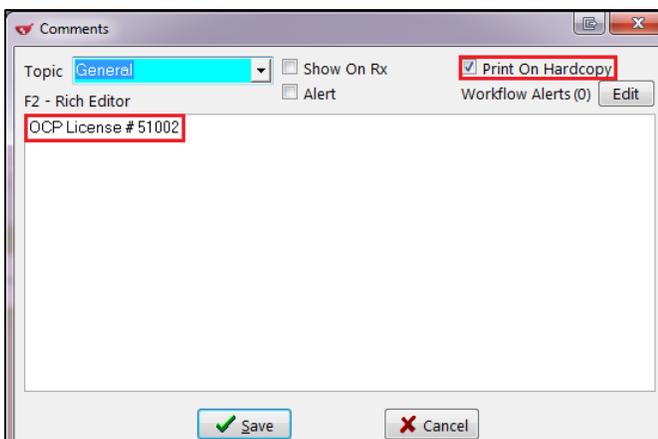
5. Set the provider **Designation** to **Pharmacist**.

6. Enter the **Primary License Number** as **99999**.

7. Check the **Override** flag and set the **Ref ID** to **99**.

8. Click **Save** or press **Enter** from the **F7-Doctor** card to save changes.

Filling a Pharmacist Authorized Refill in Kroll (Adaptation)

If the pharmacist on duty determines that all the requirements for a Pharmacist Authorized Refill has been met, they can proceed with filling the prescription in Kroll as follows:

1. Search for and call up the patient requiring the Pharmacist Authorized Refill.

2. From the F3-Patient Card, click **Profile** > **All Rxs** or press **SHIFT+F3** to access the patient medication profile.
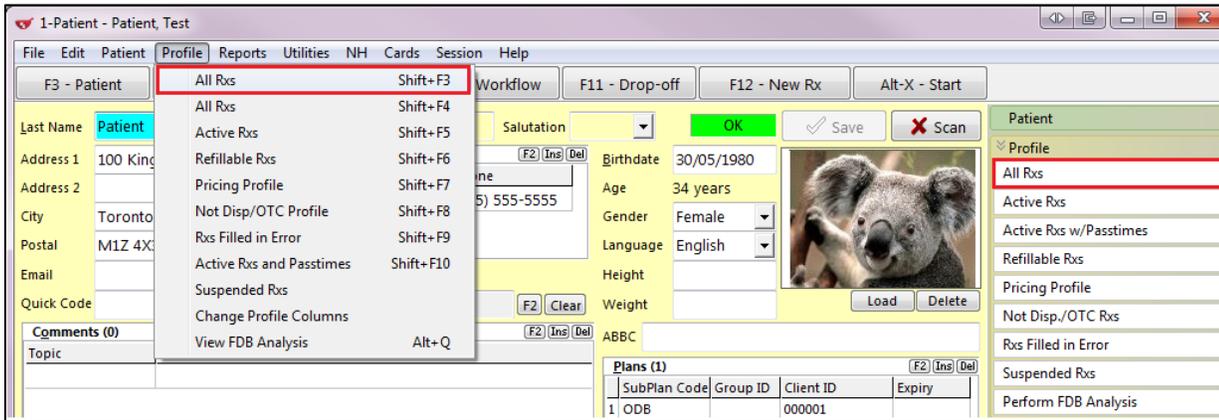
3. Highlight the prescription that needs to be refilled and click **F-Refill** or press "**F**" on the keyboard to call up the prescription.

