

Technician Tutorial: Prescription Transfers

Requests to transfer a prescription (Rx) from one pharmacy to another are usually initiated by a patient. Patients may want to transfer their Rx for a variety of reasons, such as they could be out of town, have moved, are unsatisfied with their current pharmacy, have insurance changes, or their current pharmacy doesn't have enough stock to fill the Rx. Be familiar with what you can do to help prevent errors with Rx transfers (sometimes referred to as "copies"), streamline the Rx transferring process, and provide optimal customer service during the transition.

How involved can technicians get with the Rx transfer process?

In the US, this depends on state law. Some states allow qualified techs (nationally certified, etc) to transfer certain Rxs, such as those that are for noncontrolled substances. But other states don't allow techs to transfer any Rxs. If you're allowed to transfer Rxs, follow your pharmacy policies and state laws. For example, some states that allow techs to transfer Rxs require the person on the other end of the phone to be a pharmacist.

In Canada, the Food and Drugs Act authorizes pharmacists and pharmacy technicians to transfer noncontrolled Rxs to and from another pharmacy. However, each province or territory will have more specific guidance.

In either the US or Canada, keep in mind that different states/provinces/territories have different laws regarding Rx transfers. Even if pharmacy technicians are allowed to transfer Rxs where they practice, they may not be allowed to transfer Rxs to or from pharmacies in other states/provinces/territories. As a general rule, check with the pharmacist whenever getting a transfer request involving a pharmacy in another state/province/territory.

A patient named Nathan calls the pharmacy and asks if he could have all his prescriptions transferred to your pharmacy. Your pharmacy is in a state that does not allow pharmacy technicians to transfer Rxs. What should you do next?

What are the different activities associated with Rx transfers?

There are two types of activities related to transfers: transfer IN and transfer OUT. "Transfer in" refers to transferring an Rx from another pharmacy **into** your pharmacy. In other words, your pharmacy will ultimately be filling the transferred Rx. In order to do this, your pharmacy has to gather all the details typically required to fill an Rx. Any additional information required by law needs to be obtained and documented too. Additionally, since transfer **ins** often involve new patients, you may need to also get the patient's demographic and insurance information.

"Transfer out" refers to transferring an Rx **out** of your pharmacy to another pharmacy. In other words, another pharmacy will ultimately be filling the Rx. When transferring an Rx out, the sending pharmacy will have to cancel or void the Rx at their location. It's a good idea to let patients know that their Rx will be cancelled at your pharmacy once sent to another pharmacy. It will have to be transferred back to your pharmacy if the patient wishes to fill the Rx there again in the future. And if it's a controlled substance Rx, the patient may not be able to transfer it again (more details on this later). As with transfer **ins**, transfer **outs** often have specific documentation requirements outlined by state/province/territory laws.

Before transferring an Rx in or out of a pharmacy, there are certain things that can be confirmed and documented. Regardless of individual state/province/territory laws, all technicians can help confirm key pieces of information that can determine whether an Rx can be transferred. Technicians can also help prepare documentation for pharmacists to save them time.

What can technicians do to help with the “transfer in” process?

Set up patient profiles. “Transfer in” requests are usually initiated by a patient calling or stopping by the pharmacy and dropping off their Rx bottles or containers filled at another pharmacy. Patients may even be able to initiate transfers using your pharmacy’s website or smartphone app. But sometimes another pharmacy may reach out to initiate a transfer into your pharmacy. This may happen if that pharmacy does not have the med in stock. Regardless of who initiates the transfer in, there are certain pieces of information techs can help gather. Make sure you have the patient’s demographic and insurance information in your system and double-check this info with the transferring pharmacy. They may have more current information, especially if it has been a while since the patient has filled anything at your pharmacy. Set up a new patient profile if nothing comes up when you search for the patient in the system. Ask the patient or the pharmacy initiating the transfer for the patient’s name, date of birth, phone number, address, allergies, insurance information, and any other details you typically gather when entering a new patient profile.

Screen “transfer in” requests. When another pharmacy is initiating the transfer in request, techs practicing in states that don’t allow them to transfer Rxs should pass the call over to the pharmacist to complete the transfer. However, before doing this, it would be helpful to first:

- Confirm that you have the drug in stock.
- Get the date the Rx was last filled (to make sure it isn’t being filled too early).
 - For controlled Rxs, work with your pharmacist to check your state or province’s prescription drug monitoring program (PDMP) to make sure a controlled med isn’t being filled too early.
- Gather the original date on the Rx (to make sure it isn’t expired).
- For controlled Rxs, make sure the prescription hasn’t been transferred yet (more on this later).
- Pull up (for existing patients) or set up (for new patients) the patient profile.

