

## **Triplicate Prescription Program (TPP) Information for Yukon Dispensers\***

**\*Please Note: this document should be read so as to include rural permit holders wherever the term “pharmacist” is used.**

### **Introduction**

In 1986 the College of Physicians & Surgeons of Alberta (CPSA) established the Triplicate Prescription Program (TPP) to monitor the use of certain drugs prone to misuse and abuse for non-medical purposes.

- CPSA administers the TPP for all program participants on behalf of the Yukon Medical Council (YMC)
- The complete list of TPP medications can be found on the [CPSA website](#).
- To prescribe any of these medications it is **mandatory** that prescribers use TPP prescription forms. Failure to complete the TPP form **may result in rejection of the prescription by the pharmacist** with resulting disruption to patient care.

### **Triplicate Prescription Forms**

- TPP forms are three-part prescription forms. The prescriber retains the PRACTITIONER COPY. The top two parts of the form are to be used by the pharmacist to dispense the medication. The pharmacist retains the PHARMACY COPY and forwards the CPSA COPY to the CPSA.
- **TPP forms are personalized and must NOT be shared.** The prescriber’s name, business address, and a unique prescriber identification number are imprinted on the pads.

### **Dispensing Information for Pharmacists**

The pharmacist must ensure that the prescription is **current, authentic, complete, and appropriate**.

The pharmacist must be presented with **two copies** of the TPP form: the pharmacy copy and the CPSA copy or receive a fax copy directly from the prescriber. The prescription must be filled and the documentation completed as follows:

- **Date issued:** Prescriptions issued on a TPP form are only valid for 72 hours. Day 1 is considered the date the prescription is written. The prescription cannot be honoured after midnight of the third day. At their discretion, pharmacists may call the prescriber to obtain approval to use an expired prescription written on a TPP form. The authorization should be documented on both copies.
- **Drug and Strength:** A separate form is required for each TPP medication. Different strengths of the same medication may be ordered on one form provided the orders are legible and clearly indicate the prescribed dosage and quantity.

- **Pharmacy Use Only Section:**

- Date Dispensed – compare to the date issued. If the prescription is to be held for filling on a later date, it must be documented here as deferred.
- Rx Prescription Number – pharmacy assigned prescription number.
- DIN - The DIN(s) of the drug(s) dispensed is (are) indicated here. If the prescription is compounded, the DIN of the TPP medication component is identified here. If the compounding agent does not have a DIN number, indicate the name of the agent here (do not use pseudo DIN 999999)
- Quantity – The quantity dispensed is compared to the quantity ordered by the prescriber. Document part fills here as the amount dispensed over the total quantity (e.g. 30/90)
- Pharmacy Licence Number – you may leave this blank
- Received By – The patient or patient’s agent must sign the TPP form upon receipt of the medication. Pharmacists should not ask the patient or patient’s agent to sign before the medication is dispensed.
- Pharmacist’s Signature and Certification Number – The pharmacist responsible for dispensing the medication is identified by their practice permit (licence) number.

**To ensure accurate data entry**, pharmacists should note the following:

- If the prescriber has used a label to note patient demographics, ensure that this information appears on both CPSA and pharmacy copies.
- If an error is made, cross out the error and write the correct information beside it. Do not write over an error.
- Do not cover the “Pharmacy Use Only” section with a pharmacy label.
- If a pharmacy label is used and placed on the back of the original prescription, ensure that any further notations made on the prescription transfer to the copy.
- If a pharmacy stamp is used on the back of the prescription copy, please ensure that the ink does not bleed through the copy to create an illegible prescription copy.

**Faxing TPP forms** directly from the prescriber’s office is acceptable and, in some cases, may be preferred over issuing the prescription to the patient in order to reduce prescription fraud and to discourage poly-pharmacy. Once faxed, the original copy of the TPP form must be destroyed or marked ‘VOID’ and must not be given to the patient. Verbal orders for triplicate prescription medications are NOT permitted.

Pharmacists should NOT fill prescriptions for **TPP medications issued on regular prescription forms**. Occasionally, there are legitimate circumstances where the prescriber has used a regular prescription as a temporary substitute for the TPP form. The pharmacist may dispense the TPP medication in this situation if the pharmacist is satisfied regarding the circumstance. The prescriber must ensure that the pharmacist receives the TPP form as soon as it is available. Once the pharmacist receives the TPP form, they must submit both the CPSA copy and a photocopy of the original (non-triplicate) prescription to CPSA.

Pharmacists may be required to make **changes** or **clarify information** on the TPP form. Pharmacists must document the changes made to the TPP form on the back of the CPSA copy of the prescription and the pharmacy copy.

