Promoting the **appropriate use,**
and reducing the abuse and misuse, of monitored drugs in Nova Scotia.

Important Information for Prescribers and Pharmacists

The Nova Scotia Prescription Monitoring Program's (NSPMP) legislated mandate is *"to promote the appropriate use and reduce the abuse or misuse of monitored drugs."* We believe that it is important to communicate relevant information about the NSPMP to prescribers and pharmacists.

The NSPMP bulletin is a way to communicate key information which can assist providers to understand the Program and issues pertaining to monitored drugs.

Submission of Duplicate Prescriptions

There are circumstances in which a pharmacy might be required to forward a copy of a duplicate prescription to NSPMP such as for manual submission or during the Prescription Process Audit. In such circumstances, please ensure that the bottom portion of the prescription is completed in full prior to faxing.

As well, please ensure that the following information; pharmacy name, telephone number and contact name, is provided either on a fax cover sheet or on the document.

Drug Misuse/Abuse Potential

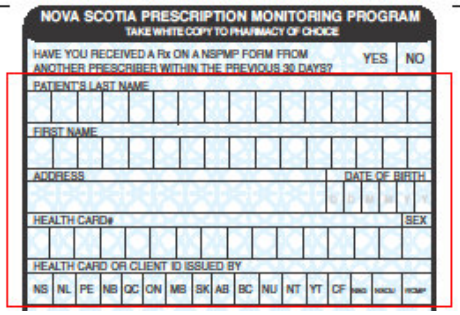
The Prescription Monitoring Program has received information from stakeholders regarding the potential misuse/abuse of certain non monitored drugs such as pregabalin, quetiapine and bupropion.

Although the above mentioned drugs are not monitored, the NSPMP has received anecdotal information from certain stakeholders that they may be medications with abuse potential. The Program; therefore, determined that although pregabalin, quetiapine and bupropion are not monitored by NSPMP, advising prescribers and pharmacists of this information is in keeping with our mandate.

It is important to understand that by providing this information, the Program is not suggesting that the prescribing and dispensing of any of the above mentioned drugs be discontinued. The purpose of providing this information is to keep prescribers and pharmacists informed so they can screen for potential aberrant behaviors.

Information Required for Dispensing

Prescribers are responsible for completing the top portion of each duplicate prescription. The patient's first and last name, address, date of birth, Health Card Number, and gender must be provided.


NOVA SCOTIA PRESCRIPTION MONITORING PROGRAM
TAKE WHITE COPY TO PHARMACY OF CHOICE
HAVE YOU RECEIVED A Rx ON A NSPMP FORM FROM ANOTHER PRESCRIBER WITHIN THE PREVIOUS 30 DAYS? YES NO
PATIENT'S LAST NAME
FIRST NAME
ADDRESS
DATE OF BIRTH
HEALTH CARD#
SEX
HEALTH CARD OR CLIENT ID ISSUED BY
NS NL PE NB QC ON MB SK AB BC NU NT YT CF

Inside this Issue

Program Services.....2

Drug Utilization Review and Multiple Prescriber Notification Interventions.....3

Prescribing Tips for Controlled Substances.....3-5

Duplicate Prescription Pad Disposal Policy & Guidelines.....5

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Program Services

The Prescription Monitoring Act & Regulations provides the legislative framework to support the operations of the NSPMP. Some of the services we provide include the following:

- **Patient Profiles** - Prescribers, pharmacists and law enforcement can access detailed information regarding a patient's use of monitored drugs.
- **Methadone Program Monitoring** - The Program can assist Methadone clinics in monitoring patients to ensure no other monitored drugs are being obtained during their treatment.
- **Patient/Prescriber Agreements** - In situations where a prescriber deems a patient agreement to be appropriate, the NSPMP will monitor a patient's profile to ensure adherence to the patient agreement.
- **Prescriber Peer Comparison Reports** - This report is available to prescribers on request. It provides a graphical representation of their individual prescribing pattern in relation to their peers in their District Health Authority as well as on a provincial basis.
- **Data Sharing for Research** - The Program acts as a resource to researchers by providing statistical information and aggregate data on monitored drug use.
- **Medical Consultant** - Our consultant is an independent physician with expertise in prescribing opioids. Dr. Peter MacDougall, an anesthetist and a pain management specialist, is available as a resource to health care professionals, the Program and the Program's committees. Dr. MacDougall can be reached at **902-478-0546**.

Drug Utilization Review and Multiple Prescriber Notification Interventions

In an effort to ensure the NSPMP meets its legislated mandate, periodic intervention reporting is required. Two such reports are the Drug Utilization Review and the Multiple Prescriber Notification. The information below will provide a brief explanation of each type of report.

Drug Utilization Review Intervention

This report is generated on a bi-monthly basis and provides the NSPMP with an opportunity to request information from prescribers in order to better understand patient profiles and the indications for the use of monitored drugs. The report identifies patients who have exceeded the Program's threshold. The thresholds are internal parameters used for report creation and are roughly set at approximately double of what an "average" patient may take and that amount can change based on

the type of reporting being done. The thresholds are not a suggestion of an amount that should be prescribed as it is recognized that each patient's situation is unique.

When reviewing each case on the report, we take into consideration a number of factors such as; fill dates, number of prescribers involved, number of pharmacies involved, the use of short acting and long acting medications, diagnosis if available, etc. These Drug Utilization Review letters are not a suggestion of wrong-doing but rather a request for assistance in evaluating a patient's claims for monitored drugs.

Some medical indications that can be provided in the response are the diagnosis, consultation notes, effectiveness of treatment(s), results of pain on physical and/or psychological function, use of contracts or history of substance dependence, etc.

