

Item	Suggestions	Why this is important?	Other comments
4. If prescriptions are purchased in part, i.e. in lesser quantity or fewer items. a) If it is a fresh prescription, b) if a prescription is a few days old,	side of the prescription, the number of each of the items dispensed. a) Enquire whether the patient has bought the remaining amount at some other pharmacy, and if the full amount has been bought, put a dispensed stamp. If not, then write the amount bought against the medicine (in the column provided in the prescription) b) The patient might have taken a few tablets and come back for the balance. Ask, verify and then put a dispensed stamp.	To ensure that excess quantities are not dispensed	Some patients may not come to buy the medicine as soon as it is prescribed, for financial reasons. There is no law in our country as to how many days a prescription is valid from the date of prescribing. The pharmacist has to use his experience to decide if a prescription dated a few days earlier can still be dispensed. This will vary with the medical conditions and the medicines prescribed
5. Prescriber Contacted	When the prescriber is contacted regarding the prescription and any changes are made in consultation with the prescriber, a stamp be put against the change – P.C. (Prescriber Contacted) along with the pharmacist's signature and date	To document the fact that the change was authentic, by whom it was done, and in what manner.	It becomes too inconvenient and sometimes impossible for the patient to take the prescription back to the doctor for modification/rectification.

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5. Incomplete prescriptions	*The pharmacist has to check the prescription for completeness with respect to the doctor's details, patient's details and medicine details.		
i) Incomplete doctor's details (full name, qualifications, reg.no., address)	If these are missing, the pharmacist may identify the handwriting. But if in doubt, the pharmacist should ask the patient the doctor's name and if necessary contact the doctor by phone (*use the telephone number on the directory rather than asking from the patient)	Ideally all prescriptions should be written on a letterhead where the prescription is blank contains all details of the doctor, or at least a rubber stamp with the doctor's details.	Reduces the possibility of misuse
ii) Incomplete patient's details (full name, age, sex, address)	If these details are missing, they could be obtained from the client/patient and noted on the prescription.	Ideally, the patient's details should be written on the prescription.	Reduces errors and misuse
iii) Incomplete medicine details (name, strength, dosage form, dosage, dosing instructions).	If the medicine details are missing, or illegible the pharmacist should contact the doctor. In any case where the doctor is not available on the phone, do not dispense. Ask the patient to go to the doctor and confirm the details.	Dispensing a prescription with incomplete medicine details, by guess work runs the risk of serious error.	DO NOT DISPENSE BY GUESSWORK

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6. Analyze the prescription	The prescription should be checked for the prescriber's specialization, and the age and sex of the patient to confirm the appropriateness of the prescription.	Some drugs are age or sex specific	This will reduce the possibility of error
7. Dosing/ Prescribing error	If a prescribing error is detected, the pharmacist should contact the prescriber and then make appropriate corrections in consultation with the prescriber (stamp – P.C.), and only then dispense.	Increases margin of safety	Detection and correction of errors must be done in a professional and ethical manner
8. Brand substitution	Brand substitution is illegal and should not be done. If the brand is not available, the doctor should be contacted and the Brand changed.		Brand substitution is not always done with the patients' best interests in mind.
9. Potency/ strength of medicine not mentioned on the prescription	If no potency/ strength is mentioned by the doctor, it is wrong to dispense the lowest potency.	The doctor needs to be contacted to make the decision.	Guess work or misplaced "initiative" is to be eliminated.
10. Labeling medicines	It is advisable for the pharmacist to write a label for each medicine in simple language and paste it on each medicine.	The label should indicate at what times and how much quantity of the medicine is to be taken and for how many days	The instructions on the label should be written by the pharmacist as a direct interpretation of the instructions on the prescription by the doctor (and not his own directions)