Gather Rx information. If a patient drops off their prescription bottle or container, you may be able to use the information from the Rx label to write out a new prescription on a blank hardcopy Rx. Or, in some cases, you may be able to peel the label off the container and affix it to a blank hard copy Rx. This may not always be possible though, depending on how cleanly the old label comes off the bottle/container. It’s better to leave the label alone if it starts to rip when pulling it off. Some pharmacies may use a specific “Rx transfer form,” to ensure all the required info for the transfer gets collected. Key pieces of information will include the other pharmacy’s name and phone number, Rx number, drug name and strength, quantity, Rx directions, original Rx date, date of transfer, refills remaining, prescriber name and phone number, etc. If you do copy info from an Rx label onto a blank Rx or an Rx transfer form, if possible, save the containers with the labels on them for the pharmacist so they can double check what you’ve documented. And make sure to document drug information clearly, avoiding the use of dangerous abbreviations. For example, “HCT” can be read as hydrocortisone or hydrochlorothiazide or “T.I.W.” can be misread as three times a day or twice weekly instead of three times weekly.

Often times patients make requests to “transfer everything.” Ask patients who make this request to provide the Rx numbers, give med names and strengths, or bring in their current meds. This can prevent the patient from getting a discontinued Rx or forgetting a med the patient takes.

Minimize errors. In areas that allow techs to transfer in Rxs, be sure to “read back” the info provided by the transferring out pharmacy to ensure the order was heard correctly. Consider spelling out sound-alike meds to avoid mix-ups. When spelling things out, make sure to be clear with letters that can sound the same. For example, say “D as in David,” “B as in Bravo,” and so forth. Pronouncing each numerical digit separately can also help avoid confusion. For example, saying “one six” instead of “sixteen,” which can be heard as “sixty.” You’ll also want to clarify any dosage forms that have different versions. For instance, if the person on the phone just states “metoprolol,” ask if it’s the tartrate salt (short-acting) or succinate salt (long-acting). For electronic or faxed transfers, double-check you’ve selected the right Rx from the computer before

transferring it. Before printing Rx info to initiate a transfer via fax, make sure ink levels aren't low and that the print is clear. Make sure you know what information you are required to document according to applicable laws. For example, you may need to document the date the Rx was last filled, the date the Rx was initially filled, the name or initials of the person transferring out the Rx, the name or initials of the person receiving the transferred in Rx, etc. Also follow your company's policies when transferring in an Rx. There may be a separate place in the computer system where information on the transfer needs to be documented.

Set patient expectations and provide exceptional customer service. For patients who drop off their Rx bottles/containers or call in a transfer request, make sure to set patient expectations. The amount of time it takes for the transfer may depend on many factors, such as the number of Rxs being transferred and the workload of both your pharmacy and the other pharmacy. It's best to ask the patient how soon they need the med they are transferring. Provide the patient with updates if there are any changes to the estimated timing originally provided. In many cases with Rx transfers, this is the first time the patient is interacting with your pharmacy. You want to get started on the right foot and make a good first impression. Also, when helping new patients who have transferred Rxs to your pharmacy, make sure to offer them services provided by your pharmacy such as automatic refill programs, med sync, immunizations, etc.

Other things you can do to help. Pay attention to a patient's insurance plan if they present with coupons for gift cards or other incentives for transferring an Rx. In the US, these incentives cannot be used by people insured by government programs such as Medicare and Medicaid. Also, some states/provinces/territories prohibit these incentives altogether to help prevent patients from using multiple pharmacies and to promote patient safety.

Always encourage patients who transfer their Rxs to your pharmacy to try to get all their prescriptions from one pharmacy. This allows the pharmacist to check for possible drug interactions with all the Rxs the patient is taking.

First, you look up Nathan in your computer system and see that he has never filled a prescription at your pharmacy before. You gather the information you need to create a patient profile for Nathan. He is able to share his insurance information with you over the phone. You then ask Nathan for the name and phone number of the pharmacy that has his prescriptions. You also ask him to please confirm the medications he is currently taking, along with the doses, to make sure the pharmacy doesn't transfer over anything that has been discontinued. He tells you that he takes metformin 500 mg twice a day, simvastatin 40 mg once a day, and lisinopril 10 mg once a day. You thank Nathan for providing this information and ask him how quickly he needs these filled. Nathan tells you that he has enough pills for 3 or 4 days. You tell Nathan that the pharmacy will work to get his prescriptions ready for pick up by tomorrow afternoon, but that you will contact him if anything changes or if you run into any issues. Nathan thanks you and says goodbye. You write out the information you've collected onto blank prescription hard copies and hand them over to the pharmacist.

What can technicians do to help with the "transfer out" process?

When another pharmacy calls on behalf of a patient to request that prescriptions be transferred out of your pharmacy, they may say something like, "I'm calling for a copy." At this point, in states where techs aren't allowed to transfer Rxs, there are some things you can do before getting the pharmacist involved. For example, you can make sure the patient has refills left. You can also check the original date to ensure the Rx is still active. Look to see if the Rx is a controlled substance and if it is, confirm it wasn't transferred to your pharmacy (more on this later). It may also be helpful to check the last fill date and give the person requesting the transfer a heads up if the patient recently filled the Rx. Last but not least, you can retrieve hard copies for the pharmacist if state/province/territory laws require documentation directly on the hard copy. You could also pull up the patient profile or Rx record on your computer to have ready for the pharmacist.

If you are allowed by law to transfer out Rx's, make sure you provide the pharmacy the Rx is going to with all the necessary information. Know your state/province/territory laws and company policies for information that needs to be documented on your end (and where it needs to be documented).

