Nova Scotia Prescription Monitoring Program

Annual Report 2025-2026

NS Prescription Monitoring Program
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History and Background

The Prescription Monitoring Association of Nova Scotia (PMANS) was incorporated in October 1991. In January 1992, the PMANS began operating a prescription monitoring program to monitor the prescribing and dispensing of specific narcotic and controlled drugs in Nova Scotia with the objective of curbing the overuse, misuse, and diversion of these substances. Policy guidelines were established to give the program the ability to monitor specific narcotic and controlled drugs through the use of a triplicate prescription pad. Pharmacists were required through legislation to dispense these drugs only when prescribed on a triplicate prescription pad.

As the program matured, The *Prescription Monitoring Act* was developed and approved in October 2004 and subsequently proclaimed along with the Prescription Monitoring Regulations in June 2005.

A Prescription Monitoring Board was appointed with the legislated mandate to establish and operate a prescription monitoring program for Nova Scotia. The Administrator of the Program is Medavie Blue Cross (MBC). The legislation established a Prescription Monitoring Board to develop and operate the Program, which is currently administered by Medavie Blue Cross (MBC).

The objects of the Nova Scotia Prescription Monitoring Program (NSPMP) are to promote:

- The appropriate use of monitored drugs, and
- The reduction of abuse or misuse of monitored drugs.

Preliminary work focused on the implementation of an on-line system to receive prescription information for a specified list of monitored drugs. By the end of 2007, all community pharmacies were submitting this information via the on-line system.

In April 2012, NSPMP launched eAccess, a key program development, in response to stakeholder requirements. An online portal for prescribers and dispensers of monitored drugs, eAccess permitted access to patient monitored drug dispense information during off-peak hours.

The NSPMP has continued to evolve and progress the program operation within its mandate. There was an expansion of monitoring activities in 2018 to integrate benzodiazepines into its collection of prescription dispensing data, followed by the introduction of monitoring of Tramadol in 2022.

The focus for 2025/2026 was on the second-year execution of the new Strategic Plan. The details of the Strategic Planning Year 2 progress are outlined further in this annual report.

NSPMP Board Membership

Ms. Beverley Zwicker, Outgoing Chair
CEO and Registrar, Nova Scotia College of Pharmacists

Mr. Thomas Veinot – Incoming Chair
Nova Scotia College of Pharmacists

Ms. Doug Bungay, Incoming Vice-Chair
CEO and Registrar, Nova Scotia College of Nursing

Dr. Doug Mackey
Registrar, Nova Scotia Regulator of Dentistry and Dental Assisting

Dr. Gus Grant
CEO and Registrar, College of Physicians and Surgeons of Nova Scotia

Dr. James Brady
Nova Scotia Regulator of Dentistry and Dental Assisting

Dr. Zachary Fraser
College of Physicians and Surgeons of Nova Scotia

Vacant
Nova Scotia College of Nursing

Ms. Sharon Johnson-Legere
Public Member

Mr. Nathan Barton
Public Member

Ms. Vanessa Iafolla
Public Member

Vacant
Public Member

Dr. Robert Strang
Chief Medical Officer of Health, Department of Health and Wellness

Dr. Samuel Hickcox
Chief of the Office of Addictions and Mental Health

Strategic Priorities

Building on its core functions (data collection, case identification and information sharing), the NSPMP has focused its efforts on executing a new, robust Strategic Plan for the 2023-2027 period. This was accomplished by partnering with a professional consulting firm to assist with research, facilitation of Board discussions and drafting of a new plan.

Comprehensive research and jurisdictional scans were conducted, both across Canada and select areas in North America and Europe. Multiple interviews and surveys were conducted with various stakeholders to assess current trends and challenges associated with monitored drugs.

