PRESCRIPTION REVIEW PROGRAM

ANNUAL REPORT 2012

AND

BUSINESS PLAN 2013

March 2013

Table of Contents

ANNUAL REPORT 2012

The Prescription Review Program is an educationally based program of the College of Physicians and Surgeons that monitors for apparent inappropriate prescribing and apparent inappropriate use of PRP drugs that are included in regulatory Bylaw 18.1. The Program alerts physicians of possible inappropriate prescribing or use of PRP drugs by their patients. The Program provides general information 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 Prescription Review Program applies. After reviewing a physician's reply, the Program will make recommendations, following best practices, to improve patient outcomes or reduce the possibility of misuse of these medications.

Alert letters include monthly computer generated double doctor letters to alert physicians if their patient has received a prescription of a PRP drug from 3 or more physicians. The reporting program can not identify physicians working in the same clinic and seeing common patients, so the staff at the Program endeavors to identify these patients but are not always successful, resulting in some letters being sent to prescribers in the same clinic.

Alert letters are also sent to prescribers as a result of information received by the Program that an individual who has been prescribed PRP drugs may possibly be misusing and/or diverting their medication. The Program does not suggest in those letters that the physician cease prescribing to the patient. Rather, the Program recommends that the physician put safeguards in place, such as treatment agreements, random urine drug testing or surprise tablet counts in order to prevent prescription drug misuse or diversion.

Other forms of alert letters include informing physicians of the requirements contained in College bylaws to write prescriptions for PRP drugs, letters to physicians expressing concern about the legibility of prescriptions and letters to the College of Pharmacists to alert them to possible inappropriate dispensing of PRP drugs by pharmacists.

The Program will send letters requiring physicians to explain their prescribing to a patient in situations such as:

- double doctoring for an extended period of time
- a pattern of early refills
- chronic use of benzodiazepines by a patient
- inappropriate use of PRP drugs as outlined by "The BEERS Criteria"
- prescribing of large quantities of immediate release opioids repeatedly without the use of a sustained release form
- prescribing of PRP drugs contraindicated for patients on the methadone program for addiction
- inappropriate chronic use of opioids known to have minimal analgesic effects combined with potential toxic metabolites or a high potential for developing dependency
- reports of illicit use of prescribed PRP drugs by reliable sources

After an explanation is received then appropriate recommendations can be forwarded if so indicated.

In 2012 the Prescription Review Program concentrated on awareness of the Canadian Guideline for the Safe and Effective use of Opioids for Chronic Non-Cancer Pain. By referring to and using this guideline, physicians can have a comfort level in the prescribing of these drugs in order to provide optimal care to patients.

The Program continues to monitor for the inappropriate chronic use of benzodiazepines, particularly in the elderly. The program will continue to focus on the chronic prescribing and use of benzodiazepines where it appears to be inappropriate to do so. The Program will continue to provide physicians with the required information including safe tapering schedules.

The Prescription Review Program continues to receive more and more calls from physicians for assistance in appropriate prescribing of PRP drugs to their patients. The Program continues to be a reliable source of information for physicians located in rural isolated practice settings who ask for recommendations on the safe and effective use of PRP drugs for their patients.

The use of this educationally directed approach has meant that since the monitoring process began in November of 2006, the Program has only recently referred 2 physicians to the College for regulatory intervention as a result of inappropriate prescribing practices. Under *The Medical Profession Act, 1981* this will remain an option in the event a prescriber cannot or will not change prescribing practices which are clearly dangerous.

The Prescription Review Program thanks the physicians of Saskatchewan for their cooperation and assistance with this educationally directed process as demonstrated by the changes in prescribing of PRP drugs outlined in the statistics contained in this report.

HIGHLIGHTS OF PRP ACTIVITIES FOR 2012

The summary of the day to day activities of the PRP can be illustrated as seen below.