4. From the prescription filling screen you will be prompted to copy the Rx to a new number.
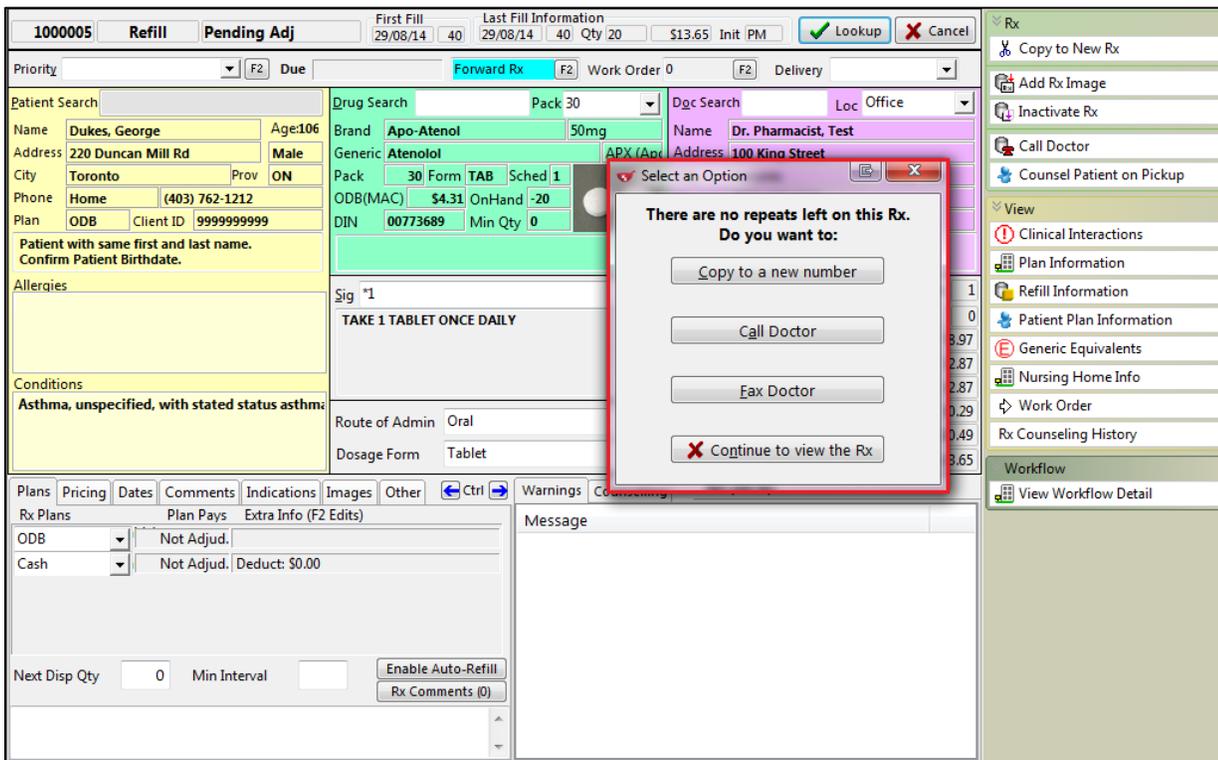
5. Select **Copy to a new number** from the list of options when the prompt '**There are no repeats left on this Rx. Do you want to:**' appears. Copying the Rx will generate a new prescription number for the Pharmacist Authorized Refill.

6. Enter the number of repeats or specify the total **authorized quantity** for the new Rx and click **OK** or press **Enter** to continue to the New Rx.
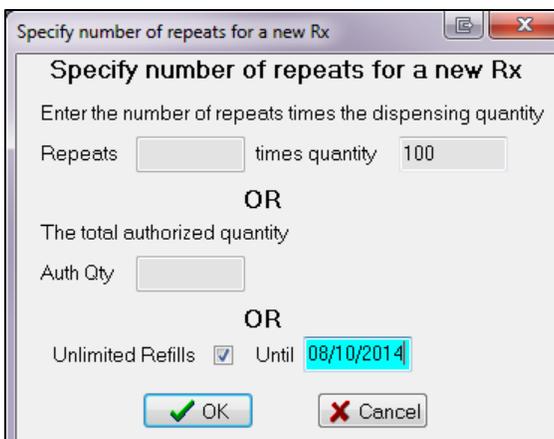
7. Change the **F7-Doctor** to the authorizing pharmacist.
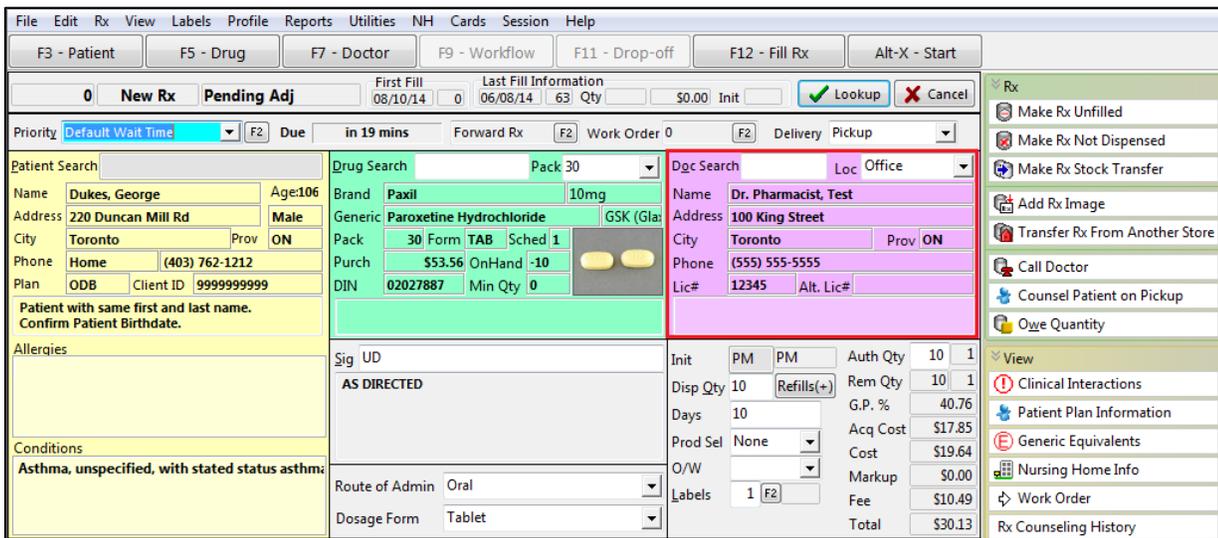
8. In **Rx Comments**, enter the name of the original prescriber and length of time that the patient has been stable on the drug as there are the requirements from the college.
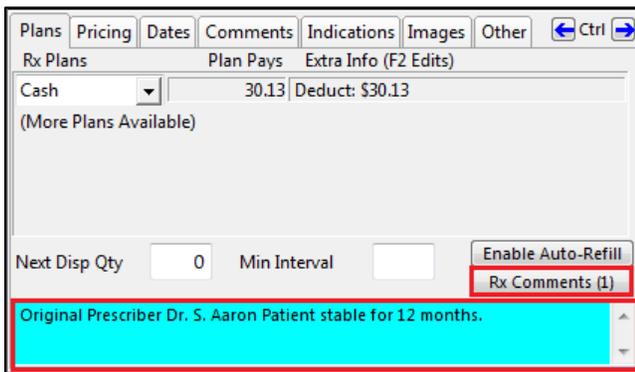
9. At this point, you can enter your Kroll initials, and fill the prescription by pressing **F12-Fill Rx**. The pharmacist can generate documentation outside of the Kroll application; however, if you would like to generate documentation from Kroll, proceed with step #10 and do NOT press **F12-Fill Rx**.