Our Strategic Goals 2023-2027

The strategic priorities for 2023-2027 for the Nova Scotia Prescription Monitoring Program are to:

1. Provide strategic support for prescribing monitored drugs to patients for acute, chronic, and long-term care needs.
2. Increase public and professional awareness of how the NSPMP's mandate supports patient care, harm reduction and public safety.
3. Position the Board as a primary resource for government on its policies related to monitored drugs.
4. Optimize the efficiency and effectiveness of the Program.

Goal: Provide strategic support for prescribing monitored drugs to patients for acute, chronic, and long-term care needs

Monitored drugs are prescribed in the continuum of care to address the needs of patients:

- In acute care, the intervention is focused on the immediate, short-term needs.
- Some of these patients will transition to chronic care, where pain management can continue to form a critical part of their medical interventions.
- Medical intervention with monitored drugs for long-term care may be a part of the transition from acute and chronic care.

All along the care continuum, strategic support in the form of guidance and education concerning monitored drugs will assist the public and healthcare community in ensuring the most appropriate care for Nova Scotians.

Goal: Increase public and professional awareness of how the Nova Scotia Prescription Monitoring Program (NSPMP) mandate supports patient care, harm reduction and public safety

- Although the NSPMP has been active for some time, awareness of the Program is often overlooked or misunderstood.
- The NSPMP will explore various information channels to increase awareness and understanding of Nova Scotia's prescription monitoring program's role in supporting patient care, harm reduction and public safety.

Goal: Position the Advisory Board as a primary resource for government on its policies related to monitored drugs

- As the provincial government develops and evolves policies on monitored drugs, NSPMP's Advisory Board's depth of knowledge and experience will be invaluable in ensuring the

government is well advised on issues, needs and potential solutions for Nova Scotians.

Goal: Optimize the efficiency and effectiveness of the program

- The NSPMP Administrator and the Advisory Board will work together to identify areas of potential improvement in the efficient delivery and optimized effectiveness of the Program in the interest of best serving Nova Scotians.

Strategic Outcomes

The following chart provides the status of the goals for April 1, 2025-Mar 31, 2026:

		Status		
Area	**Outcomes: 2025-2026**	**Complete**	**In-Progress**	**Comments**
Strategic Plan	Post approved Strategic Plan on public facing NSPMP website.	X		Three-year timeline was compiled, and strategic goals and projects were plotted by year and month. The NSPMP Advisory Board voted unanimously to extend the Strategic Plan for an additional year to 2027.
	Develop tactical/operational items to achieve the Strategic Goals. Provide ongoing progress updates to Board	X		
Governance	Support and collaborate with DHW to assess current Regulations and Policies, identifying areas to revise.	X		Position the Advisory Board as a primary resource for government on its policies related to monitored drugs. Draft updates to Regulations still pending approval.
	Assess and review any required communication or changes that may result from law amendments to the NSPMP Act and its Regulations.		X	
	Provide orientation and support to new appointed public Board members.	X		
	Review and assess the new Controlled Substances Act effective Oct. 1, 2026, and begin plan for communicating with stakeholders.	X		

		Status		
Area	**Outcomes: 2025-2026**	**Complete**	**In-Progress**	**Comments**
Financial	On an ongoing basis, the Board will be provided overview of program financials for transparency and visibility.	X		Automated criteria improvements have reduced system logging and provide for a fast run time of system-generate risk flags. Coordination with DIS. Review of DIS benefits being conducted; NSPMP participated in interviews, surveys and provided years of historical data regarding fixing errors.
	Implement proactive changes to internal DUR processes that have a positive impact to prescribers via lessening the administrative burden to reply to NSPMP requests.	X		
	Continual review of processes to improve quality, efficiency, and volume of reviews, including reduction of manual data fixes, contributing to more efficient financial spend.	X		
Data Integrity & Analysis and Infrastructure	Collaborate with the Drug Information System to ensure the NSPMP receives prescription data that is accurate, timely and effectively integrated into the NSPMP system	X		NSPMP continues to meet regularly with the DIS to discuss and resolve issues related to data integrity. Provide strategic support for prescribing monitored drugs to patients for acute, chronic, and long-term care needs. Optimize the efficiency and effectiveness of the Program. Stimulant data was analyzed for the previous 5 years, showing a marked increase. Delivered presentations amongst stakeholder groups for awareness and study purposes.
	Implement mass data fix solution(s) to reduce manual entry.	X		
	Continual monitoring of new Tramadol criteria for DUR as well as trend experience.	X		
	Stimulant trend identification and analysis of historical data to highlight amongst stakeholder groups.	X		

