Pharmacotherapy Foundations – Prescribing, Drug Information & Critical Appraisal Basics

TVFHT Resident Foundations Manual
brought to you by
TVFHT Pharmacists' Group

Thames Valley
Family Health Team

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Prescription Writing

Prescribing is one aspect of your job, and it can have a profound impact on someone's well-being. Having the authority to prescribe is not something to take lightly.

> **Prescription = Legal Document**

The Basics

Content of Prescriptions

Prescribers **must** ensure that written prescriptions are legible.

Prescribers **must** ensure that the following information is included on every written or electronic prescription:

    a. Prescriber's printed name, signature (or electronic signature), and college registration number (e.g. CPSO, RNAO)

    b. Prescriber's practice address

    c. Patient's name, address, DOB, and health card number

    d. Full date the prescription was issued (day, month, and year)

    e. Refill instructions if any

    f. If the prescription is for a fentanyl patch, additional requirements apply

Prescribers are encouraged to include indication on the prescription when possible. This helps with counselling the patient when they pick up the prescription at the pharmacy and helps inform the suggestion of appropriate alternatives in the event of a drug shortage or supply issue. Including current weight for pediatric prescriptions helps the pharmacist verify weight-based dosing.

Authorizing and Transmitting Prescriptions

When providing prescriptions, prescribers **must** authorize each prescription in one of three ways: with a written signature, electronically, or verbally.

- When authorizing prescriptions electronically, prescribers **must** authorize the prescription themselves. Prescribers **must not** permit other members of staff to authorize a prescription unless there is a direct order or medical directive in place, and if so, there **must** be a mechanism within the system to identify who authorized the prescription and under what authority
- Regardless of the method of transmission, prescribers **must** ensure that patient privacy and confidentiality are protected

Duplicate Prescriptions

- Prescribers **must not** create duplicate copies of a prescription except for the purposes of retaining a copy in the patient's medical record or to replace a lost or damaged prescription

- If prescribers wish to provide a copy of the prescription to their patients for informational purposes, prescribers **must** provide this information in a format that does not resemble a prescription such as a written summary

Narcotics and Narcotic Preparations

A narcotic is any substance, or anything that contains any substance, included in the _Schedule to the Narcotic Control Regulations (NCR)_. These drugs are the most strictly regulated of all controlled substances in Canada.

Narcotics are classified into 2 main categories or classes of drugs:

1. _NARCOTIC DRUGS_ (Schedule N) are commonly referred to as _"written prescription narcotics"_ or _"straight narcotics"_ or _"reportable narcotics"_. This includes:
   - All products containing only one narcotic
   - All narcotics for parenteral use
   - Narcotic compounds containing 1 narcotic and 1 non-narcotic active ingredient
   - All products containing heroin, methadone, hydrocodone, oxycodone, pentazocine

2. _NARCOTIC PREPARATIONS_ (Verbal Prescription Narcotics) are defined as all non-parenteral combinations containing:
   - Only one narcotic drug, plus two or more non-narcotic medicinal ingredients in therapeutic doses <u>AND</u> not intended for injection
   - Not containing methadone, hydrocodone, oxycodone or pentazocine

Prescriptions

- Prescriptions for <u>NARCOTIC DRUGS</u> must be written or faxed*
- Prescriptions for <u>NARCOTIC PREPARATIONS</u> may be verbal, written, or faxed
- Authorized quantity can be stated as:
  - a numerical value (e.g., 50 tablets or 75mL)
  - an amount that can be calculated (e.g., one cap bid x 30 days - can be calculated as 60)
- Quantity to dispense must be stated on the prescription if the practitioner indicates the following below. In these cases, pharmacists **must confirm the authorized quantity** with the practitioner since the stated amount of narcotic ordered is not clear:
  - "prn" or "as needed" dosing
  - Flexible dosage (such as 1-2 tabs tid)
  - Flexible interval (q 4 to 6 h)

NOTE: The Narcotic Control Regulations (NCR) define _narcotic_ and _verbal prescription narcotic_

*[A temporary exemption to the Controlled Drug and Substances Act (CDSA) section 56(1)](#) in response to the COVID-19 pandemic allows prescribers to issue verbal orders for ALL narcotics, among other temporary authority given to pharmacists with respect to the dispensing of narcotic and controlled drugs. This exemption has been approved until September 30, 2026.

Refills are NOT permitted; however, part-fill are allowed.

- For part-fills, the total quantity to be dispensed must be indicated as well as the part-fill quantity
- Part-fill: a total quantity authorized that is *divided* into smaller portions that are dispensed to the patient over a specified interval
- e.g., prescription written for 120 tablets to be dispensed in part-fills of 30 tablets every 28-days

IMPORTANT:

When writing prescriptions for **fentanyl**, the name and address of the pharmacy from which it will be received must be specified and used patches must be returned to the pharmacy by the patient before new ones are dispensed, as per the **Patch for Patch Return Program** (see OCP Fentanyl Return Fact Sheet).

