



## Adherence, Inc.<sup>®</sup> Educational Program

### Prescription Format & Manner of Issuance of a Prescription

Jack Justice, PharmD, MBA, MA (Theol)

OHIO 036-309-06-001-H03\*

1 hour (0.1 CEU)

Expires 9/30/2009



#### Goals & Objectives:

1. Understand the rules relevant to the format of a prescription.
2. Understand the rules describing when facsimile transmission of prescription information is appropriate and allowable.
3. Understand the role interns may assume in compliance with the rules discussed.
4. Understand the manner in which emergency supplies of medication may be dispensed by the pharmacists.

***The author's comments or commentary are enclosed in text boxes.***

## IMPORTANT NOTICE:

The information contained herein is general in nature and is intended to be used in consultation with your health care providers. The information herein is not meant to replace specific instructions or directions or warnings given to you by your physician, other prescriber, pharmacist, or accompanying this product. The information we have included is selective in nature and it is not claimed that it includes all known precautions, contraindications, effects, or interactions possibly related to the use of this drug. The information may differ from that contained in the product labeling which is required by law. The information, additionally, is not sufficient to make an evaluation as to the risks and benefits of taking a particular drug in a particular case and is not medical advice for individual problems, and it should not alone be relied upon for these purposes. Since the inclusion (or exclusion) of particular information about a drug is judgmental in nature and since opinion as to drug usage may differ, you may wish to consult additional sources. Should you desire additional information or if you have any questions as to how this information may relate to you in particular, ask your doctor, pharmacist, nurse, or other health care provider. Since unreported side effects, newly recognized precautions, or other new information about any drug may come to light at any time, it may be necessary to refer to more current resources.

Health professionals: We believe the material presented in this educational module to be accurate and current at the time of publication. We would remind the reader, however, that he or she is responsible for using professional judgment and for confirming or interpreting the findings presented here before utilizing the information. The author is not an attorney and any legal questions should be clarified with the reader's licensing board.

Date of publication September, 2006 Adherence, Inc.

The proper format of a prescription and the manner in which it is issued are important to pharmacists and to patient health since both are designed to insure that the patient receives the appropriate medication. These issues are equally important to physicians and were discussed in depth in the Summer-Fall 2005 issue of the State Medical Board's newsletter. **Rule 4729-5-13** of the Ohio Administrative Code describes format while **Rule 4729-5-30** describes the manner of issuance of a prescription.

**Rule 4729-5-30** had become fairly long and unwieldy over the years so effective February 1, 2005 the State Pharmacy Board divided it into two new rules, retaining a revised 4729-5-30 that describes the process to be used by prescribers when issuing a prescription and a new 4729-5-21 that describes the process to be followed by pharmacists in dispensing a prescription.

The State Medical Board fully supports compliance with these rules for both pharmacists and physicians. In the newsletter mentioned above they note that both the old 4729-5-30 and the revised version state that the prescriber and the pharmacist share corresponding responsibility regarding the need for the prescription to be issued for a legitimate medical purpose by an individual prescriber acting in the usual course of his/her professional practice. It further states that **corresponding** as used in these rules is defined as **equal**.

It is getting harder and harder to define "legitimate medical purposes" as the number of health care providers with prescriptive authority increases. It has always, on the other hand, been the right and obligation of the pharmacist to ask questions. Any question directed toward patient care and safety is appropriate, and should be answered honestly and unhesitatingly. Additionally, any question of appropriateness can be clarified by the health care provider's licensing board. A prudent pharmacist should maintain a list of phone numbers for licensing boards, and the name of the appropriate person serving the board to answer such questions. From personal experience, the author can attest that an offer to call the licensing board for clarification is likely to immediately settle questions of appropriateness without additional inquiry.

