Frequently Asked Questions and Answers

Prescription Monitoring Program – NL supports the Provincial Government’s Opioid Action Plan to help address the growing opioid issue.

The program aims to help prescribers and dispensers – physicians, nurse practitioners, dentists, pharmacists and dispensing registered nurses – make the most informed decisions when choosing to prescribe or dispense a monitored drug.

The Prescription Monitoring Act governs the program and came into effect on January 1, 2018. To view a copy of the Act, please visit Prescription Monitoring Act.

Under the Act, by June 30, 2018, all prescribers and dispensers in Newfoundland and Labrador will be required to check their patient’s medication profile using the provincial electronic health record, now called HEALTHe NL, before prescribing and dispensing a monitored drug.

For more information on the Prescription Monitoring Program – NL, email info@PMPNL.ca.

For more information on HEALTHe NL, call 709-752-6006 or 1-877-752-6006 or email healthenl@nlchi.nl.ca

To begin the registration process for HEALTHe NL, please visit – HEALTHe NL User Registration Form

Q What is the Prescription Monitoring Program?

A Prescription Monitoring Program – NL is another action of the Provincial Government’s Opioid Action Plan aimed at addressing the growing opioid issue.

The purpose of the program is to help prescribers and dispensers make the most informed decisions when choosing a monitored drug to treat a patient.

Using the provincial electronic health record, prescribers and dispensers will have access to up-to-date and accurate patient medication profiles to help inform and support the needs of their patients.

All provinces, with the exception of Quebec, have some form of a prescription monitoring program.

Q What health care professionals will be a part of the program?

A Prescribers and dispensers as defined in the Prescription Monitoring Act will be a part of the program throughout the province including physicians, nurse practitioners, registered nurses, dentists and pharmacists.

Q What about veterinarians?

A While veterinarians fall under the definition of prescriber, they are excluded in the regulations at this time.

Q How do I know what drugs are to be monitored by the program?

A Opioid medications, including tramadol, are being monitored by the program. As the program matures, other medications may be added.
When will the Prescription Monitoring Act come into effect?

The Prescription Monitoring Act came into effect on January 1, 2018.

Under the Act, by June 30, 2018, all prescribers and dispensers in Newfoundland and Labrador will be required to check their patient’s medication profile using the provincial electronic health record, HEALTHe NL, before prescribing and dispensing a monitored drug.

To view a copy of the Act, please visit Prescription Monitoring Act.

What are the benefits of the program?

Some important public health goals that are expected from the program include an increase in the quality of patient care, greater confidence when prescribing and dispensing drugs and greater efficiency and coordination of care.

The program is also expected to lead to a decrease in drug misuse, and prevent or reduce hospitalizations and deaths related to drug misuse.

How will information from the program be used?

The information that will be generated from the program will help:
- Promote appropriate prescribing and dispensing practices;
- Provide information and education to prescribers and dispensers;
- Identify potential instances of drug abuse and misuse;
- Reduce drug abuse and misuse; and,
- Reduce the risk of addiction and death resulting from drug abuse or misuse.

The information will also be used to inform the Provincial Government on the need for further intervention services, educational programming and to evaluate the effectiveness of the program.

Why do we need the Prescription Monitoring Program?

Prescription drug abuse is an issue that impacts the lives of Newfoundlanders and Labradorians every day. It will take a collective effort to make headway to address and reduce this serious public health issue.

Prescription monitoring programs can help improve drug prescribing, lower or prevent risks related to certain drugs, and can help identify patients who may be at risk of addiction.

The program is not intended to prevent the use of prescription drugs for legitimate medical purposes. There are many reasons why certain drugs are the most appropriate treatment for a patient’s condition. The program is not meant to deter prescribers from making an informed clinical decision.

Who provides oversight of the Prescription Monitoring Program?

The Minister of Health and Community Services provides oversight of the program. An Advisory Committee will be appointed by the Minister to provide advice and recommendations. Additionally, a Prescription Monitoring Program Consultants Committee will be appointed by the Minister. It will make recommendations and provide a critical and clinical lens to generated reports which require review. Administration of the program will be carried out by the Newfoundland and Labrador Centre for Health Information (NLCHI).
Can personal health information be shared with the program?