RX REQUIREMENTS FOR NARCOTICS	NARCOTICS DRUGS	NARCOTIC PREPARATIONS
Written	Yes	Yes
Faxed	Yes	Yes
Verbal	No*	Yes
Refills	No*	No*
Part-fills	Yes	Yes

*Note this has temporarily changed with the aforementioned CDSA exemption. See OCP Prescription Regulation Summary Chart

Benzodiazepines and Other Targeted Substances

Benzodiazepines and other targeted substances include drugs listed in the schedule to the Benzodiazepines and Other Targeted Substances Regulations. Examples include alprazolam, diazepam, and lorazepam.

Prescriptions

- Prescription may be verbal, written, or faxed
- **IMPORTANT:** Prescriptions are only valid for one year from the date prescribed (current CDSA exemption applies to this rule)
- Refills are permitted
  - Practitioner may indicate an interval, although not legally required. If interval is specified, it becomes part of the prescription and must be followed
  - Refills are valid for only one year from the day that the practitioner issues the prescription (current CDSA exemption applies to this rule)

Ontario Drug Benefit (ODB)

What is ODB and who is covered by this plan?

ODB stands for Ontario Drug Benefit and represents the formulary used by the Ministry of Health of Ontario to supply medications to its covered members.

When is a patient covered by ODB?

- Social Assistance through: Ontario Disability Support (ODSP) or Ontario Works (OW)
- Trillium Drug Benefit (Requires an application from the patient. Beneficiaries must pay a deductible equal to about 4% of their yearly household income after taxes, divided quarterly)
- Seniors (65 years and older): Coverage commences on the first of the month following their 65th birthday.
- Children and Youth (24 years and under **without** private coverage through guardians/school)

What is the ODB Formulary?

The ODB formulary is a listing used by the ministry of health to dictate what coverage is possible for its eligible recipients.

<p align="center"><a>ODB Formulary | <a>Patient Friendly Formulary Site</p>

The ODB formulary can provide a wealth of information and serves the following purposes:

List of all medications that are a General Benefit

These are the drugs that are covered by presenting a prescription to the pharmacy from a licenced provider in Ontario. No special forms or restrictions apply for drugs included in this list. The pharmacy will dispense the lowest cost equivalent product (see interchangeability) from the list to the patient. NB: drugs listed as "off-formulary interchangeable" are not covered.

Interchangeability of products

The Ontario government utilizes generic medications on its formulary to decrease drug costs to its users. A generic drug needs to meet criteria to be considered "equivalent" to its brand name. We call this generic drug "interchangeable" to its brand name if it fulfils this requirement. Of note, there are medications on the market that are the same ingredient as a brand name that are not considered equivalent or interchangeable, and as such would not be substituted automatically by the pharmacy. If a prescriber wished the patient to have that product specifically, they would need to write a prescription for exactly that product. While rare, this situation arises for new generic products licensed in Canada but not yet approved by the Ministry of Health of Ontario for coverage on their ODB formulary.

Base price per unit (e.g., per tablet) for the drug in question

Each listing or product will have its base price listed in the formulary. The number of manufacturers of a generic will determine its cost. For example, if one generic exists then the cost for that generic product will be no more than 50% of the brand name cost. This percentage of brand name cost will go down as the number of generics increases for a given molecule.

Limited use criteria

Some drugs that are covered by ODB come with restrictions. These restrictions are often in place to encourage proper use of the product for accepted/specific indications. In these cases, prescribers are asked to indicate, by use of a particular code, the reason or method of use. For example: Zyban is a covered in the province of Ontario for use as an aid in smoking cessation. If a prescriber is using it for this purpose, they would indicate on the Rx the LU code of 423 (For smoking-cessation treatment in adults, in conjunction with smoking-cessation counseling). Note: Limited to 12 weeks, 168 tablets of reimbursement per 365 days per patient. Champix is also a smoking cessation aid and is also covered by the LU code 423.

See below for examples from the formulary showing interchangeables, unit price (price per tablet) and LU codes:

Search Results

Ontario ⚜

You can sort your results in ascending / descending order by clicking on the column headings, with the exception of Therapeutic Notes.

Products found: 11

Click here to view interchangeables

Click here to view LU codes

DIN/ PIN/ NPN ⇕	Generic Name ⇕	Brand Name, Strength & Dosage Form ⇕	MFR ⇕	Drug Benefit Price or Unit Price ⇕	Amount MOH Pays	Inter- change- able ⇕	Limited Use ⇕	Thera- peutic Notes
02439662	BUPROPION HCL	Act Bupropion XL 300mg ER Tab	ACV	0.5853	**0.5853**	YES	YES	NO

Interchangeable Grouping

Ontario ⊛

You can sort your results in ascending / descending order by clicking on the column headings.