An example in the State Medical Board's newsletter describes such a scenario and how it might be resolved: *a physician who has been notified by a pharmacy that his/her patient is receiving prescriptions for a controlled substance from five different doctors should take appropriate action to remedy the situation. Such action may include something as drastic as dismissal of the patient from the physician's practice. If, on the other hand, the physician takes no action but continues to prescribe as before, then questions of legitimacy of the prescriptions must be raised. In addition, **if the pharmacist continues to blindly fill the prescriptions, even though it is obvious that there is a problem, then he/she is as liable for providing the medications to the patient as is the prescriber.** Thus, they both have a corresponding responsibility to ensure that the patient does not receive more medication than would be appropriate for the patient's legitimate medical condition.*

A prescription can be issued verbally, in writing or by facsimile. The format of such prescriptions is set forth in Rule 4729-5-13. This rule is determinant for both prescriber and pharmacist.

## PRESCRIPTION FORMAT

### **Rule 4729-5-13 [Update effective 02/01/2005]**

Except as provided in rule 4729-5-14 of the Administrative Code:

Rule 4729-5-14 discusses the format for prescriptions for hospice patients.

(A) No pharmacist shall dispense dangerous drugs pursuant to a written outpatient prescription unless the following conditions are met:

- (1) The prescription is issued in compliance with rule 4729-5-30 of the Administrative Code.

Rule 4729-5-30 is concerned with the manner of issuance of a prescription

- (2) If handwritten or typewritten, there are no more than three non-controlled substance prescription orders per prescription form.
- (3) If preprinted with multiple drug name and strength combinations:
  - (a) There are no controlled substances among the choices;
  - (b) There is only one prescription order selected per form.

Violation of 2 and 3 can increase the likelihood of error for both the prescriber and the pharmacist and, worse, may increase the risk of patient injury. The number of non-controlled prescriptions per form is by agreement between the Boards of Pharmacy and Medicine. The pharmacist can use this rule to educate prescribers. However, it should not be used to inconvenience patients. If the prescriber persists in violating these rules the pharmacist should provide several copies of the offending prescriptions to the Board of Pharmacy for follow-up action by either the Board of Pharmacy or the Medical Board.

(B) No prescriber shall write and no pharmacist shall dispense controlled substances pursuant to a written outpatient prescription unless the following conditions are met:

- (1) The prescription has been issued in compliance with rule 4729-5-30 of the Administrative Code.

- (2) The prescription contains only one prescription order per prescription form, whether handwritten, typewritten, or preprinted.
- (3) The quantity has been written both numerically and alphabetically.
- (4) If preprinted, there is only one drug and strength combination printed on the form.

A prescriber **may not** write for a controlled and non-controlled drug on the same order. Here again, the prescriber should be educated but the patient should not be inconvenienced.

The prescription should be placed in the controlled drug file and a copy of the non-controlled prescription filed appropriately and reference made to the location of the written original. The pharmacist should report subsequent violations of this rule by the same prescriber as mentioned above. The rule concerning quantity is to provide accuracy in dispensing the correct quantity of medication to the patient but also to make it more difficult that the quantity can be altered. Persistent violation of this rule should be reported to the Board.

- (C) A prescription issued by a medical intern, resident, or fellow as defined in paragraph (B) of rule 4729-5-15 of the Administrative Code may not be dispensed unless the prescription is issued in compliance with this rule and rule 4729-17-13 of the Administrative Code and unless it bears the identification number issued by the employing hospital or institution pursuant to rule 4729-17-13 of the Administrative Code.

Paragraph B of rule 4729-5-15 designates as prescribers those persons pursuing an approved internship, residency, or fellowship program in this state and are authorized to write prescriptions only when acting within their scope of employment in the hospital(s) or institution(s).

