Prescription Review Program

2017 Annual Report

April 1, 2018

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Annual Report 2017

Prescription Review Program Overview

The Prescription Review Program (PRP) is an education-based program of the College of Physicians and Surgeons of Saskatchewan (CPSS) that monitors medications with known misuse, abuse and diversion potential for possible inappropriate prescribing by physicians, and possible in appropriate use by patients. The list of medications monitored by the PRP are listed in the CPSS Regulatory Bylaw 18.1 (Appendix A) as well as in Appendix B (*Prescription Review Program Monitored Medications*). In addition to this, Bylaw 18.1 outlines the requirements for prescribing these medications.

The PRP alerts physicians of possible inappropriate prescribing or of inappropriate use of PRP medications by their patients most commonly by letter. Depending on the situation, the PRP staff may contact the physician directly by phone. The PRP provides supportive and/or educational information, as well as recommendations to physicians in order to encourage appropriate prescribing practices. In some cases, physicians are required to provide explanations for their prescribing of medications to which the PRP applies. After reviewing a physician's reply, the PRP may make additional recommendations regarding best practices, to improve patient outcomes or reduce the possibility of inappropriate use of medications.

Staffing and Workflow

The staffing at the PRP for 2017 included:

- An administrative assistant (who also supports the Opioid Agonist Therapy Program Manager);
- A PRP Analyst (a registered pharmacy technician hired in August 2016);
- A part-time contract pharmacist providing up to two days of service a week (started September 1, 2017);
- The Program Manager (a pharmacist).

The main role of the administrative assistant is to process and prepare all correspondence to physicians, to identify instances of double doctoring each month, to assist in the monitoring of patients profiles, and to support the PRP team with administrative tasks. This role is divided between the PRP and the Opioid Agonist Therapy Program, and as such, the administrative assistant also is responsible to coordinate the approval of methadone exemption through Health Canada.

The main role of the Analyst is to monitor and review patient medication profiles, generate reports related to specific medication use or specific prescribers, and identify possible areas of concern. The Analyst is also the lead on law enforcement engagement, as well as receiving and responding to public information related to the possible diversion of PRP medications.

The main role of the contract pharmacist is to assist with responding to physician correspondence, and other PRP duties as assigned.

The main role of the Program Manager is to guide the work of the PRP and support physicians through education and recommendations related to the prescribing of PRP medications. The Program Manager also works with various stakeholder groups (e.g. FNIHB, NIHB, SCPP, SRNA, Ministry of Health, and many others) to help optimize prescribing and address prescription drug abuse in Saskatchewan.

There are numerous other roles, responsibilities and activities performed by the PRP team and they vary significantly from day-to-day, to month-to-month depending on Program demands, such as requests from Legal Counsel or the Quality of Care Department, the coordination of educational events, or stakeholder requests.

Generally, the day-to-day activities of the PRP for the period of this report can be summarized as follows:

Throughout 2017, the workflow and work processes continued to be refined, altered and optimized. The PRP continues to focus on striving for a paperless workflow process and further optimized their use of the electronic document management software.

Prescription Review Program Letters

There are four categories of letters most commonly sent to physicians by the PRP: Double Doctor, Explain, Alert, and Response. These are defined in the blue box on the right-hand side of the page, and the letter counts are in the table below.

Letter Counts for 2017

Letter Type	# sent out in 2017
Double Doctor	6002
Explain/Alert (1st contact)	528
2nd Request	40
Response/Recommendations	288
Law Enforcement Requests	79

Monthly computer generated **double doctor letters** are mailed out to alert physicians that a patient to whom they have prescribed has received a prescription for a PRP medications from at least two other prescribers. The reporting program is able to identify prescribers working at the same clinic address, based on the information provided to the College by individual physicians. Of note, the program cannot identify physicians providing services to federal corrections facilities, nor patients receiving medications from an in-hospital pharmacy.

Alert letters are also sent to physicians as a result of calls received by the PRP staff from individuals (sometimes anonymously) providing information that someone (who has been prescribed PRP medications) may possibly be misusing and/or diverting their medication. The PRP does not suggest in those letters that the physician cease prescribing to the patient. Rather, the PRP recommends that the prescriber put safeguards in place, such as treatment agreements, current random urine drug testing or surprise tablet counts in order to prevent prescription drug misuse or diversion. Alert letters will also be sent to physicians when the PRP receives information from law enforcement about the misuse or diversion of medications.

TYPES OF LETTERS

Alert – sent when the patient is identified as potentially misusing his/her meds (e.g. early refills, law enforcement investigation, information from public/HCP of misuse or diversion).

Double Doctor – sent when a patient received PRP meds from 3 or more physicians, at 3 different practice site addresses in a calendar month. These are system generated letters.

Explain – letters sent to physicians to get their rationale for prescribing (e.g. provide the medical indication and dosing) .

Law Enforcement Request – when a patient medication profile is provided to law enforcement for the purpose of an active investigation.

Prescription – letters to physicians regarding Bylaws 17.1 and 18.1 related to legibility and PRP requirements for a valid prescription.

Response/Recommendations – PRP Manager's response to a physician's explain letter response. These often contain recommendations and recommended resources.

Explain letters can be sent for a variety of reasons, but are always in reference to possible inappropriate or suboptimal prescribing. Common triggers that result in an explain letter include, but are not limited to:

- Double doctoring for an extended period of time (i.e. multiple months)
- A pattern of early refills
- Chronic use of benzodiazepines
- The combined use of a benzodiazepine and opioid
- The concurrent use of two benzodiazepines
- The concurrent use of two opioids
- Prescribing of large quantities of immediate-release opioids repeatedly with/without the use of a sustained-release preparation
- Prescribing of opioids and benzodiazepines for patients concurrently receiving opioid agonist therapy
- Patients with a history of unexpected urine drug screen results
- Large quantities of tablets being dispensed regularly
- Use of brand name preparations when a generic is available
- Specific medications very infrequently used (e.g. Demerol, Talwin, phenobarbital)

Once the physician provides a response to an Explain letter, the PRP can make an assessment of the appropriateness of the prescribing and provide recommendations for possible medication changes or general medication management, such as random urine drug screens, random pill counts, treatment agreements, or other approaches in the **Response/Recommendations letter** sent back to the physician.

Highlights of PRP Activities for 2017

For the activities below, the PRP team member(s) who attended are denoted by: PM – PRP Pharmacist Manager; PA – PRP Analyst; AA – PRP Administrative Assistant

Below are the PRP activities that occurred in 2017 in relation to education to various stakeholder groups, partnerships and collaborations with various stakeholder groups, as well as educational events attended.

Educational Outreach

- **Saskatchewan International Physician Practice Assessment (SIPPA)** – PM
  - Presentation Title: *What is the PRP?*
  - February 10, 2017; June 8, 2017; September 22, 2017
    - Saskatoon, Saskatchewan

- **FNIHB Elder Meeting** - PM
  - Presentation Title: *What is the PRP?*
  - Ministry of Justice also in attendance
  - March 23, 2017
    - Saskatoon, Saskatchewan

- **Presentation to Saskatoon Tribal Council** – PM
  - Presentation Title: *What is the PRP?*
  - April 28, 2017
    - Saskatoon, Saskatchewan

- **Law Enforcement Educational Event** – PM, PA, AA
  - Presentation Title: *PRP Meets Saskatchewan's Law Enforcement*
  - In attendance: RCMP, City Police, Ministry of Health, Ministry of Justice, RCMP Academy
    - *Presented via WebEx to a live audience*
  - June 7, 2017
    - CPSS, Saskatoon, Saskatchewan

- **Community Navigator Workshop** – PM, PA
  - Presentation Title: *Prescription Drug Abuse*
  - July 25, 2017
    - Regina, Saskatchewan

- ***No Future in a Flatline* Saskatchewan Fentanyl & Opioid Seminar** – PM
  - Presentation Title: *Prescription Review Program*
  - Objective: To provide a high level overview of various law enforcement and justice community-based initiatives within the province of Saskatchewan that target abuse or illegal use of opioids. Presenters included representatives from policing, corrections, the Crown Attorney's Office along with government ministries and professional governance bodies.
  - Presented via WebEx to a live audience

- Target audience: Front line policing, Community Based Organizations, Health partners, Ministry of Justice, Canada Border Services Agency
- September 19, 2017
  - RCMP Heritage Centre in Regina, Saskatchewan