28:00 CENTRAL NERVOUS SYSTEM DRUGS 28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS	LU Criteria Text

BUPROPION HCL

300mg ER Tab

Interchangeables found: 3			New Search
DIN/ PIN/ NPN ⇕	**Brand Name** ⇕	**Drug Benefit Price or Unit Price** ⇕	**Amount MOH Pays:** ⇕
02439662	Act Bupropion XL	0.5853	0.5853
02475812	Taro-Bupropion XL	0.5853	0.5853
02275104	Wellbutrin XL	1.1833	0.5853
Back			New Search

Limited Use Note(s)

Ontario ⊛

BUPROPION HCL **300mg ER Tab**	
	New Search
Reason For Use Code	**Clinical Criteria**
315	For the treatment of depression.
	LU Authorization Period: Indefinite.
Back	New Search

Exceptional Access Program

There exists another mechanism for certain medications to obtain coverage through the ODB. The Exceptional Access Program (EAP) is designed to dictate coverage for certain drugs for specific indications or used in a specific manner (e.g., as 3rd line agent after others have been tried first).

The EAP criteria is located with the Formulary at: https://www.formulary.health.gov.on.ca/formulary/ (scroll down and click on the box that says "Go to EAP Reimbursement Criteria")

The EAP outlines criteria that must be met for coverage to be approved (see EAP list). Telephone or email communication is permitted for coverage of the EAP products.

https://www.health.gov.on.ca/en/pro/programs/drugs/eap_criteria.aspx

https://www.health.gov.on.ca/en/pro/programs/drugs/docs/frequently_requested_drugs.pdf

If a product is not listed in the formulary or the indication is different for that outlined in the EAP criteria a prescriber may still apply to ODB for coverage of that product. To assist prescribers applying for exceptional access, the ministry has developed a standard form. Use of form is not mandatory but does facilitate

provision of all relevant information. Where applicable, please ensure that all relevant clinical information is provided demonstrating that the patient meets the reimbursement criteria. This is to avoid drug delays or rejection of the application.

EAP forms may also be submitted electronically at https://www.ontario.ca/page/sadie-special-authorization-digital-information-exchange
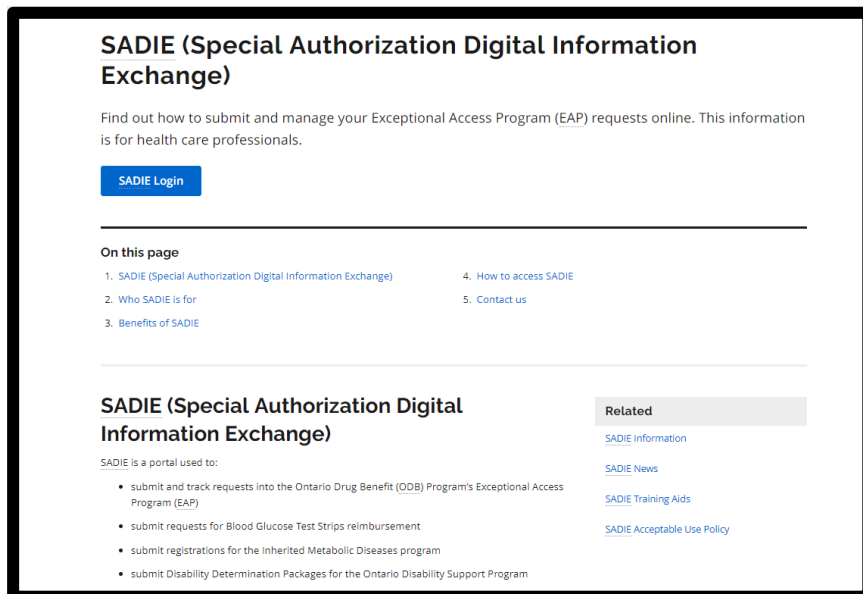
Benefits to using SADIE include: the ability to designate delegates to assist with creation and submission of EAP applications, 50% quicker response time, instant approval for some typical requests, fewer requests for missing information, auto population of some demographics when patient OHIP number is inputted, tracking of historical submissions, smart forms that adapt to your request, ability to appeal negative decisions

Prescribing Tips
Are there any prescribing specifics related to individuals on ODB?

The pharmacy must dispense a maximum of 30 days for all initial prescriptions and is then encouraged to revert to 100-day maximum dispensing for all chronic medications. Exceptions exist for situations where a shorter day supply is preferred clinically i.e., abuse or misuse or compliance packaging etc. If a pharmacy has assessed a patient as needing more frequent dispensing of chronic medications, they will complete an assessment form and are required to forward a copy to the prescriber. This is for information only, and does not require action.

As a prescriber, the pharmacy will automatically adjust quantities of your authorized prescriptions to meet the ODB requirements.

Use of combination products when applicable is recommended to reduce pill burden, improve compliance, and reduce pharmacy dispensing fees for patients. For example, sitagliptin and metformin are available as

sitagliptin/metformin (combination product available in various strengths dosed twice daily) or sitagliptin/metformin XR (combination product extended release dosed once daily).

Will my patient get what I prescribed?

