



College of Pharmacists of Manitoba

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Podiatrists – Prescribing Authority

The Podiatrists Regulation was amended March 31, 2023. Podiatrists who have been authorized by their council to prescribe drugs, may now prescribe medications listed in [Schedule A.1](#) of the Podiatrists Regulation. The [Prescribing Authority Table](#) has been updated to reflect this change.

Pharmacists can check the [podiatrist directory](#) to determine if a podiatrist has prescribing authority. For DPIN entry, the pharmacy will use the designation F followed by the podiatrist's DPIN prescriber number.

Further to Schedule A.1, podiatrists with prescribing authority may only prescribe the following drugs in these conditions:

Table A

Drug	Maximum Duration	Maximum Daily Dosage (oral)
Ketorolac tromethamine	5 days	10mg every 4-6 hours, as needed for pain, not to exceed 4 doses per day, or 40mg in total

Table B*

Drug	Maximum Daily Dosage (oral)
Diazepam	10mg
Hydroxyzine hydrochloride	50mg
Lorazepam	3mg

*A podiatrist may prescribe a drug set out in Table B before the performance of any act that they are authorized to perform only **for the maximum of a single dose**, in the maximum daily dosage indicated. A podiatrist cannot store drugs listed in Table B in their practice location.

Prescriptions for more than the maximum duration or daily dosage listed in Table A and B can be prescribed if the podiatrist first consults with the patient's primary care provider and retains a written record of the consultation in the patient's health record.

Podiatrists cannot prescribe a drug for themselves, a family member, or any other person with whom they have a close personal relationship.

Prescriptions issued by podiatrists must contain the following information:

*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.*



- (a) the date of the prescription;
- (b) the patient's name and address;
- (c) the diagnosis or expected outcome of the treatment prescribed;
- (d) the name of the drug prescribed, the strength, if applicable, and the quantity;
- (e) the directions for use;
- (f) the number of refills available to the patient;
- (g) the name, address, and telephone number of the member issuing the prescription; and
- (h) the member's signature and registration number.