- **The College of Physicians and Surgeons of Saskatchewan presents the Opioid Substitution Therapy Conference - *Passion. Hope. Recovery.*** – PM, PA, AA
  - Target Audience: Physicians, pharmacists, nurses, pharmacy technicians, counselors and other individuals working with patients undergoing opioid substitution therapy
  - 176 registrants (90 of which were physicians); 17 presentation topics; 15 speakers
  - April 29 & 30, 2017
    - Saskatoon Inn, Saskatoon, Saskatchewan

- **Current Options for Managing Pain and Addiction Conference (COMPAC)** – PM, PA
  - The target audience of healthcare providers included: family physicians, physician specialists, medical residents, nurse practitioners, nurses, pharmacists, physical and occupational therapists, psychologists, dentists, social workers and pharmacy technicians.
  - Combined innovative education sessions with interprofessional networking opportunities to address complexities of care for people with acute, chronic, and recurrent pain, and/or substance use disorders.
  - 252 registrants; 38 speakers
  - October 27 & 28, 2017
    - Sheraton, Saskatoon, Saskatchewan

- **National Civil Forfeiture Executive Committee Meeting** – PM & Field Officer from SCPP
  - Presentation explaining the role of both Colleges, what the PRP is, and possible opportunities for collaboration
  - November 11, 2017
    - Regina, Saskatchewan

- **Presentation to Saskatoon HIV/AIDS, Health Canada, and FNIHB** – PM
  - Presentation Objective: Increase audience's ability to provide clients accurate information about Suboxone alternative treatment and advocate on their behalf when they suspect overprescribing and/or diversion.
  - November 14, 2017
    - Saskatoon, Saskatchewan

Partnerships and Collaborative Efforts

- **Meeting with Minster of Justice Gord Wyant and Deputy Minister Dale McFee** – PM
  - Meeting Objective: To discuss the effects of fentanyl in Saskatchewan and the collaboration of PRP with the Ministry of Justice.
  - February 13, 2017
    - Saskatoon, Saskatchewan

- **Meeting with Missinipi Broadcasting Corporation** – PM
  - Nap Gardiner (MBC) & Katy Windl (NIHB) were present on the conference call
  - Meeting Objective: To discuss how MBC is proposing to help the College of Physicians and Surgeons of Saskatchewan educate the aboriginal public on impact of misuse and diversion of prescription drugs of prescription drugs.
  - April 27, 2017

- **Canadian Community Epidemiology Network on Drug Use (CCENDU) Meeting of the National Network** – PM
  - Meeting Objectives:
    - Identify emerging alcohol and drug use trends in order to identify possible evidence-informed responses
    - Identify and prioritize opportunities to increase linkages and capacity across and beyond the network
    - Build and reflect on activities of the past year to inform the 2017-2018 CCENDU work plan
  - May 18 & 19, 2017
    - Montreal, QC (Delta Hotels by Marriott)
      **Funded by CCENDU

- **Saskatchewan Regional Prescription Drug Abuse Coordinating Meeting - FNIHB-SK PDA Meeting** – PM
  - May 26, 2017
    - Saskatoon, Saskatchewan (Correctional Learning & Development Centre)

- **Collaboration with Dr. Luke Terret & Jeff Elder of the Saskatoon Health Region** – PM, PA
  - Saskatoon Emergency Department Opioid Use Study
    - The PRP Analyst provided de-identified data that included physician-specific opioid prescribing data (fentanyl, hydromorphone, morphine, Percocet, Tylenol #3 and all generics) prescribed pre- and post-guideline implementation in the Saskatoon ERs
      - Results have been submitted to the Canadian Journal of Emergency Medicine for 2018
  - July to August 2017

- **medSask Advisory Board Meeting** - PM
  - August 24, 2017
  - Saskatoon, Saskatchewan (University of Saskatchewan)

- **Saskatchewan Regional Prescription Drug Abuse Coordinating Meeting - FNIHB-SK PDA Meeting** – PM
    - October 4 & 5, 2017
        - Regina, Saskatchewan (First Nations University of Canada)

- **Pharmacy Technician Society of Saskatchewan (PTSS) conference** – PA
    - Presentation Title: *What is the PRP and what does the Analyst do?*
        - Objective: Discuss how pharmacies can collaborate with PRP to make patients and communities safer.
    - Presented to 50+ technician/assistants from hospital/community pharmacies
    - October 21, 2017
        - Travelodge, Saskatoon, Saskatchewan

- **Northern Alcohol Strategy Event – *Changing the Story***
    - Multidisciplinary event provided over six sessions (each session was repeated once to facilitate attendance).
    - The object of the education session was to provide the community with evidence-based cross sector tools on mentoring, education and management of alcohol and opioid use disorders, on the premise that when communities address the issue, every sector is positively impacted.
    - 3 speakers : Leslie Molnar (Clinical Social Work/Therapist), Dr. Ashok Krishnamurthy (MD), and Irene Njoroge (advanced practical nurse) all from the Women's College Hospital (Ontario)
    - Topics included: mentoring, education, and clinical tools for addiction, primary care management of alcohol and opioid use disorders, management of alcohol and opioid use disorders in the community and in the workplace
    - 192 registrants (including physicians, pharmacists, nurses, business management representatives, law enforcement, and members of the public)
    - October 23 to 26, 2017
        - Eagle Point Resort, La Ronge, Saskatchewan

- **Government of Saskatchewan Coordinated Health Stakeholders - Problematic Use of Opioids Meeting** – PM
    - Meeting purpose: The Ministry of Health organized a stakeholders meeting on the subject of problematic use and misuse of opioids. Most provinces and territories including Saskatchewan have agreed to contribute to reporting on a range of activities that are underway in their respective jurisdiction.
    - February 8, 2017; September 13, 2017
        - Regina, Saskatchewan

- **Meeting with Moose Jaw Police Service** – PM, PA
    - Meeting purpose: Networking opportunity with Chief Bourassa and the senior team. The discussion included how PRP and MJPS can collaborate on addressing diversion and trafficking investigations in the community. Also discussed future educational sessions for their internal staff on prescription drug abuse in Saskatchewan.
    - July 25, 2017
        - Moose Jaw, Saskatchewan

- **Meeting: Addressing barriers to opioid agonist treatments in Saskatchewan** – PM & OATP Manager
    - Meeting purpose: addressing barriers to treatment for opioid use disorder in order to increase access to buprenorphine/naloxone combination.
    - Attendees: CPSS, U of S, Northern Medical Services, FNIHB – office of population & public health, Controlled substances directorate – opioid response team – Health Canada
    - November 17, 2017
        - Saskatoon, Saskatchewan

Attendance at Education Events

- **Pharmacist Information Session: Substitution Therapy for Opioid Use Disorder – The Role of Suboxone (buprenorphine/naloxone)**- PM
    - Coordinated by Indivior in collaboration with CPDPP (request made after prescriber session was organized)
    - Speaker: Brett Baumback
    - February 1, 2017
        - Saskatoon, Saskatchewan

- **Presentation by Dr. Murray Opdahl on Medical Cannabis** - PM
    - March 2, 2017
        - Saskatoon, Saskatchewan

- **Webinar: Fentanyl and Its Chemical Cousins: Abuse Patterns, Surveillance, and Treatment** – PM
    - March 7, 2017

- **Pharmacy Association of Saskatchewan Annual Conference** - PM
    - April 5 to 7, 2017
        - Saskatoon, Saskatchewan

- **Call to Action: The time is right for a Provincial Pain Strategy (webinar)** – PM
    - Event Description: An educational webinar to learn more about Pain Management, the Opioid Crisis and strategies to support improved pain services. The SRNA Pain Management Professional Practice Group has collaborated with key stakeholders to develop a provincial pain strategy framework. Join our moderated panel session to hear about national and provincial pain initiatives, the impact of the opioid crisis and the experiences of individuals living with pain. The time is right to get involved and provide input into this important topic!
    - May 31, 2017

- **Canadian Pharmacy Association Annual (CPhA) Conference** - PM
    - June 1 to 5, 2017

        - Quebec City, Quebec

- **Federation of Medical Regulatory Authorities of Canada (FMRAC) Annual Meeting and Conference** - PM
    - June 10 to 12, 2017
        - Winnipeg, Manitoba

- **Webinar: Physician Opioid Prescribing Understanding, Identifying and Re-mediating Problematic Behaviors** - PM
    - June 13, 2017

- **Webinar: Opioids in the Acute Care Setting: Safety is Within Our Reach** - PM
    - July 11, 2017

- **Dialogue to Action on Discussing Substance Use with Women** – PM & Dr. Karen Shaw
    - Hosted by: Centre of Excellence for Women's Health
    - September 21, 2017
        - Saskatoon, Saskatchewan

