

March 3, 2017

CPSA rolls out new prescribing rules to help combat opioid crisis

A new process for prescribing high-risk drugs like opioids, benzodiazepines, sedatives and stimulants will improve physician prescribing and enhance patient safety.

Approved by the Council of the College of Physicians & Surgeons of Alberta (CPSA), the new standard of practice on [Prescribing: Drugs with Potential for Misuse or Diversion](#) comes into effect April 1, 2017.

When prescribing drugs listed in the standard, physicians must:

- check the patient's medication history from PIN/Netcare or another independent source (or prescribe only the minimum amount until the information can be obtained)
- be able to justify prescribing decisions based on documented patient assessments
- be cautious in initiating patients on these drugs, first discussing with their patients other treatment options and the risks and benefits of the medication

"Putting more checks and balances in place for these drugs will help patients and our members," notes CPSA Registrar Dr. Trevor Theman. "These drugs pose a significant health risk and physicians need to ensure they are prescribing responsibly."

The standard reinforces Council's 2016 decision to endorse the [U.S. Centre for Disease Control's Opioid Prescribing Guidelines](#) as best practice. Physicians prescribing over the recommended dose of 90 oral morphine equivalents may be asked to justify the dosage with patient assessment and charting details.

According to Dr. Theman, there will be circumstances where physicians prescribe higher than the recommended dose. "In some situations, a higher dose will be completely appropriate. What we're concerned about are scenarios where there is limited or no rationale for the treatment."

CPSA Council is comprised of elected physician members and appointed public members. Their decision on the standard was informed through a 60-day consultation process where the College received feedback from physicians, healthcare organizations, the public, government and special interest groups.

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