Letter Count 2012	
Type of Letters	**# Letters Sent**
System Generated Double Doctor	6 561
Explain/Alert	834
Acknowledgement/Recommendations	752
Miscellaneous	245
Prescription	23
Pharmacy	15
Law Enforcement Formal Investigation	52
Coroner	17
Total	**8 499**

System Generated Double Doctor – where patient received PRP meds from 3 or more physicians in a calendar month

Explain – letters where physicians are required to explain their prescribing; provide the medical indication and rationale for the particular medication

Alert – where the patient is identified as potentially misusing their meds

Acknowledgement/Recommendations – letters of recommendations to physicians as a result of their reply letter of prescribing

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

Pharmacy – letters to the College of Pharmacists when there are concerns pertaining to the dispensing of PRP meds identified, as well as letters to the College of Dental Surgeons when there are concerns pertaining to the prescribing of PRP meds by dentists identified

The PRP facilitated quarterly meetings of the College's Opioid Advisory Committee meetings during 2012. This committee was formerly the Methadone Committee but was expanded to include chronic pain specialist Dr. M. Opdahl, pharmacist representative Ms. Lori Postnikoff, in addition to the three addictions specialists; Dr. P. Butt (chair), Dr. B Fern and Dr. L .Lanoie, Dr. C. Johnson along with College support staff Dr. L Loewen, Mr. Doug Spitzig, Ms. Laurie Van Der Woude and Ms. Meagan Fraser. This committee is responsible for not only the provincial Methadone program but also implementation of the Canadian Guideline for the Safe and Effective Use of Opioids for Non-Cancer Pain. The PRP utilizes the physician members of this committee for peer review and prescribing guidance when required.

The PRP met with and presented to various regional drug strategy/harm reduction committees on four occasions in 2012.

The PRP met with law enforcement in various locations to develop collaborative initiatives in dealing with prescription drug misuse.

The PRP participated in the SIPPA program for internationally trained graduates on four dates in 2012.

The PRP participated in the annual Methadone Educational Day in Regina on December 8th.

Doug Spitzig participated as a member of the national faculty on the Canadian Prescribing Guideline for the Safe and Effective Use of Opioids at the national pain centre located at McMaster University. Doug Spitzig participated in 2 teleconferences on Feb 22 and Sep 6, 2012 pertaining to the ongoing work of this committee.

The PRP receives calls regularly from concerned patients on the prescribing of their PRP drugs. In 2012 more than 90 calls were managed by the program. Questions were answered and explanations were provided to patients on strategies for safe and effective use of their PRP drugs. They are always encouraged to speak with their physician in follow up. The PRP also receives regular calls from patients and physicians for information on medicinal marihuana in regards to the protocols for use and prescribing.

The PRP collaborates regularly with the College of Pharmacists, mainly through Lori Postnikoff, field officer, to identify apparent inappropriate dispensing of PRP drugs as the program has no authority to deal with concerns that PRP drugs may have been inappropriately dispensed.

In October of 2011 Meagan Fraser was hired as administrative assistant for the PRP and Methadone program. At that time Laurie Van Der Woude's role changed to that of PRP coordinator whose duties are data mining including prescribing and profile reviews at the direction of the program manager. These changes have doubled the Program's capacity for reviews, generating explain letters, and providing recommendations to physicians to assist them to safely and appropriately prescribe PRP drugs to their patients. These changes also allowed the program manager, Doug Spitzig, to address and collaboratively develop programs with regional stakeholders on prescription drug misuse. Based on this level of staffing and resources the Prescription Review Program will be able to continue providing the province with a quality prescription monitoring program that will improve health outcomes and decrease overall health care costs for the province of Saskatchewan.

In February the Prescription Review Program made a presentation at a National Dialogue on prescription drug misuse hosted by the Canadian Centre on Substance Abuse. As a result of that conference, a national advisory was appointed that included the PRP as a member to develop a pan-Canadian approach to address prescription drug misuse. There are five streams of action with recommendations in prevention, education, treatment, surveillance and monitoring and enforcement. Doug Spitzig attended the National Advisory Council meetings on June 12th in Halifax and Sep 26 – 28 in Calgary. The CCSA plans to release the strategy containing evidence-formed recommendations and priorities for action in 2013.