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11. Change in potency mentioned on prescription	A pharmacist is NOT authorized to change the potency of the drug, even if the patient so demands e.g. higher potency cannot be given.		A pharmacist has to execute the doctors instructions on the prescription and NOT superimpose his own ideas.
12. Unauthorized prescriptions; prescriptions from quacks, or cross-prescribing (allopathic doctors prescribing ayurvedic medicines or vice versa)	Pharmacist should politely tell the patient that he/she cannot dispense the prescription, and why. DO NOT DISPENSE.	Prescriptions by quacks/ unauthorized doctors should not be honored. It is illegal to do so, and subject to penalty	The issue has been settled by Supreme Court judgments
13. Misuse of prescription blank	If the pharmacist feels that the doctor's prescription blank is being misused, he/she should bring it to the notice of the doctor and the Goa Medical Council if necessary.	Such misuse is most common in substance abuse and addicts.	Awareness about this is a professional commitment to society.
14. Issuing a bill	The sale of all medicines should be against a bill as per the law. The bill should have the patient's name, doctor's name, date, and the medicine particulars (quantity, name, manufacturer, batch number, expiry date, individual cost) and the total cost. The bill should be signed by a pharmacist.	This is a legal requirement	

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15. Sale of medicines without a prescription	Prescription medicines should not be sold without a prescription, or in the absence of a pharmacist. Only OTC medicines can be sold without a prescription.	This is a legal requirement	
16. Expressing an opinion or commenting on a prescription	1. Do not comment on the content of the prescription even by body language or facial expression. Neither should the prescription be discussed with a colleague in front of the patient. The behavior/ attitude to the prescription in no way should produce ANY doubt in the mind of the patient about the doctor.		If a mistake is suspected, they should discreetly enquire with doctor or politely suggest the patient that the medicines are shown to the doctor.
17. Prescribed quantity	Do not dispense more than the prescribed quantity.	At best this leads to wastage and financial burden. At worst it may lead to over medication	

9. GUIDELINES FOR WHOLESALERS/DISTRIBUTORS

The Proprietor of the wholesale depot should ensure that all the staff members handling medicines are provided with adequate information and training on proper handling of medicines.

- Purchase and records: A wholesaler must purchase all medicines from authorized dealers/suppliers only, and keep a proper record of all purchases done.
 - A wholesaler is authorized to sell allopathic medicines only to the following:
 - Licensed pharmacies/chemists & druggists
 - R.M.P.s (qualified allopathic doctors, including dentists, veterinary doctors) – against a proper written order
 - Hospitals – against a proper written order from a R.M.P.
 - A wholesaler cannot sell/supply allopathic medicines to doctors other than duly qualified doctors.
 - Sale/supply to R.M.P.s or hospitals should be done only against a written order on the letter head of the doctor or hospital, with justification/statement from the doctor stating for what purpose he wishes to procure the medicines (e.g. for use for his patients, in his clinic/hospital, or for personal use).
 - It is compulsory for the wholesaler to retain such written orders from the doctor for a period of 2 years. It is not permissible to supply/sell medicines on a "self" prescription written by a doctor and then asking the patient to buy the medicines directly from the wholesaler. A doctor is expected to maintain records of such medicines purchased, and dispensed.
 - A qualified person should double check the medicine being dispensed, by tallying it against the prescription order. He/she should double check the quantity on the prescription, actual quantity dispensed, and the quantity billed. He/she must ensure that the batch number and expiry date on the medicine dispensed tally with that on the bill.
 - The invoice/bill should be complete in all respects – it should contain the full name and address of the retail pharmacy/doctor, name of the drug/s, batch number, and date of expiry, name of manufacturer, quantity dispensed, price, and signature of the Qualified Person.
 - It must be ensured that the Qualified Person on duty signs every such invoice/bill, and his signature appears on the carbon/duplicate copy as well.
 - An invoice/bill should be made for every such medicine sold and a record of such medicines purchased and sold should be available whenever asked for, batch wise, quantity wise.
- The owner of the wholesale depot must ensure that these medicines are sold ONLY when the Qualified Person is present and under his/her personal supervision.

10. GUIDELINES FOR MEDICINES/DRUGS HAVING MISUSE/ABUSE POTENTIAL:

Extra special care needs to be taken for prescribing, handling, storage, and dispensing such drugs. Examples of such drugs are:

BENZODIAZEPINES	NON BENZODIAZEPINES
i) Diazepam containing products ii) Alprazolam containing products iii) Lorazepam iv) Nitrazepam v) Flurazepam vi) Midazolam vii) Clonazepam viii) Clobazam ix) Chlordiazepoxide containing products	i) Zopidone ii) Zolpidem iii) Eszopiclone iv) Etizolam v) Phenobarbitone vi) Pentobarbitone
OTHERS i) Morphine* ii) Pethidine* iii) Pentazocine iv) Buprenorphine v) Propoxyphene (Dextropropoxyphene)	OTHER DRUGS WHICH HAVE HABIT FORMING/ABUSE/ADDITION POTENTIAL or could be MISUSED OR HARMFUL: 1. Codeine containing products 2. Tramadol containing products 3. Modafinil 4. Misoprostol 5. Mifepristone 6. Sildenafil citrate 7. Ketamine

* **Pethidine** can be purchased, stocked and dispensed/sold only by a Retailer having a valid drug license under the Narcotics Drugs & Psychotropic Substances (NDPS) Act.

