

# Pharmacist Authorized Refills - Ontario

March 14

# 2011

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Effective March 14, 2011, pharmacists practicing in Ontario accredited pharmacies are able to refill existing prescriptions under specific conditions without further authorization from a prescriber. The following documentation provides information on how to fill these types of prescriptions in Kroll and how to generate accompanying documentation.



## Kroll Helpdesk Information

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### Head Office – Toronto

220 Duncan Mills Road, Suite 201  
Toronto, Ontario  
M3B 3J5  
Tel: 416-383-1010  
Toll Free: 1-800-263-5876  
Fax: 416-383-0001  
[supportON@kroll.ca](mailto:supportON@kroll.ca)

### Western Canada – Edmonton

42<sup>nd</sup> Avenue NW, Suite 313  
Edmonton, Alberta  
T6E 5Y4  
[support@kroll.ca](mailto:support@kroll.ca)

### Eastern Canada – Dartmouth

33 Ochterloney Street, Suite 260  
Dartmouth, Nova Scotia  
B2Y 4P5  
[supportNS@kroll.ca](mailto:supportNS@kroll.ca)

## Requirements for a Pharmacist Authorized Refill

As per a “Notice from the Executive Officer” delivered 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:

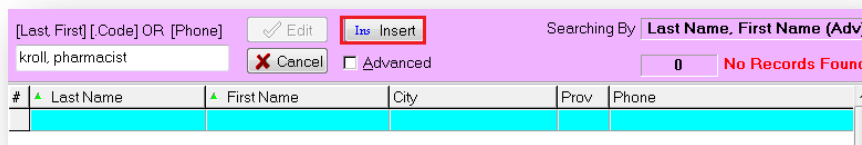
- A unique prescription identification number must be assigned to that refill prescription;
- The assigned prescription identification number and the name of the original prescriber must be recorded in the pharmacy’s patient record;
- The fact that the refill has been made with the authorization of a 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 or press **Ins-Insert** to add the pharmacist.



- Fill out the **full address** and **phone number** of the pharmacy for which the authorizing pharmacist works.

- 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.

- Set the provider **Designation** to **Pharmacist**.
- Enter the **Primary License Number** as **99999**.
- Check the **Override** flag and set the **Ref ID** to **99**.

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

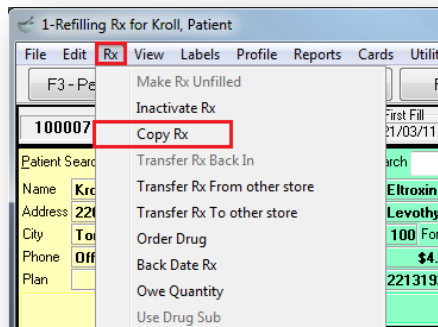
## Filling a Pharmacist Authorized Refill in Kroll

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

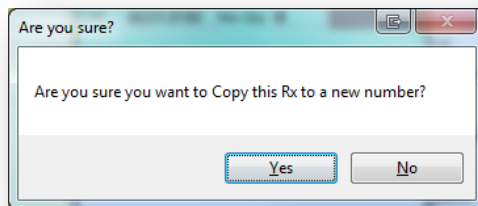
1. Search for and call up the patient requiring the Pharmacist Authorized Refill.
2. From the F3-Patient Card, click **Profile** → **All Rxs** or press **SHIFT+F3** to access the patient medication profile.