Often the prescriber will indicate a brand name product on the prescription, but a generic substitution is made. Automatic generic substitution takes place at the pharmacy level. If a prescriber or patient wishes to be dispensed the brand name product, they will be required to pay the difference between the generic and brand name cost. An exception to this general rule exists for situations that have a documented adverse drug reaction to ==two different== generic products (where two exist). These situations require the prescriber to complete a Side Effect Reporting Form.

Prescribers must handwrite on the Rx "No Sub" and submit a copy of the Side Effect Reporting Form with the prescription. The prescriber is also asked to fax a copy to Health Canada, the fax number being found on the form.

All the following criteria must be met for ODB to cover the cost of a brand name version of a medication.
1. Adverse Drug Reaction documentation of Generic #1
2. Adverse Drug Reaction documentation of Generic #2
3. Prescriber corroborates above
4. Dispensing pharmacy has copies of 1 & 2
5. All future prescriptions, including reauthorizations via fax, have "*No Substitutions*" **handwritten*** on them.

*EMR generated notes and checkboxes are not accepted by ODB, or some private drug plans.

A side note on Adverse Drug Reactions
Any adverse drug reaction to a medication should be reported to Health Canada (Canada Vigilance Program), especially if this medication is relatively new to market. The form can also be electronically submitted by the health care provider and is available at:
https://www.hc-sc.gc.ca/dhp-mps/alt_formats/pdf/medeff/report-declaration/ser-des_form-eng.pdf

While the information can be submitted electronically, for documentation purposes filling in the form and faxing it in may be preferential, as the form can then be saved into the patient's medical record.

Coordination of Benefits

ODB must be *billed before any other insurer* (i.e., private insurance). Many private insurances have strict policies that *all avenues of government plans must be exhausted* before they will pick up the cost of medications. This means if a medication can be accessed through Limited Use Coverage or Exceptional Access, **proof of denial is required.**

Pharmacies cannot provide this assessment without input from the prescribers. When prescribing a medication for which there is Limited Use Criteria, and you have assessed the patient as not qualifying, denoting "Does not qualify for LU" on the prescription will enable the pharmacy to go forward with coordinating with private insurance if there is any.

Deductibles

Is there a deductible for the Ontario drug benefit program?

Deductibles exist for seniors (age 65 years and older) based on income.

Seniors pay a portion of prescription-drug costs based on yearly income (after taxes) and marital status. Coverage is available as a single senior (including widowed spouses) or as a couple (includes spouses who are married, same-sex or common-law partners). The potential categories as of August 1, 2021, are:

- Single senior with income above $22,200
- Senior couple with combined income above $37,100
- Single senior with income of $22,200 or less
- Senior couple with combined income of $37,100 or less

For those individuals who are in the two higher income categories above, they will each be required to pay (individually):

- The first $100 of the total prescription cost each year
- After paying the deductible, they will pay up to $6.11 for each drug prescribed, filled, or refilled. This amount is called the co-payment

This deductible system starts every year on August 1 and goes to July 31 of the following year.

If the patient falls into one of the latter categories, they do not have a deductible and pay only a $2.00 co-payment for each prescription. The patient must apply directly by submitting the form below:

https://forms.mgcs.gov.on.ca/en/dataset/014-3233-87

This form can also be submitted electronically here.

Diabetes Care - Coverage Limitations on ODB

Blood Glucose Strips

DIABETES TREATMENT	MAXIMUM NUMBER OF STRIPS PER 365 DAY PERIOD
Patients managing diabetes with insulin	3000
Patients managing diabetes using medication with **higher** risk of causing hypoglycemia (low blood sugar)	400
Patients managing diabetes using medication with **lower** risk of causing hypoglycemia (low blood sugar)	200
Patients managing diabetes through diet/lifestyle therapy only (no insulin or medications used)	200

Freestyle Libre - Flash Glucose Monitoring (FGM) System

* Only patients managing diabetes *with insulin* are eligible for coverage for FGMS.

DIABETES TREATMENT	MAXIMUM NUMBER OF DEVICES PER 365 DAY PERIOD
Patients managing diabetes with insulin	33 sensors (one sensor lasts up to 14 days)
	2 readers

Additional supplies must be purchased out of pocket if required.

Note: Lancets and insulin needle tips are not covered by ODB. They may be covered by private insurance. Lancets are approximately $10/100. Needles tips are $40-$50 for a box of 100.

https://www.ontario.ca/page/insulin-pumps-and-diabetes-supplies#section-2

Any Ontarian 65 years of age or older who uses insulin daily can apply for $170 of funding per year intended to help pay for the costs of insulin needles or syringes. The application form is available here and must be resubmitted every 2 years. Renewal forms are mailed directly to patients when due.

See https://tools.cep.health/tool/local-services-patients-living-with-type-2-diabetes/ for additional resources.

Trillium Drug Benefit

What is the Trillium Drug Program and who is eligible?