**The pharmacist must forward the CPSA copy of the TPP forms at least weekly. (It is not necessary to send them by courier; regular mail is acceptable.)** If the prescription is a part fill, the CPSA copy should be mailed after the first part-fill is dispensed. It is not necessary to forward information on further fills. By submitting the pharmacy copies of the TPP form regularly, the database created from the information is kept up-to-date.

Pharmacists may fill narcotic or controlled prescriptions from **other provinces provided the rules of the respective province are followed**. If the province participates in a triplicate prescription (or equivalent) program, the prescription copy (if applicable) must be mailed to the respective triplicate prescription program.

**Methadone Prescriptions** – Physicians must hold a Methadone Exemption issued by Health Canada in order to prescribe methadone for opioid dependency or pain management.

#### **Verification of Methadone Exemption Status**

Pharmacists can check with the YMC at (867) 667-3774 during business hours or e-mail at [ymc@gov.yk.ca](mailto:ymc@gov.yk.ca) to confirm a prescriber's methadone exemption status. Health Canada can also be contacted to verify if a practitioner is exempted to prescribe methadone at 1-866-358-0453 or via e-mail at [exemption@hc-sc.gc.ca](mailto:exemption@hc-sc.gc.ca).

#### **Use of Triplicate Prescription Data**

Upon receipt of the CPSA copy of the TPP form, data from the prescription is entered into a database. Reports are generated and analyzed on a monthly basis to **monitor utilization rates** for the TPP medications. **Prescribing patterns** are also monitored. Prescribers flagged by the program are sent correspondence on a monthly basis. Statistical reports are also generated to monitor utilization and dispensing trends.

## Figure 1: Prescribing and Dispensing Information

The following information must appear on all three copies of the TPP form:

**ALBERTA TRIPPLICATE PRESCRIPTION FORM**  
 Void after three days.  
 Take both copies to pharmacy of choice.  
 PLEASE PRINT

HEALTH CARE NUMBER DATE ISSUED YY | MM | DD

PATIENT NAME FIRST NAME INITIAL LAST NAME

MALE  FEMALE DATE OF BIRTH YY | MM | DD

ADDRESS CITY PROVINCE

ONLY ONE DRUG/DOSAGE PER FORM NO REFILLS PERMITTED

DRUG NAME & DOSAGE

QUANTITY: NUMERIC ALPHA

DIRECTIONS FOR USE

NO SUBSTITUTE PRESCRIBER'S SIGNATURE

5312604

PHARMACY USE ONLY

DATE DISPENSED YY | MM | DD RX #

D.I.N. QUANTITY PHARMACY LIC.#

PHARMACIST'S SIGN. & CERT.#

PHARMACY COPY RECEIVED BY

349941

**Callout 1:** A Yukon Health Care Number is required for patient identification. If the patient is from out of province, indicate the province with the number. If the patient is an animal, this field is left blank.

**Callout 2:** The pharmacist must be presented with the top two copies of the TPP form.

**Callout 3:** Prescriptions are only valid for 72 hours. The prescription cannot be honoured after midnight of the third day.

**Callout 4:** The provision of all given names reduces duplication of patient profiles in the TPP database. If the prescription is written by a veterinarian for an animal, the form should include the animal name followed by the owner's name in brackets.

**Callout 5:** Date of birth assists in identification of patients with a common name. If the prescription is written by a veterinarian for an animal, the animal's date of birth must appear here.

**Callout 6:** The patient's address provides further verification of their identity within the TPP database.

**Callout 7:** A separate form is required for each TPP medication. Different strengths of the same medication are permitted on the same form provided the orders are legible and clearly indicate the prescribed dosage and quantity.

**Callout 8:** The total quantity of the prescription must be indicated both numerically and alphabetically to deter forgery. Refills are not permitted.

**Callout 9:** Prescribers must only use their own personalized TPP forms.

**Callout 10:** The directions for use must be as complete as possible as this assists in verifying quantities. An interval must be noted here for part-fills.

**Callout 11:** The pharmacist compares the date dispensed to the date issued. If the prescription is to be put on hold, it should be documented as "deferred".

**Callout 12:** Pharmacy assigned prescription number

**Callout 13:** This may be left blank; Yukon does not currently licence pharmacies.

**Callout 14:** The DIN(s) of the drug(s) dispensed is (are) indicated here. If the prescription is compounded, the DIN of the TPP medication component is identified here. If the compounding agent does not have a DIN number, indicate the agent here (do not use pseudo DIN 999999)

**Callout 15:** The pharmacist responsible for assessing the prescription for appropriateness is identified by their practice permit (licence) number.

**Callout 16:** The quantity dispensed is verified against the quantity ordered. Part fills are accepted if the total quantity, the amount dispensed each time, and the time interval between fills is specified. Document part fills as the amount dispensed over the total quantity (30/90).

**Callout 17:** The patient or patient's agent should sign for the TPP medication upon the receipt of the medication. Pharmacists should NOT ask the patient to sign for the medication before it is dispensed.