10. From the **F12-Filling** screen, go to **Reports** > **Pharmacist Prescription Adaptation**.

11. The first tab of the report is where **Original Rx Information** is entered. This '**original**' information is automatically pulled from the Rx that the new Rx was copied from.
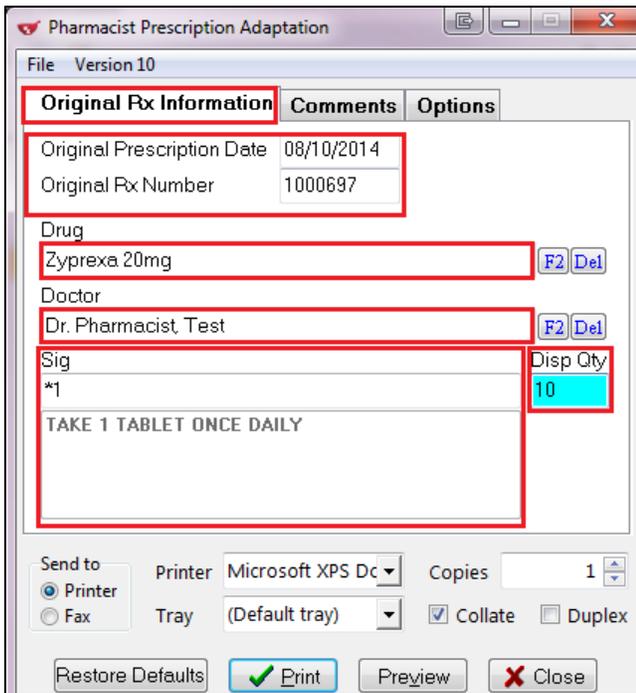
12. In the **Comments** tab of the report, **OPTIONALLY** type the following (not required by OCP):

