Pharmacotherapy Foundations:

Core Skills in Prescribing, Drug Information & Critical Appraisal

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

Thames Valley
Family Health Team



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Prescription Writing

Prescribing is an important part of your role and an opportunity to make a meaningful difference in your patients' health. Developing thoughtful, safe prescribing habits early will help build confidence and support high-quality patient care throughout your career.

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

Including the indication on the prescription, when possible, supports safer and more coordinated patient care. It helps community pharmacists assess the prescription in context, provide more tailored counselling, and recommend appropriate alternatives if a medication is unavailable. For pediatric prescriptions, including a current weight also supports verification of 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
    - A **medical directive** is a written order to perform a controlled act for **any patient** who meets the criteria set out in the medical directive. A medical directive can order a procedure or series of procedures under specific conditions without a direct assessment of the patient by the authorizer (e.g. authorizing a pharmacist to order A1C testing and adjust diabetes medication dosing for patients). Medical directives are clinic-specific: reviewing the directives at a new clinic allow you to understand which providers can prescribe and/or order and for what.
- 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

A narcotic is any substance, or anything that contains any substance, listed in in Schedule 1 of the Controlled Substances Regulations. These drugs are the most strictly regulated of all controlled substances in Canada.

Examples include: buprenorphine, codeine, fentanyl, hydromorphone, ketamine, meperidine, methadone, morphine, nabilone, oxycodone and tramadol.

Exempted Codeine Products: Products containing codeine phosphate (up to 8 mg/tablet or 20 mg/30 mL) and 2 or 3 medicinal non-narcotic ingredients may be sold without a prescription. The most common example is acetaminophen/codeine/caffeine 300/8/15 mg ("Tylenol #1"). If these are prescribed, the following requirements for narcotics apply to the prescription.

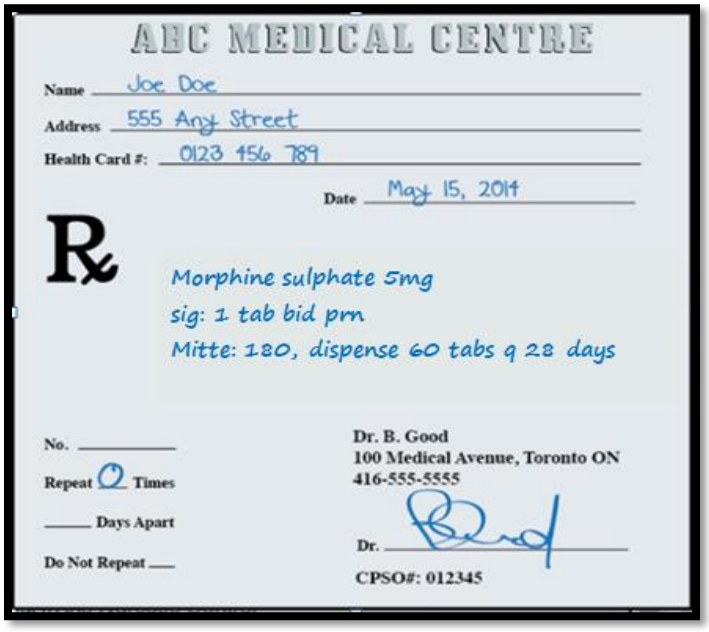
Narcotic Prescriptions

- Prescriptions for narcotics may be verbal, written or faxed.
    - As of October 1, 2026 Health Canada has consolidated prescription rules for controlled substances, removing certain different prescription requirements between different types of narcotics.
- 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)

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


ABC MEDICAL CENTRE

Name Joe Doe

Address 555 Any Street

Health Card #: 0123 456 789

Date May 15, 2014

℞

Morphine sulphate 5mg
sig: 1 tab bid prn
Mitte: 180, dispense 60 tabs q 28 days

No. _____

Repeat 0 Times

_____ Days Apart

Do Not Repeat ___

Dr. B. Good
100 Medical Avenue, Toronto ON
416-555-5555

Dr. _____

CPSO#: 012345

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
Written	Yes
Faxed	Yes
Verbal	Yes
Refills	No
Part-fills	Yes, with specified dispensing intervals