A response to a DUR letter is required and the Program allows a 30 day timeframe for prescribers to respond to the initial letter. If a response is not received within that timeframe a second system generated letter is sent. The deadline for a response to the second letter is 14 days. If a physician has still not provided a response to the Program within this timeframe, a manual letter will be sent. If no response is forthcoming the matter may be referred to the appropriate licensing authority.

Multiple Prescriber Notification Intervention

This report is generated on a monthly basis and details all patients who have received prescriptions for monitored drugs from three or more prescribers within a specified time period. Each case on the report is reviewed to determine if it's necessary to generate a notification letter. A number of factors are taken into consideration when reviewing a patient profile such as; diagnosis (if available), are the prescribers in a practice group, are any of the prescribers specialists, etc.

Unfortunately, it is not always possible to determine from a patient profile if receiving prescriptions from multiple prescribers or pharmacies is appropriate. In such cases the Program will often send a notification letter to the prescriber. These notification letters are for information purposes only and will include a patient profile for the time period of the report. The prescriber is not required to respond.

Prescribing Tips for Controlled Substances

The Nova Scotia College of Physicians and Surgeons policy on prescribing states the following: "*The provision of a prescription to a patient by a physician is a medical act. It is the result of a clinical decision made by a physician subsequent to a comprehensive evaluation of the patient by that same physician. This evaluation should be based on an encounter with the patient which includes the usual elements of clinical assessment such as the taking of a history, conducting a physical examination and any necessary investigations, and reaching a provisional diagnosis.*

Patient records should clearly reflect that the pertinent elements of the patient evaluation have been completed and documented."

The Nova Scotia Prescription Monitoring Program has received a number of calls from prescribers and pharmacists regarding the writing of prescriptions for controlled substances. Problems with writing prescriptions have ranged from improper use of the duplicate pad to pharmacists having difficulties interpreting the prescription. In response to the questions that have been raised, the NSPMP has compiled the following set of suggestions to assist prescribers. Overall, improving the communication between the prescriber and pharmacist will lead to less drug errors, less pharmacy calls and more time to spend with your patients.

Therefore:

1) Consider the prescription to be a form of communication with the pharmacist. That is really what it is. If it is not clear, then it creates confusion on their end, phone calls and frustration for you and delays or worse for the patient.
2) It can be written in plain language i.e.
   Superdrug #3
   120 tablets (one hundred twenty)
   1 tab tid
   Dispense in weekly allotments of 30 tablets starting June 28, 2011.
3) When writing any prescription, especially controlled substance prescriptions, it is useful to take measures to try to reduce prescription fraud. Circling the number of tablets, and/or writing the number in script may help in this regard.
4) Write legibly. Electronic prescribing helps but the duplicate pad still requires handwriting. Print if necessary.
5) If you wish to have a patient receive the medication at defined intervals i.e. monthly, weekly, every X days, then write that clearly. Write clearly the date on which to start the prescribing. If you do not state that, then the pharmacist can interpret today's date to be the start date.
6) Putting a stop or end date on the prescription is a good idea.
7) Don't forget to sign the prescription. In the case of duplicate prescription, the pharmacist cannot accept a verbal confirmation so you will need to complete another prescription or have the patient bring back the original for signing.
8) Prescribing through the mail is **NOT** a good practice as you will not be able to assess the patient. As well, you do not really know who is collecting the mail and filling the prescription. This process has led to serious problems in the past.
9) Post-dated prescriptions are confusing. It is better to write the prescription, dated on the current date, with clear instructions for dispensing at the interval most appropriate. This can include a start date.
10) One drug per duplicate prescription. In situations where it is necessary to use multiple strengths of the same drug to obtain a required dosage, it is acceptable to write multiple strengths on one duplicate prescription. However, it is not acceptable to write different formulations (i.e. Hydromorph Contin and hydromorphone).

11) Fill in all of the boxes on the duplicate prescriptions for the required information. Labels containing the patient name, address, date of birth, Healthcard number and sex may be used if securely adhered to the duplicate prescriptions.
12) Labels **cannot** be used for the body of the prescription for controlled substance duplicate prescriptions i.e. the drug name, dose, etc., must be handwritten or printed directly on the prescription.

*There are additional requirements when prescribing methadone. Please refer to the Nova Scotia College of Pharmacists' Methadone Maintenance Treatment Services - Standards of Practice. Please note that the College of Physicians and Surgeons of Nova Scotia is currently in the process of drafting their own Methadone Maintenance Treatment Program Standards and Clinical Guidelines.

Duplicate Prescription Pad Disposal Policy & Guidelines

In October 2011, the NSPMP drafted a new policy regarding the disposal of duplicate prescription pads. Key guidelines of this policy are as follows:

(a) Prescribers may independently dispose of unused or voided duplicate prescription pads provided that they do so in a manner which ensures that the pad cannot be used for illegitimate purposes. Examples of acceptable methods for disposal are as follows:
- Professional shredding company.
- Personal office shredding equipment.

If using either type of shredding method, the prescriber must ensure the duplicate pad is kept in a secure (locked) location until shredding occurs.

(b) Prescribers must dispose of unused duplicate pads in a timely manner which will be no later than five business days after the date the prescriber stop prescribing monitored drugs.

(c) Prescribers must send all unused duplicate pads to the Program for disposal if they are unable to comply with any of the above requirements.

(d) Prescribers who independently dispose of duplicate prescription pads in a secure manner must advise the Program that such disposal has been undertaken in order for the Program to inactivate the pads in the NSPMP database.

(e) Any prescriber that fails to comply with this policy may be referred to their Licensing Authority.

*A copy of the Duplicate Prescription Pad Disposal Policy & Guidelines can be found at www.nspmp.ca.