It is mandatory under law that the prescription should be complete, written by an authorized R.M.P. and be retained by the Pharmacy. A written record of the prescription, along with batch no., expiry date, and quantity purchased and sold, name of R.M.P., and name of patient needs to be maintained.

A quarterly report in the specified format needs to be submitted to the FDA (stating quantities of sale and purchase).

* **Morphine** can be stocked only by a stockist who is having a valid drug license under the NDPS Act, and sold directly to the patient. Moreover, it can be sold only against a valid permit issued by the State FDA containing the quantity of Morphine to be dispensed.

The Permit can be obtained by the patient from the FDA against submission of a proper, complete prescription for Morphine, written by a R.M.P.

A. Guidelines for doctors:

Besides all the instructions/guidelines for prescription medicines, additional care needs to be taken in prescribing the above listed medicines:

1. For safety, and to avoid misuse, use a separate prescription for such drugs; and it is preferable NOT to give a computerized or typed prescriptions.
2. Ensure that the exact quantity to be dispensed is written, along with the dosing, and the number of days – this in order to deter/prevent the patient from manipulating the quantity by writing additional numbers before or after the quantity prescribed.
3. Do not write such words as "Continue....", or "for long term use", etc. for such medicines – as this gives no finite quantity, and can be misused by some patients to go on accumulating large quantities of the medicines.
4. Strictly avoid over-writing. If at all there is a need for any, strike out the wrong word/quantity, write it afresh and countersign it.
5. The medicines listed above should not be prescribed/recommended/advised to patients or pharmacy over the telephone, though text messages (SMS), or through Email/Internet. Pharmacies are not authorized to dispense these drugs against such orders and have the right to refuse to dispense.
6. Quantities prescribed for such types of drugs should be reasonable. It is advisable to give due justification for large quantities of a particular drug prescribed. If any doctor misuses his powers to indiscriminately prescribe large quantities other than for justifiable medical use, the Medical Council has the powers to take action against the doctor. Pharmacies are authorized to refuse to dispense such prescriptions if they suspect any misuse.

B. Guidelines for the Pharmacy:

PURCHASE & STORAGE:

The Pharmacy owner and Pharmacist should ensure that all the staff members are provided information and given training in handling of such medicines, and the need

for such careful handling.

- a) Only minimum quantities should be ordered, as required, from authorized distributors/wholesaler/supplier, having a proper wholesale drug license. Avoid over stocking. Pharmacies should opt to stock reputed brands only.
- b) These drugs should be checked as soon as they are received from the wholesaler. One must tally the quantity, batch and expiry date on the medicine received with that on the invoice of the supplier. If any of these do not tally, please bring it to the notice of the supplier, and get it rectified from them immediately – either as a new corrected invoice, or corrections done in pen and countersigned by the Qualified Person and rubber stamped. Please do not make the changes/corrections on the invoice yourself.
- c) Once checked, these drugs should be immediately transferred to a specially designated cupboard, meant to stock only such drugs, and a ways kept under lock & key. The key should be with a responsible person.
- d) As a matter of caution it is advisable to check and tally these drugs from time to time to ensure that there is no pilferage, or errors in handling.

