



Ontario Prescriptive Authority

May 2020

Table of Contents

Ontario Prescriptive Authority	2
Requirements for a Pharmacist Authorized Refill	2
Conditions for a Pharmacist Authorized Refill	2
Creating a Pharmacist-Prescriber in Kroll	3
Filling a Pharmacist Authorized Refill in Kroll (Adaptation)	5

Ontario Prescriptive Authority

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:

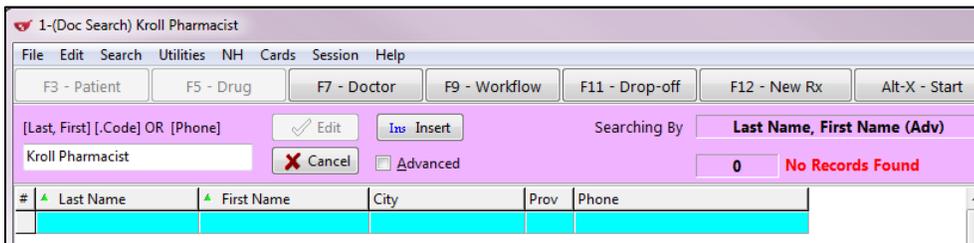
- A unique prescription identification number must be assigned to that refill prescription;
- The assigned prescription identification number and the name of the original prescriber must be recorded in the pharmacy's patient record;
- The fact that the refill has been made with the authorization of a 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.



1-(Doc Search) Kroll Pharmacist

File Edit Search Utilities NH Cards Session Help

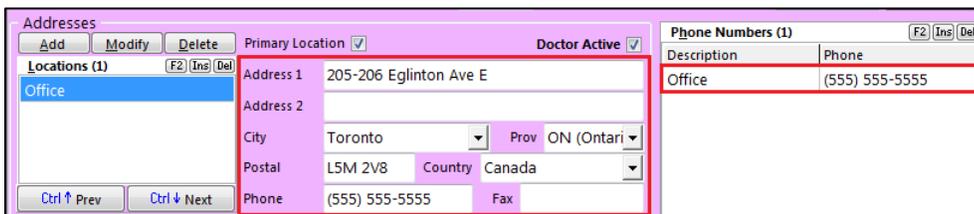
F3 - Patient F5 - Drug **F7 - Doctor** F9 - Workflow F11 - Drop-off F12 - New Rx Alt-X - Start

[Last, First] [,Code] OR [Phone] Edit **Ins Insert** Searching By **Last Name, First Name (Adv)**

Kroll Pharmacist Cancel Advanced **0 No Records Found**

#	Last Name	First Name	City	Prov	Phone

3. Fill out the **Full Address** and **Phone Number** of the pharmacy for which the authorizing pharmacist works.



Addresses

Add Modify Delete Primary Location Doctor Active

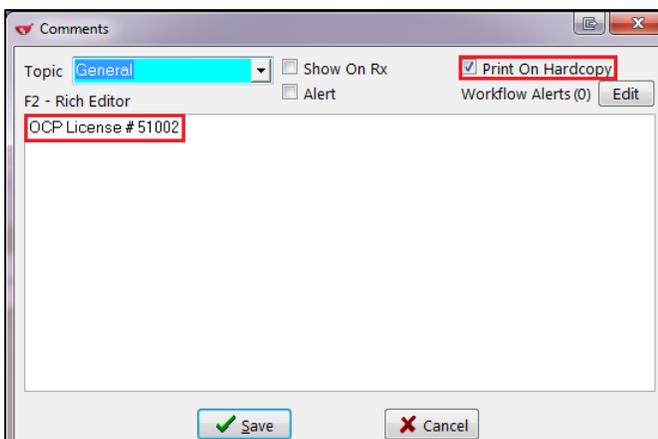
Locations (1) **Office**

Address 1: 205-206 Eglinton Ave E
 Address 2:
 City: Toronto Prov: ON (Ontario)
 Postal: L5M 2V8 Country: Canada
 Phone: (555) 555-5555 Fax:

Phone Numbers (1)

Description	Phone
Office	(555) 555-5555

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.