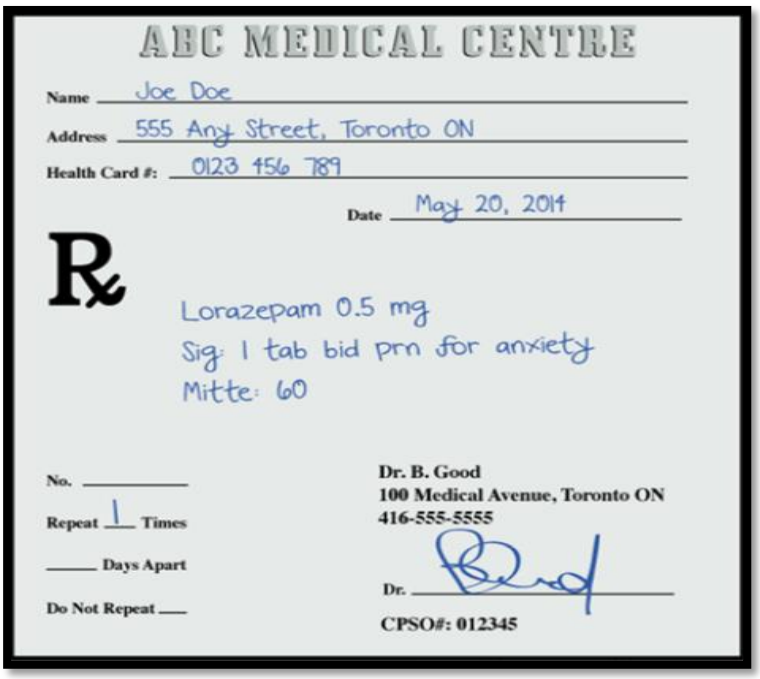
Benzodiazepines and Other Targeted Substances

Benzodiazepines and other targeted substances include drugs listed in schedule 3 of the Controlled Substances Regulations. Examples include alprazolam, diazepam, and lorazepam.

Prescriptions

- Prescription may be verbal, written, or faxed
- 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


ABC MEDICAL CENTRE

Name Joe Doe

Address 555 Any Street, Toronto ON

Health Card #: 0123 456 789

Date May 20, 2014

℞

Lorazepam 0.5 mg
Sig: 1 tab bid prn for anxiety
Mitte: 60

No. _____

Repeat 1 Times

_____ Days Apart

Do Not Repeat ___

Dr. B. Good
100 Medical Avenue, Toronto ON
416-555-5555

Dr. _____

CPSO#: 012345

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.

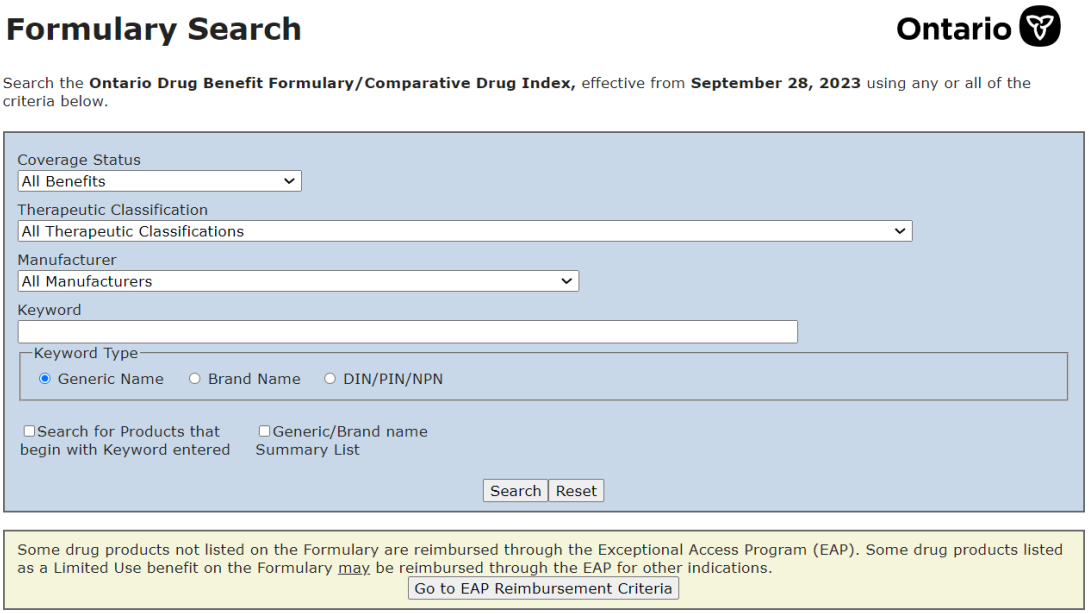
When is a patient covered by ODB?