"PHARMACIST AUTHORIZED REFILL... 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."
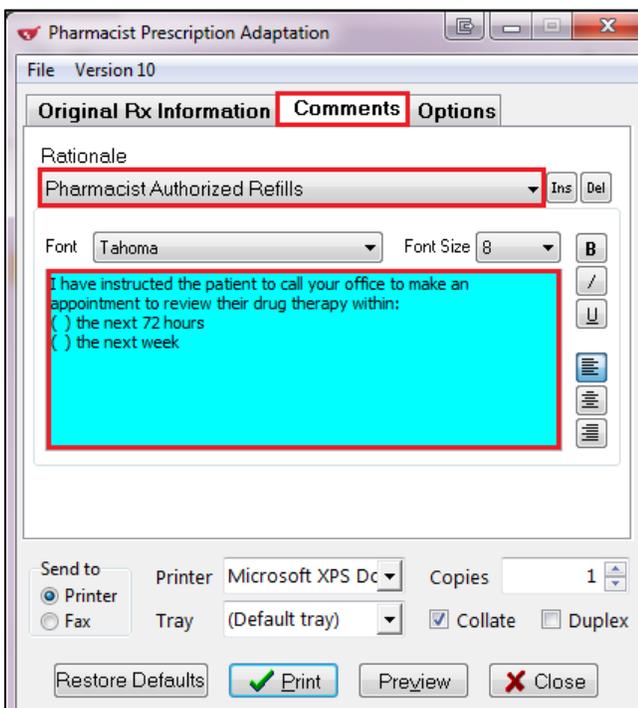
13. In the **Options** tab, check off required options and/or change the pharmacist name if desired.
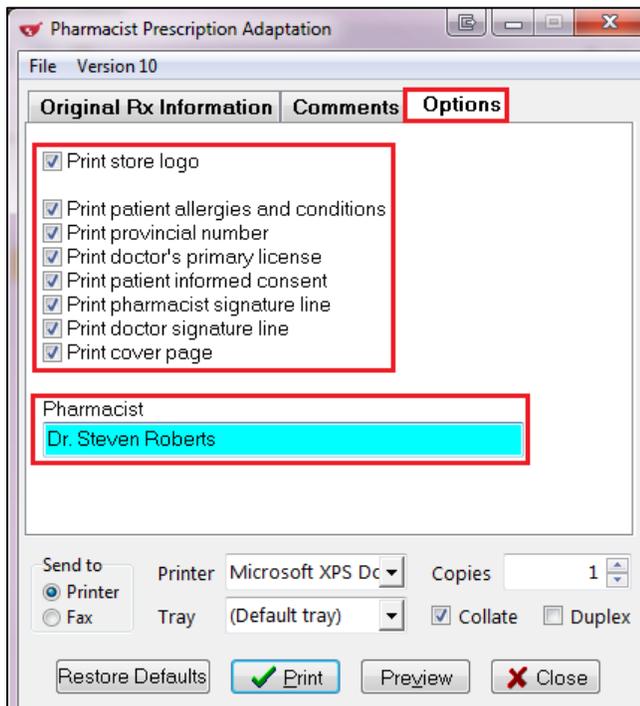
- Print Store Logo

    If the logo is populated in **File** > **Configuration** > **Store** > **Reports** > **General** then when this is checked off the stores Logo will print at the top of the report.

- Print Patient Allergies and Conditions

    Selecting this option will print on the report all allergies and conditions listed in the patient's profile.

- Print Provincial Number

    When selected this will prints the patients' Health Card number on the report, this will work if you have the patients ODB number in the patient screen.

- Print Doctor's Primary License

    Selecting this option will print the doctor's primary license on the report.

■ Print Patient Informed Consent

Selecting this option prints a section **Patient Informed Consent** requiring patient and/or their representative to sign.

■ Print Pharmacist Signature Line

This option will print a line for the pharmacist to sign.

■ Print Doctor Signature Line

This option will print a doctor's signature line.

■ Print Cover Page

This option allows you to print a cover page for the report.

14. Click **Print** or **Preview** to generate the report.

Pharmacist Prescription Adaptation

To: Dr. Test, Doctor   From:
        License: 99999
        321 Doctor St
        Mississauga ON
        Canada
                                            Pharmacist: Dr. Test, Doctor

Patient: Test, Patient   DOB: 01-Jan-1950
                                            Health Care Number: 321654987211851
          ON
          Tel:

Allergies: **Conditions:**
No known allergies.   No known conditions.

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Pharmacist Prescription Adaptation   Printed on: 30/10/2014 13:35:01

Original Prescription Information   Rx Num: 1000328 Prescription Date: 24/10/2014
Qty   Brand Name   Generic Name
30   Apo-Lamotrigine 25mg TAB   Lamotrigine
Directions: AS DIRECTED

Adapted Prescription Information   Adaptation Date: 30/10/2014
Qty   Brand Name   Generic Name
30   Apo-Lamotrigine 25mg TAB   Lamotrigine
Directions: AS DIRECTED

Rationale for Adaptation (including instructions to patient and follow-up plan)
I am testing the RX adaptation report

_____   30/10/2014
          Pharmacist   Date
          Dr. Test, Doctor

_____   30/10/2014
          Doctor   Date
          Dr. Test, Doctor

PATIENT INFORMED CONSENT

Patient's
Signature   _____   I,_____ and/or my
                                               representative received a patient brochure and sufficient
                                               information, including the risks and benefits associated with
Date   30/10/2014   Pharmacist Prescription Renewal and/or Dosage Form change;
                                               and voluntarily provided informed consent.

FOR YOUR RECORDS. NO RESPONSE REQUIRED.