Under the Prescription Monitoring Act, prescribers and dispensers must provide information which may include personal health information when it is requested by the administrator of the program. This requirement overrides any confidentiality provision in the Personal Health Information Act. Therefore, in complying with such a request, a prescriber or dispenser is not in violation of the Personal Health Information Act.

Can you opt out of the Prescription Monitoring Program?

No. All drug prescriptions provided by prescribers and filled in pharmacies in Newfoundland and Labrador are included in this program.

Will information be shared with a regulatory authority or law enforcement?

The purpose of the program is to help prescribers and dispensers make the most informed decisions. The intention is not to police these professionals.

Prescribers and dispensers who are performing their duties as health care professionals in accordance with their regulatory guidelines and the Prescription Monitoring Act would not have their information shared with their regulatory bodies.

If activities that are deemed to contravene the Prescription Monitoring Act are discovered, they would be reviewed by the Prescription Monitoring Program Consultants Committee and possibly shared with the regulatory body or law enforcement if warranted.

Will the program capture prescriptions from another jurisdiction?

Yes. Medication profiles are maintained for all patients that have prescriptions filled in pharmacies in Newfoundland and Labrador even if they are not from the province.

If a member of the public has a concern or complaint about prescribing or dispensing activities who should they contact?

The most appropriate place to express a concern or complaint about a prescriber or dispenser would be with the regulatory bodies of those health care providers.

If a member of the public felt their concern or complaint was related to criminal activity, they could also file a report with the police.

Didn’t the province already have a prescription monitoring program?

Yes. There was a previous paper-based prescription monitoring program. Without an electronic system to capture the dispensing of prescriptions, it had limited success. Using the Pharmacy Network, a component of the provincial electronic health record, the necessary tools are in place to more successfully implement a prescription monitoring program.
Prescribers and Dispensers

Q What is now expected of a prescriber when prescribing a monitored drug?

A Prescribers will be required to review a patient’s medication profile in the electronic health record, HEALTHe NL, prior to prescribing a monitored drug to ensure its appropriateness.

Prescribers will also be required to check a box on the new Tamper Resistant Prescription Drug Pads (TRPP) indicating they have reviewed the patient’s medication profile.

These requirements come into effect on June 30, 2018.

Q What is now expected of dispensers when filling a prescription for a monitored drug?

A There are no new expectations of pharmacy dispensers as they are already expected to review a patient’s medication profile in the electronic health record prior to all dispenses. They are also obligated to input prescription information in the Pharmacy Network as per their professional standards.

Dispensers are not expected to deny service to a patient if the check-box on a Tamper Resistant Prescription is not ticked. Dispensers should make clinical decisions based on their professional standards.

Dispensing physicians and nurses in rural and remote areas of the province are exempt from the requirements of dispensers as listed in the Act.

Q Who will sit on the Prescription Monitoring Program Consultants Committee?

A The Consultants Committee review reports generated by the program and provide advice and recommendations to the Minister of Health and Community Services.

It is expected the committee will consist of:

- 2 physicians (at least one physician must be a family physician)
- A dentist
- A nurse practitioner
- 2 pharmacists (at least one dispenser must be a community pharmacist)

Pharmacist and prescriber representation will provide a clinical lens to the information presented by the program.

There will also be representation from the Department of Health and Community Services and NLCHI.

Q Are there any penalties under the Act?

A Failure to comply with the Act is an offence and may result in a fine of up to $10,000 for an individual or $20,000 for a corporation.

Q Can a prescriber or dispenser designate someone to check a patient’s medication profile?

A No, it is the responsibility of the prescriber and the dispenser to review the patient’s medication profile prior to prescribing or dispensing a monitored drug.
What changes will be made to the Tamper Resistant Prescription Drug Pad program (TRPP)?

The Tamper Resistant Prescription Drug Pad program requires that prescriptions for certain drugs, including opioids, be issued on a special tamper resistant drug pad. There are no substantive changes anticipated to this program.

Minor changes have been made to the actual prescription pad to denote that a prescriber has checked the patient's medication profile prior to prescribing.

The purpose of the check-box is to act as a formal reminder to physicians that they are to check the medication profile. By signing their names to the prescription they are certifying that they have done so.

Dispensers are not expected to deny service to a patient if the check-box is not ticked. Dispensers should make clinical decisions based on their professional standards.