#	Status	Orig Rx	Rx Num	Date	Age	Qty	Auth	Rem	Brand Name	Doctor	Sig
1		1000076	1000076	21/03/2011	9	100	400	300	Eltroxin 50mcg	Kroll,Doctor	*1
2	Copied	1000074	1000074	16/03/2011	14	100	300	200	Eltroxin 50mcg	Kroll,Doctor	*1
3	Transferred In	1000067	1000069	10/03/2011	20	30	60	30	Apo-Lorazepam 0.5mg	Kroll,Doctor	UD
4	Inact (Transferred Out)	1000051	1000051	31/01/2011	58	30	90	60	Celebrex 200mg	Kroll,Doctor	*1C
5	Inact (Transferred Out)	1000046	1000046	07/01/2011	82	21	84	63	Yasmin 21	Kroll,Doctor	TUD
6		1000045	1000045	07/01/2011	82	3	3	0	Xalatan 0.005%	Kroll,Doctor	UUD
7		1000044	1000044	07/01/2011	82	30	90	60	Apo-Simvastatin 5mg	Kroll,Doctor	*1
8		1000042	1000043	06/01/2011	83	30	30	0	Apo-Atorvastatin 10mg	Kroll,Doctor	*1
9		1000041	1000041	06/01/2011	83	30	30	0	Apo-Quetiapine 300mg	Kroll,Doctor	*1

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, go to **Rx** → **Copy Rx** to generate a new prescription number for the Pharmacist Authorized Refill.



5. Answer **Yes** when asked “Are you sure you want to Copy this Rx to a new number?”



- 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.

Specify number of repeats for a new Rx

Enter the number of repeats times the dispensing quantity

Repeats  times quantity 100

OR

The total authorized quantity

Auth Qty

OR

Unlimited Refills  Until

- Change the F7-Doctor to the authorizing pharmacist.

<b>0 New Rx Pending Adj</b>		First Fill: 30/03/11 0 Last Fill Information: 21/03/11 9 Qty	\$0.00 Init <input type="button" value="Lookup"/> <input type="button" value="Cancel"/>																												
<b>Patient Search</b> Name: <b>Kroll, Patient</b> Age: 10 Address: 220 Duncan Mill Road City: <b>Toronto</b> Prov: <b>ON</b> Phone: <b>Office</b> (800) 263-5876 Plan: Client ID:		<b>Drug Search</b> Pack 100 Brand: <b>Eltroxin 50mcg</b> Generic: <b>Levothyroxine Sodium GSK</b> Pack: <b>100</b> Form: <b>TAB</b> Sched: <b>1</b> Purch: <b>\$4.40</b> OnHand: <b>-200</b> DIN: <b>02213192</b> Min Qty: <b>0</b>																													
<b>Allergies</b>  <b>Conditions</b>  		<b>Dgc Search</b> Loc: <b>Office</b> Name: <b>Dr. Kroll, Pharmacist</b> Address: <b>220 Duncan Mill Road Toronto</b> Phone: <b>(416) 383-1010</b> Lic#: <b>99999</b> <b>OCP License #12345</b>																													
Sig: <b>*1</b> <b>TAKE 1 TABLET ONCE DAILY</b>		<table border="1"> <tr> <td>Init</td> <td>Auth Qty</td> <td>100</td> <td>1</td> </tr> <tr> <td>Disp Qty</td> <td>Refills(+)</td> <td>100</td> <td>1</td> </tr> <tr> <td>Days</td> <td>G.P. %</td> <td>100</td> <td>71.7</td> </tr> <tr> <td>Prod Sel</td> <td>Cost</td> <td>None</td> <td>\$4.40</td> </tr> <tr> <td>O/W</td> <td>Markup</td> <td></td> <td>\$0.66</td> </tr> <tr> <td>Labels</td> <td>Fee</td> <td>1 F2</td> <td>\$10.49</td> </tr> <tr> <td colspan="2">Total</td> <td colspan="2">\$15.55</td> </tr> </table>		Init	Auth Qty	100	1	Disp Qty	Refills(+)	100	1	Days	G.P. %	100	71.7	Prod Sel	Cost	None	\$4.40	O/W	Markup		\$0.66	Labels	Fee	1 F2	\$10.49	Total		\$15.55	
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- In **Rx Comments**, enter the name of the original prescriber, and length of time that the patient has been stable on the drug as these are requirements from the college.