Area	Outcomes: 2025-2026	Status		Comments
		Complete	In-Progress	
Information Sharing/Stakeholder Relations	Continue to incorporate best practice key messages on prescribing monitored drugs into communications with prescribers, pharmacists, and stakeholder groups.	X		Reference to key guidelines and practice supports have been outlined in correspondence, presentations and continue to be relayed in day-to-day outreach activities. See chart at the end of this document for list of presentations. NSPMP proactively identifies and highlights trends in monitored drug dispense data.
	Expanded the NSPMP's reach to present to a variety of external stakeholder groups and educational institutions.	X		
Brand & Reputation	Maintain and enhance, where possible, the NSPMP relationship with law enforcement. Developed 'Working with NSPMP' poster for Law Enforcement in an effort to promote NSPMP as a resource to law enforcement.	X		NSPMP continue to be active member of newly formed Chief of Police Association Drug Committee and contribute to effective discussions and presentations. Increase public and professional awareness of how the NSPMP's mandate supports patient care, harm reduction and public safety. Work with best in industry experts on survey and focus group development and execution.
	Enhance public-facing NSPMP website to include education section.		X	
	Continue to participate in stakeholder presentations and invitations for consultation/collaboration on research studies and publications. Expand where possible.	X		
	Explore additional methods and avenues to measure public and professional awareness of the NSPMP's mandate. Develop and execute a public survey and a public focus group. Develop and execute a survey for prescribers.	X		

Monitoring & Reporting Activities

Annual Program Activity:

Overall Program activities compared to the previous fiscal years outlined below:

Item	2021/22	2022/23	2023/24	2024/25	2025/26
Patient Profiles – eAccess Generated	**18, 871**	**17,979**	**17,355**	**16,313**	**16,705**
Requests for Prescriber Profiles	**3**	**89**	**96**	**78**	**70**
Requests for Pharmacy Profiles	**0**	**0**	**0**	**0**	**0**
Referrals to Medical Consultant	**25**	**36**	**37**	**32**	**30**
Referrals to Pharmacist Consultant	**86**	**72**	**24**	**35**	**21**
Referrals to Practice Review Committee	**13**	**25**	**20**	**16**	**15**
Referrals to Licensing Authorities	**0**	**2**	**1**	**4**	**0**
Drug Utilization Review Inquiries	**188**	**176**	**135**	**143**	**114**
Referrals to Law Enforcement	**0**	**0**	**0**	**1**	**1**
Requests for Patient Profiles by Law Enforcement	**15**	**8**	**9**	**4**	**6**
Notification of Charges	**1**	**2**	**0**	**0**	**0**

Media Inquiries:

During 2025/2026 the NSPMP received 0 media requests.

Data Reporting, Stakeholder Requests & Releases:

During 2025/2026 the NSPMP processed the following information requests:

Requested By	Information Requested
NS Department of Health and Wellness	DHW (SURVEILLANCEDHW@novascotia.ca) – April 2025 • Opioid Prescriptions Dispensed by Filled Date Quarter – Including Count of Dispenses, Count of Health Card Numbers, Total Morphine Equivalent Milligrams, Count of Dispenses (for MME drugs), and Count of HCNs (for MME drugs). For All Opioids, All Opioids excl. Methadone/Buprenorphine (for suspected OAT), Methadone/Buprenorphine (for suspected OAT) Only, and Methadone and Buprenorphine (for suspected OAT) separately - 2025-Q1
NS Department of Health and Wellness	DHW (SURVEILLANCEDHW@novascotia.ca) – July 2025 • Opioid Prescriptions Dispensed by Filled Date Quarter – Including Count of Dispenses, Count of Health Card Numbers, Total Morphine Equivalent Milligrams, Count of Dispenses (for MME drugs), and Count of HCNs (for MME drugs). For All Opioids, All Opioids excl. Methadone/Buprenorphine (for suspected OAT), Methadone/Buprenorphine (for suspected OAT) Only, and Methadone and Buprenorphine (for suspected OAT) separately - 2025-Q1 to 2025-Q2
Dalhousie University Faculty of Medicine, Department of Community Health & Epidemiology	Academic Research – Jill Hayden – July 2025 • List of NSPMP's Monitored Opioids, for a project with Health Data Nova Scotia
NS Department of Health and Wellness	DHW (SURVEILLANCEDHW@novascotia.ca) – October 2025 • Opioid Prescriptions Dispensed by Filled Date Quarter – Including Count of Dispenses, Count of Health Card Numbers, Total Morphine Equivalent Milligrams, Count of Dispenses (for MME drugs), and Count of HCNs (for MME drugs). For All Opioids, All Opioids excl. Methadone/Buprenorphine (for suspected OAT), Methadone/Buprenorphine (for suspected OAT) Only, and Methadone and Buprenorphine (for suspected OAT) separately - 2025-Q1 to 2025-Q3.
Dalhousie University, College of Pharmacy	Academic Research – Meghan MacKenzie and Alexandra (Sandy) Yip – December 2025 • Reviewed and provided feedback on research study appendix C draft and research protocol for study re: Opioid Prescribing Patterns in Trauma Patients.
IWK and One Patient One Record (OPOR) Project Team	Other – December 2025 • Meeting was held with various stakeholders at IWK and technical team to discuss launch of One Patient One Record (OPOR). Items discussed were related to feedback and questions PMP received regarding prescribing for monitored drugs in the OPOR system. Confirmed approved methods for prescribing monitored drugs in NS are: if physically handing paper: duplicate pad, fax, verbal order, ePrescribing through DIS. Prescriptions for monitored drugs can not be printed from OPOR system

Community Involvement & Education

Stakeholder Engagement & Education:

The NSPMP's Strategic Plan has a focus on education, namely, exploring various information channels to increase awareness and understanding of the Nova Scotia's Prescription Monitoring Program's role in supporting patient care, harm reduction, and public safety. 2025/2026 saw a continuation in the amount of outreach, education, and engagement with a variety of stakeholders.

General Program Overview Presentations & Education:

Date	Group Name
April 2025	Atlantic Mentorship Network – Program Overview
June 2025	CPSNS Welcome Collaborative Orientation - NSPMP Q&A Review of Programs and Monitored Drug Data
June 2025	CPSNS Welcome Collaborative – Chronic Pain & Legacy Patients
June 2025	Centre of Rural Aging and Health – Medication Safety
Sept 2025	CPSNS Welcome Collaborative Orientation - NSPMP Q&A Review of Programs and Monitored Drug Data
Sept 2025	CPSNS Welcome Collaborative – Chronic Pain & Legacy Patients
Nov 2025	CPSNS Welcome Collaborative Orientation - NSPMP Q&A Review of Programs and Monitored Drug Data
Nov 2025	CPSNS Welcome Collaborative – Chronic Pain & Legacy Patients
March 2026	CPSNS Welcome Collaborative Orientation - NSPMP Q&A Review of Programs and Monitored Drug Data
March 2026	CPSNS Welcome Collaborative – Chronic Pain & Legacy Patients

Program Financial Summary

The NSPMP fiscal year results are noted in the table below:

2025/2026 Reconciliation

Cost Area	Projections 2024-25 ($)	Actuals 2024-25 ($)	Variance ($)
Fixed Fees	$1,444,782	$1,444,782	$0
Flow Through	$89,200	$103,123	($13,923)
Total	$1,533,982	$1,547,906	($13,923)