Additionally, as of June 30, 2018, tramadol will be added to the list of drugs that have to be written on a tamper resistant prescription drug pad.

What criteria will the program use to create reports and determine if a prescriber or dispenser is complying with the Prescription Monitoring Act?

The following criteria will be used to generate reports for the program:

- Patients receiving two or more monitored drug prescriptions from two or more prescribers in a defined time period.
- Patients receiving two or more monitored drug prescriptions from two or more pharmacies in a defined time period.
- Patients on monitored drug dependence treatment who are receiving prescriptions for other monitored drugs.
- Inordinate dispensing and prescribing practices which may include dispensing or prescribing of monitored drugs for more than a 90 days supply or in excessive quantities.
- Patient names without an MCP number, who were dispensed a monitored drug.

Other activities, as deemed necessary by the minister, may be added in the future.

Random reviews of prescriptions for monitored drugs may occur to ensure that a patient's medication profile was accessed by both the prescriber and dispenser prior to the prescription being written or filled.

Is there a requirement to report on the prescribing habits of another prescriber?

The Prescription Monitoring Act does not contain a duty to report to the Prescription Monitoring Program. If a prescriber or dispenser has a concern it should be discussed with the prescriber or the prescriber's regulatory body pursuant to their governing statutes.

Some health professions may have a duty to report in their own professional legislation. Those duties continue to apply and are not impacted by the Act.
Regional Health Authorities

Q In some rural and remote locations (i.e.: coastal Labrador), some physicians and registered nurses can both prescribe and dispense medications, are they required to check the patient's medication profile when prescribing or dispensing a monitored drug?

A In these instances, physicians and registered nurses who have both prescribing and dispensing powers are required to check the patient's medication profile before writing a prescription for a monitored drug. They are not required to input information regarding the dispensing into the Pharmacy Network. Dispensing information from registered nurses is retroactively entered into the Pharmacy Network by the RHA.

Q Are prescribers and dispensers practicing within a hospital setting subject to the Prescription Monitoring Act?

A The requirements for prescribers in an outpatient hospital setting are the same as for community prescribers. They are required to write prescriptions for monitored drugs on a Tamper Resistant Prescription Drug Pad and they must check the patient’s medication profile in the electronic health record prior to writing the prescription.

If a monitored drug is prescribed and administered as a part of an inpatient’s treatment plan while in a hospital, prescribers are NOT required to check the patient’s medication profile. Inpatients do not receive more than the required dose at any given time so the risk of abuse or misuse of opioids is quite low.

Q Are prescribers, who are administering prescriptions for monitored drugs to long-term care patients, required to check the patient’s medication profile?

A Yes, prescribers are required to check the long-term care patient’s medication profile in the electronic health record before writing a prescription for a monitored drug.

Long-term care residents are not considered in-patients for the purposes of this program.

Provincial Electronic Health Record – HEALTHe NL

Q How will prescribers and dispensers review the patient medication profile?

A The electronic health record, HEALTHe NL, will be the primary tool to help prescribers and dispensers review the patient’s medication profile.

HEALTHe NL is a private record of an individual’s health care information, available electronically to authorized health care professionals. It integrates information from many sources into a single, lifetime record of an individual's key health history and care. Information is available in one place when and where it is needed.

Information contained in HEALTHe NL includes:

- Patient medication profiles from all community pharmacies province wide through the Pharmacy Network
- Known allergies and medical alerts from community pharmacies only.
- Meditech data, including dictated reports, laboratory results, diagnostic imaging and encounters.
- Information about where health services have occurred, by whom and other key clinical events such as inpatient admission.
Clinicians using the provincial electronic medical record (EMR) program, eDOCSNL, can launch HEALTHe NL from within their EMR to view their patient’s medication profile.

For information on accessing the provincial electronic health record, HEALTHe NL, please contact: 709-752-6006, 1-877-752-6006 or healthenl@nlchi.nl.ca

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What is the Pharmacy Network?

The Pharmacy Network is a component of the province-wide electronic health record, HEALTHe NL, that is comprised of a real-time database of medication profiles compiled from prescriptions filled at all of the province’s community pharmacies.

Data from the Pharmacy Network will be used to help guide prescribers and dispensers in making clinical decisions regarding the prescribing/dispensing of monitored drugs. It will also be the basis for the reports generated by the program.