Plans Pricing Dates Comments Indications Workflow Mjsc

Rx Plans Plan Pays Extra Info (F2 Edits) Next Qty 0

Cash 15.55

Min Interval  
Days  
Lot # F2

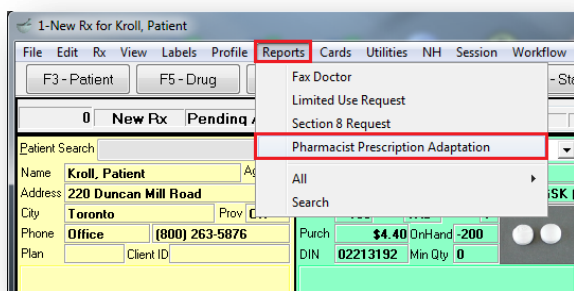
Auto Refill

**Rx Comments (1)**

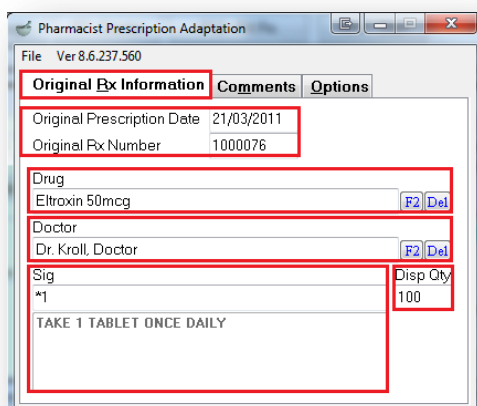
Original prescriber: Doctor Kroll ... Patient stable on drug for 12 months.

- At this point, the user can enter their Kroll initials, and fill the prescription by pressing **F12-Fill Rx**. The pharmacist can generate documentation outside of the Kroll application; however, **if the user 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**.

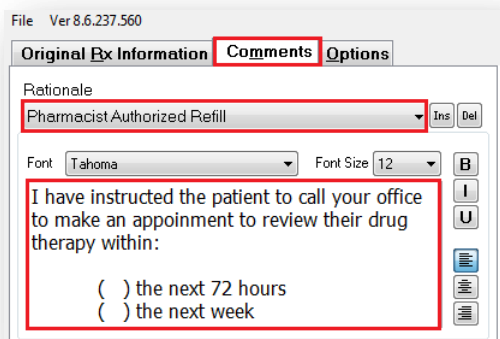


11. The first tab of the report is where **Original Rx Information** is entered. This “original” information is automatically pulled from the Rx that the new Rx was copied from.



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.

File Ver 8.6.237.560

**Original Rx Information** **Comments** **Options**

Print store logo

Print patient allergies and conditions

Print provincial number

Print doctor's primary license

Print patient informed consent

Print pharmacist signature line

Print doctor signature line

Pharmacist  
Dr. Kroll, Pharmacist

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

### Pharmacist Prescription Adaptation

To: Dr. Kroll, Doctor  
License: 99999  
Hospital  
Toronto ON  
Tel: (416) 383-1010

From: Kroll Pharmacy  
220 Duncan Mill Road  
Toronto ON  
M3B 3J5  
Tel: (800) 263-5876  
Fax: (416) 383-1010

Pharmacist: Dr. Kroll, Pharmacist

Patient: Kroll, Patient  
220 Duncan Mill Road  
Toronto ON M3B 3J5  
Tel: (800) 263-5876

DOB: 01-Jan-2001  
Health Care Number:

**Allergies:**  
No known allergies.

**Conditions:**  
No known conditions.

**CONFIDENTIAL**

Pharmacist Prescription Adaptation Printed on: 30/03/2011 13:57:39

Original Prescription Information		Rx Num: 1000076	Prescription Date: 21/03/2011
Qty	Brand Name	Generic Name	
100	Eltroxin 50mcg TAB	Levothyroxine Sodium	
Directions: TAKE 1 TABLET ONCE DAILY			

Adapted Prescription Information		Adaptation Date: 30/03/2011	
Qty	Brand Name	Generic Name	
100	Eltroxin 50mcg TAB	Levothyroxine Sodium	
Directions: TAKE 1 TABLET ONCE DAILY			

**Rationale for Adaptation (including instructions to patient and follow-up plan)**

**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