**Rule 4729-17-13 [Update effective 01/01/2006] describes the restrictions on a staff prescriber of a hospital based on 4729-5-15. Paragraph A and paragraph D of 4729-17-13 are especially important to pharmacists:**

- (A) A person authorized to write prescriptions pursuant to rule 4729-5-15 of the Administrative Code who is employed as a staff prescriber of a hospital, is not individually registered under the provisions of the controlled substances act and, therefore, does not possess a "Drug Enforcement Administration" (D.E.A.) number, may administer, dispense, and prescribe controlled substances under the registration of the hospital.
- (D) Each person so authorized must be assigned a specific internal code number by the hospital which will be used as a suffix to the hospital D.E.A. registration number. Such internal code number shall consist of numbers, letters, or a combination thereof and shall be preceded by a hyphen. A list of the internal codes and the corresponding individual prescribers must be kept by the hospital and made

available at all times to other registrants, state board of pharmacy designated agents, investigators of the state medical board, and federal, state, county, or municipal law enforcement agencies for verification.

*There are times when it is impossible to contact the prescriber even though in all other aspects the prescription seems legitimate. It may be helpful to contact the hospital pharmacy since they will usually maintain the list mentioned in paragraph D. The staff may also be helpful in educating the prescribers so further violations of this rule do no occur.*

(D) A prescription issued by a staff prescriber of a hospital may not be dispensed unless the prescription is issued in compliance with this rule and rule 4729-17-13 of the Administrative Code and unless it bears the identification number issued by the employing hospital or institution pursuant to rule 4729-17-13 of the Administrative Code.

The point is that these are necessary rules to ensure conformity and consistency in a prescription format that best prevents prescribing and dispensing errors. The underlying purpose for the rules is to protect patient health. Not all prescribers will be familiar with these rules or choose to conform to them. **When such events arise patient care is the foremost concern.** Otherwise the pharmacist can use such events to educate prescribers about the rules and the reasons for them. Enforcement of the rules rests with the Board of Pharmacy or the Medical Board and they should be notified when the pharmacist feels it is appropriate to do so.

(E) If a board approved electronic prescription transmission system is used to fax a prescription to a pharmacy, the faxed order is exempt from paragraphs (A) and (B) of this rule. The faxed order must comply with rule 4729-5-30 of the Administrative Code and must be filed in the most restrictive file according to rule 4729-5-09 of the Administrative Code.

Rule 4729-5-30 concerns the manner of issuance of a prescription and is discussed later. **Rule 4729-5-09 discusses the way outpatient prescriptions are filed once filled.**

By definition “manner” refers to a way or method in which something is done or happens. Manner may refer to that which is required, preferred or suggested. In no way, however, should manner be assumed to refer to that which is inflexible. The manner of doing something may, in other words, be determined by what is most important under the circumstances. **For instance, the most important shared interest of both pharmacist and prescriber is patient care.** The manner of issuance of a prescription (Rule 4729-5-30) describes both a required and preferred manner in which a prescription is issued on behalf of a patient. The patient, however, should never receive suboptimal care because this rule is violated. For this reason, in many instances, the pharmacist will need to use professional judgment in determining whether to dispense or not dispense a prescription.

## **MANNER OF ISSUANCE OF A PRESCRIPTION**

### **Rule 4729-5-30 [Update effective 01/01/2006]**

- (A) A prescription, to be valid, must be issued for a legitimate medical purpose by an individual prescriber acting in the usual course of his/her professional practice. The responsibility for the proper prescribing is upon the prescriber, but a corresponding responsibility rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription issued not in the usual course of bona fide treatment of a patient is not a prescription and the person knowingly dispensing such a purported prescription, as well as the person issuing it, shall be subject to the penalties of law.

It is getting harder and harder to define “legitimate medical purposes” as the number of health care providers with prescriptive authority increases. It has always, on the other hand, been the right and obligation of the pharmacist to ask questions. Any question directed towards patient care and safety is appropriate and should be answered honestly and unhesitatingly. Any question of appropriateness can be clarified by the prescriber’s licensing board. It is prudent for the pharmacist should maintain a list of phone numbers for licensing boards, and the name of the appropriate person serving the board to answer such questions.