- **Webinar: Street Fentanyl and Its Analogues - What Pharmacists Need to Know** - PM
    - September 28, 2017

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    - September 28, 2017

- **CADTH Lecture — Canada's Opioid Crisis: The Changing Reality Between Exam Rooms and Ivory Towers; Presented by Dr. Hakique Virani** - PM
    - October 12, 2017

- **Webinar: Braiding together Indigenous wellness, trauma- and gender-informed approaches in the substance use field**- PM
    - October 19, 2017

- **Perspective on Substance Use and Recovery** – PA
    - Hosted by: Break the Barrier
    - 200+ attendees
    - Panelist included physicians, law enforcement, pharmacist, addictions counsellor, and social worker
    - November 13, 2017
        - Asher Auditorium, City Hospital, Saskatoon

- **Webinar: Pharmacists facing the opioid crisis with evidence and experience** - PM
    - November 15, 2017

- **RxFiles Presentation to CPSS Staff**
    - Topic: Opioids in Chronic Non-cancer Pain
    - December 22, 2017

In addition to the above listed activities, the PRP continues to collaborate with the College of Pharmacy Professionals (mainly through Lori Postnikoff, field officer) to identify apparent inappropriate dispensing of PRP drugs. The PRP also continued its work with the National Advisory Council on Prescription Drug Misuse in partnership with the Canadian Centre on Substance Abuse, a comprehensive 10 year pan-Canadian strategy, *First Do No Harm: Responding to Canada's Prescription Drug Crisis* which was released in March 2013. The strategy highlights the actions required to address the harm associated with the misuse of prescription drugs in Canada in the areas of prevention, education, treatment, monitoring and surveillance and enforcement. The PRP also continues to work with NIHB, the FNIHB Prescription Drug Abuse Saskatchewan group, both the Ministry of Health and Ministry of Justice (including Corrections, Policing and the Chief Coroner's Office), the Provincial Lab, College of Dental Surgeons, Saskatchewan Registered Nurses Association, CCENDU (PRP manages the CCENDU Saskatchewan Facebook page), and CRISM.

Other PRP activities of note that occurred in 2017 include:

- Collaboration with the Saskatchewan Medical Association (SMA) to establish criteria for the Medical Services Branch (MSB) *Chronic Pain Billing Code*
- Participation with the Current Options for Managing Pain and Addiction Conference (COMPAC) Planning Committee & Curriculum Sub-Committee
- Collaboration with the Ministry of Justice Fentanyl Opioid Overdose Task Force (Cory Lerat, Kait Quinn)
- Collaboration with eHealth to redesign MicroStrategies to meet the needs of PRP
- Collaboration with the Safer Communities and Neighbourhoods (SCAN) Unit
- Collaboration with Dr. Nathaniel Osgood - Professor, Department of Computer Science; Associate Faculty, Department of Community Health & Epidemiology; Associate Faculty, Bioengineering Division – on health informatics and analysis of the PRP data
- Initiated Project ECHO (Extension for Community Healthcare Outcomes) work with Dr Susan Tupper and Dr Cathy Jeffery
    - Project ECHO links expert specialist teams at an academic hub with primary care clinicians in local communities.
- Collaboration with College of Physicians and Surgeons of British Columbia (CPSBC) Prescription Monitoring Program by spending time at the Program in Vancouver comparing processes and approaches to monitoring
- Participated in the national consultation on the Section 56 methadone exemption with Health Canada
- Continued with the development and growth of the saskpainaddiction.com website

SPEP Students

For the first time, the PRP accepted two 4th year pharmacy SPEP students on their specialty rotations in 2017. Below is a quick overview of their work and experience at PRP. An overview of their experience was provide in DocTalk Volume 4, Issue 1, 2017 available: http://www.cps.sk.ca/iMIS/Documents/Newsletters/DOCTALVol4_Issue1.pdf

1. Lin Wang
    - Offsite experiences that included shadowing different health professionals
        - Kirsty (pharmacist), Mayfair Pharmacy
        - Dr. R McAllister & Dr. M Markentin, Methadone Clinic on 20th
            - Methadone for Addiction
        - Naloxone training, Mayfair Pharmacy
        - Dr. M Opdahl
            - Methadone for Pain
        - Dr. L Pawluck
            - Methadone for Addiction
        - Christi (RN), Brief Detox Centre
    - Presentation
        - Experience at CPSS
    - Projects
        - Opioid prescribing checklist for chronic pain

2. Arielle Sherman
    - Offsite experiences that included shadowing different health professionals
        - Dr. R McAllister & Dr. M Markentin, Methadone Clinic on 20th
            - Methadone for addiction
        - Kim Roblin (Addictions Counsellor)
        - Kirsty (pharmacist), Mayfair Pharmacy
        - Dr. P Butt, Mayfair Pharmacy
        - Christi (RN), Brief Detox Centre
    - Presentation
        - Experience at CPSS
    - Projects
        - Opioid myths and facts, Fentanyl patch return tool box
        - DocTalk article: 2C-B and Other Illicit Drugs Surfacing Today

PRP Medication Use in Saskatchewan for 2017
Trends and Insight

An overview of the PRP medications prescribed and dispensed in Saskatchewan are available in Appendices C through F. Dispensing quantities from 2013 to 2017 were provided to allow for a comparison and to identify possible trends.

Stimulants (Methylphenidate)

- **Concerta** use has gradually increased from 2013 to 2017, while all other forms of methylphenidate have seen a general toward trend. It would appear that prescribers are opting for the Concerta formulation more frequently. While it is assumed that the Concerta formulation is less likely to be abused, law enforcement has indicated that this is not the case. Due to the increasing use of methylphenidate, the PRP will focus on ADD/ADHD and the use of stimulants in 2018.

Opioids

- The **fentanyl** injection, available as a 50mcg/mL vial showed a peak, or increased use, in 2016, but has dropped significantly in 2017. Fentanyl patches (all strengths) continued to show a decline in use. The concerns around illicit fentanyl and subsequent overdoses, along with the significant attention the media is giving to this topic, may have affected the use of prescription fentanyl.

- The **hydromorphone** 2mg/mL injection continues to be frequently dispensed. The oral immediate-release hydromorphone all saw a slight decrease in use, with the exception of the lowest strength of 1 mg. For the sustained-release preparations (Hydromorph Contin), the higher strengths of 12, 18, 24 and 30mg all decreased very slightly. Conversely, the lower strengths of 3, 4.5, 6 and 9mg all saw slight increases. Overall, the hydromorphone dispensed, in morphine equivalents saw a decrease for the first time since 2013 (however the level still exceeds that of 2015 and previous years).

- The **morphine** 10mg/mL and 15 mg/mL injection saw a decline in use from 2016, but the use of the 50mg/mL preparation increased very slightly. However, the use of the oral syrup increased for both the 1mg/mL and the 5mg/mL strength. In terms of oral preparations, the use of 5mg immediate-release morphine has steadily increased since 2013, whereas the 10mg strength has decreased. The sustained-release preparations for morphine (both 12-hour and 24-hour preparations) generally saw a decrease in use with a few exceptions: M-Eslon 100mg and Kadian 10mg.

- The use of the **Oxycodone** immediate-release preparations across all three strengths continues to remain rather consistent. The use of the sustained-release product, OxyNEO, has continued to decrease. However, the prescribing of other preparations has resulted in an increase in the morphine equivalent of oxycodone in dispensed in Saskatchewan in 2017.

- **Acetaminophen/codeine combination products** have seen very consistent use over the five years, with the 30mg codeine containing product (e.g. Tylenol #3) being prescribed more commonly than the 20mg and 60mg codeine-containing preparations (Tylenol #2 and Tylenol #4).

Gabapentin

- The 300mg capsule continues to be the most commonly used preparation, and the prescribing of gabapentin continues to increase in Saskatchewan. Gabapentin is a common drug of abuse, and due to its growing use, the PRP will also focus educational efforts toward this medication in 2018.

Benzodiazepines

- The most commonly dispensed benzodiazepines in 2017 was **clonazepam** (specifically the 0.5mg strength) followed closely by **lorazepam** (specifically the 1mg strength). With the exception of clonazepam and lorazepam, the quantity of all other benzodiazepines listed decreased slightly in 2017 (alprazolam, diazepam, oxazepam, and temazepam).

Opioid-Associated Deaths

- According to the Office of the Chief Coroner report entitled 'Drug Overdose Deaths' (see Appendix H), there were 40 opioid associated deaths in 2017. However, this statistic is subject to change in 2018 as new investigations are undertaken and/or on-going investigations are concluded. In 2016, there were 100 deaths (accidental, suicide and undetermined), and 2015 had 121 deaths. While Saskatchewan saw a significant increase in the opioid associated deaths from 2014 to 2015, hopefully this trend does not continue. Regardless, it speaks to the need for further promotion of the use of naloxone.