On March 23, 2012, as a result of reports of abuse and misuse, gabapentin was added to the list of Prescription Review Program drugs. On Dec 7, 2012 oxymorphone was added to the list of PRP drugs.

At the end of 2012 it is estimated that the PRP has reviewed over 225,000 individual patient profiles since the inception of the Prescription Review Program monitoring process in November of 2006.

In 2012 PRP received 129 reports of suspected traffickers and/or abusers of PRP drugs.

BUSINESS PLAN 2013

1) Continue to effectively mine the PRP database to detect drug prescribing and patient utilization patterns of concern. This will increase due to increased resources.

2) Verbal and written interaction with individual physicians to gain insight with respect to the rationale for their prescribing patterns and modifying those patterns through very focused education and guidance. This work will also increase due to increased resources.

3) Continued interactions with groups of physicians to raise awareness about prescribing patterns in particular communities which are inappropriate and/or unsafe. There are already six identified at the start of 2013.

4) Interactions and collaboration with law enforcement agencies to curtail the incidence of diversion of PRP drugs on the streets and to identify individuals with addictions and steer them through a medical model for treatment of addiction rather than proceed through the judicial system. Utilizing the justice system to try to address addiction has proved to be financially expensive and has not resulted in positive health outcomes. This will be based on the Moose Jaw model that has proven to be efficient and cost effective. A presentation of this collaboration was presented to a national dialogue conference in Ottawa hosted by the Canadian Centre on Substance Abuse attended by fifty experts from across Canada.

5) Interactions with drug strategy committees at local and provincial meetings, including presentations on how to develop “made in local community solutions” to prescription drug misuse. This includes RHA’s and other agencies optimizing these strategies for harm reduction in their community including optimizing addiction support services.

6) Continue to participate as a member of a pan-Canadian committee in the development of a national strategy on prescription drug misuse in Canada under the direction of the Canadian Centre on Substance Abuse.

7) Work with E-Health in ensuring accuracy of PRP data and to look at expanding the parameters of the reporting system to identify inappropriate prescribing and use of
PRP drugs for targeted populations such as the elderly.

8) The PRP will refocus on the inappropriate prescribing and use of benzodiazepines as there still appears to be a significant inappropriate chronic use of this family of drugs.

9) Organize and develop workshops targeted towards physicians practising in ER locations as apparent inappropriate prescribing resulting in prescription drug misuse has been identified. This was on the 2012 plan, but time and resources did not allow this to occur.

10) Continue presenting workshops in regional areas to promote the use of the Canadian Prescribing Guideline for the Safe and Effective Use of Opioids for Non-Cancer Pain. Misuse of opioids continues to be a major challenge of the PRP.

11) Continue to work collaboratively with The College of Pharmacists to aid them in creating a program for their members in the safe and appropriate dispensing and use of PRP drugs to improve health outcomes.

12) Continue to liaise with other agencies such as law enforcement in identifying new prescription drugs that are being misused which are not currently monitored by the PRP.

13) Establish a MOU with the Coroner's Office of Saskatchewan to be able to use information on deaths as a result of PRP drug overdoses to develop an approach on the prevention of the reoccurrence in the future following all the pertinent privacy legislation. Generally this can help also in assessing the effectiveness of the PRP as a result of interventions and recommendations. This is one of the recommendations of the National Drug Misuse Strategy.

14) Develop and maintain a PRP location on the new CPSS website for general information and educational purposes, including resources required for safe and effective prescribing and use of PRP drugs.

15) Continue to work closely with the Methadone Program to ensure appropriate prescribing and use of methadone and other PRP drugs for those individuals on the Methadone Program.

16) Organize and facilitate four meetings of Opioid Advisory Committee at the College to address issues for the appropriate prescribing of opioids by physicians.