The Trillium Drug Program (TDP) is intended for Ontario residents who have high prescription drug costs in relation to their net household income. The TDP provides coverage for prescription drug products (in the same manner as the Ontario Drug Benefit program) that are listed on the Formulary.

Please note that deductibles and co-payments will apply to this income-based program. The annual deductible is set to approximately 4% of the total household net income, and is divided quarterly with each installment starting in August, November, February, and May.

Patients can register in the Trillium Drug Program if they:

- **Are not eligible** for drug coverage as another category of recipient under the Ontario Drug Benefit (ODB) Program (i.e., not a senior over 65 years of age, not a social assistance recipient, not receiving professional Home Care services, or not a resident of a Long-Term Care Home or Homes for Special Care)
- Comply with all requirements set out in the regulations under the ODBA
- Do not have private insurance coverage or their private insurance does not cover 100% of their prescription drug costs
- Have valid Ontario Health Insurance (OHIP) and are a resident of Ontario;

For information on how to apply see Trillium drug programs application form and guides

This form can also be submitted electronically here.

Financial Assistance for Medications

There are programs aside from the Trillium Drug Program which exist to support patients who have difficulty affording their medication. The following is not an exhaustive list of all available programs, which are subject to change at any time. For the most up-to-date and comprehensive information, speak with your clinic pharmacist or the patient's community pharmacist.

GreenShield Essential Medicines

The GreenShield Essential Medicines program is a free drug benefit program available to eligible residents of Ontario who are employed but meet low-income criteria, according to their self-reported income on the application form. They must not have any other private or public prescription drug coverage. Only medications from a pre-determined formulary are covered, up to $1,000 per 12 months from time of enrolment. Prescriptions must be filled using GreenShield's online pharmacy and are shipped directly to patients at no added cost.

For additional information visit https://www.greenshield.ca/en-ca/cares/essential-medicines

Compassionate Supply

Some drug manufacturers offer a compassionate supply program, which either supplies patients with free medications for a period of time or reduces the cost of the prescription. Compassionate supply is typically applied for by the patient and physician and supply is sent to the physician's office. Each program has different requirements, though most require that patients do not have any public or private insurance and meet low household income thresholds. Patients may be required to provide financial information (e.g. CRA Notice of Assessment) to prove financial need.

Some examples of these programs, active at the time of review of this manual in July 2024 include:

PROGRAM	APPLICABLE PRODUCTS
AstraZeneca Patient Assistance Program	Select AstraZeneca products *which do not have a generic alternative* (e.g. Symbicort)
Sanofi Cares Program	Toujeo® SoloSTAR®, Toujeo® DoubleSTAR®, Apidra® and Soliqua®
Takeda Vyvanse Patient Assistance Program	Vyvanse® (*patient* may call to apply for a larger discount if there is need)
Bayer Care for Contraceptive Choices/IUS Replacement Program	Kyleena® and Mirena® ($45 administrative fee)
BD Patient Assistance program (email to request form)	BD Nano Pro® 4mm pen needle
Boehringer Ingleheim Medication request (email to request form)	e.g. Jardiance®, Synjardy®, Trajenta®, Jentadueto®, Basaglar®, Spiriva® (3 month supply, max of 4 requests per patient)

Payment Assistance for Innovator Products

Several payment assistance programs exist which lower the price gap between an innovator ("brand name") product and its generic equivalent. For these programs, the patient who prefers the innovator product uses a card given to them at the office or downloaded from a website and presents it to the pharmacy for cost savings. The discount may be less than or equal to the price difference between brand and generic and is subject to change or be discontinued at any time.

Cards may be found at www.innovicares.ca and www.rxhelp.ca and there are lists of eligible medications at each of these websites.

Prescription Regulation Summary Chart

See screen shots below, the original link to this document can be found here:

https://www.ocpinfo.com/wp-content/uploads/2019/05/Prescription-Regulation-Summary-Chart-Summary-of-Laws.pdf

1 of 2 Prescription Regulation Summary Chart

Ontario College of Pharmacists
Putting patients first since 1871

PRESCRIPTION (Rx) REGULATION SUMMARY CHART
*The Health Canada s.56 exemptions are not reflected in the chart below. Please see the note on the cover page.
*Section 56 exemptions expire on the earliest of September 30, 2021, the date it is replaced by another exemption, or the date on which it is revoked.

[1] Prescription and Dispensing Record Requirements are set out in the federal *Controlled Drugs and Substances Act* (CDSA) and the *Food and Drugs Act* (FDA), and the provincial *Drug & Pharmacies Regulation Act* (DPRA), the *Narcotics Safety & Awareness Act* (NSAA), the *Safeguarding our Communities Act (Patch for Patch Return Policy)* and their respective regulations

See temporary exemptions

[a] **Dispensing Record Requirements:**

- Name and address of patient
- Name, strength, quantity and form of drug
- Manufacturer of drug
- Directions for use

- Identification number of prescription
- Date of dispensing
- Signature (authorization) of dispensing pharmacist (RPh) and pharmacy technician (RPhT) (if applicable)

- Price charged
- Name and address of prescriber
- Prescriber's registration number*
- Patient identification (ID) number and type*

[b] Written prescriptions may be transmitted electronically (e.g., by fax, electronic ("e-") prescribing software, etc.)