- 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.

ODB Formulary | Patient Friendly Formulary Site



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

Generic medications can help reduce drug costs, but a generic product is not automatically considered interchangeable with its brand-name counterpart in Ontario. "Interchangeable" is a formal designation made by the Ontario Ministry of Health. Products that are designated as interchangeable may generally be substituted for one another by the pharmacist. For patients covered by ODB, the pharmacist MUST dispense the lowest-cost interchangeable product unless the prescription states otherwise – see below for examples.

A product may contain the same active ingredient, strength and dosage form as a brand-name product but not yet be designated as interchangeable in Ontario. This can occur, for example, when a newly marketed generic has been approved for sale in Canada but has not yet received an Ontario interchangeability designation. In these situations, the pharmacy may not be able to automatically substitute that product.

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 indicates **"no substitution,"** the pharmacist generally cannot substitute an interchangeable product.

However, this can have cost implications for the patient. For patients covered by the Ontario Drug Benefit program, "no substitution" does not automatically mean that the higher-cost brand or product will be fully

covered. If the request is based on patient or prescriber preference rather than meeting ODB criteria for medically necessary no substitution, the patient may be required to pay the difference in 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 prescription "No Sub" or "No substitution" 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.

Reporting Adverse Drug Reactions

Suspected adverse drug reactions should be reported to Health Canada through the Canada Vigilance Program. Reporting is especially important for serious or unexpected reactions and for medications that are relatively new to market. These reports support post-market surveillance and can help identify emerging safety concerns.

A definite causal relationship does not need to be established before reporting; a suspected association is sufficient. Reports can be submitted electronically or using the Canada Vigilance Side Effect Reporting Form. For documentation purposes, a copy of the completed report should be retained in the patient's medical record.

Canada Vigilance Side Effect Reporting Form:

https://www.hc-sc.gc.ca/dhp-mps/alt_formats/pdf/medeff/report-declaration/ser-des_form-eng.pdf

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 (LU) 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: bupropion sustained release (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 prescription the limited use code (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 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.

Click here to view interchangeables

Click here to view LU codes

Products found: 11

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

The Exceptional Access Program provides ODB coverage for selected drugs that are **not routinely funded on the Ontario Drug Benefit Formulary**, or for patients who do not meet the usual formulary coverage criteria. 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 prescriber submits a patient-specific request demonstrating that the applicable clinical funding criteria are met. The Ministry reviews the request, and coverage must generally be approved before the drug can be reimbursed.

