## Pharmacist Authorized Exempted Codeine Product (ECP) <u>Initial Request</u>

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Information	Name:	DOB:	Information	Name:	DOB:
	MCP #:			MCP #:	
	Allergies:			Allergies:	
	Medications:			Medication	s:
	Medical Cond		Medical Conditions:		
	Primary Pres		Primary Prescriber:		
Rationale	Indication:	Rationale	Indication:		
	Other meds tried for indication:			Other med	s tried for indication:
	History of ECP, opioid or similar? ☐ Yes			History of I	ECP, opioid or similar?
	Pharmacy Network reviewed?			Pharmacy	Network reviewed? ☐ Yes
Authorization	Date:		Authorization	Date:	
	Product:			Product:	
	Sig:			Sig:	
	Quantity:	Max daily dose/duration:		Quantity:	Max daily dose/duration:
	RPh:	Reg #:		RPh:	Reg #:
Counselling		Discussed the effects/risks of codeine, acetaminophen and/or ASA overuse	Counselling		Discussed the effects/risks of codeine, acetaminophen and/or ASA overuse
		If adequate symptom relief does not occur or prolonged use is required see physician for assessment.			If adequate symptom relief does not occur or prolonged use is required see physician for assessment.
		Only take as needed for the minimum duration possible			Only take as needed for the minimum duration possible
	Other comments:				Other comments:
	RPh:	Date/Time:		RPh:	Date/Time:
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