

IMPLEMENTATION OF ON-LINE SYSTEM SEES SIGNIFICANT PROGRESS TO DATE.

The NSPMP introduced the new on-line system to pharmacies in July of 2005. The first store to start using the system was in November of that year. Program staff members have worked closely with software vendors and pharmacy chains since that time to gradually implement the new system throughout the province. As of the end of September, 2006, all major pharmacy chains in the province are either completed or planning implementation. Many independent pharmacies have also made the change. The Program now receives 1000 electronic submissions each day, representing 58% of all prescriptions dispensed for monitored drugs. The goal of the NSPMP is to work with remaining pharmacies and their vendors to ensure that remaining stores are brought on-line as soon as possible.

Also in this Issue

An important memo from the CPSNS.

Monitoring benzodiazepines considered.

Results from survey of on-line pharmacies.

Did You Know...?

Patient Profiles for monitored drugs are available within a few minutes of request?

- Pharmacists can contact the NSPMP by telephone and request a complete history of existing or new patient's prescriptions for monitored drugs. This information can be faxed directly to your office within minutes of your call.

Continuing education sessions on the appropriate management of chronic non-cancer related pain are being offered?

- This program, offered through Dalhousie Continuing Medical Education is designed to improve collaboration and communication between physicians, dentists and pharmacists in management of chronic non-cancer pain. The session format is a case-based panel discussion. This program will be offered in eight Nova Scotia communities and provided to other sites via two videoconferences, starting in November 2006. Details will be posted here as they become available. Please visit the following site for additional information:

<http://cme.medicine.dal.ca/cncp.htm>

Important Notice

Pharmacists who have access to the on-line system must submit all claims processed for long term care facilities in the province. For more information on this change, please contact the NSPMP office.

Health Canada has released a guide for health care professionals on the abuse and diversion of controlled substances?

- This comprehensive publication under Canada's Drug Strategy is available on the internet at <http://www.healthcanada.gc.ca>. The guide provides general information for pharmacists and prescribers on identifying and dealing with diversion attempts. Please note that Provincial regulations should be referenced.

BENZODIAZEPINES

ADDITION TO THE LIST OF MONITORED DRUGS BEING CONSIDERED

The Board of Directors of the NSPMP are engaged in active discussion regarding the potential benefits of placing benzodiazepines on the list of monitored drugs. The prescribing and use of these drugs has long been a source of concern in health care fields in both Canada and the United States. The following information was included in the NIHB, First Nations & Inuit Health Bulletin "Drug Utilization Review of Benzodiazepine use in First Nations and Inuit Populations", September 2005. Board Members agreed that this information may be useful or of interest to prescribers in Nova Scotia.

"Although benzodiazepines possess other effects (for example, anticonvulsant and muscle relaxant properties), their predominant use is in the treatment of anxiety and sleep disorders. Benzodiazepines are also used in the acute management of symptom control associated with severe psychiatric illnesses. When used appropriately and for short periods of time, they are relatively safe. However with chronic use benzodiazepines are associated with tolerance and addiction in the elderly, cognitive impairment, and falls. (Lader MH. Benzodiazepines: a risk-benefit profile. CNS Drugs 1994; 1: 377-387.)

The efficacy of benzodiazepines for long term treatment of anxiety or insomnia is controversial. Evidence of continued efficacy beyond a few months is not well documented. Brief, interrupted courses of treatment should be proposed at the start of therapy, perhaps at one to four weeks duration, with a tapered withdrawal of the drug. As well, there is little to no rationale to using more than one benzodiazepine at a time (Holbrook AM et al. Meta-analysis of benzodiazepine use in the treatment of insomnia. CMAJ 2000; 162: 225-33.), (Lader MH. Benzodiazepines: a risk-benefit profile. CNS Drugs 1994; 1: 377-387.)

Generally the manufacturers of benzodiazepines recommend the duration of treatment should be as short as possible with regular assessment of the patient. The need for continued treatment should be evaluated, especially if the patient is symptom free. In the management of anxiety disorders, therapy with a benzodiazepine should be considered as an adjuvant and not exceed two months, including the tapering off period. In the management of insomnia, therapy should be limited to 7 to 14 days. (Compendium of Pharmaceutical and Specialities 2005, Product Monographs).

Clinical efficacy of the various benzodiazepines is similar, but pharmacokinetic properties can vary considerably. Duration of action depends in part on the half life of the drug and the presence or absence of active metabolites. Drugs with long elimination half lives usually have long durations of action and are associated with prolonged sedation. (Compendium of Pharmaceutical and Specialities 2005), (Bazire S. Psychotropic Drug Directory 2004. Fivepin Publishing. Salisbury 2004.)

