NARCOTICS MONITORING SYSTEM

SIX IMPORTANT TIPS

Since 2012, pharmacies in Ontario have been submitting information about monitored drugs to the Narcotics Monitoring System (NMS). The purpose of the NMS is to review dispensing and prescribing activities for prescription narcotics and other controlled substance medications in community healthcare. The NMS helps to identify and alert pharmacies of potential misuse issues with monitored drugs, such as patients who are potentially double-doctoring or making visits to multiple pharmacies.

Pharmacies are asked to submit several pieces of information to the NMS when dispensing a monitored drug. Required information includes:

- Prescriber's registration number
- Prescriber ID reference (identifying the professional College to which the prescriber belongs, e.g., member of CPSO, RCDSO, etc.)
- Identification number of the patient
- Name of the person for whom the monitored drug is prescribed
- Date of birth and gender of the person for whom the monitored drug is prescribed
- Date on which the monitored drug is dispensed
- Drug identification number
- Quantity of the monitored drug dispensed
- Length of therapy, in number of days, of the monitored drug
- Prescription number
- Pharmacist ID (registration number from OCP)
- Pharmacy ID

However, a recent analysis of NMS usage suggests that errors are being made when entering data into the system. The following are six important things to remember when using the NMS:

1. Do not use the NMS for inter-store transfers

The NMS is meant for capturing data resulting from dispensing monitored drugs to patients — do not use it to capture inter-store or stock transfers between pharmacies.

2. Do not use the NMS to account for destroyed medications

Similarly, the NMS should not be used to capture information about monitored drugs that are damaged, expired, unusable, returned or otherwise need to be destroyed. It is meant for capturing data about patients receiving monitored drugs — it is not for inventory management. Adding information about destroyed medications to the NMS may trigger an inaccurate alert. Refer to OCP's Fact Sheet on the Destruction of Narcotics, Controlled Drugs and Targeted Substances for more information.

3. Enter the proper information for drugs that are for "office use"

Monitored drugs that are for "office use" should be captured in the NMS. However, there are two important pieces of informa-

tion that must be included in the NMS entry. First, the prescriber is never the dispensing pharmacist — if a physician or dentist has ordered monitored drugs for office use, then that practitioner is the prescriber and must be noted as such. Second, the days supply must be noted as 999. Entering 999 in the days supply field is the official signifier for "office use" drugs in the NMS. Find other details on how to make submissions for office use drugs here: http://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/exec_office_odb_20120924.pdf

4. Enter the day's supply as accurately as possible

Correctly predicting a day's supply can sometimes be difficult. However, providing a thoughtful estimate is critical to avoiding incorrect warnings and/or providing intervention when required. It's unlikely that dispensers will perfectly predict the day's supply, but thoughtful consideration is necessary. Do not enter 1 or 100 in place of making an informed estimate for the day's supply.

5. Confirm the prescriber's name

You must always confirm that the name of the prescriber is accurate. Recent analysis of NMS data revealed an issue wherein prescribers with terms or conditions on their license were inappropriately prescribing narcotics or other controlled substances. However, it appears that the actual mistake is occurring at data entry when a patient's prescriber has changed, but the dispenser did not update the prescriber's name on the NMS record. This error has resulted in unnecessary investigations by regulatory Colleges.

6. Make submissions in a timely manner

In order for the NMS to function as intended, records must be as timely as possible. For example, if a prescription was filled and the patient did not come to pick it up — and the pharmacy has not reversed the entry in the NMS — the system could trigger an inaccurate alert if the patient attempts to fill the prescription elsewhere.

As part of the province's Narcotics Monitoring Strategy, the NMS helps to promote the proper use, prescribing and dispensing of prescription narcotics and other controlled substance medications, while ensuring that the people who need them can access them.

Ultimately, correct use of the NMS will help to reduce the misuse, addiction, unlawful activities and deaths related to monitored drugs.

HELPFUL LINKS

General information about the NMS and Ontario's Narcotics Monitoring Strategy: http://www.health.gov.on.ca/en/pro/programs/drugs/ons/about.aspx

Frequently Asked Questions: (http://www.health.gov.on.ca/en/pro/programs/drugs/ons/ons_faq.aspx)

A notice from the Executive Officer re: proper submissions to the NMS: (http://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/exec_office_odb_20120924.pdf)

PATCH4PATCH

Fentanyl, a prescription-only drug, is a synthetic opioid used primarily to treat severe pain. Fentanyl is available in many forms, including as an injection and as a transdermal patch that slowly releases the medication through the skin. When used incorrectly, or abused, fentanyl can pose significant health risks.

A recent report from the Canadian Centre on Substance Abuse indicates as many as 655 Canadians may have died between 2009 and 2014 as a result of fentanyl overdoses. The diversion of pharmaceutical fentanyl patches is one means by which fentanyl is finding its way into the illicit drug market. This non-medical use of fentanyl creates a risk of overdose because of the high potency of the drug.

Bill 33 *Safeguarding our Communities Act (Patch for Patch Return Policy), 2015*, received royal assent on December 10, 2015. The bill establishes a framework for implementing a regulated Patch4Patch program in Ontario. In addition to establishing requirements that apply to prescribers, the legislation sets out the rules that apply to persons who dispense fentanyl patches. The provisions of the Act that refer to fentanyl patches apply to all controlled substances patches. It is anticipated that regulations supporting the provisions in the Act will be developed by government and implemented in 2016.

Stay tuned for more information about fentanyl and the Patch4Patch program.