Appendix A: CPSS Regulatory Bylaw 18.1

18.1 The Prescription Review Program

(a) Panel of Monitored Drugs – The Prescription Review Program shall apply to all dosage forms of the following drugs, except where indicated otherwise:

ACETAMINOPHEN WITH CODEINE - in all dosage forms except those containing 8 mg or less of codeine

ACETYLSALICYLIC ACID (ASA) WITH CODEINE - in all dosage forms except those containing 8 mg or less of codeine

AMPHETAMINES - in all dosage forms

ANABOLIC STEROIDS ANILERIDINE - in all dosage forms

BARBITUATES

BENZODIAZEPINES – in all dosages and forms

BUPRENORPHINE – in all dosages and forms

BUTALBITAL - in all dosage forms

BUTALBITAL WITH CODEINE - in all dosage forms

BUTORPHANOL

CHLORAL HYDRATE

COCAINE - in all dosage forms

CODEINE - as the single active ingredient, or in combination with other active ingredients, in all dosage forms except those containing 20 mg per 30 ml or less of codeine in liquid for oral administration

DIETHYLPROPION - in all dosage forms

FENTANYL - in all dosage forms

GABAPENTIN

HYDROCODONE - DIHYDROCODEINONE - in all dosage forms

HYDROMORPHONE - DIPHRYDROMORPHONE - in all dosage forms

LEVORPHANOL - in all dosage forms

MEPERIDINE - PETHIDINE - in all dosage forms

METHADONE - in all dosage forms

METHYLPHENIDATE - in all dosage forms

MORPHINE - in all dosage forms

NORMETHANDONE-P-HYDROXYEPHEDRINE - in all dosage forms

OXYCODONE - as the single active ingredient or in combination with other active ingredients in all dosage forms

OXYMORPHONE

PANTOPON - in all dosage forms

PENTAZOCINE - in all dosage forms

PHENTERMINE - in all dosage forms

PROPOXYPHENE - in all dosage forms (

b) Prescriptions for drugs covered by the Prescription Review Program shall be issued by physicians according to the policies and procedures agreed to and amended from time to time by the College of Dental Surgeons of Saskatchewan, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Registered Nurses Association and the Saskatchewan College of Pharmacists.

(c) In order to prescribe a drug to which the Prescription Review Program applies, physicians shall complete a written prescription which meets federal and provincial legal requirements and includes the following:

(i) The patient's date of birth;

(ii) The patient's address;

(iii) The total quantity of medication prescribed, both numerically and in written form;

(iv) The patient's health services number; and,

(v) The prescriber's name and address.

(d) For the purpose of this bylaw, "written prescription" includes an electronic prescription that meets the requirements for electronic prescribing under the Pharmaceutical Information Program.

(e) A physician who prescribes a drug to which the Prescription Review Program applies, and who provides the prescription directly to a pharmacy by electronic prescribing, by email or by FAX, or who transmits a prescription in accordance with the policies and protocols of the Pharmaceutical Information Program, need not include both the quantity numerically and in written form.

(f) If a physician is registered on the Educational Register, the physician shall, in addition to the information in paragraph (c) above, include the following in a prescription for a drug to which the Prescription Review Program applies:

(i) The training level of the physician writing the prescription;

(ii) The legibly printed name of the Most Responsible Physician (the physician to whom queries regarding the prescription should be addressed);

(iii) The legibly printed name of the physician writing the prescription.

(g) Physicians shall only prescribe part-fills of medications to which the Prescription Review Program applies if the following information is specified in the prescription:

(i) The total quantity;

(ii) The amount to be dispensed each time; and

(iii) The time interval between fills.

(h) The office of the Registrar may gather and analyze information pertaining to the prescribing of medications to which the Prescription Review Program applies in Saskatchewan for the purpose of limiting the inappropriate prescribing and inappropriate use of such drugs. In order to fulfill that role, the office of the Registrar may, among other activities:

(i) Generally, provide education to physicians in order to encourage appropriate prescribing practices by physicians registered by the College;

(ii) Alert physicians to possible inappropriate use of medications to which the Prescription Review Program applies by patients to whom they have prescribed such drugs;

(iii) Alert physicians to possible inappropriate prescribing of medications to which the Prescription Review Program applies;

(iv) Make recommendations to a physician with respect to the physician's prescribing of medications to which the Prescription Review Program applies;

(v) Require physicians to provide explanations for their prescribing of medications to which the Prescription Review Program applies. In making requests for explanations, the office of the Registrar may require the physician to provide information about the patient, the reasons for prescribing to the patient, and any knowledge which the physician may have about other narcotics or controlled drugs received by the patient;

(vi) Cause information, concerns or opinions of general application to the profession to be communicated to the physicians registered by the College without identifying the particular physician to whom such information relates;

(vii)Provide information gathered in connection with the Prescription Review Program to another health professional body including the College of Dental Surgeons of Saskatchewan, the Saskatchewan College of Pharmacists or the Saskatchewan Registered Nurses Association, provided the information gathered is required by that body to perform and carry out the duties of that health professional body pursuant to an Act with respect to regulating the profession. Where the personal health information relates to a member of the health professional body seeking disclosure, disclosure by the Registrar of that information may only be made in accordance with The Health Information Protection Act, and in particular section 27(5) or that Act.

(i) Physicians shall respond to such requests for explanation, as described in paragraph (h)(v) above, from the office of the Registrar within 14 days of receipt of such a request for information.

(j) The Registrar, Deputy Registrar, or Prescription Review Program Supervisor may extend the deadline for reply at their discretion, upon receipt of a written request for extension from the physician.

(k) All physicians who receive such a request for information will comply, to the best of their ability, fully and accurately with such requests for information.

(l) Failure to comply with paragraphs (h)(v), (i) and (k) above is unbecoming, improper, unprofessional or discreditable conduct.

(m) Members shall keep a record of all drugs to which the Prescription Review Program applies that are purchased or obtained for the member's practice and a record of all such drugs administered or furnished to a patient in or out of the physician's office, showing:

(i) the name, strength and quantity of the drug purchased or obtained;

(ii) the name, strength, dose and quantity of the drug administered or furnished;

(iii) the name and address of the person to whom it was administered or furnished, and, if applicable, the name and address of the person who took delivery of the drug; and

(iv) the date on which the drug was obtained and the date(s) on which the drug was administered, furnished or otherwise disposed of.

(n) The record referred to in paragraph (m) shall be kept separate from the patient's medical record.

Appendix B: Prescription Review Program Monitored Medications

The following section lists the chemical name of the monitored medication, the type of dosage form that is monitored, and all the tradename (or brand name) products that are currently available.

ACETAMINOPHEN WITH CODEINE - in all dosage forms except those containing 8mg or less of codeine

- EXCLUDES: Tylenol #1, Mersyndol
- Tylenol #2
- Tylenol #3
- Tylenol #4

ACETYLSALICYLIC ACID (ASA) WITH CODEINE - in all dosage forms except those containing 8 mg or less of codeine

- EXCLUDES: 222
- 282
- 292

AMPHETAMINES - in all dosage forms

- Adderall XR
- Dexedrine
- Vyvanse

ANABOLIC STEROIDS (testosterone)

- Andriol
- Androgel
- Testim
- Androderm
- Delatestryl

ANILERIDINE - in all dosage forms

BARBITUATES

- Phenobarbital

BENZODIAZEPINES – in all dosages and forms

- Alprazolam (Xanax)
- Bromazepam (Lectopam)
- Chlordiazepoxide
- Clonazepam (Rivotril)
- Clorazepate
- Diazepam (Valium)
- Flurazepam
- Lorazepam (Ativan)
- Nitrazepam (Mogadon)
- Oxazepam
- Temazepam (Restoril)
- Triazolam

BUPRENORPHINE – in all dosages and forms

- Butran Patch
- Suboxone (naloxone combo product)

BUTALBITAL - in all dosage forms **& BUTALBITAL WITH CODEINE** - in all dosage forms

- Fiorinal, Fiorinal C1/2, Fiorinal C1/4 (ASA, caffeine, codeine [15mg or 30mg], butalbital)

BUTORPHANOL

CHLORAL HYDRATE

COCAINE - in all dosage forms

CODEINE - as the single active ingredient, or in combination with other active ingredients, in all dosage forms except those containing 20 mg per 30 ml or less of codeine in liquid for oral administration