Appendix A: Demerol

Demerol Usage Nov 2006/2010/2011	2006 Total Mg	2010 Total Mg	2011 Total Mg	2012 Total Mg
50 mg	2 409 200 mg	2 107 000 mg	1 746 850 mg	1 417 700 mg
	2006 & 2011	2006 & 2010	2010 & 2011	2011 & 2012
% Change	-27.5 %	-12.5 %	-17.1%	-18.8%

Demerol (500 tabs or greater prescribed for the month)	Date	# Drs Total Prescribed	#Targeted Drs **	% of Drs	Total # tabs	# tabs Targeted Drs	% tabs prescribed (Targeted Drs)	Total # patients	Total # pts (Targeted Drs)	% of pts (Targeted Drs)
	Sep 2010	278	16	5.8	42 958	10 589	24.6	473	83	17.5
	Sep 2011	256	16	6.3	35 673	10 713	30.0	431	87	20.2
	Sep 2012	228	9	3.9	28354***	5 558	19.6	353	36	10.2

** Targeted Drs – The number of doctors that prescribed Demerol with a total of 500 tablets or greater in that given month.

*** There was a decrease of 7,319 tablets prescribed from Sep 2011 to Sep 2012 (-18.8 %).

Appendix B: Talwin

Talwin Usage Nov 2006/2010/2011	2006 Total Mg	2010 Total Mg	2011 Total Mg	2012 Total Mg
50 mg	553 750 mg	340 450 mg	270 000 mg	245 900 mg
	2006 & 2011	2006 & 2010	2010 & 2011	2011 & 2012
% Change	-51.2 %	-38.5 %	-20.7%	-8.9%

Appendix C: Fiorinal

Fiorinal Usage Sep 2008/2010/2012	Sep 2008	Sep 2010	Sep 2012	% Change 2010/2012
# caps	9 730	4 616	5 088	+10% (472 caps)
Total # patients	105	58	66	+14% (8 pts)
		2008/2010	2008/2012	
% Change		-53% (5 114 caps) -45% (47 pts)	-48% (4 642 caps) -37% (39 pts)	

Appendix D: Oxycodone

Oxycodone Oct 1 – 31, 2012					
				(11/12)	(11/12)
	2006 Total Mg	**2011 Total Mg**	**2012 Total Mg**	**Mg Change**	**% Change**
5mg IR	135,295	119,715	57,260	-62,455	-52%
10mg IR	284,240	369,530	243,880	-125,650	-34%
20mg IR	209,760	394,000	313,400	-80,600	-20%
Totals IR	**629,295**	**883,245**	**614,540**	**-268,705**	**-30%**
		(06/11) +40%	(06/12) -2%		
5 mg SR	11,020	30,150	120		
10mg SR	399,340	361,800	301,340		
15mg SR			56,535		
20mg SR	848,160	1,016,760	704,440		
30mg SR			171,780		
40mg SR	906,320	1,107,640	757,600		
60mg SR			294,420		
80mg SR	543,520	1,100,720	783,120		
Totals SR	**2,708,360**	**3,617,070**	**3,069,355**	**-547,715**	**-15%**
Grand Total	**3,337,655**	**4,500,315**	**3,683,895**	**-816,420**	**-18%**
		(06/11) +34%	(06/12) +13%		

Oct 2012	**2006 Total Mg**	**2011 Total Mg**	**2012 Total Mg**	**% Change (11/12)**
Oxycodone I/R	629 295	883 245	614 540	-30%
Oxycodone S/R	2 708 360	3 617 070	3 069 355	-15%
Totals	**3 337 655**	**4 500 315**	**3 683 895**	**-18%**
		(2006/2011) 34%	**(2006/2012) 13%**	

Appendix E: Hydromorphone, Morphine and Oxycodone

Jan 1 to Mar 31 2011/2012	2011 Total Mg	2012 Total Mg	% Change
Hydromorphone I/R	3 957 207	4 068 978	2.8%
Hydromorphone S/R	6 719 322	7 191 042	7%
Morphine I/R	3 617 840	3 772 305	4.3 %
Morphine S/R	11 896 425	11 297 105	-5 %
Oxycodone I/R	2 103 700	1 927 535	-8.4 %
Oxycodone S/R	10 536 835	9 813 420	-6.9 %