Comments

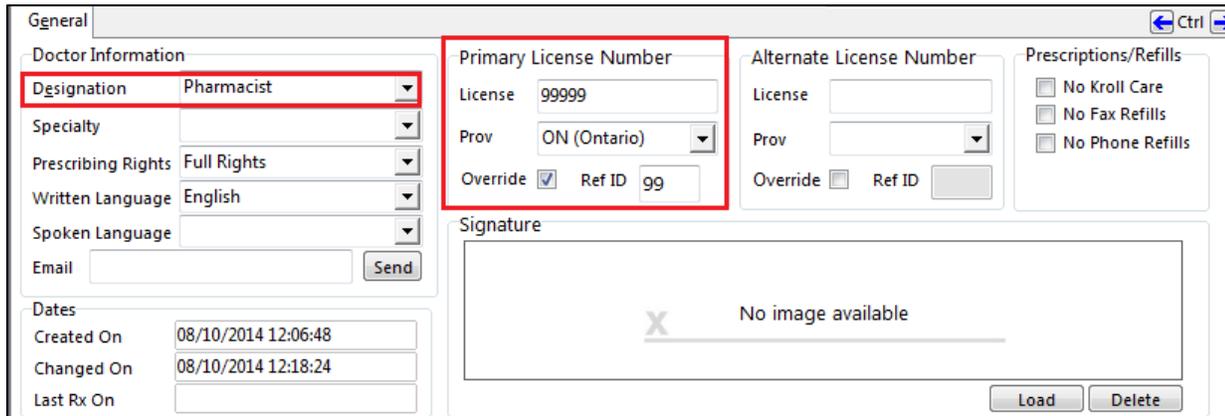
Topic: **General** Show On Rx **Print On Hardcopy**

F2 - Rich Editor Alert Workflow Alerts (0) Edit

OCP License # 51002

Save Cancel

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**.



The screenshot shows a 'General' tab for 'Doctor Information'. The 'Designation' dropdown is set to 'Pharmacist'. The 'Primary License Number' section is highlighted with a red box, showing 'License' as '99999', 'Prov' as 'ON (Ontario)', and 'Override' checked with 'Ref ID' as '99'. Other fields include 'Specialty', 'Prescribing Rights', 'Written Language', 'Spoken Language', 'Email', 'Created On', 'Changed On', and 'Last Rx On'. There are also checkboxes for 'No Kroll Care', 'No Fax Refills', and 'No Phone Refills', and a signature area with 'No image available'.

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.