- (B) All prescriptions issued by a prescriber shall:
- (1) Be dated as of and on the day when issued.
  - (2) Contain the manually printed, typewritten, or preprinted full name and address of the prescriber.

- (3) Indicate a telephone number where the prescriber can be personally contacted during normal business hours.
- (4) Indicate the full name and address of the patient.
- (5) Indicate the drug name and strength.
- (6) Indicate the quantity to dispense.
- (7) Indicate the appropriate directions for use.

It is generally assumed that directions such as "as directed" and "as needed" are inappropriate. The patient will often be confused by such directions and cannot accurately repeat the instructions of the prescriber. Also, some third-party payers now reject such directions on audit, which can be used for grounds for refusing payment to the pharmacy. It is a good idea to call the prescriber and ask for complete instructions so the patient can be properly counseled on the use of the medication.

- (8) Specify the number of times or the period of time for which the prescription may be refilled. If no such authorization is given, the prescription may not be refilled except in accordance with section 4729.281 of the Revised Code. A prescription marked "Refill P.R.N." or some similar designation is not considered a valid refill authorization.

**ORC 4729.281 describes when a pharmacist may dispense a dangerous drug without prior authorization**

- (A) A pharmacist may dispense or sell a dangerous drug, other than a schedule II controlled substance as defined in section 3719.01 of the Revised Code, without a written or oral prescription from a licensed health professional authorized to prescribe drugs if all of the following conditions are met:
- (1) The pharmacy at which the pharmacist works has a record of a prescription for the drug in the name of the patient who is requesting it, but the prescription does not provide for a refill or the time permitted by rules adopted by the state board of pharmacy for providing refills has elapsed.
  - (2) The pharmacist is unable to obtain authorization to refill the prescription from the health care professional who issued the prescription or another health professional responsible for the patient's care.
  - (3) In the exercise of the pharmacist's professional judgment:
    - (a) The drug is essential to sustain the life of the patient or continue therapy for a chronic condition of the patient.
    - (b) Failure to dispense or sell the drug to the patient could result in harm to the health of the patient.
  - (4) The amount of the drug that is dispensed or sold under this section does not exceed a seventy-two hour supply as provided in the prescription.
- (B) A pharmacist who dispenses or sells a drug under this section shall do all of the following:

**Continued**

- (1) For one year after the date of dispensing or sale, maintain a record in accordance with this chapter of the drug dispensed or sold, including the name and address of the patient and the individual receiving the drug, if the individual receiving the drug is not the patient, the amount dispensed or sold, and the original prescription number;
- (2) Notify the health professional who issued the prescription described in division (A)(1) of this section or another health professional responsible for the patient's care not later than seventy-two hours after the drug is sold or dispensed;
- (3) If applicable, obtain authorization for additional dispensing from one of the health professionals described in division (B)(2) of this section.
- (C) A pharmacist who dispenses or sells a drug under this section may do so once for each prescription described in division (A)(1) of this section.

- (9) Not authorize any refills for schedule II controlled substances.
- (10) Authorize refills for schedules III and IV controlled substances only as permitted by section 3719.05 of the Revised Code.

3719.05 specifies that .....

- (4) A prescription for a schedule II controlled substance shall not be refilled.
- (5) Prescriptions for schedule III and IV controlled substances may be refilled not more than five times in a six-month period from the date the prescription is given by a prescriber.

- (11) Not authorize a refill beyond one year from the date of issuance for schedule V controlled substances and for dangerous drugs that are not controlled substances.
- (12) Identify the trade name or generic name of the drug(s) in a compounded prescription.
- (13) Not be coded in such a manner that it cannot be dispensed by any pharmacy of the patient's choice.

One would hope this no longer occurs but it was common at one time. This was especially true with respect to compounded prescriptions.