Your pharmacy may also have policies and procedures around contacting patients who request their Rx's to be transferred out of your pharmacy. When communicating with patients about transfer out requests, take an approach of concern for the patient and the level of service provided by the pharmacy. For example, you can say something like:

“We recently noticed that you requested your prescriptions be sent to another pharmacy. We really value your business and helping you with your medications and overall health. What could we be doing differently to better meet your needs and the needs of other patients?”

Based on how the patient responds, there may be strategies that can be implemented to retain their business. Work with your pharmacist to find the best solution. For instance, payer contract changes that often happen at the beginning of the year may lead to the patient having higher prices at your pharmacy compared to other “preferred” pharmacies. Your pharmacy may be able to offer the patient lower cash prices on certain generic meds or discuss the use of discount cards to help keep the patient at your pharmacy.

Is it possible for controlled substance prescriptions to be transferred?

In the US, since refills are not allowed on Schedule II prescriptions (e.g., opioids [hydrocodone, oxycodone, etc], stimulants [amphetamine salts, methylphenidate, etc]), they cannot be transferred to another pharmacy. According to federal law, Schedule III, IV, or V prescriptions can be transferred between pharmacies. This can be done on a **one-time basis**, so it's important for you to explain to patients that once they transfer a controlled substance prescription, they cannot transfer it again. However, keep in mind that if the pharmacies share an electronic, real-time online database (e.g., chain pharmacies), the pharmacies can transfer up to the maximum amount of refills allowed on the original prescription. But this is an area where state law may be stricter. In some states, controlled substances can't be transferred between pharmacies, or they're limited to a one-time transfer regardless of whether the pharmacies share an electronic, real-time online database. Your role as a technician will differ state to state. But keep in mind, only the pharmacist is allowed to transfer a controlled substance prescription to another pharmacy.

In Canada, controlled substances and narcotics generally cannot be transferred. However, some provinces or territories may permit a one-time transfer of benzodiazepines (e.g., alprazolam, lorazepam, etc).

Be aware that if a pharmacy receives a controlled substance e-prescription (e-Rx) that they are unable to fill for any reason, the original, unfilled e-Rx can be **forwarded** to another Drug Enforcement Agency (DEA)-registered pharmacy. This includes controlled substances in Schedules II through V. But the ability to do this may depend on the computer systems of both pharmacies.

Cite this document as follows: Technician Tutorial, Prescription Transfers. Pharmacist's Letter/Pharmacy Technician's Letter. January 2022. [380180]

—Continue for a “Cheat Sheet” for Helping With Prescription Transfers—

“Cheat Sheet” for Helping With Prescription Transfers

Definitions to Know

“**Transfer in**” – refers to transferring an Rx into a pharmacy. In other words, the pharmacy that will ultimately be filling the transferred Rx will need to **transfer in** the Rx.

“**Transfer out**” – refers to transferring an Rx out of a pharmacy. In other words, the pharmacy that needs to send the Rx to another pharmacy will need to **transfer out** the Rx.

Best Practices for Transferring IN Rxs

- Document (if new patient) or confirm the accuracy of (if existing patient) the patient’s demographics, insurance info, allergies, etc.
- Ensure Rx can be transferred with no issues by checking:
 - if the drug is in stock.
 - date of last fill of the Rx (to ensure Rx won’t be filled too soon).
 - original date of Rx (to ensure Rx isn’t expired).
 - if it’s a controlled Rx, check the PDMP to see when the Rx was last filled and make sure the Rx hasn’t already been transferred once before.
- Prepare Rx info.
 - Document all the information you can on a blank hard copy Rx or Rx transfer form.
 - Avoid dangerous abbreviations when writing drug names/directions.
 - Ask patients who request to “transfer everything” to give specific Rx numbers, provide med names and strengths, or to bring in their current meds.
- Decrease the chance for errors.
 - If techs can legally transfer Rxs:
 - Use the “read back” method when transferring Rxs over the phone.
 - Spell out sound-alike meds and pronounce each numerical digit separately.
 - Double-check the right Rx has been selected from the computer when performing electronic or fax transfers.
 - Identify when requests may require a pharmacist’s (RPh) professional judgment and consult with the RPh in such situations.
- Refer controlled substance requests to the RPh.
- Document the transfer appropriately.
 - Know and follow state/province/territory laws and company policies for what needs to be documented for an Rx that’s transferred into the pharmacy.
- Set patient expectations and provide exceptional customer service.
 - Give patients an estimate for when Rxs will be ready and update expectations as needed.
 - Make a good first impression with new patients.

Best Practices for Transferring OUT Rxs

- Confirm there are refills left and that the Rx hasn’t expired.
- Refer controlled substance requests to the RPh.
- Retrieve Rx hard copies, if applicable, for documentation per state/province/territory laws.
- Pull up the patient profile or Rx record on your computer to have ready for the pharmacist.
- Follow company policies for contacting patients requesting to transfer Rxs out of the pharmacy.
 - Use a nonconfrontational approach that focuses on concern for the patient and the level of service provided by the pharmacy.

[January 2022; 380180]