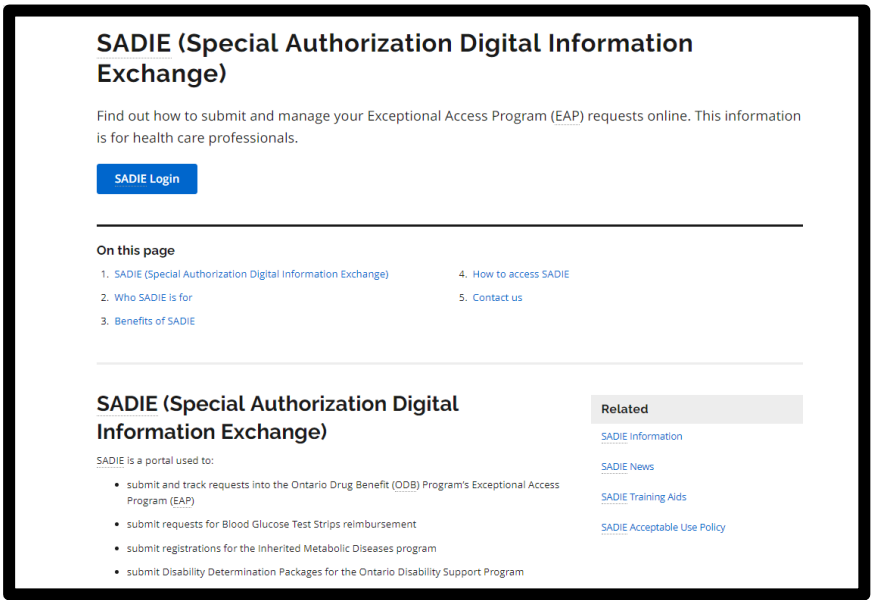
The EAP criteria is located with the Formulary at: https://www.formulary.health.gov.on.ca/formulary/ (scroll down and click on the box that says "Go to EAP Reimbursement Criteria")

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 of using SADIE include the ability to designate delegates to help prepare and submit EAP applications, faster response times, and instant approval for some common requests. SADIE also reduces administrative burden through auto-population of patient demographics using the OHIP number, adaptive "smart" forms, and prompts that help reduce missing information. Users can also track previous submissions and decisions and submit appeals when a request is not approved.

LU vs. EAP:

Limited Use (LU) allows the prescriber to confirm that established criteria are met by including the appropriate Reason for Use code on the prescription, whereas **EAP requires an individual application and Ministry approval.** Some medications may have an LU pathway for certain patients and an EAP pathway for patients who do not meet the LU criteria but meet separate EAP criteria

Prescribing Tips

Are there any prescribing specifics related to individuals on ODB?

For initial prescriptions, pharmacists are generally required to dispense a **maximum 30-day supply**. For ongoing chronic medications, dispensing should occur with a maximum 100-day supply where appropriate. Shorter dispensing intervals may still be used when clinically indicated, such as concerns about misuse, adherence, medication safety, or the need for compliance packaging. If the pharmacist determines that more frequent dispensing is appropriate for a chronic medication, they will complete an assessment and provide a copy to the prescriber. This is for information only and does not require prescriber action.
Prescribers do not need to adjust prescription quantities to meet these ODB dispensing limits. The pharmacist will adjust the quantity dispensed, as needed, within the authorization provided on the prescription.

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).

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?

For most seniors age 65 and older, yes. Under the Ontario Drug Benefit (ODB) program, seniors pay the first $100 of eligible prescription costs each benefit year. Once the deductible is met, they pay a co-payment of up to $6.11 per prescription.

The ODB benefit year runs from August 1 to July 31.

Lower-income seniors may qualify for the **Seniors Co-Payment Program**, which waives the $100 annual deductible. For the August 1, 2026 to July 31, 2027 benefit year, eligibility is based on annual net income:

- Single senior: $25,480 or less
- Senior couple: combined income of $42,290 or less

Eligible seniors who apply and are approved pay no annual deductible and a co-payment of up to $2 per eligible prescription.

Application is required for the Seniors Co-Payment Program; reduced co-payments are not applied automatically based on income.

The patient must apply directly by submitting a form which is available either for download or can be electronically submitted at this portal.

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

Continuous Glucose Monitoring (FGM) System

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

DIABETES TREATMENT	MAXIMUM NUMBER OF DEVICES PER 365 DAY PERIOD
Patients managing diabetes with any type of insulin (long- or short-acting)	Libre 3 (sensor life 15 days): 31 sensors Libre 2 (sensor life 14 days): 33 sensors Dexcom G7 (sensor life 10 days): 45 sensors
	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

Syringes for Seniors Program

Ontario seniors age 65 and older who use insulin daily and live at home may also be eligible for the Syringes for Seniors Program through the Assistive Devices Program. The program provides an annual grant of $170 toward the cost of insulin syringes and needles.