[c] **Additional Verbal Prescription Record Requirements**: The signature (authorization) of the pharmacy professional receiving the verbal prescription, where different from the pharmacy professional dispensing the prescription

* Per the NSAA, prescriber registration number and patient identification number/type requirements apply to monitored drugs as defined by the Ministry of Health, including all controlled substances and opioids

[2] Where a transfer is not permitted, this includes transfers of part-fills and "logged" prescriptions **See temporary exemptions**
- A logged prescription is a new, unfilled prescription that is entered into the patient record ('on hold') and may be dispensed at a later time
- A part-fill is described as dispensing a quantity less than the total amount of drug specified by the prescriber. Any prescription can be written to direct the dispensing of part-fills and may be used in cases where refills are not permitted (i.e. narcotic prescriptions).

[3] Purchase and Prescription (Rx) Sales Record requirements are set out in the federal CDSA and FDA, the provincial *Drug Interchangeability and Dispensing Fee Act* (DIDFA) and their respective regulations

[e] **Purchase Record Requirements** - Maintain in the Narcotic and Controlled Drug Register, as invoices filed in chronological order, or in other record for such purposes; must be readily available for auditing purposes for at least 2 years.

[f] **Prescription Sales Record Requirements** - Maintain in the Narcotic and Controlled Drug Register or in a computer from which a printout must be readily available for auditing purposes for at least 2 years.

[g] Prescription sales records are not required, however, emergency sales to other pharmacists require a sales record as per *Narcotic Control Regulations* s45(1)(b), *Food and Drug Regulations* subsection G.03.014(b), *Benzodiazepines and Other Targeted Substances Regulations* s55(1)(b)(ii)

[4] Fentanyl patches must be dispensed according to the provincial *Safeguarding our Communities Act (Patch for Patch Return Policy)* and its regulations

Notes:
➢ Scanned original prescriptions and dispensing records must be retained for at least 10 years after the patient's last recorded pharmacy service or at least 10 years after the day on which the patient reached/would have reached the 18 years of age, whichever is longer (DPRA; O. Reg. 264/16)

➢ Report an unexplained loss, theft or forged prescription (if dispensed) of a controlled substance within 10 days to the Office of Controlled Substances. See Health Canada's website for additional information: Loss or Theft

This is a summary. Refer to legislation for detailed information. Additional resources are available on www.ocpinfo.com. 03/2021

Section 56 exemptions expire on the earliest of September 30, 2021, the date it is replaced by another exemption, or the date on which it is revoked.

Classification	Description	Rx Requirements[1]		Refills & Transfers[2]		Purchase & Sales Record Requirements[3]	
		Written[1a,b]	Verbal[1a,c]	Refill	Transfer	Purchase Record[3e]	Rx Sales Record[3f]
Narcotic Drugs E.g. buprenorphine, codeine, fentanyl[4], hydromorphone, ketamine, Lomotil®, methadone, meperidine, morphine, nabilone, Novahistex DH®, oxycodone, Percocet®, Teva-Lenoltec No.4, etc.	Drugs listed in the Schedule to the *Narcotic Control Regulations* - All products containing only 1 narcotic ('straight' narcotics) - All narcotics for parenteral use - Narcotic compounds with 1 narcotic and 1 non-narcotic active ingredient - All products containing any of the following 5 narcotics: diacetylmorphine (heroin), hydrocodone, methadone, oxycodone, pentazocine	✓	✗	✗	✗	✓	✓
Narcotic Preparations (Verbal Rx Narcotics) E.g. Dimetane Expectorant C®, Fiorinal® C ¼ & ½, Robitussin AC®, Teva-Lenoltec No.2 & 3, etc.	All combinations for non-parenteral use, containing only 1 narcotic (other than: diacetylmorphine (heroin), hydrocodone, methadone, oxycodone, pentazocine) and 2 or more non-narcotic ingredients in recognized therapeutic doses	✓	✓	✗	✗	✓	✗ [3g]
Exempted Codeine Preparations E.g. Mersyndol®, acetaminophen/caffeine/codeine 8mg, etc.	Preparations containing codeine (up to 8 mg/solid oral dosage form, or 20 mg/30mL of liquid) and 2 or more active non-narcotic ingredients	May be sold as per NAPRA Schedule II. If dispensed pursuant to a Rx, follow the requirements for Narcotic Preparations, above.					
Controlled Drugs Part I E.g. amphetamines, dextroamphetamine, methylphenidate, etc.	Drugs listed in Part I of Schedule to Part G of the *Food and Drug Regulations* - All products containing only 1 controlled drug ('straight' controlled drugs) and all combinations containing more than 1 controlled drug	✓	✓	✓, if Rx includes dates for, or intervals between refills ✗, if verbal Rx	✗	✓	✓
Controlled Drugs Part II E.g. butorphanol, *most* barbiturates, nalbuphine, etc.	Drugs listed in Part II of the Schedule to Part G of the *Food and Drug Regulations*	✓	✓	✓, if Rx includes dates for, or intervals between refills	✗	✓	✗ [3g]
Controlled Drug Preparations Part II E.g. Tecnal®	All combinations containing 1 controlled drug in Part II and 1 or more non-controlled ingredient(s) in a recognized therapeutic dose						
Controlled Drugs Part III Anabolic steroids and derivatives (e.g. testosterone, etc.)	Drugs listed in Part III of the Schedule to Part G of the *Food and Drug Regulations*	✓	✓	✓, if Rx includes dates for, or intervals between refills	✗	✓	✗ [3g]
Benzodiazepines & Other Targeted Substances E.g. chlordiazepoxide, clobazam, clorazepate, diazepam, lorazepam, oxazepam, etc.	Drugs listed in the Schedule to the *Benzodiazepines and Other Targeted Substances Regulations*.	✓	✓	✓, refills valid if <1 year has elapsed since date Rx was issued	✓, but Rx can only be transferred once	✓	✗ [3g]
Other Prescription Drugs	All drugs listed in the Prescription Drug List (PDL) of the *Food and Drug Regulations* or in Schedule I of NAPRA National Drug Schedules.	✓	✓	✓	✓	✓	✗

