



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

eAccess – New College of Physicians and Surgeons of Nova Scotia Policy

On April 7, 2014 the College of Physicians and Surgeons of Nova Scotia (CPSNS) released a new policy entitled "**Review of Monitored Drug History Before Prescribing**". The policy, effective June 1, 2014, pertains to physicians caring for patients in "*episodic, urgent or emergent care settings*". The policy states "*physicians must review the patient's drug profile as maintained by the NSPMP prior to prescribing narcotics or any controlled drugs or substances.*" The full policy can be found on both the CPSNS website and the NSPMP website at the following links:

CPSNS:

http://www.cpsns.ns.ca/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=144&PortalId=0&TabId=180

NSPMP:

<http://www.nspmp.ca/news.php>

Physicians must register for eAccess by completing Registration and User Agreement forms which can be downloaded from the NSPMP website at <http://www.nspmp.ca/library/00000224-library.pdf> or by contacting the Program toll free at 1-877-476-7767 or 902-496-7123 or by email at pmp@medavie.bluecross.ca. Completed forms can be returned to the above noted fax number or email address. The registration process may take up to one business day to complete.

eAccess User Tips:

- eAccess is **only** available to physicians, dentists and pharmacists.
- Once registered, physicians will be sent two emails, one which includes a username and one that includes a temporary password.
- Usernames are unique to each eAccess registrant and do not change.
- Usernames **must not** be shared.
- Users will have the ability to view up to a maximum of 18 months of an individual's NSPMP claims history.
 - Should a user require a claim history greater than 18 months, they will be required to contact the NSPMP during regular business hours.



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Duplicate Prescription Pad Orders, Security and Disposal

Pad Orders

Prescribers are responsible for ensuring that they have a sufficient quantity of duplicate pads on hand to meet their practice needs. Orders can be placed for 1, 3 or 6 pads and each pad contains 25 duplicate prescriptions. Pad orders take approximately 2 business days to process and delivery for current PMP registered prescribers and may take up to 3-4 business days for new PMP registrants. Please ensure that pad orders are placed with sufficient time to allow for processing and delivery so as to avoid being without duplicate prescriptions during that time.

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/prescriptions 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 all community pharmacies across the province.
- Notify law enforcement.

Pad Disposal

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.



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- (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.

Prescribing Tips for Monitored Drugs

In the April 2012 NSPMP bulletin tips for prescribing monitored drugs were included to assist prescribers with completing duplicate prescriptions. As the Program continues to receive inquiries/concerns about the manner in which duplicate prescriptions should be or have been written, it was determined that there was value in re-publishing the tips.

- 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 monitored drug 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.



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- 8) Prescribing through the mail is NOT an accepted 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-dating prescriptions is acceptable only when the prescription, dated on the current date, includes 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 which contain 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 monitored drug 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 College of Physicians and Surgeons of Nova Scotia Methadone Maintenance Treatment Handbook which is accessible at

http://www.cpsns.ns.ca/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=62&PortalId=0&TabId=180