This is a **fixed grant rather than reimbursement of individual purchases**. Once approved, the patient receives the funding directly and may purchase eligible supplies from any Ontario retailer that sells them;

the retailer does not need to be ADP-registered. **Patients do not need to submit receipts for individual purchases to receive the grant**

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

Patients can submit the Trillium application form electronically here.

Non-Insured Drug Benefit (NIHB) for First Nations and Inuit

What is the NIHB program and who is eligible?

The NIHB program covers prescription drugs and select over-the-counter products that are included on their formulary. Eligible clients receive coverage for medically necessary goods and services in the following areas:

- Pharmacy: Note the NIHB drug formulary is different than and generally covers more than the ODB/Trillium formulary.
- Vision care
- Dental care
- Mental health counselling
- Medical supplies and equipment

- Medical transportation to access medically required health services not available on reserve or in the community of residents

Eligibility requires a client to be a resident of Canada and **one** of the following criteria:

- a First Nations person who is registered under the Indian Act, commonly referred to as a person who holds Indian status
- an Inuk recognized by one of the Inuit land claim organizations as outlined in Inuit client eligibility for NIHB
- a child less than 2 years old, whose parent is an NIHB-eligible client
    - to make sure that a child continues to be eligible for the program, parents or guardians should apply as soon as possible for their child's Indian status or recognition from their Inuit land claim organization

This program is delivered by the Government of Canada, rather than the Ontario Ministry of Health. More information on this program can be found 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 aged 24-64 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. Patients apply online to register for the program. 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 information and link to the patient application form 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 prescriber and supply is sent to the prescriber'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 October 2026 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://ocpinfo.com/wp-content/uploads/2025/05/Prescription-Regulation-Summary-Chart-Summary-of-Laws.pdf

Ontario College of Pharmacists
Putting patients first since 1871

CONTROLLED SUBSTANCES: PRESCRIPTION REGULATION SUMMARY CHART

This is only a summary. Refer to the legislation for detailed information.