Morphine Mg Equivalent Jan 1 – Mar 31 2011/2012		
	2011	**2012**
Hydromorphone IR	19,786,035	20,344,890
Hydromorphone SR	33,596,610	35,955,210
Total IR & SR	**53,382,645**	**56,300,100**
Morphine IR	3,617,840	3,772,305
Morphine SR	11,896,425	11,297,105
Total IR & SR	**15,514,265**	**15,069,410**
Oxycodone IR	3,155,550	3,013,508
Oxycodone SR	15,805,252	14,720,130
Total IR & SR	**18,960,802**	**17,733,638**

Appendix F: Benzodiazepines

Benzodiazepines March 2011/2012			
	2011 Total Mg	2012 Total Mg	% Change
Alprazolam	42 385	31 310	-26.1 %
Clonazepam	181 786	163 701	-9.9 %
Diazepam	552 577	453 207	-18 %
Flurazepam	121 995	66 480	-45.5 %
Lorazepam	380 611	270 531	-28.9%
Oxazepam	708 165	597 725	-15.6%
Temazepam	3 352 725	2 704 185	-19.3%
Triazolam	22	1 239	+ 1 217 mg

Appendix G: Methylphenidate

Methylphenidate May 2007 & 2012			
Methylphenidate	2007 Total Mg	2012 Total Mg	% Change
IR	1 722 350 mg	1 219 455 mg	-29.2%
SR	2 234 160 mg	1 000 200 mg	-55.2%
Total IR & SR	3 956 510 mg	2 219 655 mg	-43.9%
Concerta	1 120 842 mg	4 991 085 mg	345%

Appendix H: Interpretation of Drug Use Statistics

- There continues to be a significant decrease in the prescribing of both oral meperidine and Pentazocine.
- Both oxycodone and oral morphine show decreases in prescribing over the previous year.
- Hydromorphone continues to have increases higher than would be expected and has been identified as one of the principal drugs of choice for opioid misuse in Saskatchewan.
- The annual morphine mg. equivalents showed a decrease of 6.5% for morphine, hydromorphone and oxycodone combined.
- Benzodiazepines overall continue to show a decrease in prescribing with this being an area to be refocused on in 2013.

This is only a representative portion of statistics that are kept by the PRP on trends of the prescribing of PRP drugs and will be helpful for the Program in planning activities for the next fiscal year.

Appendix I: Statement of Earnings

Prescription Review Program

Statement of Earnings
For The Year Ending December 31, 2012

Unaudited

	Previous YTD 2011	Budget 2012
Revenue:		
Contributions CPSS	12,000.00	12,000.00
Contributions Dental Surgeons	5,400.00	5,400.00
Contributions Pharmacists	6,295.16	6,445.00
Government Grants	302,000.00	85,000.00
Registration Fees for Educational Seminars	4,650.00	0.00
Interest Income	1,958.73	1,000.00
Total Revenue	**332,303.89**	**109,845.00**
Expenses:		
Accounting and Audit	3,250.00	3,292.00
Bank Charges	45.00	0.00
Printing	526.87	500.00
Stationery	282.27	250.00
Office Supplies	3,274.25	3,000.00
Meeting Expenses	4,340.81	8,000.00
Educational Sessions	10,116.15	20,000.00
Postage	3,153.34	4,000.00
Salaries	182,000.00	180,000.00
Consultation Fees	15,406.06	5,000.00
C.P.P. Employers	4,412.97	5,400.00
E.I Employers	2,900.00	1,961.00
Group Insurance	446.67	600.00
Disability Income Plan	2,800.00	1,595.00
CMA Pension Employers	13,291.40	20,500.00
Sundry	197.53	0.00
Parking	5,500.00	4,568.00
Telephone and Fax	3,460.20	3,500.00
Office Automation	5,424.53	4,000.00
Staff Development	1,719.70	1,000.00
Dental Plan	16,900.00	10,804.00
Office Equipment	4,900.00	3,869.00
Total Expenses	**226,372.83**	**281,839.00**
Net earnings (loss) for period	**105,931.06**	**(171,994.00)**

