

## Prescription Writing

### 1. What are the required components of a prescription in Tennessee?

- a. Patient name
- b. Date prescription written
  - i. May be filled up to 12 months from date written
  - ii. New prescription required after 12 months
- c. Name of drug
- d. Strength of drug
- e. Quantity of drug to be dispensed
- f. Instructions for the patient
  - i. Number of dosage units per dose (ie-“1 tablet”, etc)
  - ii. Route of administration (ie-PO, PR, nasally, etc)
  - iii. Frequency of dose (ie-“every 6 hours”, etc)
  - iv. Duration of treatment (ie-“for 7 days”, etc)
  - v. **Consider** reason for treatment (ie-“for blood pressure”) to reduce errors
- g. Prescriber’s signature
- h. Number of refills
  - i. If left blank, pharmacist will assume **zero** refills allowed
  - ii. May give refills up to one year from date written
- i. If brand name product desired when generic is available, must write “brand name medically necessary” on prescription

### 2. What are the required components of controlled substance (drugs with abuse potential) prescriptions in Tennessee?

- a. Schedule I
  - i. Most unavailable (cocaine)
- b. Schedule II
  - i. Narcotics (morphine, oxycodone, hydromorphone, etc)
  - ii. Same requirements as above **EXCEPT**
    - 1. At the MED, must be written on yellow pads and logged into the notebook for each medicine team
    - 2. New prescription required at each dispensing-**NO REFILLS** allowed
    - 3. Prescriptions must be written (no telephone prescriptions)
    - 4. May authorize 72 hour emergency supply via telephone; must submit written prescription to pharmacy within 72 hours
    - 5. Prescriber’s DEA number **required** in order to be filled
- c. Schedule III, IV, V
  - i. Lorazepam, hydrocodone, diazepam, etc

- ii. Same requirements as above **EXCEPT**
- iii. At the MED, must be written on yellow pads and logged into the notebook for each medicine team
- iv. Prescriber's DEA number **required** in order to be filled
- v. May be filled within **6 months** from date written
- vi. New prescription required after 6 months
- vii. Maximum **5 refills** within 6 months
- viii. Prescription may be telephoned to pharmacy

**3. All prescriptions must be completely legible in order to be filled (TCA 63-10-13)**

**4. Abbreviations to avoid**

- a. Write "daily" instead of "qd"
- b. Write "units" instead of "u"
- c. Avoid trailing zeros "2.0"
- d. Write "every 48 hours" instead of "qod"

**5. How do I write a prescription for blood glucose testing supplies?**

- a. Pre-printed forms available in medicine A & B rooms
- b. Medicare and TennCare pay for one meter every 3 years
- c. Select desired blood glucose meter
  - i. Consider patient's insurance plan
  - ii. For Medplex Pharmacy patients, the Accu-Chek Aviva meter is preferred
  - iii. Pharmacists available for consult
- d. Indicate quantity of lancets for selected meter
  - i. Indicate number of times per day patient will test
  - ii. One month supply appropriate
- e. Indicate lancet device for selected meter
- f. Indicate quantity of test strips for selected meter
  - i. Indicate number of times per day patient will test
  - ii. Medicare requires special authorization for more than TID testing
  - iii. One month supply appropriate
- g. May also prescribe alcohol pads
- h. ICD-9 diagnosis code required for Medicare patients

**6. How do I write a prescription for insulin and syringes?**

- a. All analog insulins require a prescription
  - i. Aspart (Novolog), lispro (Humalog), glargine (Lantus)
  - ii. Novolog Mix 70/30; Humalog 75/25
- b. Vials of insulin
  - i. All vials are 10 mL size

- ii. Standard concentration 10 units insulin per mL (1000 units)
- iii. Patients using greater than 1000 units per month require more than 1 bottle per month
- iv. Indicate number of times per day patient will inject insulin and timing of dose

c. Disposable pens

- i. Novolog FlexPen (aspart); Humalog (lispro); Lantus Solostar (glargine)
- ii. Novolog Mix 70/30; Humalog 75/25
- iii. Each pen contains 300 units of insulin
- iv. Each package contains 5 disposable pens
- v. Must write prescription for pen needles
  - 1. Novolog pens-Novo pen needles
  - 2. Humalog, Lantus pens-BD pen needles
- vi. Indicate number of times per day patient will inject insulin and timing of dose
- vii. One month supply appropriate

d. Insulin syringes

- i. Available in three sizes
  - 1. 3/10 cc = 30 units insulin maximum
  - 2. 1/2 cc = 50 units insulin maximum
  - 3. 1 cc = 100 units insulin maximum
- ii. Supplied in boxes of 100 (10 packs of 10 syringes each)
- iii. Indicate number of times per day patient will inject insulin