Controlled-release:

- Codeine Contin

DIETHYLPROPION - in all dosage forms

FENTANYL - in all dosage forms

- Duragesic patch
- Onsolis buccal film (cancelled post market)
- Abstral sublingual
- Fentora sublingual

GABAPENTIN

- Neurontin

HYDROCODONE - DIHYDROCODEINONE - in all dosage forms

- Dalmacol
- Hycodan
- Tussionex

HYDROMORPHONE - DIPHRYDROMORPHONE - in all dosage forms

Immediate-release:

- Dilaudid

Controlled-release:

- Hydromorph-Contin

LEVORPHANOL - in all dosage forms

MEPERIDINE - PETHIDINE - in all dosage forms

- Demerol

METHADONE - in all dosage forms

- Metadol

METHYLPHENIDATE - in all dosage forms

- Ritalin & Ritalin SR
- Biphentin
- Concerta

MORPHINE - in all dosage forms

Immediate-release:

- M.O.S.
- MS-IR
- Statex

Controlled-release:

- MS Contin
- MOS-SR
- M-Eslon
- Kadian

NORMETHANDONE-P-HYDROXYEPHEDRINE - in all dosage forms

OXYCODONE - as the single active ingredient or in combination with other active ingredients in all dosage forms

Immediate-release:

- OXY-IR
- Supeudol

Controlled-release:

- OxyNEO

OXYMORPHONE

PANTOPON - in all dosage forms

PENTAZOCINE - in all dosage forms

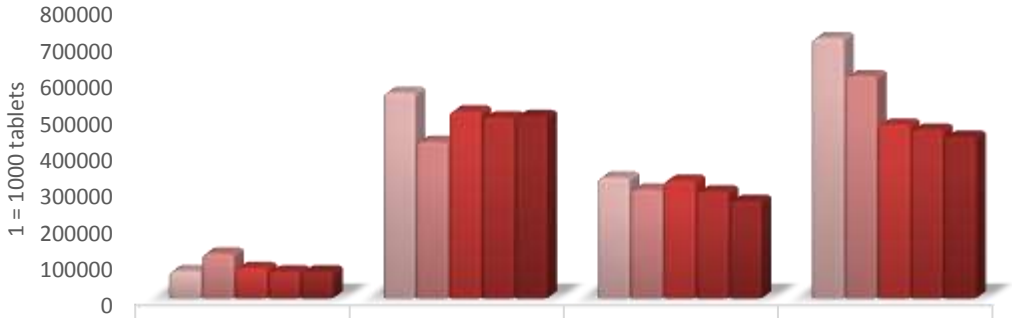
- Talwin

PHENTERMINE - in all dosage forms

PROPOXYPHENE - in all dosage forms

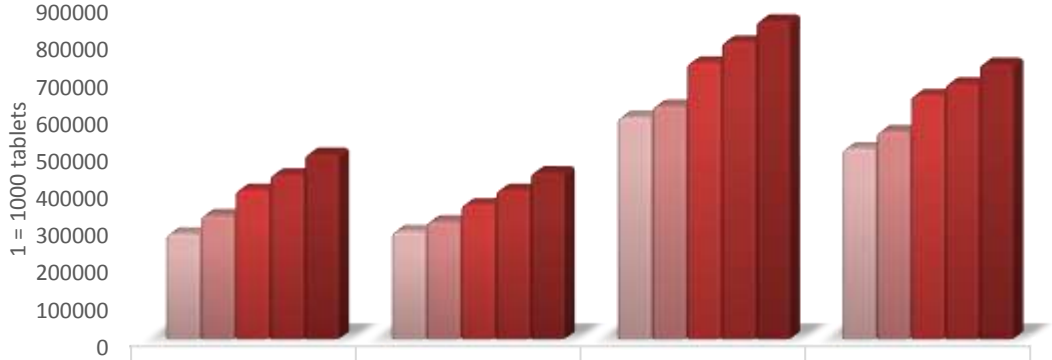
Appendix C: Stimulants

Methylphenidate



	5mg	10mg	20mg	SR 20mg
2013	75395	563782	331193	713542
2014	123176	429089	298661	609195
2015	84240	512707	322922	476599
2016	74118	496625	293462	463115
2017	74586	500192	267844	443421

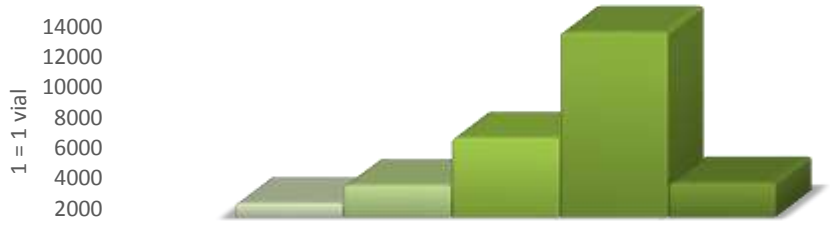
Concerta



	18mg	27mg	36mg	54mg
2013	283017	289812	596861	512237
2014	332691	315836	626489	558378
2015	400641	361775	742694	655394
2016	442003	400404	798931	686973
2017	497615	447943	855663	739685

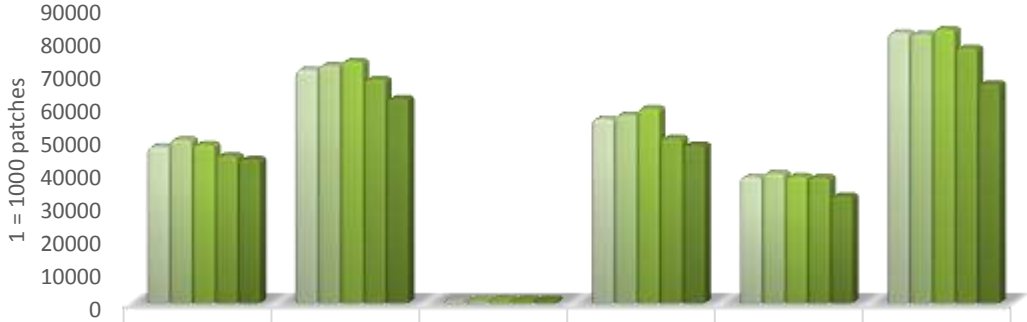
Appendix D: Opioids

Fentanyl Citrate INJECTION



	50mcg/ml
2013	904
2014	2093
2015	5200
2016	12166
2017	2256

Fentanyl PATCH

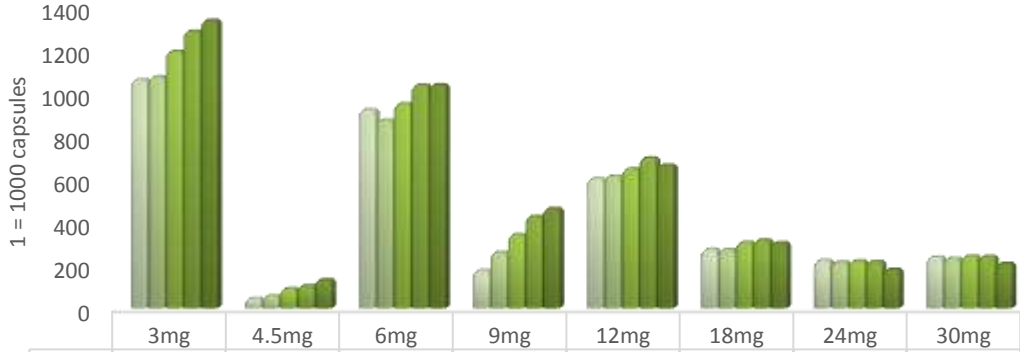


	12mcg	25mcg	37mcg	50mcg	75mcg	100mcg
2013	47409	70732	717	55832	38288	81907
2014	49616	72064	702	57024	39435	81545
2015	48077	73297	1011	58977	38432	82981
2016	44676	67800	870	50020	38128	77254
2017	43625	61972	926	47976	32496	66466

Hydromorphone IR

	1mg	2mg	4mg	8mg
2013	803	2500	2063	777
2014	875	2765	2176	825
2015	1085	3167	2444	864
2016	1255	3361	2531	862
2017	1438	3274	2396	795

Hydromorph Contin



	3mg	4.5mg	6mg	9mg	12mg	18mg	24mg	30mg
2013	1062	44	923	174	602	273	222	237
2014	1076	57	875	259	614	272	213	230
2015	1195	90	951	341	648	306	219	241
2016	1289	104	1038	426	699	316	216	240
2017	1339	132	1039	463	665	304	180	208

