



DATE: April 30, 2008

TO: BC Nephrologists,
BC Renal Pharmacists, and
BCPRA Community Pharmacies

FROM: Medical Advisory Committee, and
Pharmacy and Formulary Committee

SUBJECT: Default Prescription Refills and Quantities

Recent inquiries and PROMIS report design requirements have led to decisions regarding prescription quantities where the quantities are not specified by the prescriber. Both the Pharmacy and Formulary Review Committee and the Medical Advisory Committee of the BC Provincial Renal Agency have approved the following policy. It has also been endorsed by the College of Pharmacists of BC, providing this letter is retained on file.

(1) For all prescriptions for a drug new to the patient, fill quantities shall be for 30 days.

After this thirty day period:

- a) For cinacalcet, lanthanum and sevelamer, there shall be two refills of 60 days allowed. The total number of days for the prescription will be 150 days.

The rationale for this is that these drugs are almost exclusively funded by the BCPRA and the quantity of fills allows for tolerability assessment and periodic blood work assessment for efficacy. In other words: For new medication fills, 30 day initial fill and, if tolerated, refill in quantities of 60 days times TWO.

- b) For all other drugs new to a patient, two refills in quantities of 100 days will be allowed.

This once again allows for a tolerability assessment and fits into a six month review of therapy with a two month leeway (total days dispensed = 230). In other words: For new medication fills, 30 day initial fill and, if tolerated, refill in quantities of 100 days times TWO.

(2) For medications the patient has previously been prescribed, the standard fill quantity shall be:

- a) For cinacalcet, lanthanum and sevelamer, 60 days with 3 refills allowed (total days = 240)



- b) For all other existing drugs, 100 days with 3 refills allowed
(total days = 400 ~ 1 year + 1 month)

This was felt to be a balance between frequent prescriptions/refills to avoid waste and sufficient length to reduce paperwork. Too frequent fills triggers multiple dispensing fees, more communication for all parties involved and may not necessarily translate to less drug wastage. On the other hand, large fill quantities may result in wastage due to changes in medication orders and may allow for a practice of infrequent review of therapy.

For the three expensive drugs above for which the BCPRA is likely the sole payer, we felt smaller fill quantities are justified as the potential wastage would be less (offsetting any prescription fees) and the need to review the therapy frequently is greater (given the literature evidence and the economic impact). Note that this policy does not differentiate between routine outpatient orders or hospital discharge orders.

The BC Provincial Agency's database, PROMIS, can provide various prescription reports. These reports will now have the following comment printed on them:

"Unless otherwise specified, initial and refill prescription quantities are as per BCPRA policy."

Once again, this means:

- For all medication new to this patient, 30 day initial fill and, if tolerated, refill in quantities of 100 days times TWO except for cinacalcet, lanthanum and sevelamer where the refill is in quantities of 60 days times TWO, and
- For all other medications, 100 day fill with 3 refills allowed except for cinacalcet, lanthanum and sevelamer where shall be filled for 60 days with 3 refills allowed.

Thank you for your efforts, we hope this policy will serve to streamline and clarify prescribing.

Regards,

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