DISPENSING:

- a) At the pharmacy, such prescriptions should be carefully scrutinized by Pharmacists who should read it with extra care and caution. One needs to ensure that the prescription is genuine, prescribed by an authorized doctor, and complete in all aspects, and that there is no manipulation/overwriting in the prescription, etc..
- b) To ensure that there is no misuse/repeat buying by the patient, the pharmacy must put a "Dispensed" stamp without fail on the prescription.
- c) The quantity sold against such orders must not be more than that ordered.
- d) Do not allow these medicines to lie around – promptly put them back in the separate shelf reserved for them, under lock and key.
- e) Strictly, no verbal orders from a doctor/hospital should be entertained for such drugs.
- f) Sale of such drugs to doctors/hospitals must be strictly against a written order on a letterhead with all the doctor's details, signature and date. If from a hospital, the order must be from the hospital pharmacist countersigned by the administrator or by a qualified doctor, on a letterhead of the doctor or the hospital, bearing all the details as per Guidelines. The doctor must be an authorized, qualified allopathic doctor (R.M.P. – Registered Medical Practitioner). Dispensing/sale of such medicines strictly cannot be done to or against the prescription of doctors of other

systems of medicines or unqualified persons/quacks. Pharmacists or nurses strictly cannot recommend/prescribe such medicines.

- g) The invoice/cash memo should be complete with respect to name and address of the doctor/hospital or the pharmacy to whom the drug is sold, drug license number, name of the drug, quantity, batch number, expiry date, Schedule, price, and the signature of the Pharmacist.
- h) The Pharmacist must ensure that the quantity, batch and expiry of the drug dispensed actually tallies with that on the invoice.
- i) Such drugs must be dispensed only under the personal supervision of the Pharmacist.
- j) Owners must strictly ensure that such drugs are not sold in absence of a Pharmacist.
- k) The Pharmacy must be able to produce the records of purchase and sale of all such drugs.

C. Guidelines for Wholesaler/Stockist:

The owner should ensure that all the staff members are provided with information and given training in handling of such drugs, and the need for very careful handling.

- a) Only minimum quantities required should be ordered, as required, from authorized distributors/suppliers/C&F agents or manufacturers, having a proper wholesale drug license. One should preferably stock reputed brands only, and avoid over stocking.
- b) These medicines should be checked as soon as they are received from the Superstockist/C&F/Company/Suppliers – One must tally the quantity, batch and expiry date on the medicine received with that on the invoice of the supplier. If it does not tally, bring it to the notice of the supplier/manufacturer, and get it rectified from them immediately – either as a new corrected invoice, or corrections done in pen and countersigned by the Qualified Person and rubber stamped. Please do not do the changes/corrections on the invoice yourself.
- c) Once checked, these should be immediately transferred to a specially designated shelf/cupboard, meant to stock only such drugs, and under lock & key. The key should be with a responsible person.

Sale by Wholesalers

- i. Wholesalers must "sell" only to those retailers who have a valid retail drug license under Drugs & Cosmetics Act to stock such medicines.

- ii. Wholesalers should be doubly careful if any retailer asks for what looks like excess/unreasonable quantities of such medicines. One should deal with such matters on a case to case basis.
- iii. Orders for such medicines from Retailers must be on the letterhead of the retailer, rubber stamped and signed by the Pharmacist.
- iv. It is advisable to make separate bills/invoice for any such drugs; and to receive payments for such invoices by crossed cheque of the pharmacy/retailer only, and not by cash.
- v. Sale of such medicines to doctors/hospitals must be strictly against a written order on a letterhead with all the doctors' details, signature and date. If from a hospital, the order must be from the hospital pharmacist countersigned by the administrator or by a qualified doctor on a letterhead of the doctor or the hospital, bearing all the details as per Guidelines. The doctor must be an authorized, qualified R.M.P. Such sale cannot be executed against the prescription of doctors of other systems of medicines or unqualified persons/quacks.
- vi. The record of receipt and sale of such medicines must be conveyed to the FDA before the 3rd of every month.
- vii. The wholesaler must keep a hard copy of all the orders received from doctors/hospitals and retailers, and retain the same for at least 2 years.
- viii. The quantity sold against such orders must not be more than that ordered.
- ix. The invoice should be complete with respect to name and address of the doctor/hospital or the pharmacy to whom sold, drug license number, name of the drug, quantity, batch number, expiry date, schedule, price, and the signature of the competent person.
- x. The Competent Person must ensure that the quantity, batch and expiry of the medicine dispensed actually tallies with that on the invoice.
- xi. Such drugs must be dispensed only under the personal supervision of the Competent Person. Owners must ensure that such drugs are not sold in absence of Competent Person.
- xii. The wholesaler must be able to produce the records of purchase and sale of all such medicines.

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