



INTRODUCTION

Historically, according to Black's Medical Dictionary (32nd Edition), "Prescription" means the written direction given by the doctor to the chemist for the compounding of medicine suitable to a patient's case. It was long customary to write prescriptions in Latin, a usage which came down from mediaeval times, and which had a parallel in ancient Greece, where the practitioners at Athens are said to have written their prescriptions in the Doric dialect. The quaintest part of this traditional usage lies in the R which heads every prescription, and which was at first probably the eye of the god Horus, a charm used by the ancient Egyptians, and later the sign of the planet Jupiter. It now stands for the initial of the word recipe meaning "take", and introduces the directions to the dispenser.

Recent legislation has legalised electronic communication of prescriptions. New technology has also made it easier to alter or forge prescriptions. It is therefore important for pharmacists and pharmacist's assistants to develop good pharmacy practice habits in handling, interpreting, authenticating and recording of prescriptions. It is equally important for doctors and patients to understand their rights and obligations with regard to prescriptions.

Doctors –

- have an obligation to prescribe accurately and write their prescriptions correctly and legibly in accordance with relevant legislation;
- must keep accurate records of their prescriptions on their patient profiles;
- must include ICD10 diagnostic codes on the prescription, if it is to be

submitted to a medical scheme for payment;

- have a right to expect the dispenser to carry out their prescription instructions accurately;
- have a right to expect to be consulted about any changes or corrections to the prescription that may affect treatment outcomes.

Patients –

- Have a right to ask for a written prescription and to have the prescription dispensed by the pharmacy of their choice.
- Have a right to retain an original repeat prescription until the last repeat has been dispensed.
- Have a responsibility to supply the original prescription to the pharmacist and present the original for endorsement of each repeat.
- Legally may not be in the possession

of any schedule 3 to 6 medicine if they do not have a legitimate prescription for that medicine.

Pharmacists and pharmacist's assistants –

- Have an obligation to verify the authenticity of any prescription (electronic, faxed or written).
- Must retain prescriptions for a period of five years in orderly files that can be easily retrieved.
- Must dispense strictly in accordance with the doctor's instructions.
- Must endorse the prescription with any necessary changes made including, repeats given, notes of confirmation or communication with the prescriber, and notes of reasons for not dispensing any specific items or insistence by the patient or the doctor that only the original product must be supplied.
- Have the right to expect the patient to present the original prescription and the doctor to follow verbal instructions with a written prescription.

The following must be read with reference to the Rules relating to Good Pharmacy Practice (Government Gazette no. 27112 dated 17 December 2004), General Regulations– Medicines & Related Substances Act No. 101 of 1965 as amended and Section 22A of the Medicines & Related Substances Act 101 of 1965.

PARTICULARS THAT MUST APPEAR ON A PRESCRIPTION OR ORDER FOR A MEDICINE

Every prescription or order for a medicine must be written in legible print, typewritten or computer generated and signed in person by a medical practitioner, dentist, veterinarian or authorised prescriber or in the case of an order, an authorised person, and must at least state the following:

- name, qualification, practice number, address of the *prescriber* or authorised person placing the order;
- *name and address of patient* in the case of a prescription or the name and address of the person to whom the medicines are delivered in the case of a prescription issued by a veterinarian;
- *date of issue* of the prescription or order;

- approved name or the proprietary *name of the medicine*;
- *dosage form*;
- *strength* of the dosage form and the *quantity* of the medicine to be supplied;
- in the case of a prescription, *instructions for the administration* of the dosage, *frequency* of administration and the *withdrawal period* in the case of veterinary medicines for food producing animals;
- *age* and *sex* of the patient and in the case of veterinary medicine, the animal species; and
- number of times the prescription may be *repeated*.

Question:

Should a prescription be rejected if the prescriber fails to fill in *all* the relevant details?

Answer:

Previous regulations specifically permitted the pharmacist to complete certain detail such as the patient's address. The pharmacist should continue that practice in terms of completing the patient's particulars, but should *not* alter details such as the date, dosage or doctor's details, which are the prime responsibility of the prescriber. Note: any changes such as strength or form of dose, duration of treatment etc, which may change the treatment outcome, must only be made with the consent of the doctor and the details must be recorded.

VALIDITY OF THE PRESCRIPTION

The pharmacist must verify the authenticity of the prescription whether it be faxed, e-mailed, telephonic, electronically transmitted or written. Adequate procedures must exist for:

- receipt of the prescription and confirmation of the integrity of the communication;
- identifying the patient, the prescriber and the entity responsible for payment (as applicable);
- ensuring the legality/authenticity of the prescription.

Suggestions

1. Utilise the data file for doctors on the dispensing computer and keep it up to date, e.g. add new doctors, make sure name, initials, practice and registration numbers are

accurately recorded.

2. Doctor details can be checked with the HPCSA (tel 012 389300), BHF (tel 011 880 8900) or MASA (tel 021 531 3081).
3. If in doubt, phone the doctor's rooms to confirm prescriptions.
4. Make written notes on the original prescription of requests and responses.

RECORD OF THE PRESCRIPTION

A permanent copy of the written, faxed, e-mailed, telephonic or other electronic transmitted prescription must be made *for record purposes*;

Note: All such permanent copies should be neatly filed in a system from which they could be easily retrieved. An easy way of filing prescriptions is numerically, in order of the prescription number. Missing numbers should be accounted for. Prescriptions must be kept for *five years*.

Suggestions

1. *Endorse* all faxed prescriptions with a note recording the *date and time received* and any requests made for the original prescription.
2. *Print and file duplicate copies* of any telephonic or electronically transmitted prescriptions with similar endorsements as in 1 above.
3. If certain products are generically substituted, or certain items are not dispensed, or certain changes are made to dosages or other instructions (with the approval of the prescriber), endorse the original prescriptions accordingly. Print a duplicate copy of what was actually dispensed and attach it to the original pre-scription as a permanent record or attach a copy of the tracker label to the original copy.
4. Keep a *daily print-out* of your prescription book, i.e. what was actually entered on the computer and file this with your original prescriptions. Keep records for 5 years.

RESPONSIBILITY FOR PRESCRIPTIONS

The authorised prescriber who has given verbal instructions to a pharmacist to dispense a prescription, *shall* within seven days after giving such instructions furnish such pharmacist with a

prescription confirming such instructions this applies to faxed, e-mailed, telephonic or other electronic transmitted prescriptions.

In the case of verbal instructions the treatment period shall **not** exceed seven days.

In an emergency, a pharmacist may sell any schedule 5 or 6 medicine on the verbal instructions of the doctor (who is known to the pharmacist) in a quantity not greater than that required for continuous use for 48 hours. The verbal instruction must be followed by a written prescription within 72 hours.

If a prescription is not presented for dispensing within 30 days of issue it shall not be dispensed.

The prescriber must keep records of the diagnosis relevant to the prescription and where the patient consents, indicate the diagnosis on the prescription.

Suggestions

1. Educate your clients to understand that they have a responsibility to supply the prescription, even for repeatable prescriptions for chronic conditions. They need to see the doctor regularly and get new prescriptions when necessary.
2. If necessary, make practical arrangements to collect prescriptions from doctor's rooms or from the patient's home when delivering medicine.

CONCLUSION

Pharmacists and pharmacist's assistants are responsible for verifying prescriptions and keeping proper records. They should consult Section 22A of the Medicines & Related Substances Act 101 of 1965, which specifies the requirements for the control and sale of scheduled medicines.

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This article was originally written for the Tincture Press, which is published by the CWP Branch of the PSSA.