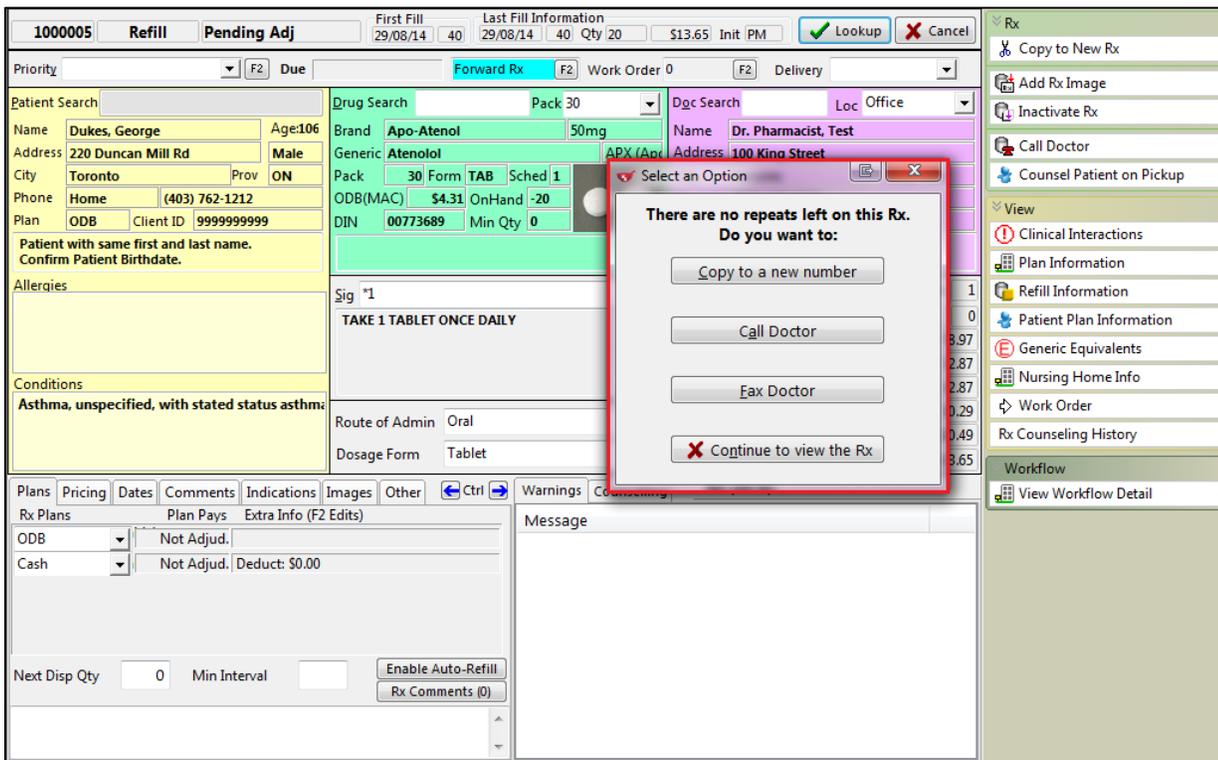
The screenshot shows the '1-Patient - Patient, Test' window. The 'Profile' menu is open, and 'All Rxs' is highlighted with a red box. The patient information includes: Last Name: Patient, Address 1: 100 King, City: Toronto, Postal: M1Z 4X, Birthdate: 30/05/1980, Age: 34 years, Gender: Female, Language: English. The 'All Rxs' option in the right-hand 'Profile' sidebar is also highlighted with a red box.

3. Highlight the prescription that needs to be refilled and click **F-Refill** or press “**F**” on the keyboard to call up the prescription.

The screenshot shows the 'Profile - All Rxs (8)' table. The 5th row is highlighted in blue. The table columns are: #, Status, Orig Rx, Rx Num, Date, Ago, Qty, Auth, Rem, Brand Name, Doctor, and Sig.

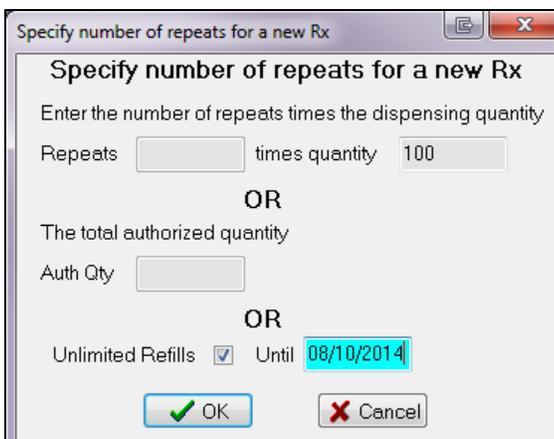
#	Status	Orig Rx	Rx Num	Date	Ago	Qty	Auth	Rem	Brand Name	Doctor	Sig
1	No Response	1000009	1000009	23/09/2014	15	10	10	0	Lipitor	Kroll,Pharmacist	
2	No Response	1000008	1000008	23/09/2014	15	10	10	0	5-Aminosalicylic Acid 400mg	Kroll,Pharmacist	T1T
3	Pending Adj	1000007	1000007	03/09/2014	35	50	50	0	Apo-Amlodipine/Atorvastatin 10,	Pharmacist,Test	
4		1000006	1000006	03/09/2014	35	10	10	0	Oxybutyn 5mg	Pharmacist,Test	*1
5		1000005	1000005	29/08/2014	40	20	20	0	Apo-Atenol 50mg	Pharmacist,Test	*1
6	Inact (Transfe	1000004	1000004	29/08/2014	40	30	30	0	Adalat XL 60mg	Pharmacist,Test	*1
7		1000002	1000002	06/08/2014	63	10	10	0	Xanax 1mg	Pharmacist,Test	*1
8		1000001	1000001	06/08/2014	63	10	10	0	Paxil 10mg	Pharmacist,Test	UD