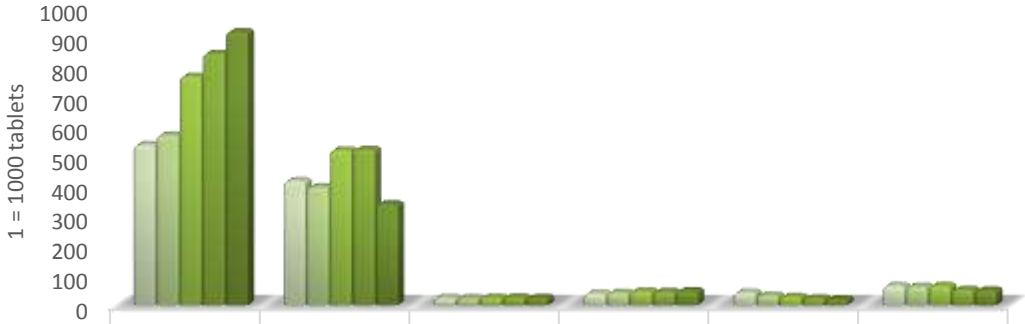
Morphine equivalence – hydromorphone specific

2013	2014	2015	2016	2017
277,240,828	286,011,403	313,800,478	329,656,298	315,145,148

Hydromorphone INJECTION

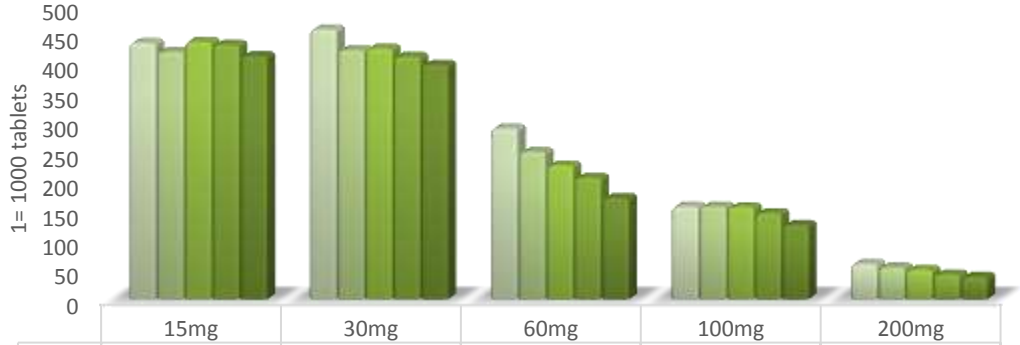
	2mg/ml	10mg/ml	20mg/ml	50mg/ml
2013	27085	17340	250	5210
2014	32943	12994		945
2015	41593	14512	350	858
2016	48536	12908	50	403
2017	47436	11226		1530

Morphine IR



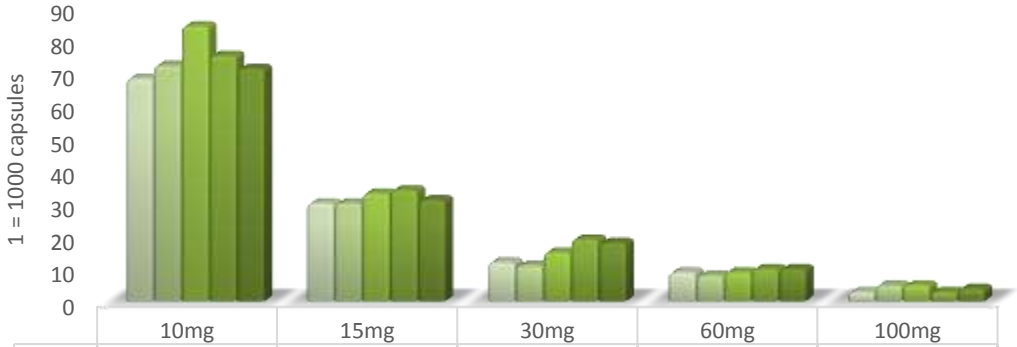
	5mg	10mg	20mg	25mg	30mg	50mg
2013	541	420	26	41	45	67
2014	574	399	25	44	35	65
2015	771	523	27	49	30	67
2016	848	525	28	47	24	54
2017	921	342	26	50	21	52

Morphine SR - 12 hour



	15mg	30mg	60mg	100mg	200mg
2013	436	459	291	158	61
2014	421	424	251	158	55
2015	438	427	228	157	51
2016	433	413	207	147	43
2017	414	399	173	127	39

M-Eslon (extended release)



	10mg	15mg	30mg	60mg	100mg
2013	68	30	12	9	3
2014	72	30	11	8	5
2015	84	33	15	9	5
2016	75	34	19	10	3
2017	71	31	18	10	4

Kadian
Morphine SR - 24 hour

	10mg	20mg	50mg	100mg
2013	19	26	49	54
2014	22	28	44	50
2015	27	33	43	49
2016	31	39	41	46
2017	34	36	35	34

Morphine ORAL SOLUTION

	1mg/ml	5mg/ml	20mg/ml
2013	71	23	0
2014	46	24	0
2015	58	11	0
2016	124	47	0
2017	215	80	0

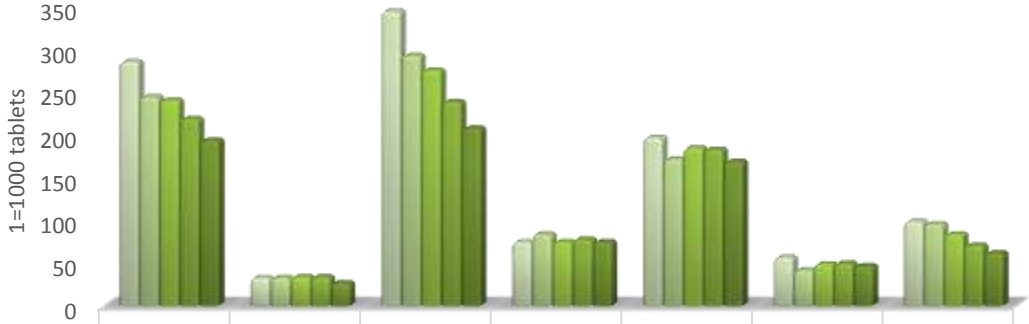
Morphine INJECTION

	10mg/ml	15mg/ml	50mg/ml
2013	18803	240	508
2014	26921	2029	322
2015	25228	1724	160
2016	22423	2385	200
2017	18680	372	280

Oxycodone IR

	5mg	10mg	20mg
2013	328	460	322
2014	344	406	306
2015	337	442	307
2016	346	437	327
2017	332	410	293

OxyNeo



	10mg	15mg	20mg	30mg	40mg	60mg	80mg
2013	286	33	345	75	197	57	99
2014	245	33	293	84	172	42	96
2015	241	34	276	75	185	49	84
2016	219	34	239	78	183	50	71
2017	194	27	208	75	169	47	62

Morphine equivalence – oxycodone specific*

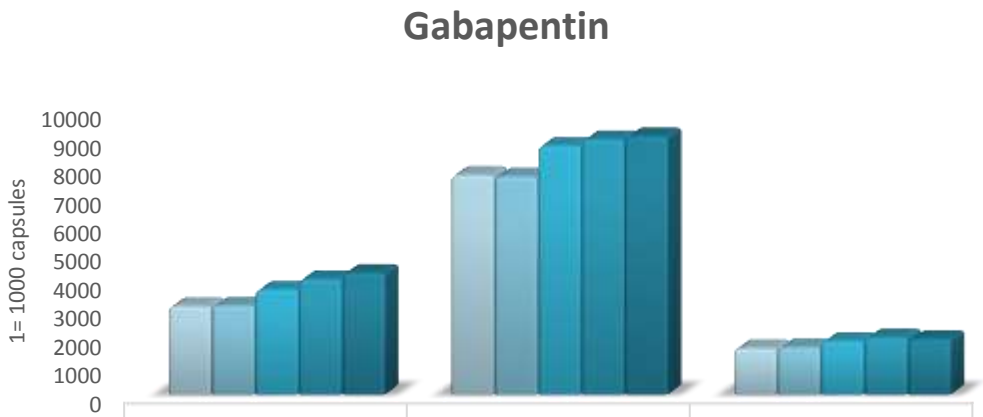
2013	2014	2015	2016	2017
221,774,355	226,385,865	232,513,924	257,091,458	276,095,108

** In addition to the oxycodone immediate-release and OxyNeo charts above, the morphine equivalence chart also includes all past and present oxycodone products dispensed in Saskatchewan (e.g. OxyContin, Targin, Percocet, Percocet Demi, Endocet and all marketed oxycodone generics).*