Controlled Substance[1]	Prescription Record[2] Requirements	Dispensing (Sales) Record Requirements[3]	Record Retention Requirements
N Narcotics • Substances listed in Schedule 1 of the *Controlled Substances Regulations* e.g., buprenorphine, codeine, fentanyl[4], hydromorphone, ketamine, meperidine, methadone[5], morphine, nabilone, oxycodone, tramadol **C Controlled Drugs** • Substances listed in Schedule 2 of the *Controlled Substances Regulations* **Part 1:** Amphetamines, methylphenidate, etc. **Part 2:** Barbiturates (e.g., phenobarbital), butorphanol, nalbuphine **Part 3:** Anabolic steroids (e.g. testosterone) **C T Targeted Substances** • Substances listed in Schedule 3 of the *Controlled Substances Regulations* **Part 1:** flunitrazepam **Part 2:** benzodiazepines (e.g., alprazolam, clobazam, diazepam, lorazepam, midazolam, oxazepam, triazolam), zolpidem	Written or verbal[6]: • Written prescriptions may be generated and transmitted electronically if the digital signature can be authenticated[7]. A pharmacy professional receiving a written prescription must record[8]: • Their name • Date of the prescription • Date they received the prescription[9] A pharmacy professional receiving a verbal prescription must record[10]: • Their name • Prescribing practitioner's name and practice address • Date the prescription was received • Name of controlled substance ○ Brand name and DIN, if applicable • Strength and form of controlled substance • Quantity ○ Number of containers, and if applicable, units per container[11a] or, if not known, total quantity[11b] • If applicable the number of refills, and intervals between refills if specified[12] ***Additional requirements for Narcotics Safety and Awareness Act (NSAA)[13] s 10 and O. Reg. 381/11 s 5 :*** • Patient identification (ID) number and type • Prescriber's registration number	• Pharmacist's name • Patient's name and address ○ For animals, also record the name of the animal owner • Prescribing practitioner's name and address • Prescription identification number • Date of dispensing • Name of controlled substance ○ Brand name and DIN, if applicable • Strength and form of controlled substance • Quantity ○ Number of containers, and if applicable, units per container • If applicable, number of refills ○ If specified, intervals between refills ***Additional requirements for Drug and Pharmacies Regulation Act (DPRA) s 156:*** • Directions for use, as prescribed • Drug manufacturer • Signature of dispensing pharmacy technician and/or pharmacist, ○ If applicable, signature of the pharmacy professional receiving the verbal prescription • Price charged ***Additional requirements for NSAA s11 and O. Reg. 381/11 s 5:*** • Patient ID number and type • Patient date of birth and gender • Prescriber's registration number • Days of therapy dispensed	Sales can be recorded manually in a Narcotic and Controlled Drug Register or electronically. Records must: • Be kept separately, in sequence as to date and number[14] • Use a method that permits an audit of it to be made at any time[15] • Be accessible at the pharmacy where the information was recorded[16] • Kept for two years after the day it was recorded, or in the case of a prescription or order, after the day it was received[17] ○ Prescriptions and dispensing records are subject to longer retention under the DPRA ***Additional requirements for DPRA s156(2) and O. Reg. 264/16 s 2:*** • Prescription records must be retained for not less than ten years[18] ***Additional requirements for O. Reg. 381/11 s 7 (under NSAA):*** If an agent receives the patient's prescription, record their: • Name and address, as verified • ID number and type provided by the agent for verification
N Exempted Codeine Products • Codeine phosphate (up to 8 mg/tablet or 20 mg/30 mL), and 2 or 3 medicinal non-narcotic ingredients[19]	May be sold as per NAPRA Schedule II if the pharmacist has reasonable grounds to believe the product will only be used for recognized medical purposes. • If dispensed pursuant to a prescription, refer to requirements for Narcotics above.	The *inner label* and *outer label*[20] must have this conspicuously and legibly printed on it: "This product contains codeine and should not be administered to children except on the advice of a physician, dentist or nurse practitioner."	Not applicable.

Ontario Prescription Regulation Summary Chart

Top Drug Information Resources for Primary Care

Check your institutional access before purchasing a subscription. Schulich residents may have access to clinical drug-information resources through **Western Libraries, LHSC Library and/or St. Joseph's Health Care London Library**, depending on their current training site. Hospital library resources include **CPS and other clinical databases** at no additional cost to eligible users.

RESOURCE	ACCESS FOR RESIDENTS	INFORMATION COVERED
Ontario Drug Benefit Formulary	Free	Ontario formulary (e-search function) https://www.formulary.health.gov.on.ca/formulary
CPS (Online /Mobile/ Text)	Institutional Access	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	Paid. Check for program or site subscription	Drug information with clinical context (Canadian) www.rxfiles.ca
UpToDate / Lexi-Drugs	Check institutional access / CFPC discount	Drug information (American) *Excellent for drug interactions
Micromedex	Institutional Access	Drug information including drug interaction checker. www.micromedexsolutions.com *Both at-a-glance and in-depth options to view information
Dynamed	Institutional Access	Drug information (American) www.dynamed.com/ *Contains bullet point information with references
CFPC Resources	Included with CFPC resident membership	Self Learning, CFPCLearn, and Tools for Practice
Prescribe Smart	Free	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	Free	Therapeutics focus with Ontario Primary Care Context (https://cep.health/tools/)
PEER Resources (Alberta College of Family Physicians)	Free	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	Free	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	Free	Evidence-based clinical practice guidelines https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines
MedSask Drug Shortages	Free	List of current drug shortages and suggestions for management/alternatives https://medsask.usask.ca/professional-practice/drug-shortages
MDcalc	Free	Medical Calculators, equations, scores https://www.mdcalc.com
Credible Meds	Free	QT prolongation interactions (must sign up for free account for full access) https://www.crediblemeds.org/
Canadian Deprescribing Network	Free	Canadian Deprescribing Guidelines and Algorithms, resources (PPIs, antihyperglycemics, antipsychotics, benzodiazepines, etc.) https://deprescribing.org/
Tasmania Primary Health Deprescribing	Free	Deprescribing (short summaries – primary care focus) https://www.primaryhealthtas.com.au/resources/deprescribing-resources/
SwitchRx	Free	Antidepressant switch (must sign up for free account) https://www.switchrx.com/antidepressants.php/switch
NatMed Pro (Formerly Natural Medicines)	Institutional Access	Drug information on natural health products' effectiveness, safety, interactions etc https://naturalmedicines.therapeuticresearch.com/
MedStopper	Free	Recommendations for how to stop medications, including taper suggestions and potential withdrawal effects https://medstopper.com/
Sunnybrook Antimicrobial Guideline	Free	Toronto-based resource with empiric antibiotic treatment recommendations https://sunnybrook.ca/content/?page=antimicrobial-stewardship-treatment-guidelines
Bugs and Drugs	Free	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