- (14) For prescriptions issued to a patient by a prescriber, be:
- (a) Manually signed on the day issued by the prescriber in the same manner as he/she would sign a check or legal document.
- (b) Issued in compliance with rule 4729-5-13 of the Administrative Code.

47-5-13 is the rule on prescription format previously discussed

- (15) Be issued in compliance with all applicable federal and state laws, rules, and regulations.
- (C) When forms are used that create multiple copies of a prescription issued to a patient by a prescriber, the original prescription that bears the actual signature of the prescriber must be issued to the patient for dispensing by a pharmacist.
- (D) Oral transmission by the prescriber or the prescriber's agent of original prescriptions and refills authorized by a prescriber, pursuant to the requirements of this rule, may be transmitted by telephone only to:
- (1) A pharmacist.
  - (2) A recording device within the pharmacy if the pharmacist is unavailable. The pharmacist must remove the prescription from the recorder and reduce it to writing. The pharmacist is responsible for assuring the validity of the prescription removed from the recorder.
  - (3) A licensed pharmacy intern if the pharmacist on duty who is supervising the activity of the intern determines that the intern is competent to receive telephone prescriptions.

The prescriber's agent must provide his/her full name when transmitting an oral prescription.

Some pharmacists keep a file with a list of prescribers' agents in the event an agent gives only a first name. This is unwise since the use of the list in and of itself shows poor and perhaps faulty documentation. The prescriber's office should be called in such instances and the agent educated as to the proper way to call in a prescription.

- (E) Original written prescriptions authorized and signed by a prescriber may be transmitted by the prescriber or the prescriber's agent by facsimile machine to a pharmacy pursuant to the following:
- (1) The facsimile of the prescription must include the full name of the prescriber and if applicable the full name of the prescriber's agent transmitting the prescription to the pharmacy.
  - (2) The original prescription signed by the prescriber from which the facsimile is produced shall not be issued to the patient. The original prescription signed by the prescriber must remain with the patient's

records at the prescriber's office or the institutional facility where it was issued.

- (3) Prescriptions for schedule II controlled substances may not be transmitted by facsimile except for:
- (a) A resident of a long term care facility pursuant to rule 4729-17-09 of the Administrative Code.
  - (b) A narcotic substance issued for a patient enrolled in a hospice. The original prescription must indicate that the patient is a hospice patient. The facsimile transmission must also meet the other requirements of this rule.
  - (c) A compounded sterile product prescription for a narcotic substance pursuant to rule 4729-19-02 of the Administrative Code.

4729-17-09 and 4729-19-02 cover very specific cases and should be reviewed by pharmacists serving patients in long term facilities or compounding any schedule II substance for parenteral, intravenous, intramuscular, subcutaneous, or intraspinal infusion

- (4) A facsimile of a prescription received by a pharmacy in any manner other than transmission directly from the prescriber or the prescriber's agent shall not be considered a valid prescription.
- (5) The facsimile of the prescription must include header information identifying the origin of the facsimile.

Some pharmacists will want to cut the prescription to the proper size for filing. This is perfectly fine as long as the header information is kept intact.

- (F) A prescription may be transmitted by means of a board approved electronic prescription transmission system, without further verification by the pharmacist of the prescriber's identity, provided that:
- (1) The system shall require positive identification of the prescriber as defined in rule 4729-5-01 of the Administrative Code and the full name of any authorized agent of the prescriber who transmits the prescription.

4729-5-01 is a list of definitions: "Positive identification" means a method of identifying an individual who prescribes, administers, or dispenses a dangerous drug. What can constitute positive identification is spelled out in this rule and is of particular importance to designers of electronic transmission systems.

- (2) The computer data must be retained for a period of three years at the prescriber's office.

## **MANNER OF PROCESSING A PRESCRIPTION**

The board issued a new rule **4729-5-21 (effective 2/1/05)** that describes the appropriate process to be followed by pharmacists in processing a prescription.

