



August 31, 2016

Ontario Public Drugs Programs
Ministry of Health and Long-Term Care
80 Grosvenor Street
Hepburn Block, 9th Floor
Queen's Park
Toronto ON M7A 1R3

Re: CSHP Ontario Branch response for delisting of high strength opioids

Dear Executive Officer,

The Ontario Branch of the Canadian Society of Hospital Pharmacists (CSHP-OB) welcomes and supports the Ministry of Health and Long-Term Care's (MOHLTC) commitment to reduce inappropriate use, abuse and diversion of prescription narcotics for patient health and safety issues.

Although the MOHLTC has not requested any feedback or comments from external stakeholders regarding this decision to delist high strength long-acting opioids (ie Morphine 200 mg tablets, HYDROMORPHONE 24 mg and 30 mg capsules, fentaNYL 75 mcg/hr and 100 mcg/hr patches, meperidine 50 mg tablets) from the Ontario Drug Benefit (ODB) Formulary, CSHP-OB would like to express the concerns of its members and the patients to whom they provide care .

The majority of our members' concerns focus on their patients' well-being and pain control. The following is a summary of their concerns:

- a) Certain patient populations will suffer from lack of appropriate pain control with decreased access to higher strength opioids, specifically palliative patients at the end of life. One recommendation is to include a Limited Use code for these patients when prescribed high strength opioids by approved prescribers. By completely delisting the high strength opioids, only those who are financially stable would be able to afford the added cost of these prescription medications, creating a two-tiered system for drug access, which may result in some patients suffering with uncontrolled pain
- b) There is a lack of structured education for the prescribers and dispensers on tapering high dose opioids. In the early 2000s, pharmacy, medicine and dentistry students at University of Toronto had been educated over a two-day inter-professional seminar sponsored by pharmaceutical companies invested in opioid sales on the safety and benefits of managing pain using opioids. Other health care faculties across Canada were also fostering the principle of early access to opioids during the same time period. These strategies to control pain may have become ingrained in the professional practices of these health professionals. More focused strategies to reverse those teachings will be necessary.
- c) There is also a potential for serious adverse events due to utilizing multiple low strength opioids to achieve high dose effect. For instance, patients may be prescribed 4 patches of 25 mcg/hr





fentaNYL to obtain a 100 mcg/hr dose. Use of multiple patches would increase the chances of patients forgetting to change all patches applied and subsequently increase the risk of overdose. There doesn't appear to be any information suggesting this practice will not be allowed.

CSHP-OB acknowledges that there needs to be more appropriate prescribing of opioids which would help improve patient care and address the growing problem of opioid addiction, misuse and diversion in Ontario. There is little evidence demonstrating that higher doses of opioids for chronic pain result in improved pain management, but there is significant evidence that this results in an increased risk for adverse events, addiction and opioid-related mortality. Nonetheless, CSHP-OB would encourage the MOHLTC to re-evaluate the current proposed process for delisting of high strength opioids.

CSHP-OB welcomes future opportunities to work with you and the MOHLTC to provide the clinical perspective of pharmacists working in any collaborative healthcare settings such as hospitals, ambulatory care and primary care.

We hope our feedback will be of value to the MOHLTC. Please do not hesitate to reach out for further questions or clarifications regarding our feedback.

Best regards,

Savminderjit (Sammu) Dhaliwall, RPh, BScPhm, ACPR, Pharm D
President, Canadian Society of Hospital Pharmacists – Ontario Branch

Cc: Angie Wong, Director, Ontario Public Drug Programs, Ministry of Health and Long-Term Care