4. From the prescription filling screen you will be prompted to copy the Rx to a new number.

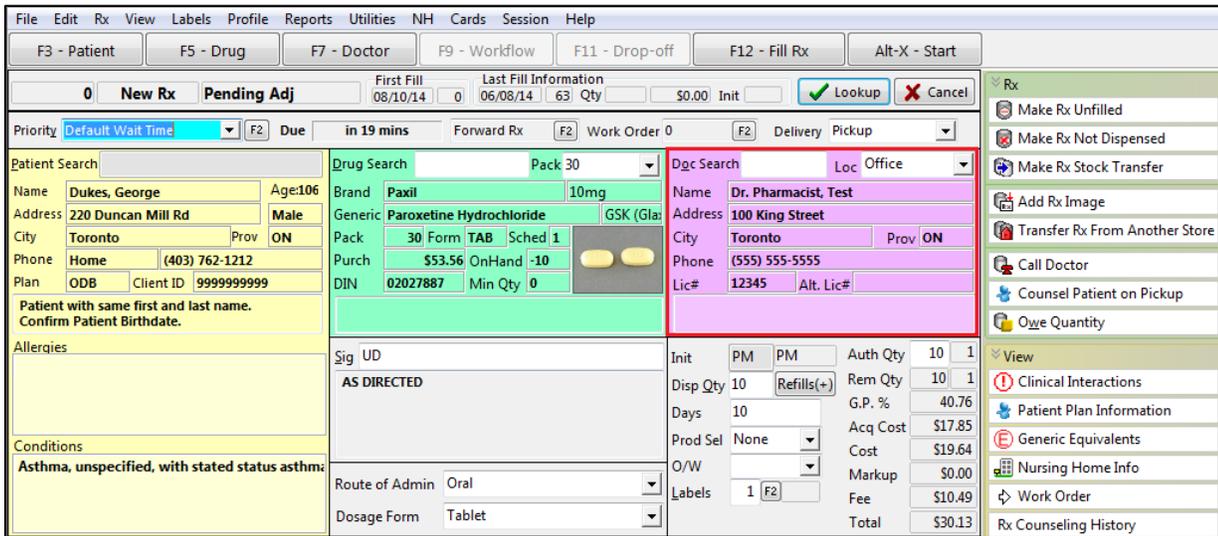


5. Select **Copy to a new number** from the list of options when the prompt **'There are no repeats left on this Rx. Do you want to:'** appears. Copying the Rx will generate a new prescription number for the Pharmacist Authorized Refill.

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.



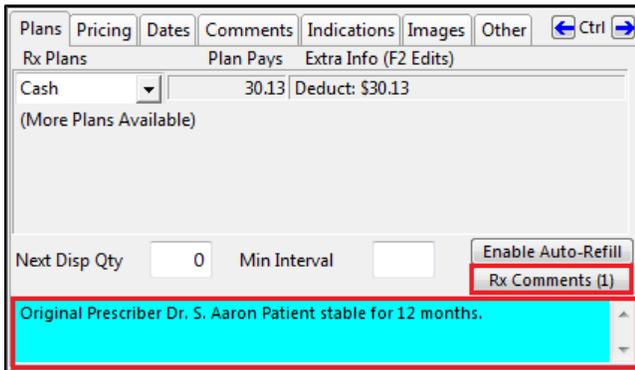
7. Change the **F7-Doctor** to the authorizing pharmacist.