### **4729-5-21**

- (A) A prescription, to be valid, must be issued for a legitimate medical purpose by an individual prescriber acting in the usual course of his/her professional practice. The responsibility for the proper prescribing is upon the prescriber, but a corresponding responsibility rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription issued not in the usual course of bona fide treatment of a patient is not a prescription and the person knowingly dispensing such a purported prescription, as well as the person issuing it, shall be subject to the penalties of law.

It is sometimes difficult for the pharmacist to discern whether a prescription is issued for legitimate medical purpose but in due course continued violations tend to become obvious. Anytime there is legitimate concern the prescriber should be queried and the pharmacist should take appropriate action: which might include rejecting the prescriptions and notifying the prescriber's licensing board. On some occasions violations are quite obvious, such as an optometrist or dentist prescribing for a URI or UTI, and such prescriptions should be rejected.

- (B) A pharmacist when dispensing a prescription must:
  - (1) Ensure that patient information is profiled pursuant to rule 4729-5-18 of the Administrative Code;
  - (2) Perform prospective drug utilization review pursuant to rule 4729-5-20 of the Administrative Code;
  - (3) Ensure that the drug is labeled pursuant to rule 4729-5-16 of the Administrative Code;
  - (4) Ensure that a patient is given an offer to counsel pursuant to rule 4729-5-22 of the Administrative Code;
  - (5) Ensure that a prescription is filed pursuant to rule 4729-5-09 of the Administrative Code.

The rules listed above in B (1-5) fully describe how the individual requirements are to be fulfilled and should be reviewed by the pharmacist since each discuss very specific topics. Visit the Board's web site: <http://pharmacy.ohio.gov/>

**Rule 4729-5-22 concerning patient counseling is often violated.**

Having the patient simply sign that they have received the prescription does not fulfill the obligation to offer to counsel. The rule is quite clear: A pharmacist or the pharmacist's designee shall personally offer to counsel the patient or caregiver whenever any prescription, new or refill, is dispensed. In this situation, when counseling is refused, the pharmacist shall ensure that such refusal is documented in the presence of the patient or the patient's caregiver. If the patient or caregiver is not physically present, the offer to counsel shall be made by telephone or in writing on a separate document and shall accompany the prescription. A written offer to counsel shall include the hours a pharmacist is available and a telephone number where a pharmacist may be reached. The telephone service must be available at no cost to the pharmacy's primary patient population.

(C) Prescriptions:

- (1) A pharmacist may receive a signed hard copy prescription, an oral prescription, a facsimile of a signed prescription, or a prescription sent using a board approved electronic prescription transmission system.
- (2) When a pharmacist dispenses a drug pursuant to an original prescription, he/she must record the date of such dispensing and either manually record his/her name or initials on the original prescription or, if approved by the state board of pharmacy, enter his/her positive identification into the computerized record keeping system pursuant to rule 4729-5-27 of the Administrative Code. If an alternate record keeping system is being used pursuant to rule 4729-5-27 of the Administrative Code, the record of dispensing must also be recorded in the alternate record keeping system.
- (3) When a pharmacist dispenses a drug pursuant to an authorized refill of a prescription, he/-she must record the date of such dispensing and either manually record his/her name or initials on the original prescription or enter such information in an alternate record keeping system or, if approved by the state board of pharmacy, enter his/her positive identification into a computerized record keeping system pursuant to rule 4729-5-27 of the Administrative Code.

Rule 4729-5-27 is an extensive ruling on record keeping requirements. The purpose of such record keeping is that it must provide accountability and ensure that patients do not receive more drugs than intended by the prescriber

## (D) Oral prescriptions:

- (1) The pharmacist shall make a record of the full name of the prescriber and, if transmitted by the prescriber's agent, the full name of the agent, on the original prescription and, if used, on the alternate system of record keeping. The pharmacist is responsible for assuring the validity of the source of the oral prescription.

