



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

Important Information for Prescribers and Pharmacists

Prescriptions for Family Members

The College of Physicians and Surgeons of Nova Scotia (CPSNS) has a policy on "Treating Self and Family Members." The policy states the following; *"The College of Physicians and Surgeons endorses the CMA Code of Ethics. With regard to treating oneself and family members, Section 20 of the Code states; "Limit treatment of yourself or members of your immediate family to minor or emergency services and only when another physician is not readily available; there should be no fee for such treatment."*

The NSPMP supports the College's policy on prescribing to yourself or family members. A copy of the above mentioned policy is located on the CPSNS website. www.cpsns.ns.ca

Faxing Information to the NSPMP

In many situations when pharmacies fax information (i.e. duplicate prescriptions for manual entry) to the NSPMP it does not include sender information. This information is important as Program staff are often required to follow up with pharmacies and it becomes difficult to do so when contact information isn't available.

Therefore, the Program requests that the following information be provided on all faxes:

- Sender name
- Pharmacy or clinic name
- Sender contact number

As well, when sending PMP duplicate prescriptions, which require manual entry, it is necessary that the bottom portion of prescriptions be completed in full by pharmacy staff.

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Register today for
eAccess
www.nspmp.ca

Contact Information

PO Box 2200, Halifax NS B3J 3C6
T: 902.496.7123 or
TF: 1.877.476.7767
F: 902.481.3157
E: pmp@medavie.bluecross.ca



eAccess

On April 1, 2013, the NSPMP celebrated the one year anniversary of the implementation of eAccess. Feedback from various users of eAccess has been positive as they feel that it is a valuable and easy tool, which can assist providers to make informed decisions when prescribing and dispensing monitored drugs.

The NSPMP currently has **460** registrants actively using eAccess. Between April 1, 2012 and March 31, 2013, a total of **4,493** patient profiles were viewed by users of eAccess. To put this in perspective, since the implementation of eAccess, the Program has noted a nearly **150%** increase in the amount of patient profiles generated.

While these numbers highlight the success of this type of service, we certainly have an opportunity for growth in the area of registered users. The goal of the NSPMP is to have pharmacists from every community pharmacy registered and using eAccess as well as all prescribers who have available internet access. Register today to gain access to a simple and efficient way of reviewing a patient's monitored drug prescribing history at the time of dispensing or prescribing.

The registration process for eAccess takes approximately 1 business day to complete. Registration and User Agreement forms can be downloaded from the NSPMP website at <http://www.nspmp.ca/forms.php>. Forms can also be obtained by contacting the Program toll free at 1-877-476-7767 or 902-496-7123 or by email at pmp@medavie.bluecross.ca.

Prescription Process Audits

Effective May 8, 2013, the documented turnaround times for submission of Prescription Process Audit information have changed. The following table provides an overview of the revisions.

Information Requested	Current Turnaround Time Frame	Previous Turnaround Time Frame
Narcotic Sales Report	3 business days	5 business days
50% of duplicate prescriptions requested for review	5 business days	7 business days
Non submitted duplicate prescriptions	3 business days	5 business days

These changes have been made to ensure that Program staff have access to the necessary information in order for timely completion of Prescription Process Audits. To review the revised Data Integrity Policy & Guidelines, please refer to the **About Us – Program Policies** section of the PMP website at <http://www.nspmp.ca/policy.php>.



Inactivating Duplicate Prescriptions at the Pharmacy

Pharmacies have the ability to inactive duplicate prescriptions in certain situations. The intervention code chosen by the pharmacist will change the status of a duplicate prescription from Active to Inactive in the PMP database. When the status is changed to “Inactive”, the PMP pad number can no longer be used by any pharmacy to submit the claim on-line to the Program. Any attempt to do so will result in a rejection of the claim. An intervention code must be specified as to why the prescription is being inactivated.

The following intervention codes can be used to inactive duplicate prescriptions as appropriate:

INTERVENTION/ CODE	DEFINITION	MEANING	PRESCRIPTION STATUS SET BY REVERSAL
DUCF	For drug utilization only. Falsified or altered prescription.	Reversal submitted as pharmacist suspects that information on the prescription has been altered.	INACTIVE
DUCM	For drug utilization only. Suspected multi-pharmacy/multi-doctor.	Reversal submitted as pharmacist suspects that patient is multi-doctoring and/or having prescriptions filled at more than one pharmacy.	INACTIVE
DUCO	For drug utilization only. Potential overuse/abuse.	Reversal submitted as pharmacist suspects that patient is overusing and/or abusing medication.	INACTIVE
DUCP	For drug utilization only. Prescription is too old.	Reversal submitted because submission date of prescription is more than 1 year from date it was written.	INACTIVE
DUMG	For drug utilization only. Override – Various reasons.	Reversal submitted because patient has decided not to have prescription filled.	INACTIVE

Note: Once a prescription’s status is changed to Inactive, it can only be changed back to Active by the PMP Program