The screenshot shows the Kroll application interface with the following details:

- File Edit Rx View Labels Profile Reports Utilities NH Cards Session Help**
- Buttons: F3 - Patient, F5 - Drug, **F7 - Doctor**, F9 - Workflow, F11 - Drop-off, F12 - Fill Rx, Alt-X - Start
- 0 New Rx Pending Adj
- Priority: Default Wait Time, Due: in 19 mins, Forward Rx, Work Order 0, Delivery Pickup
- Patient Search:** Name: Dukes, George, Age: 106, Address: 220 Duncan Mill Rd, City: Toronto, Phone: (403) 762-1212, Plan: ODB, Client ID: 9999999999
- Drug Search:** Brand: Paxil, 10mg, Generic: Paroxetine Hydrochloride, GSK (Gla), Pack: 30, Form: TAB, Sched: 1, Purch: \$53.56, OnHand: -10, DIN: 02027887, Min Qty: 0
- Dgc Search (highlighted):** Name: Dr. Pharmacist, Test, Address: 100 King Street, City: Toronto, Phone: (555) 555-5555, Lic#: 12345
- Signature:** UD, AS DIRECTED
- Route of Admin:** Oral, **Dosage Form:** Tablet
- Init:** PM, PM, Auth Qty: 10, 1, Disp Qty: 10, Days: 10, Prod Sel: None, O/W: , Labels: 1
- Costs:** Rem Qty: 10, G.P. %: 40.76, Acq Cost: \$17.85, Cost: \$19.64, Markup: \$0.00, Fee: \$10.49, Total: \$30.13
- Rx Actions:** Make Rx Unfilled, Make Rx Not Dispensed, Make Rx Stock Transfer, Add Rx Image, Transfer Rx From Another Store, Call Doctor, Counsel Patient on Pickup, Owe Quantity
- View:** Clinical Interactions, Patient Plan Information, Generic Equivalents, Nursing Home Info, Work Order, Rx Counseling History

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.



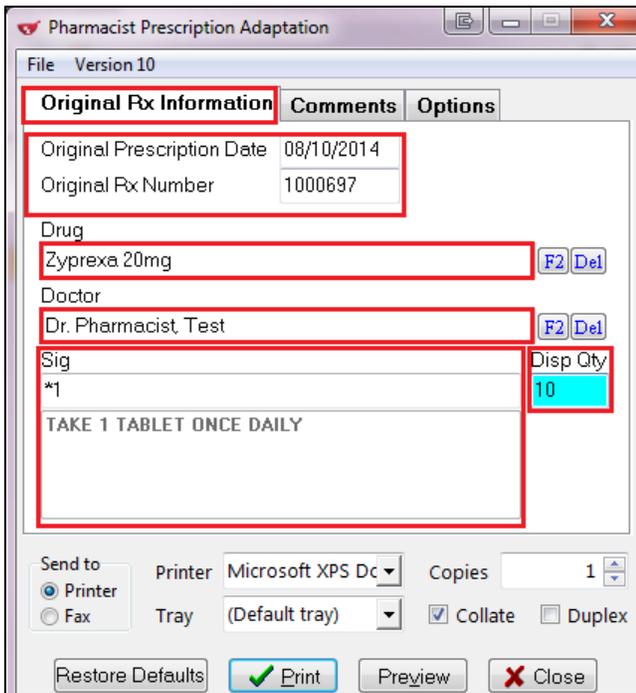
The screenshot shows the 'Rx Comments' section with the following details:

- Plans Pricing Dates Comments Indications Images Other
- Rx Plans: Cash, Plan Pays: 30.13, Deduct: \$30.13
- Next Disp Qty: 0, Min Interval: , Enable Auto-Refill
- Rx Comments (1):** Original Prescriber Dr. S. Aaron Patient stable for 12 months.