As mentioned earlier it is not a good idea to keep a listing of a prescriber's agents in order to provide a full name in the event a caller does not provide such. This violates the principle of thorough and accurate documentation. In short, it might preemptively void a declaration that a particular individual had in fact called in the prescription.

- (2) Upon receiving a prescription from a recording device, the pharmacist must remove the prescription from the recorder and reduce it to writing. The pharmacist must document on the original prescription the full name of the prescriber and, if transmitted by the pre-scriber's agent, the full name of the agent. The pharmacist is responsible for assuring the validity of the prescription removed from the recorder.
- (3) A licensed pharmacy intern may receive telephone prescriptions if the pharmacist on duty who is supervising the activity of the intern determines that the intern is competent to perform this function.

This might be tricky for some pharmacists, especially those who float between stores and do not work often or ever with the intern involved. Remember, no matter what the routine practices of the pharmacy the pharmacist on duty is responsible in the event of error. Personally, I allow interns to take messages but not erase them. I then listen to the messages to verify the information. This procedure **ensures** accuracy while providing good training for the intern no matter his/her level of competence. .

- (a) The intern shall immediately reduce the prescription to writing, document the full name of the prescriber and, if transmitted by the prescriber's agent, the full name of the agent, and shall review the prescription with the supervising pharmacist. Prior to dispensing, positive identification of the intern and the supervising pharmacist shall be made on the prescription to identify the responsibility for the receipt of the oral order.
- (b) The supervising pharmacist on duty is responsible for the accuracy of the prescription.
- (c) The supervising pharmacist on duty must be immediately available to answer questions or discuss the prescription with the caller.

## (E) Facsimile prescriptions:

- (1) A facsimile shall only be valid as a prescription if a system is in place that will allow the pharmacist to maintain the facsimile as a part of the prescription record including the full name of the prescriber and, if transmitted by the prescriber's agent, the full name of the agent as well as identification of the origin of the facsimile.
  - (2) The pharmacist must record the prescription in writing pursuant to section 4729.37 of the Revised Code or store the facsimile copy in such a manner that will allow retention of the prescription record for three years from the date of the last transaction.
- (F) A pharmacist may not dispense a dangerous drug for the first time beyond six months from the date of issuance of a prescription.
- (G) The quantity dispensed shall be considered the quantity prescribed unless the quantity dispensed on a:
- (1) New prescription is less than the quantity prescribed, the pharmacist shall note the quantity dispensed on the original prescription. If the quantity dispensed on a new prescription is greater than the quantity prescribed, the pharmacist shall also record on the original prescription the name of the authorizing prescriber, the full name of the agent of the prescriber if applicable, the quantity authorized to be dispensed, and the date that the authorization was obtained.
  - (2) Refill prescription is less than the quantity prescribed, the pharmacist shall note the quantity dispensed on the original prescription or enter the quantity dispensed on an alternate record pursuant to paragraph (F) of rule 4729-5-27 of the Administrative Code. If the quantity dispensed on a refill prescription is greater than the quantity prescribed, the pharmacist shall also record the name of the authorizing prescriber, the full name of the agent of the prescriber if applicable, the quantity authorized to be dispensed, and the date that the authorization was obtained.
- (H) Where a prescription is written using a generic name, or where the pharmacist dispenses an equivalent drug product pursuant to the provisions of sections 4729.38 and 4729.381 of the Revised Code, the brand name or drug name and name of the manufacturer or distributor of the drug or the national drug code (NDC) number of the drug dispensed must be recorded on the record of dispensing by the pharmacist.
- (I) A pharmacist who modifies a patient's drug therapy pursuant to a consult agreement and is:

- (1) Also responsible for the dispensing of the drug to the patient must include on the drug order the name of the physician who originally pre-scribed the drug, sign the pharmacist's full name, and be in compliance with this rule in the same manner as the pre-scriber.
- (2) Not responsible for the dispensing of the drug to the patient may transmit the order to a pharmacy by acting as an agent of the physician. Such pharmacist must personally transmit the order verbally or by facsimile to another pharmacist and be in compliance with this rule.

