
Manitoba Prescribing Practices Program (M3P) FAQ

(June 1, 2024)

1. What is the M3P?

The Manitoba Prescribing Practices Program (M3P) is a provincial prescription monitoring program, specifically intended to minimize the risk for diversion of some high-risk drugs that fall under the federal [Controlled Drugs and Substances Act \(CDSA\)](#).

The subset of CDSA drugs covered under the provincial M3P can be found [here](#).

2. Which prescribers in Manitoba can write prescriptions for M3P medications?

Manitoba physicians, dentists, nurse practitioners, and veterinarians can prescribe M3P medications, as long as:

- the prescriber has the authority to prescribe a drug that falls under the M3P; and/or
- the prescriber does not have any formal prescribing restrictions.

Pharmacists can check the website of the Manitoba regulator for the prescriber to confirm this information. For more information on prescribing authority of different healthcare providers in Manitoba, please see the [CPhM Prescribing Authority Table](#).

For registrants of CPSM, pharmacists can confirm this information by accessing the CPSM prescriber list:

1. Log in to your [Registrant Portal](#).
2. Navigate to “**My Groups**” and select “**Practicing Pharmacists**.”
3. Click on the “**CPSM Methadone and Suboxone Prescriber List Access**” file for detailed instructions on logging into the CPSM Portal.

For out-of-province M3P prescriptions, see question #11.

3. What is the required prescription content for M3P prescriptions?

College of Pharmacists of Manitoba Mission:
To protect the health and well-being of the public by ensuring and promoting safe, patient-centred, and progressive pharmacy practice in collaboration with other health-care providers.

Member of the National Association of Pharmacy Regulatory Authorities



All prescriptions for drugs listed on the M3P (hand-written or electronically transmitted) **must** include:

- Patient demographics (name, address, PHIN and date of birth)
- Name, strength, and dosage form of the drug,
- Total quantity of the drug to be dispensed (in numbers and words),
- The interval (#of days) at which each quantity (#of tablets) is to be dispensed (i.e., part fill instructions),
- Therapeutic indication (required for all M3P),
- Directions for use,
- Date prescribed, and,
- Signature of the authorized practitioner (electronic signature is sufficient if the prescription is sent in compliance with the [Practice Direction on Electronic Transmission of Prescriptions](#).)

The M3P prescription must:

- contain only one drug per prescriptions form; and,
- be presented to the pharmacy within 3 days (in addition to the day the prescription was written).

Suggested templates for use by prescribers can be found in the “**M3P Prescription Guidance: Requirements & Recommended Templates**” available through your [Registrant Portal](#). To access the guidance document:

- Go to "My Groups"
- Select "Active Registrants"
- Select "Practice Guidance" folder
- Click on "M3P Prescription Guidance: Requirements & Recommended Templates."

4. What if some of the required prescription content is missing from a prescription for an M3P drug?

Reasonably, the pharmacist can add, and verify as appropriate (from the patient, caregiver, patient profile, etc.), information that is lacking on the prescription **where it would not interfere with the therapeutic intention of the authorized practitioner**. For example, the pharmacist may add in the patient’s address or PHIN.

The pharmacist cannot add the patient’s name, drug, quantity, date or signature of the authorized prescriber. This information must be verified directly with the prescriber in writing or through electronic transmission. Pharmacists must work collaboratively with the prescriber to prevent delays in patient care.



5. What if a prescription for an M3P drug also lists other prescribed medications?

M3P prescription must contain only one drug per prescription form due to the requirements listed in section 77 of the [Pharmaceutical Regulation](#). If other medications are also listed on the same prescription form, pharmacists must work collaboratively with the prescriber to prevent delays in patient care.

M3P prescriptions that list two different strengths of the same drug are acceptable (e.g. 50mg and 15mg of the same drug to achieve a total of 75mg/dose). Separate prescription numbers should be used for each strength.

6. Are prescribers required to use the M3P templates provided by the College?

No. Prescribers are **strongly encouraged** to use the templates provided through their regulatory college's registrant portals as they contain all the required fields for a complete M3P prescription, **but their use is not required if all the required content is included**. Pharmacists should not require prescribers to use a specific template. The substance of the prescription (the required content) is prioritized over specific forms/templates.

Please see the *"M3P Prescription Guidance: Requirements & Recommended Templates"* document in your [Registrant Portal](#) for more information. To access the guidance document:

- Go to "My Groups"
- Select "Active Registrants"
- Select "Practice Guidance" folder
- Click on "M3P Prescription Guidance: Requirements & Recommended Templates."