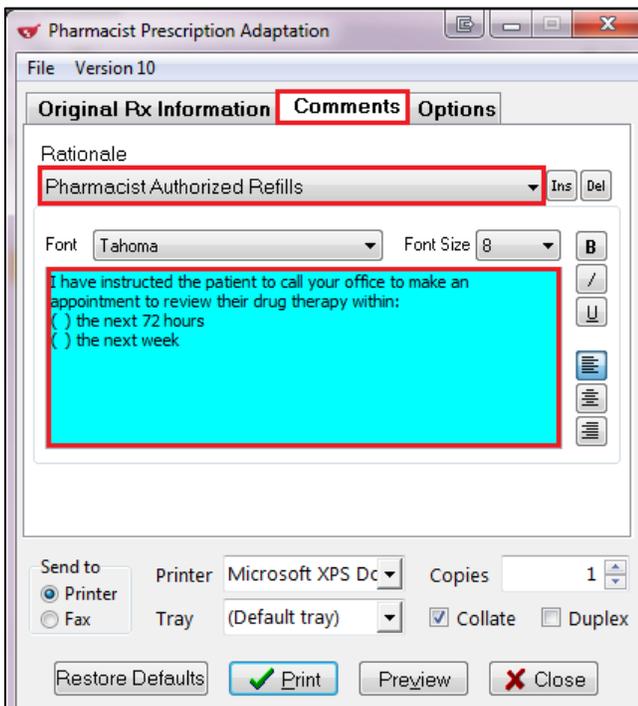
9. At this point, you can enter your Kroll initials, and fill the prescription by pressing **F12-Fill Rx**. The pharmacist can generate documentation outside of the Kroll application; however, if you would like to generate documentation from Kroll, proceed with step #10 and do NOT press **F12-Fill Rx**.

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

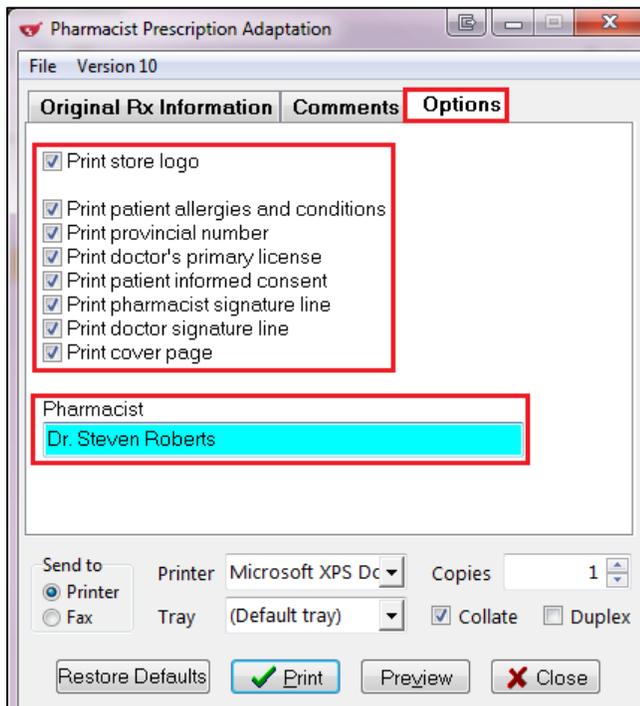
11. The first tab of the report is where **Original Rx Information** is entered. This 'original' information is automatically pulled from the Rx that the new Rx was copied from.



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
License: 99999
321 Doctor St
Mississauga ON
Canada

From:

Pharmacist: Dr. Test, Doctor

Patient: Test, Patient

ON
Tel:

DOB: 01-Jan-1950
Health Care Number: 321654987211851

Allergies:
No known allergies.

Conditions:
No known conditions.

CONFIDENTIAL

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: ASDIRECTED

Adapted Prescription Information

Adaptation Date: 30/10/2014

Qty	Brand Name	Generic Name
30	Apo-Lamotrigine 25mg TAB	Lamotrigine

Directions: ASDIRECTED

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

Pharmacist
Dr. Test, Doctor

30/10/2014
Date

Doctor
Dr. Test, Doctor

30/10/2014
Date

PATIENT INFORMED CONSENT

Patient's
Signature _____

Date 30/10/2014

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

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 THEREOF, YOU ARE ADVISED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS FACSIMILE IS **STRICTLY PROHIBITED**.