



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.

We encourage each of you to take some time to review the bulletin and if you have any questions or concerns about the information provided, please do not hesitate to contact our office toll free at 1-877-476-7767 or 902-496-7123. Our hours of operation are Monday through Friday, 8am-5pm.

Did you know...?

Mailing of Duplicate Prescriptions

The Program has received enquiries about whether or not it is an acceptable practice to mail duplicate prescriptions to a patient's home address.

According to the College of Physicians and Surgeons of Nova Scotia **Policy regarding Prescribing Practices / Countersigning Prescriptions / Internet Prescribing**, "Prescribing for a patient solely on the basis of mailed or faxed information, or an electronic questionnaire, or countersigning a prescription issued by another

physician, without direct patient contact, is not an acceptable standard of medical practice. The only exceptions would be generally accepted hospital and call group practices."

Methadone Maintenance Treatment Services: Standards of Practice for Community Pharmacies in Nova Scotia.

The Nova Scotia College of Pharmacists (NSCP) will be providing education sessions during the month of June on the [Methadone Maintenance Treatment Services: Standards of Practice for Community Pharmacies in Nova Scotia](http://www.nspharmacists.ca/standards/pdf/mmt-standards-of-practice.pdf). This document can be found on the NSCP website under the "Standards of Practice" <http://www.nspharmacists.ca/standards/pdf/mmt-standards-of-practice.pdf>.

The NSCP welcomes all members of the MMT treatment team to attend. The education sessions will be held on the following dates and in the following areas:

- Thursday, June 9th, 2011 – Truro
- Sunday, June 12th, 2011 – Sydney
- Tuesday, June 14th, 2011 - Wolfville
- Monday, June 20th, 2011 – Halifax
- Thursday, June 23rd, 2011 – Bridgewater
- Tuesday, June 28th, 2011 - Online Webcast

For further information regarding these education sessions please contact the NSCP at 902-422-8528.

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Duplicate Prescription Pads

The responsibilities outlined below are supported by the PMP legislation.

Pad Security

It is the responsibility of each prescriber to ensure that all duplicate prescription pads in their possession are kept in a secure location. It is also the responsibility of each prescriber to report any missing or stolen pads to the PMP in order for the Program to implement any necessary steps to ensure the scripts cannot be used in an inappropriate manner.

The NSPMP can provide you with a pad history to review the pads which have been issued to you and are active in the system. Should pads go missing or are stolen, a prescriber should:

- Notify PMP so that we can inactivate the prescriptions. We can also issue an alert to pharmacies in NS.
- Notify law enforcement and press charges if desired.

A pharmacist should:

- Notify PMP if a prescription is stolen or forged.
- Notify law enforcement if you suspect a prescription is forged or missing.
- Check with the prescriber to verify the prescription.
- Refuse to fill the prescription.
- Add an inactivation code to prescriptions. Should an individual request that the prescription be returned to them and then attempt to have it filled at another pharmacy, an inactivation code will provide an alert to other pharmacists.(See pages 14 &15 of our Online Guide)

Pad Issuance

Duplicate prescription pads issued to prescribers by PMP are unique and therefore are **not to be** transferred between prescribers. Should a prescriber require additional duplicate prescription pads, an order can be placed with the Program and the pads will be delivered within approximately three business days from the date of request.

It is important for prescribers to periodically review their prescription pad history to ensure that older pads, no longer being used by the prescriber, have been inactivated in our system. Please call our Customer Service Representatives to ensure you don't have any older pads remaining active in our system.



Unused Pads

In the event that prescribers have unused pads or duplicate prescriptions that they have voided, the Program should be notified so that we can inactivate the scripts or pads in our system. All unused pads or duplicate prescriptions must be returned to the Administrator for appropriate disposal.

A prescriber who is no longer prescribing monitored drugs must return any unused prescription pads or duplicates to the Program no later than 5 days after the date they stop prescribing monitored drugs.

Drug Misuse/Abuse Potential

The Prescription Monitoring Program has received information from stakeholders such as law enforcement and pharmacists regarding the potential misuse/abuse of certain monitored drugs such as nabilone and long-acting hydromorphone, as well as a non monitored drug, gabapentin.

According to law enforcement, nabilone is being sold to and used by school aged individuals, especially adolescents in junior high and high school, and is referred to as the "marijuana pill". As well, law enforcement has indicated that they are beginning to see more instances of misuse/abuse of long-acting hydromorphone.

Although gabapentin is not a monitored drug, the NSPMP has received anecdotal information from various stakeholders that it may be a medication with abuse potential in certain populations of individuals. The Program; therefore, determined that although gabapentin is not a monitored drug, 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 from Law Enforcement

Through discussions with law enforcement, the NSPMP has been made aware of situations involving individuals “coaching” other individuals on how to obtain prescriptions for monitored drugs for the purpose of misuse and/or diversion. In one situation, law enforcement officials obtained a document which provided step-by-step instructions on what an individual should do in order to obtain a prescription for alleged pain management. This instruction list was being sold for \$10.00 per copy.

For more information regarding the instruction list, please contact the Program.

Universal Precautions for Prescribers and Pharmacists

Based on published research, there are various precautions that prescribers and pharmacists can take to reduce the risk of misuse and/or abuse of monitored drugs. These precautions include:

- Identify patients at risk
 - Obtain a careful substance use history (personal and family)
 - Utilize screening tools such as the Opioid Manager
- Institute a treatment agreement with patients
- Utilize collateral information
 - Patient profiles from PMP
 - Request PMP monitor treatment agreements
- Work in collaboration with other stakeholders
 - PMP
 - Prescribers
 - Pharmacists
- Institute an adequate trial of non-opioid therapy prior to introducing opioids
- Use long acting opioids when appropriate
- Avoid higher risk opioids such as oxycodone or hydromorphone in high risk patients
- Prescribe using appropriate dispensing intervals such as daily or weekly if required
- Monitor for aberrant behaviors
- Consider urine drug testing
- Periodically request patients bring medications to appointments in order to conduct pill counts/patch returns

Reference:

- 1. Gourley et al, 2005, Pain Med; Kahan et al, 2006, Can Fam Physician**