

What are Dispensed Medications?

The ConnectingOntario ClinicalViewer Medications portlet - Dispensed Medications tab displays information from the provincial Digital Health Drug Repository (DHDR) for Ontarians with an Ontario Health Number. This includes information on:

- **Publicly funded drugs** (including those listed on the Formulary or approved through the Exceptional Access Program) dispensed in Ontario and paid for by the **Ontario Drug Benefit** program (recorded by dispensers using an Ontario Health Number)
- Most publicly funded drugs dispensed in Ontario and eligible under **Special Drugs Program**
- Drugs dispensed in Ontario to households pending program eligibility with **Trillium Drug Program**
- **Professional pharmacy services** provided by a pharmacist in Ontario and paid for by the ministry
- **Monitored drugs** (narcotics and controlled substances), regardless of payor, when the approved identification used was a valid Ontario Health Number, including monitored drugs reimbursed by private insurance or cash
- **COVID-19 vaccination and testing information** documented in COVaxON (COVID-19 Vaccine Global Access Facility, Ontario). COVaxON includes information on all COVID-19 vaccines administered in the province, as well as COVID-19 testing information when the test is performed at a community pharmacy. COVID-19 test results display in the Lab and Pathology Results portlet

DHDR [provides a foundation for the “Best Possible Medication History”](#), which can be developed with the patient or the patient’s Substitute Decision Maker.

Refer to [Information Available to Health Care Providers through the Digital Health Drug Repository](#) for more information.

What Information is in DHDR?

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| <p>1. Publicly funded drug and pharmacy service information</p> <ul style="list-style-type: none"> • Reflects information the dispensing pharmacy submits to the Ministry of Health for reimbursement • Includes over 10 years of information about publicly funded drugs (including monitored drugs and COVID-19 information) and publicly funded pharmacy services | <p>2. Narcotics Monitoring System (NMS) information</p> <ul style="list-style-type: none"> • Includes over 8 years of information about monitored drugs (narcotics and controlled substances) dispensed in Ontario regardless of payor |
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What are the Limitations of DHDR Information?

DHDR information is advisory only and is not intended to replace sound clinical judgment in the delivery of health care services. As it may not include all the current medications a patient is utilizing at any time, or all the pharmacy services that a patient has received, the user is advised to consider the following:

- The information should be discussed and confirmed with the patient or other source(s)
- The patient may not have picked up their medications or may not be taking them as prescribed
- The patient may be taking other medications not part

of the information being made accessible to providers such as over-the-counter or privately-paid medications (with the exception of privately-paid narcotics and controlled substances)

- It does not include hospital-dispensed medications
- It does not reflect details such as:
 - whether a prescription is new or a refill
 - changes to drug therapy (e.g., discontinued, dosage change)
 - current use of medication
 - instructions for use (e.g., frequency)

Contact the dispensing pharmacy or prescriber for additional information or clarification

Important Term Descriptions

Dispensed Date: date of service when the pharmacy processed the claim for payment of the dispensed medication or pharmacy service. This date does not necessarily reflect the actual date that the recipient picked up the medication or received the pharmacy service. Many people pre-order refills and pick up later

Strength: strength of the prescription drug dispensed, amount of active ingredient in the drug; for topical and liquid medication it may be shown as a percentage or ratio

Quantity: quantity of prescription drug dispensed; may be the number of items dispensed, or, for topical and liquid medication (e.g., Methadone) it may refer to dose, total volume or volume of drug concentrate

Estimated Days Supply: estimated days of treatment based on the directions for use on the prescription, and/or the pharmacist's judgment on usage; estimating usage accurately may not be possible for some prescriptions (e.g., PRN)

Key Interpretation Notes

Medications - Dispensed Medications									
COTE-NORD, YULIA DOB: 01 Jan 1962 (58y) Female HCN: 5425414801									
Warning: Limited to drug information and pharmacy services available in DHDR.									
ConnectingOntario ClinicalViewer									
Dispensed Date	Generic Name	Brand Name	Strength	Form	Quantity	Est. Days Supply	Pharmacy	Prescriber	Prescriber ID
27 Feb 2016	VERAPAMIL HCL	Apo-Verap SR	240mg	LA TAB	30	30	Good Life Pharmacy 416-539-5532	Newton, Isaac	2355676
20 Feb 2016	METOPROLOL TARTRATE	Apo-Metoprolol	50mg	TAB	90	30	New Morning Pharmacy 416-882-7722	Murray, Sam	2345789
10 Jan 2016	MedsCheck Annual	MedsCheck			1	1	Good Life Pharmacy 416-539-5532	Smith, John	9898789

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Example of Printed Medication List

- Use caution extrapolating the frequency from the Quantity and Estimated Days Supply
 - Based on the example above, 90 tablets of Metoprolol 50 mg was filled for an estimated 30 days supply. $(\text{Quantity} / \text{Estimated Days Supply}) = 3$ tablets per day. The instructions may have been 75 mg (1.5 tablets) twice a day, 50 mg (1 tablet) three times a day or another variation. Estimated Days Supply may not be accurately estimated, further compounding the problem
- The DHDR does not indicate if a prescriber intended current use of a medication
 - The patient may have been instructed to take Metoprolol and Verapamil together, stop one and continue the other, or stop both
- Changes to medication therapy are not known
 - The patient may have been given alternate dosing instructions (e.g., to decrease the Metoprolol dose to 25 mg (0.5 tablet) three times a day)
- The DHDR reflects historical records of drug and pharmacy service information. There is no functionality for medications to be marked as discontinued, placed on hold, or to record adverse events or allergies. It cannot be assumed from the appearance of a record that a patient was successfully treated or can tolerate a specific medication