

Medication Profile Checks

The program has received questions around what constitutes a medication profile check under the Prescription Monitoring Act. To clarify, under the Act a medication profile check must be completed in the provincial electronic health record prior to prescribing or dispensing a monitored drug. Checking a patient's LOCAL medication profile through hospital Meditech systems, clinic charts or pharmacy POS systems does not meet the requirement under the Act. Prescribers must use HEALTHe NL to access the medication profile in the provincial electronic health record. Pharmacists can access the provincial medication profile with their POS system through the Pharmacy Network (not the local patient profile) or through HEALTHe NL.

Prescribing and Dispensing Opioids for Chronic Non-Cancer Pain

One of the goals of the PMP-NL is to promote the safe and appropriate prescribing and dispensing of opioids. The PMP-NL recognizes the 2017 Canadian Guidelines for Opioids for Chronic Non-Cancer Pain as the current best practice treatment guideline for prescribers and dispensers in Newfoundland and Labrador. We recommend providers involved in the treatment of chronic non-cancer pain review this guideline and ensure they are familiar with its key recommendations. The full guideline can be found here [Guidelines \(mcmaster.ca\)](https://www.mcmaster.ca/guidelines). Below are 3 recommendations taken directly from the guideline we would like to highlight:

- 1. When considering therapy for patients with chronic noncancer pain, we recommend optimization of nonopioid pharmacotherapy and nonpharmacologic therapy, rather than a trial of opioids. (Strong Recommendation)**
- 2. For patients with chronic noncancer pain who are beginning opioid therapy, we recommend restricting the prescribed dose to less than 90 mg morphine equivalents daily, rather than having no upper limit or a higher limit on dosing. (Strong Recommendation)**
 - Some patients may gain important benefit at a dose of more than 90mg morphine equivalents daily. Referral to a colleague for a second opinion regarding the possibility of increasing the dose to more than 90mg morphine equivalents daily may therefore be warranted in some individuals.
- 3. For patients with chronic noncancer pain who are beginning opioid therapy, we suggest restricting the prescribed dose to less than 50 mg morphine equivalents daily. (Weak Recommendation)**
 - The weak recommendation to restrict the prescribed dose to less than 50mg morphine equivalents daily acknowledges that there are likely to be some patients who would be ready to accept the increased risks associated with a dose higher than 50mg in order to potentially achieve improved pain control.