

The Narcotics Monitoring System (NMS) and Opioid Maintenance Treatment (Methadone and Buprenorphine)

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Use of the NMS system is an important tool for improving patient safety. Pharmacists treating people on opioid maintenance treatments (OMT) — e.g. methadone and buprenorphine — are providing care to patients who are already diagnosed with a substance use disorder. Therefore, paying particular attention to the NMS alerts is critical for this population. Pharmacists — but not physicians — have access to these real-time drug utilization review (DUR) alerts. Some physicians are beginning to provide directions regarding NMS messages on their prescriptions.

FIVE THINGS TO CONSIDER:

1. PRESCRIBERS RELY ON PHARMACISTS TO MAKE THEM AWARE OF NMS DUR ALERTS.

Pharmacists have the responsibility to follow up and communicate information relating to these alerts as necessary.

When a pharmacist receives a DUR warning message, the message may indicate a potential overuse/misuse situation. This may have important consequences on patient safety. Pharmacists must evaluate the response codes received and work in conjunction with the prescriber, other pharmacists providing care to the patient, and the patient to determine the appropriate course of action.

Recognizing that prescribers and pharmacists are part of the "circle of care", they may share information about the alerts and patient information to help inform next steps in the treatment plan.

The NMS DUR warnings are intended to alert pharmacists of potential inappropriate use of monitored drugs and represent only one component of all information to be considered in the delivery of patient care.

Pharmacists should document their interventions regarding NMS alerts.

2. WHAT DOES "DOUBLE DOCTORING" AND "POLY-PHARMACY" REALLY MEAN ACCORDING TO NMS?

"May be double doctoring" message reflects that: the patient has obtained monitored drugs prescribed by 3 or more different prescribers in the previous 28 days*.

"Poly-pharmacy use indicated" message reflects that: the patient has obtained monitored drugs from 3 or more different dispensaries in the past 28 days.

It's important that healthcare providers are cognizant of the limits of the system and not rely on the NMS as the sole check. It should be noted that the threshold may be less sensitive for the triggering of alerts than the impression of many pharmacists and physicians.

Pharmacists need to pay attention to NMS messages especially for patients on OMT, who by definition have a diagnosis of a substance use disorder.

*This is different from the double doctoring definition in the federal Controlled Drugs and Substance Act, where a patient receives a narcotic prescription from a second physician within 30 days, without disclosing this information.

3. PAYING EXTRA ATTENTION TO NMS ALERTS IS IMPORTANT AT THE START OF OMT

The initiation of opioid maintenance treatment is a period of high risk. It is possible that this will trigger multiple NMS alerts. Such alerts may be the result of the patient's substance use history which has brought them into treatment or may reflect narcotic, controlled drug, and targeted substance prescriptions currently in circulation which might require cancelling.

Pharmacists are encouraged to make patients aware of the NMS system and whenever possible, discuss NMS alerts directly with the patient. The outset of opioid maintenance treatment is a good time to do this.

4. BEING MINDFUL OF NMS WARNINGS IS IMPORTANT THROUGHOUT OMT

Alerts can be very meaningful even if a patient is considered to be stable.

Pharmacists need to recognize another limitation of the NMS: The alert warnings from the NMS are for information only, not rejections, and as such, there is no requirement to "over-ride". Hence, there is need for education and involvement of other pharmacy staff in the process. They should be advised not to ignore any warnings and to provide information to the pharmacist for follow up to help guide treatment.

As discussed above, pharmacists need to use their professional judgment with this limited information. There is a need to work collaboratively with other treatment providers and the patient in the information gathering process so that appropriate clinical decisions can be made.

5. PATIENTS AND THE NMS

Patients need to be involved in their care and understand that DUR alerts are intended to optimize patient safety. As much as possible, the warning messages and their management should not be viewed as punitive.

When an alert is triggered, the patient can be consulted to provide further information to benefit their care. If patients are aware that these alerts exist, it may lead to patients taking a proactive approach in informing their physicians and pharmacists about other medications that are prescribed for them.

“MY-duplicate drug other pharmacy” warnings, especially with reference to methadone or buprenorphine, may be in response to a situation that has the potential to pose serious harm to the patient. Pharmacists need follow up appropriately, and address the safety concerns in a timely manner prior to dispensing.

DRUG UTILIZATION REVIEW (DUR) RESPONSE CODE & DESCRIPTION	MEANINGS OF THE WARNING MESSAGE*
MH - May be double doctoring*	Indicates that, including the current claim, the recipient has obtained monitored drugs prescribed by 3 or more different prescribers in the past 28 days.
MI - Poly-pharmacy use indicated	Indicates that, including the current claim, the recipient has obtained monitored drugs from 3 or more different dispensaries in the past 28 days.
D7- Refill too soon	Indicates that, based on the days supply of the previous claim submitted to the NMS, a refill should not be required at this time. The patient may still have enough product available.
DE - Fill/refill too late	Indicates that, based on the days supply of the previous claim submitted to the NMS, a refill is overdue at this time.
MY - Duplicate drug other pharmacy	Indicates that prior dispensing transaction exists for: <ul style="list-style-type: none"> o same patient o same Drug Identification Number/Product Identification Number or interchangeable product o same date of service o different dispensary

- http://www.health.gov.on.ca/en/pro/programs/drugs/ons/monitoring_system.aspx
- http://www.health.gov.on.ca/en/pro/programs/drugs/resources/narcotics_manual.pdf
- http://www.health.gov.on.ca/en/pro/programs/drugs/ons/docs/monitoring_faq.pdf

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