



## Adapting a Prescription – Cheat Sheet

### What is adapting a prescription?

Prescriptions can be adapted by:

- **Changing** the dose, formulation, or regimen of a prescription (includes completing missing information e.g., directions for use).
- **Renewing** a prescription for continuity of care.
- Making a **therapeutic drug substitution** within the same therapeutic class for a prescription.

Goal: To optimize the therapeutic outcome of treatment with the prescribed drug and it is in the best interest of the patient to do so.

### What prescriptions can be adapted?

- All prescriptions including those for cardiovascular disease, asthma, seizures, and psychiatric conditions, but excluding cancer and chemotherapy agents.
- Narcotics, controlled drugs, and substances can be renewed, but not adapted in any other way.
- Therapeutic substitution within the same therapeutic class for all prescription drugs including those categories outside the Reference Drug Program.
- First or subsequent refills of a prescription.
- Transferred prescriptions (original prescription not required).

### What prescriptions cannot be adapted?

- Cancer chemotherapy agents.
- Narcotics, controlled drugs, and substances – cannot change dose, formulation or regimen nor make therapeutic substitution (can renew only).
- Expired prescriptions (2 years from original prescribing date).
- Handwritten or electronically initialed prescriptions with “do not adapt/renew” notations.
- Previously adapted prescriptions.
- Veterinarian prescriptions.
- Emergency supply prescriptions.
- Out-of-country prescriptions.
- Interchanging drugs (i.e., generic substitution) and clarifying prescriptions verbally with the prescriber is not adapting.

### What do I need to adapt?

- Original prescription, or transferred prescription, that is valid and not expired (2 years from original prescribing date).
- Seven principles outlined [PPP-58, section 3:](#)
  - a. Individual competence
  - b. Sufficient information,
  - c. Prescription
  - d. Appropriateness
  - e. Informed consent
  - f. Documentation
  - g. Notification of other health professionals (within 24

### References

- [PPP-58 Adapting a Prescription](#)
- [Pharmacare Policy Manual 8.4 Clinical Services Fees](#)
- [Health Canada subsection 56 exemption](#) of the Controlled Drugs and Substances Act (CDSA)
- [HPA Bylaws Schedule A Conflict of Interest Standards section 1\(a\)\(ii\)-\(iii\)](#)
- [Schedule F, Part 1](#) - Community Pharmacy Standards of Practice section 6(10):

### Pharmacare Policy

- Patients must be a B.C. resident, but do not need to be covered by Pharmacare, to qualify for clinical service fee reimbursement.
- Maximum of 2 clinical service fees per drug per person during a six-month period.

Clinical Service	Fee
<b>Changing</b> a dose, formulation, or regimen (& completing missing information)	\$10
Prescription <b>renewal</b>	\$10
Therapeutic <b>substitution</b>	\$17.20

PharmaNet entry: Submitting claims	
<b>Pract ID:</b>	College ID
<b>Pract ID Ref:</b>	P1
<b>Prescriber:</b>	Pharmacist's name
<b>At the beginning of SIG:</b>	"Adapted"

Intervention Codes	Description
NI	Dosage change
NJ	Formulation change
NK	Directions of use modified
NL	Renewal of prescription
NM	Therapeutic substitution