One area of concern with benzodiazepines is the use in elderly patients. Elderly patients are especially vulnerable to the effects of benzodiazepines; aging increases the half life. 3.7 'Beer's Criteria' lists long acting benzodiazepines ($t_{1/2} > 100$ hours) as inappropriate for elderly patients, while short and intermediate acting agents should only be used at reduced doses and for limited periods of time. (Fick DM. et al. Updating the Beer's Criteria for potentially inappropriate medication use in older adults. Arch Int Med 2003; 163: 2716-24.)

LICENSING AUTHORITIES ISSUE MEMO ON THE USE OF PART FILLS.

MEMORANDUM

To: Prescribers in Nova Scotia

From: Dr. Cameron D. Little, Registrar, College of Physicians & Surgeons NS
Dr. Bill MacInnis, Registrar, Dental Board of Nova Scotia
Ms. Susan Wedlake, Registrar, NS College of Pharmacists

Date: August 9, 2006

Subject: Use of Part Fills for Controlled Drugs

In their recent article "*The Pharmacotherapy of Chronic Pain: a Review*" (March 2006) Drs. Mary Lynch (Dalhousie University) and C. Peter N. Watson (University of Toronto) state:

"Guidelines for the Use of Chronic Opioids in Non-Cancer Pain emphasizes the need for a thorough history and physical examination with appropriate diagnostic workup, development of an overall pain management approach based on the individual needs of the patient, and regular follow-up (eg. every three months or more depending on the clinical situation). Continued prescribing should be on the basis of documented pain relief, improved function, or both." [emphasis added]. They go on to say that:

"Periodic review should address the '5 As': Analgesia, Activities, Adverse effects, Abuse behaviour, Adequate documentation."

The healthcare community, the public and law enforcement is acutely aware of prescription diversion and abuse in Nova Scotia. One practice that has been brought to the attention of the Board of the Prescription Monitoring Program and to others is that of prescription 'part fills' for controlled drugs.

Part fills are convenient for prescribers and patients alike; however, the Board has been made aware that part fills for controlled substances, in some instances, have been issued for a year without patient review and follow-up by the prescriber. The suggestion is made that this practice may contribute to drug diversion and abuse.

The mandate of the Prescription Monitoring Program includes "the reduction of the abuse and misuse of monitored drugs." The Board sees long term part fills as a practice that could easily contribute to drug diversion and abuse.

Both the *Guidelines for the Use of Controlled Substances in the Treatment of Pain* approved by the College of Physicians and Surgeons of Nova Scotia, and the *Pharmacotherapy of Chronic Pain: A Review* (quoted above) suggest more regular follow-up of patients with chronic non-cancer pain who are prescribed controlled substances.

For these reasons, the Board of the Prescription Monitoring Program discourages prescribers from providing lengthy part fills to patients. This, it is felt, will promote better healthcare and discourage prescription drug diversion and abuse.



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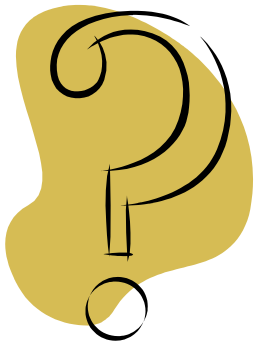
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NSPMP COMPLETES SURVEY OF ON-LINE PHARMACIES

In July/August, 2006, the NSPMP surveyed 100 on-line stores to obtain feedback from pharmacists on the usability of the new system, the benefits of the new on-line messaging, and on the customer service being provided. There was a 73% response rate to the survey and the results were overwhelmingly positive:

- 91.8% of respondents rated the system as easy to very easy to use.
- 94.9% of respondents noted that messaging was useful to very useful.
- 99% rated customer service from NSPMP as good to excellent.

Survey Comments & Responses:

Some Pharmacists are experiencing problems with "part fills".

Survey comments indicate that prescriber's notes regarding part fills are, at times, illegible or incomplete. Clear instructions in this area were noted to be beneficial when dispensing. This has been communicated to prescribers.

An alert process for stolen pads was requested.

The NSPMP currently provides alerts on stolen prescriptions through the PANS e-mail network. We are currently finalizing a new fax alert system which will go to all pharmacies directly and immediately when an alert is received.

Adding benzodiazepines to the list of monitored drugs was suggested.

The Board of the NSPMP recognizes that there are areas of concern regarding the use of this drug class. Consideration is being given to adding this group to the list for monitoring at a future date.

Incomplete prescription information was noted to cause problems for pharmacists in using the on-line system.

Pharmacists reported that missing information, such as health card numbers, interfere with their ability to use the on-line system. When the health card number is missing, incomplete or inaccurate, the pharmacist must process the claim manually and mail it to the NSPMP. Again, this has been communicated to prescribers.

The NSPMP thanks all survey participants and will be following up in the near future to address individual questions.

Accessing Program Services

Services can be accessed by contacting the NSPMP office: 902-496-7123 or by email at pmp@medavie.bluecross.ca.