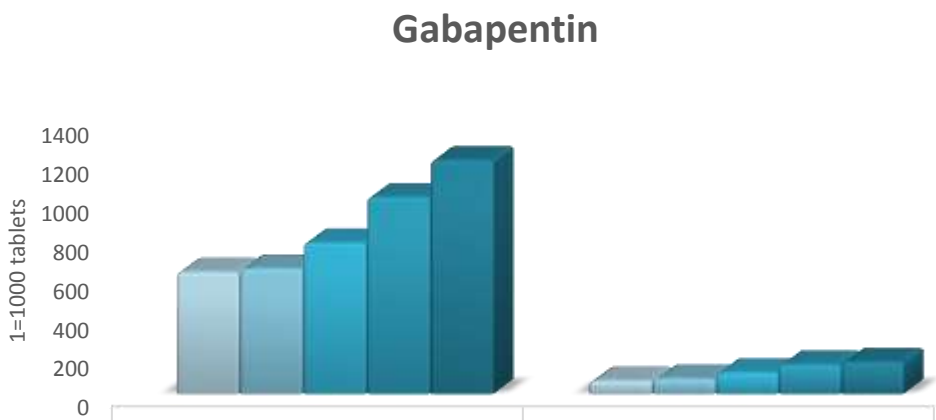
Tylenol with Codeine

	T#2	T#3	T#4
2013	460	9293	1932
2014	433	9025	1813
2015	458	9574	1927
2016	450	9540	1889
2017	468	9094	1809

Appendix E: Gabapentin



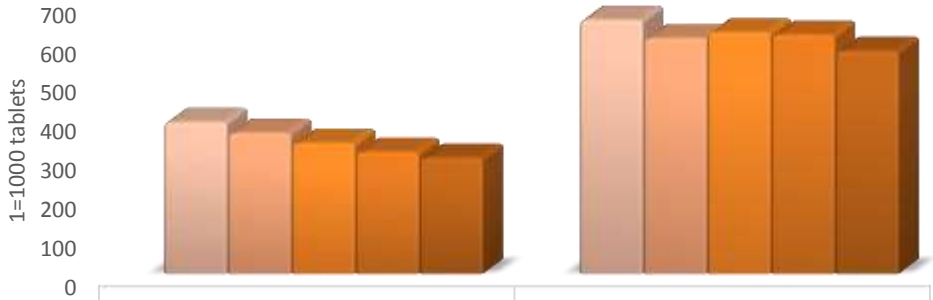
	100mg	300mg	400mg
2013	3109	7713	1628
2014	3125	7667	1662
2015	3683	8740	1879
2016	4056	8967	2009
2017	4274	9079	1953



	600mg	800mg
2013	628	69
2014	645	79
2015	779	111
2016	1012	152
2017	1203	165

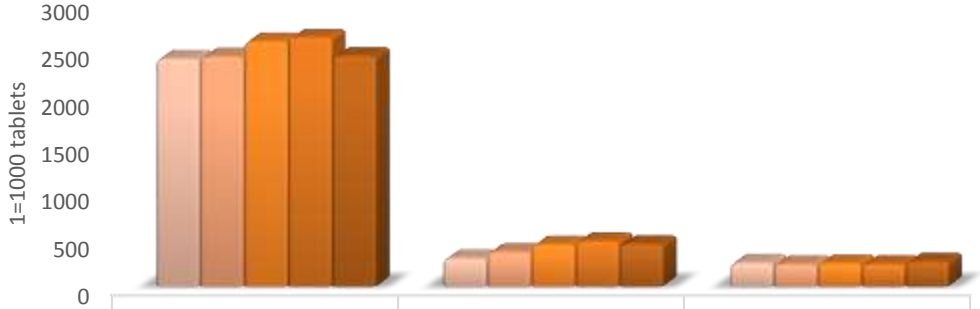
Appendix F: Benzodiazepines

Alprazolam



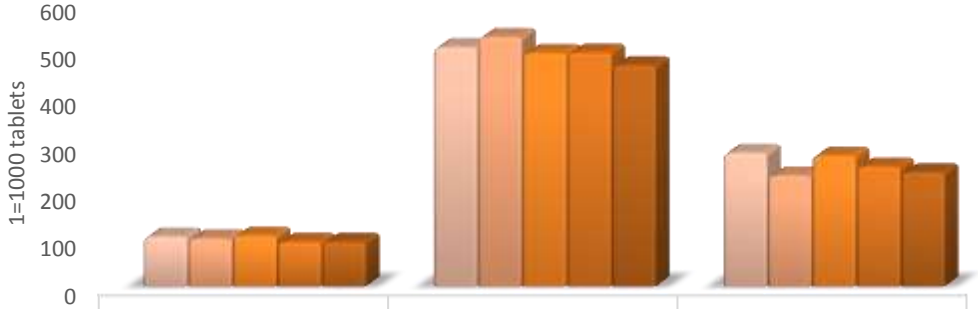
	0.25mg	0.5mg
2013	391	654
2014	363	607
2015	337	622
2016	314	616
2017	299	574

Clonazepam



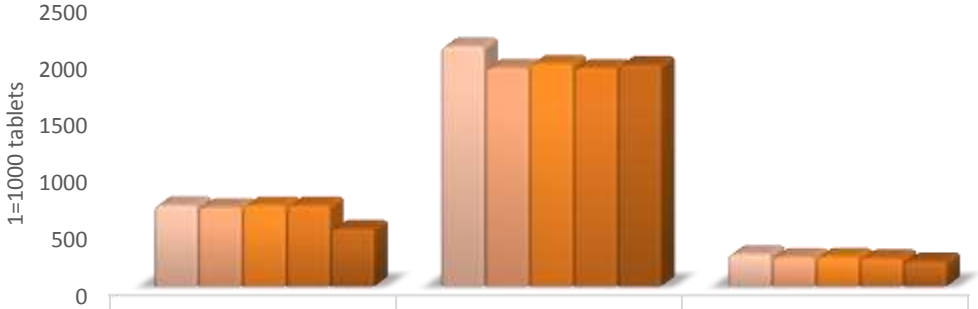
	0.5mg	1mg	2mg
2013	2402	296	249
2014	2424	364	234
2015	2587	442	245
2016	2626	477	236
2017	2433	446	262

Diazepam



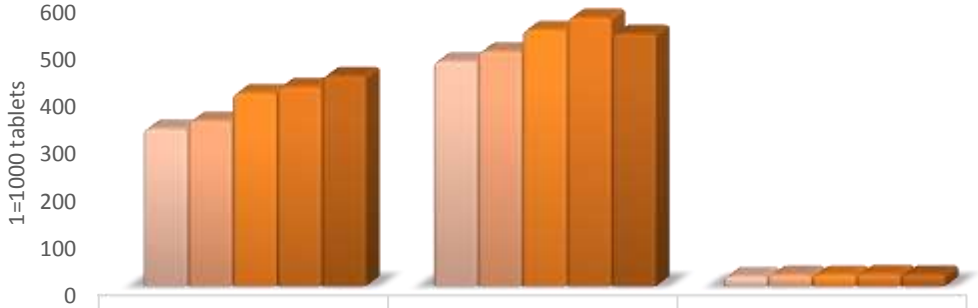
	2mg	5mg	10mg
2013	105	505	282
2014	101	527	234
2015	107	493	276
2016	94	494	253
2017	94	467	241

Lorazepam



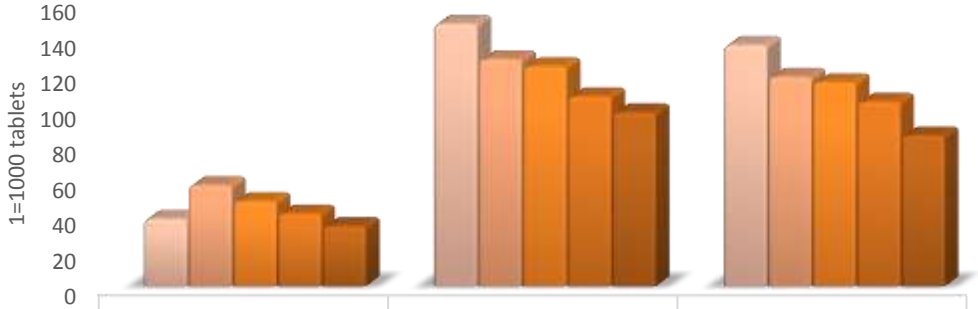
	0.5mg	1mg	2mg
2013	713	2112	284
2014	696	1923	258
2015	712	1958	259
2016	711	1921	248
2017	506	1948	220