=\=\==/=

Questions: please indicate the answers to the following questions on the answer sheet. There is one best answer for each question and a score of 75% correct is required. Mail the completed answer sheet to Adherence, Inc. as indicated on the answer sheet. Adherence, Inc. PO Box 42407, Cincinnati, OH 45242-0407. <http://home.fuse.net/adherence>; [adherence@fuse.net](mailto:adherence@fuse.net); (513)-794-1642 .

1. "Legitimate medical purpose" is clearly defined in law.
  - a. true
  - b. false
  
2. A facsimile for fluoxetine sent to a patient and then brought to the pharmacy for dispensing is a legal prescription.
  - a. true
  - b. false
  
3. A prescription for Vicodin ® marked "refill prn" is properly interpreted as refillable through a six month period starting with the date of issuance.
  - a. true
  - b. false
  
4. If the pharmacist chooses to refill a prescription without prescriber authorization the quantity dispensed is limited to that amount appropriate for 72 hours of treatment.
  - a. true
  - b. false
  
5. Prescriptions for schedule II substances may be transmitted by facsimile only for patients enrolled in a hospice program or resident in a long-term care facility.
  - a. true
  - b. false
  
6. A schedule V substance can initially be approved for refills covering a year period of time.
  - a. true
  - b. false

7. If the pharmacist chooses to refill a prescription without authorization he/she must notify the prescriber within \_\_\_\_\_ hours after dispensing.
- a. 24
  - b. 48
  - c. 72
  - d. 96
  - e.
8. If the 'emergency supply' provided to a patient is exhausted the pharmacist may dispense an additional quantity upon request from the patient.
- a. true
  - b. false
9. In respect to insuring a prescription is issued for a 'legitimate medical purpose' the Boards of Pharmacy and Medicine assume the prescriber and the pharmacist are equally responsible.
- a. true
  - b. false
10. If a prescriber not possessing a DEA number writes a prescription for a controlled substance while a hospital employee under no circumstances can the pharmacist dispense if the prescriber has failed to note the hospital DEA and his/her internal code assigned by the hospital.
- a. true
  - b. false
11. The initials or first name of an individual is suitable under most circumstances to serve as positive identification when the individual is acting as an agent of the prescriber.
- a. true
  - b. false
12. A prescription for a non-controlled substances marked refill PRN can be assumed to be refillable for a one year period.
- a. true
  - b. false

## Adherence, Inc. educational program

### Prescription Format & Manner of Issuance of a Prescription

OH 036-309-06-001 H03

Credit: 1 Hr ( 0.1 CEUs) Jurisprudence

Expiration date: 9/30/2009

Minimum grade of 75% is required to receive credit (you may miss only 3).  
In order to receive educational credit complete this answer sheet and mail with a  
\$ 10.00 ( \$ 8.50 if downloaded from home page) administrative fee to:  
Adherence, Inc.; PO Box 42407 ; Cincinnati, OH 45242-0407

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Evaluation Question: Please help us evaluate this program by answering the following:

	POOR/	FAIR	/SATIS	/GOOD
1. QUALITY OF INFORMATION	1	2	3	4
2. USEFULNESS IN MY PRACTICE	1	2	3	4
3. READABILITY & PRESENTATION	1	2	3	4
4. How long did it take you to complete this program :	_____ hours			

Continuing Education Answer Sheet: Please circle the appropriate answer for each question.

1. A B C D

5. A B C D

9. A B C D

2. A B C D

6. A B C D

10. A B C D

3. A B C D

7. A B C D

11. A B C D

4. A B C D

8. A B C D

12. A B C D

SIGNATURE: \_\_\_\_\_

Please take the time for helpful comments. We are especially interested in knowing topics that would interest you for future modules.