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."

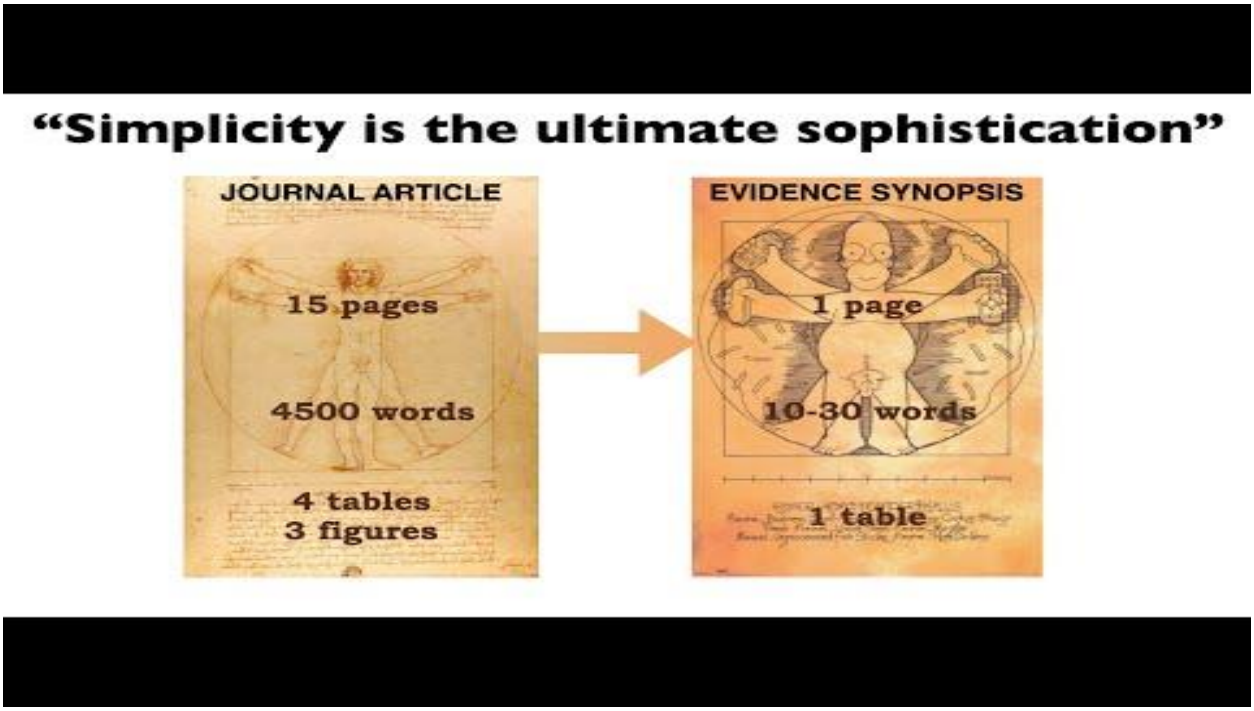
Do I really need to worry about this in residency?

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)