7. How can M3P prescriptions be provided to the pharmacy for filling?

Hand-written or Electronic Medical Record (EMR)-generated prescriptions for M3P medications can be provided to the pharmacy in one of the following ways:

1. From an authorized prescriber directly to a **specific** pharmacy via fax,
2. From the prescriber sent via a closed E-prescribing system to a **specific** pharmacy, or
3. Be handed to a patient to take to a pharmacy of their choice.



The personalized M3P prescription pads previously in use are no longer required but may also be accepted until exhausted.

All prescriptions handed to patients must be signed in **ink**. For prescriptions transmitted by fax or by an E-prescribing system, an electronic signature is sufficient, and prescriptions must be in compliance with the [Practice Direction on Electronic Transmission of Prescriptions](#). Please see the [Electronic Transmission of Prescriptions FAQ](#) for more information.

M3P prescriptions (or any prescriptions) **cannot** be emailed, nor may images of prescriptions be transmitted via text message or emailed to a patient or a pharmacy. Prescriptions should never be posted to a patient portal in clinics who maintain such platforms to communicate with their patients.

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- Go to "My Groups"
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- Click on "M3P Prescription Guidance: Requirements & Recommended Templates."

8. Can orders for M3P medications be given verbally to a pharmacist for outpatients?

No. Prescriptions for M3P for outpatients must still be given in writing or transmitted electronically as per the [Electronic Transmission of Prescriptions Practice Direction](#).

Please note that the [Joint Guidance to Physicians, Nurse Practitioners and Pharmacy Professionals: Narcotic and Controlled Drug Prescriptions for Personal Care Home Residents](#) permits verbal orders from physicians and RN(NP)s for any CDSA drugs **for residents of personal care homes only**. This joint guidance is in line with the provisions granted in the Health Canada Subsection 56(1) CDSA Class Exemption, and will remain in place until September 30, 2026, and may be reassessed upon expiry.

9. How can pharmacy staff be sure that M3P prescriptions (hand-written or electronic) are authentic and not forged?



Pharmacy staff must objectively review all prescriptions and remain vigilant for signs of forgery, especially with out-of-province prescriptions. For more tips on verifying prescriptions and identifying prescription forgeries, please visit the College's website [here](#).

10. Can pharmacists accept electronic prescriptions for medications covered under the Manitoba Prescribing Practice Program (M3P)?

Yes. To ensure safe and equitable access to health care for patients receiving M3P medications, the revised [Practice Direction on Electronic Transmission of Prescriptions](#) permanently removed the prohibition on electronic transmission of M3P prescriptions.

Prescriptions for M3P medications must meet the requirements outlined in **section 8.1** of the [Practice Direction on Electronic Transmission of Prescriptions](#). Please be sure to review the [Electronic Transmission of Prescriptions FAQ](#), and the document titled "**M3P Prescription Guidance: Requirements & Recommended Templates**" in your Registrant Portal [here](#) for more information on M3P prescription requirements. To access the guidance document:

- Go to "My Groups"
- Select "Active Registrants"
- Select "Practice Guidance" folder
- Click on "M3P Prescription Guidance: Requirements & Recommended Templates."

For out-of-province prescriptions for M3P drugs, please see question #11.

11. Can a Manitoba pharmacy fill prescriptions for M3P drugs from out-of-province prescribers*?

***N.B. Pharmacy staff must remain vigilant with all out-of-province prescriptions, especially electronically transmitted ones, and be alert for potential prescription forgeries. For more tips on verifying prescriptions and identifying prescription forgeries, please visit the CPhM website [here](#).**

Yes, pharmacists may accept prescriptions for M3P drugs (hand-written or electronically generated) from a practitioner (physician, veterinarian, dentist, pharmacist, registered nurse, optometrist, midwife, registered psychiatric nurse, or podiatrist) registered to practice in any province of Canada and in compliance with the *Food and Drug Act* and regulations and, the *Controlled Drugs and Substances Act* and regulations, as long as:

- the prescriber has the authority to prescribe a drug that falls under the M3P; and/or,
- the prescriber does not have any formal prescribing restrictions.



Please note that some Manitoba regulators may require health professionals to be registered with the Manitoba regulatory body to provide in-person or virtual care to a patient residing in Manitoba. For more information, please contact the Manitoba regulator for the prescriber.