Appendix J: Balance Sheet

Prescription Review Program

Balance Sheet

as at December 31, 2012, with comparative figures for December 31, 2011

Unaudited

	2012	2011
Assets		
Current Assets:		
Bank Accounts	$ 63,815	$ 252,952
Due from Govt of Sask	0	12,936
	63,815	265,888
Property and Equipment	0	0
	$ 63,815	**$ 265,888**
Liabilities and Surplus		
Current Liabilities:		
Due to CPSS	$ 53,514	$ 73,715
Deferred Contributions received for 2013	19,367	6,367
	72,882	80,083
Unutilized contributions	185,805	79,874
Proft (loss) for period	-194,871	105,931
	$ 63,815	**$ 265,888**

Appendix K: Budget

Prescription Review Program

Budget

	2010 Budget	2010 Actual	2011 Budget	2011 Actual	2012 Budget	2012 Actual	2013 Budget	
INCOME (contributions):								
College of Physicians and Surgeons	12,000	12,000	12,000	12,000	12,000	12,000	12,000	
Saskatchewan College of Pharmacists	5,280	6,445	6,445	6,295	6,295	6,367	6,367	
College of Dental Surgeons	5,400	5,400	5,400	5,400	5,400	5,400	5,400	
Saskatchewan Health	51,744	51,936	152,000	302,000	51,744	52,000	230,993	< includes $52,000 plus one-time payment in March 2013 of $178.993.
Registration for Educational Sessions	0	0	0	4,650	0		0	
Prescribing Course Rebate		3,375	0	0	0		0	
Other income (interest)	1,000	658	1,000	1,959	1,000	1,460	1,000	
Total Income (contributions)	**75,424**	**79,814**	**176,845**	**332,304**	**76,439**	**77,227**	**255,760**	
EXPENDITURES:								
Accounting & Audit	2,200	3,291	3,292	3,232	3,300	3,688	3,200	
Educational Sessions	0	0	0	10,116	0	0	8,000	
Parking	0	0	4,568	4,329	7,560	6,360	6,500	
Bank Charges	50	45	0	45	50		50	
C.P.P.	500	1,155	4,056	4,413	5,760	5,520	5,729	
CMA Pension Plan	2,800	959	13,416	13,291	10,416	21,304	21,299	
Dental & Health & Wellness	1,636	1,583	10,804	10,618	18,310	15,168	18,021	
Disability Income Plan	170	216	1,595	2,464	2,894	1,755	1,398	
Employment Insurance	300	612	1,961	2,215	2,936	2,815	3,118	
Group Insurance	110	58	406	447	585	669	637	
Meeting Expenses	1,200	0	0	4,341	2,000	7,283	7,000	
Office Automation	2,000	2,633	2,633	5,424	2,500	4,928	4,800	
Office Equipment	6,000	3,869	3,869	3,931	3,800	3,742	4,000	
Postage	3,700	2,826	2,826	3,153	2,800	3,769	3,100	
Printing & Stationery	1,000	250	250	809	500	1,406	900	
Salaries	10,800	25,657	134,473	133,487	184,821	187,198	196,603	
Contract Pharmacist	36,458	82,856	15,460	15,406	0		0	
Staff Development	400	0	0	1,720	400		400	
Sundry	800	329	0	198	800	739	500	
Office Supplies	1,900	2,395	2,769	3,274	2,400	2,450	3,400	
Telephone & Fax	3,400	3,638	3,638	3,460	3,600	3,305	3,400	
Total Expenditures:	75,424	132,371	206,016	226,373	255,432	272,099	292,054	
Excess(deficiency) of Income over	0	-52,557	-29,171	105,931	-178,993	-194,872	-36,294	