(Watermark across table: See temporary exemptions)

This is a summary. Refer to legislation for detailed information. Additional resources are available on www.ocpinfo.com.

03/2021

Top Drug Information Resources for Primary Care

RESOURCE	COST (Y/N)	INFORMATION COVERED
Ontario Drug Benefit Formulary	N	Ontario formulary (e-search function) https://www.formulary.health.gov.on.ca/formulary
CPS (Online /Mobile/ Text)	Y	Drug information (Canadian) www.myrxtx.ca . Can subscribe to either just the Drug Information (drug monographs, interaction checker etc) or also therapeutic content (Therapeutic Choices and Minor Ailments)
RxFiles	Y	Drug information with clinical context (Canadian) www.rxfiles.ca
Lexi-Comp (Online)	Y	Drug information (access through UpToDate) *Excellent for drug interactions
Prescribe Smart	N	Requires a free account. Available online and as an app. Information on drug costs, ODB formulary coverage/LU codes, and drug shortages (Canadian, specific to province) www.prescribesmart.com
Centre for Effective Practice – Clinical Tools and Resources	N	Therapeutics focus with Ontario Primary Care Context (https://cep.health/tools/)
PEER Resources (Alberta College of Family Physicians)	N	Thorough evidence-based reviews of primary care topics. Excellent "Simplified Guidelines" on common therapeutics topics. Subscribe to their Tools for Practice newsletter to get straight-to-the-point evidence briefs on common primary care topics every 2 weeks. https://peerevidence.ca/
Therapeutics Initiative @ UBC	N	Independent, evidence-based, practical articles on clinical topics common to primary care. Check out the "This Changed My Practice" column, bimonthly Therapeutics Letter publications, and frequent webinars about pharmacotherapy topics. https://www.ti.ubc.ca/
BC Guidelines	N	Evidence-based clinical practice guidelines https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines
Dalhousie School of Pharmacy –Drug Information	N	Comprehensive Drug Information & Evidence-based Medicine https://www.dal.ca/diff/druginfo.html
MedSask Drug Shortages	N	List of current drug shortages and suggestions for management/alternatives https://medsask.usask.ca/professional-practice/drug-shortages
MDcalc	N	Medical Calculators, equations, scores https://www.mdcalc.com

Credible Meds	N	QT prolongation interactions (must sign up for free account for full access) https://www.crediblemeds.org/
Canadian Deprescribing Network	N	Canadian Deprescribing Guidelines and Algorithms, resources (PPIs, antihyperglycemics, antipsychotics, benzodiazepines, etc.) https://deprescribing.org/
Tasmania Primary Health Deprescribing	N	Deprescribing (short summaries – primary care focus) https://www.primaryhealthtas.com.au/resources/deprescribing-resources/
SwitchRx	N	Antidepressant switch (must sign up for free account) https://www.switchrx.com/antidepressants.php/switch
NatMed Pro (Formerly Natural Medicines)	Y	Drug information on natural health products' effectiveness, safety, interactions etc https://naturalmedicines.therapeuticresearch.com/
MedStopper	N	Recommendations for how to stop medications, including taper suggestions and potential withdrawal effects https://medstopper.com/
Sunnybrook Antimicrobial Guideline	N	Toronto-based resource with empiric antibiotic treatment recommendations https://sunnybrook.ca/content/?page=antimicrobial-stewardship-treatment-guidelines
Bugs and Drugs	N	General recommendations for appropriate antibiotic use and care of patients with infectious diseases. Supported by Alberta Health Services, Alberta Health, the BC Ministry of Health. Available online and as an app. https://www.bugsanddrugs.org/

Drugs in Pregnancy and Lactation

1. **Infant Risk Centre** http://www.infantrisk.com/ - Research centre for medication safety during pregnancy and lactation in the US.