For out-of-province prescriptions for M3P drugs:

- pharmacists must only accept it once satisfied that it came directly from someone who has the authority to prescribe, and the prescription is appropriate for the patient.
- the pharmacist must verify a prescriber's written and/or electronic signature (if transmitted electronically) if it is unknown to the pharmacist.
- the certification requirements specified in the [Practice Direction on Electronic Transmission of Prescriptions](#) are not required if the prescription is transmitted electronically.
- the prescription needs only to fulfill the requirements in place within the prescriber's jurisdiction (e.g., if a special form is required for the medication, it must be used – see question #12).

If the out-of-province prescription is for an opioid, benzodiazepine or z-drug, please see the section titled "Prescriptions from Out-of-Province Prescribers" in the [CPhM Companion Document to the CPSM Standard of Practice for Prescribing Opioids and Benzodiazepines and Z-Drugs](#).

If the out-of-province prescription is for Opioid Agonist therapy (OAT), please see the section titled "Guest Doses" in the [CPhM Opioid Agonist Therapy Guidelines for Manitoba Pharmacists](#).

12. Which other provinces use special forms for drugs that fall under the CDSA?

A handful of other provinces use specialized prescription forms or programs for CDSA drugs. Each of these provinces also has a unique list of medications under their program which may differ from the M3P list in Manitoba. Please see the links below for more information on each jurisdiction's program, along with the list of medications covered, where applicable.

- [British Columbia](#) – Controlled Prescription Program (CPP) forms
- [Alberta](#) – Tracked Prescription Program (TPP) forms
- [Saskatchewan](#) - No special form required for the Saskatchewan Prescription Review Program (PRP), but additional prescription requirements apply
- **Ontario** - no special form



- **Quebec** - no special form
- **New Brunswick** - no special form
- **Nova Scotia** –Nova Scotia Prescription Monitoring Program (NSPMP) forms
- **P.E.I.** - no special form
- **Newfoundland** - Tamper Resistant Prescription drug pad program (TRPP) forms

13. When is a M3P prescription valid with only the prescriber's electronic signature?

The prescriber's electronic signature is acceptable on a prescription that is sent in compliance with the [Practice Direction Electronic Transmission of Prescriptions](#). The prescription must be securely transmitted directly to the pharmacy.

If the prescriber gives the patient a printed computer-generated M3P prescription with an electronic signature to take to the pharmacy, the prescription must also be physically signed (i.e., in ink) by the prescriber in order to be considered a valid prescription. If the ink signature is missing, the pharmacist must verify the prescription through direct written or electronic communication (e.g. through fax or E-prescribing) with the prescriber.

14. Do all M3P prescriptions have to be entered into DPIN?

Yes. Pharmacists must follow the Practice Direction on [M3P Information Entered into DPIN](#).

15. What should the pharmacist do if a patient does not have a PHIN or refuses to provide their PHIN for an M3P prescription?

Pharmacists must follow the relevant steps outlined in section 4.0 of the Practice Direction on [M3P Information Entered into DPIN](#), including the refusal to fill requirements.

16. The old personalized M3P pads (also known as triplicates/duplicates) had a section on the bottom for pharmacists to fill out. Are those checks still required?

Although the check boxes are no longer on the M3P prescription templates, pharmacists must still:

- Be satisfied that the individual for whom the prescription is written is the one receiving the prescription,



- Confirm that the prescriber has the authority to prescribe a drug that falls under the M3P, and/or the prescriber does not have any formal prescribing restrictions,
- Review the patient's profile and medical history (including a DPIN check) to ensure that the prescription is appropriate and safe for the patient, in accordance with the [Ensuring Patient Safety Practice Direction](#),
- If a prescription is refused to be filled, it must be documented in accordance with the Practice Direction on [M3P Information Entered into DPIN](#), and
- Sign and date the part-fill dispensed, as per the requirements for prescriptions records for any dispensed medication.

17. For electronically transmitted methadone and buprenorphine/naloxone prescriptions, does the prescriber still need to indicate the total daily dosage in addition to being indicated on the M3P prescription itself?

No, this is no longer a requirement, if all of the required content for M3P prescriptions is included and the dose is clearly indicated.

Please be sure to review document titled "**M3P Prescription Guidance: Requirements & Recommended Templates**" in your Registrant Portal [here](#) for more information on M3P prescription requirements. To access the guidance document:

- Go to "My Groups"
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18. Who should I contact if I have any questions or concerns regarding M3P?

Please email your questions to mppp@cphm.ca or call the CPhM Manitoba Prescribing Practices Program voicemail line at 204-772-4985.

You may also call the CPhM general phone line at 204-233-1411, or email info@cphm.ca.