Lorazepam Sublingual



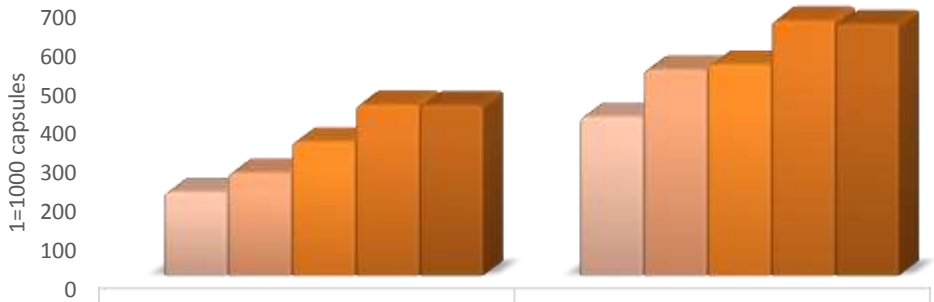
	0.5mg	1mg	2mg
2013	332	474	21
2014	349	495	24
2015	407	540	24
2016	420	566	26
2017	443	532	25

Oxazepam



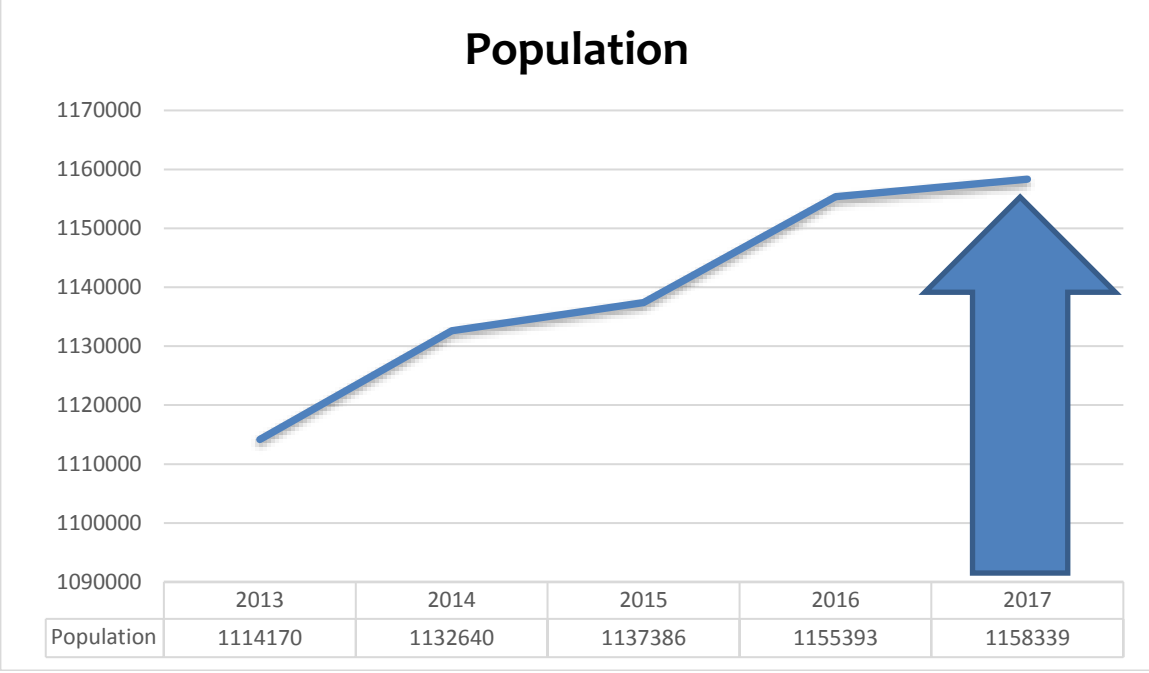
	10mg	15mg	30mg
2013	38	148	136
2014	57	128	118
2015	48	124	115
2016	41	107	104
2017	34	98	85

Temazepam



	15mg	30mg
2013	215	408
2014	264	529
2015	344	542
2016	439	655
2017	438	646

Appendix G: Saskatchewan Population Growth



	2013	2014	2015	2016	2017
Population	1114170	1132640	1137386	1155393	1158339

Appendix H: Coroner Report – Opioid Related Deaths

Government of Saskatchewan
Ministry of Justice

Office of the Chief Coroner

DRUG TOXICITY DEATHS
Saskatchewan, 2010 to 2017
(Updated – January 11, 2018)

The data in the following tables include all death investigations concluded by the Office of the Chief Coroner (OCC) **between January 1, 2010 and December 31, 2017** where the cause of death was due to a **Drug Toxicity (Single or Combined Drug Toxicity)**. The statistics shown are subject to change as new investigations are undertaken and/or on-going investigations are concluded.

For the following tables please note:

- 'Undetermined' indicates that after completing an investigation, there is equal evidence, or a significant contest between one or more classifications.
- 2016 and 2017 data consists of concluded death investigations from January 1, 2016 to December 31, 2017; the data does not include deaths that are still under investigation.

Drug Toxicity Deaths by Manner of Death, 2010 – 2017

	2010	2011	2012	2013	2014	2015	2016	2017
Accident	52	56	60	62	67	91	84	31
Suicide	21	24	17	21	13	23	13	5
Homicide	--	--	--	--	--	--	--	--
Undetermined	5	6	9	5	5	7	3	4
Total	78	86	86	88	85	121	100	40

Breakdown of Opioid Drugs Identified in Drug Toxicity Deaths by Manner of Death, 2010 – 2017

		Codeine	Fentanyl	Heroin	Hydrocodone	Hydromorphone	Methadone	Morphine	Oxycodone	Opioid (Unknown)	W-18*
2010	Accident	4	2	--	--	12	11	12	10	--	
	Suicide	2	--	--	--	2	--	3	--	--	
	Homicide	--	--	--	--	--	--	--	--	--	
	Undetermined	--	--	--	--	--	3	1	1	--	
2011	Accident	7	2	--	--	19	20	12	5	--	
	Suicide	2	--	--	--	1	3	3	4	--	
	Homicide	--	--	--	--	--	--	--	--	--	
	Undetermined	--	1	--	--	3	1	--		--	
2012	Accident	12	6	1	--	16	14	19	3	--	
	Suicide	4	--	--	--	1	1	--	2	--	
	Homicide	--	--	--	--	--	--	--	--	--	
	Undetermined	2	1	--	--	--	2	2	2	--	
2013	Accident	3	9	--	--	17	21	10	7	1	
	Suicide	2	1	--	--	4	2	4	1	--	
	Homicide	--	--	--	--	--	--	--	--	--	
	Undetermined	--	--	--	--	2	2	--	1	--	
2014	Accident	5	9	--	--	22	20	15	4	--	
	Suicide	--	2	--	--	1	4	2	1	--	
	Homicide	--	--	--	--	--	--	--	--	--	
	Undetermined	--	--	--	--	1	--	1	2	--	
2015	Accident	10	21	--	--	30	27	21	5	--	1*
	Suicide	1	1	--	--	4	2	3	2	--	
	Homicide	--	--	--	--	--	--	--	--	--	
	Undetermined	1	--	--	--	3	--	3	--	--	
2016	Accident	8	8	1	--	23	31	18	4	--	
	Suicide	1	--	--	--	1	2	--	--	--	
	Homicide	--	--	--	--	--	--	--	--	--	
	Undetermined	1	1	--	--	1	1	--	--	--	
2017	Accident	6	7	--	3	6	10	10	3	--	--
	Suicide	1	--	--	--	1	--	--	--	--	--
	Homicide	--	--	--	--	--	--	--	--	--	--
	Undetermined	--	--	--	--	1	1	--	1	--	--

* Illicit Drugs Containing W-18 – As part of a 2015 investigation into the combined drug toxicity death of a male, age 25, there were tablets found at the scene which were analyzed and found to contain fentanyl and W-18. Given the limitations of toxicology testing, it is not possible to quantify W-18 beneath a certain level within a person's blood. The Office of the Chief Coroner was unable to determine whether W-18 contributed to this individual's death. Also, based on the circumstances of the death, it could not be confirmed whether the deceased ingested any of the tablets that contained the fentanyl and W-18. The individual's cause of death was combined drug toxicity involving a number of drugs including fentanyl and morphine which are reflected in the statistics contained in the tables of this report.

Appendix I: Budget and Actuals

Appendix J: Audited Financial Statements 2017