2. **Mother To Baby** https://mothertobaby.org/ - Pregnancy and lactation information from the Organization of Teratology Information Specialists in the US.

3. Medication fact sheets for patients are available here: https://mothertobaby.org/fact-sheets/

4. **Lactmed Drugs and Lactation Database** https://www.ncbi.nlm.nih.gov/books/NBK501922/ - Medications and lactation information from the National Institute of Health TOXNET database.

5. **Medications and Mothers' Milk** https://www.halesmeds.com/ - Medications and lactation information from perinatal pharmacologist Dr. Thomas W. Hale. *Paid subscription required*

6. **UK Teratology Information Service (UKTIS)** http://www.uktis.org/ Evidence-based safety information about medication, vaccine, chemical and radiological exposures in pregnancy

7. **First Exposure** https://firstexposure.ca/ Canadian reference for medication safety in pregnancy and lactation. As of time of last edit of this manual, this reference was still in development.

Referral to the Fetal Risk Assessment from Maternal Exposure (FRAME) at London Health Sciences Centre is an option for patients in London and area (Southwestern Ontario). This clinic provides consulting services on the risks (and/or benefits) of medications or chemicals exposures during pregnancy or breastfeeding. These include potential risks to the fetus and/or to the mother. Consultations are provided at Victoria Hospital, or by telemedicine via OTN.

What is Critical Appraisal?

"Critical appraisal is integration of individual clinical expertise with the best available external clinical evidence from systematic research and patient's values and expectations into the decision-making process for patient care."
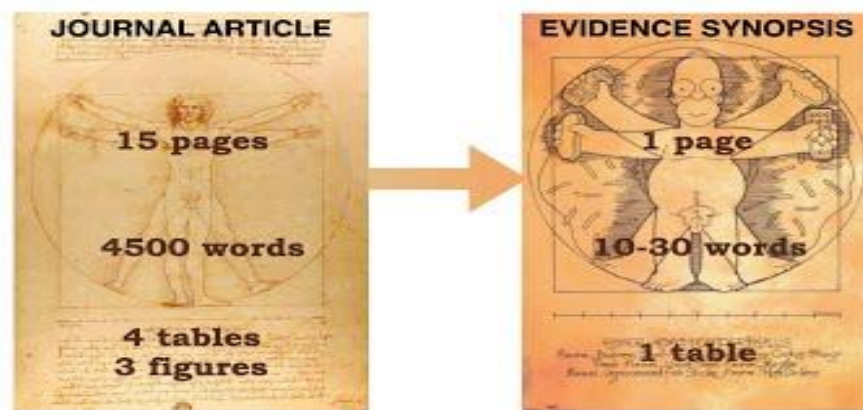
Do I really need to worry about this in residency?

With literally 100's of new randomized controlled trials coming out every week and with limited time, does the thought of reviewing even one of these give you a feeling of an absolutely insurmountable task or maybe that you can't even figure out where you should start and so you just stand there and look longingly and just wondering what if? Well, I know exactly how you feel. The bottom line with critical appraisal is it is just a way for you to figure out if you can TRUST the results of a study you are reading. If you can trust the results, does the OUTCOME and MAGNITUDE of those results justify you incorporating them into your practice. Read More:

https://therapeuticseducation.org/sites/therapeuticseducation.org/files/Ten_Minute_Critical_Appraisal.pdf

Our best gift to you would be to have you watch the following YouTube video that James McCormack presents on how to critically appraise an article in 10 mins or less (Critical Appraisal for Dummies):

How to evidence appraise an RCT in 10 minutes, or less.

Our Favourite Critical Appraisal Resources

JAMA step-by-step critical appraisal guide	https://www.hopkinsmedicine.org/general-internal-medicine/training-education/osler/osler-jama-steps
Dalhousie School of Pharmacy (EBM)	https://dal.ca.libguides.com/familymedicine/IntroEBM
Duke (EBM Video Tutorial Series)	https://guides.mclibrary.duke.edu/ebm
The JAMA Users' Guide to the Medical Literature is another great resource that breaks down some more difficult to understand concepts like why you should be skeptical of the results of a trial stopped early for benefit or how to use a non-inferiority trial.	https://jamaevidence.mhmedical.com/Book.aspx?bookId=847

We heard you, you do not have time to keep on top of all the literature … here are our favourite critical appraisal blogs.

https://nerdcat.org/	Mostly cardiology study summaries (Canadian) Also have critical appraisal tools
https://www.wikijournalclub.org/wiki/Main_Page	Summaries and reviews of landmark trials
http://mystudies.org/	A great resource that distills some of the important data from trials and provides clinically important numbers such as absolute and relative risk reductions as well as NNT/NNH
https://www.thennt.com/	Good clinical resource (but not as current as others)