



# College of Pharmacists of Manitoba

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## Manitoba Prescribing Practices Program

### Pharmacist Questions and Answers

(Updated August 2016)

The Manitoba Prescribing Practices Program (M3P) program is a prospective at-source risk management system to minimize drug diversion for Controlled and Narcotic medications and facilitate communication among health care professions, regulatory authorities, and federal, provincial and territorial governments regarding drug utilization issues and information.

#### 1. Who can write M3P prescriptions?

The program covers doctors, dentists, nurse practitioners, registered nurses-extended practice and veterinarians. The program does not include Associate Members of the College of Physicians and Surgeons of Manitoba (CPSM) including Clinical Assistants, Physician Assistants or graduate medical students on the Educational Register who cannot prescribe narcotics or controlled substances.

#### 2. Can the pharmacist complete the prescriber's section of the form?

The prescriber must complete their section of the form. Reasonably, if the patient's address or PHIN is not indicated, the pharmacist may write it on the prescription. Notwithstanding, incomplete forms may be refused.

#### 3. What if the prescriber uses the M3P prescription form to prescribe a drug not covered by the program?

If the form is filled out correctly and is legitimate, the prescription can still be filled.

#### 4. How many days is the prescription valid for?

Three days in addition to the day the prescription was prescribed.

#### 5. Are prescriptions written for drugs covered by the Manitoba Prescribing Practices Program from an out of province prescriber valid?

Yes. Prescriptions written by authorized practitioners in other provinces and territories need only meet the requirements in place in their jurisdiction for the prescription to be filled in Manitoba. Notwithstanding the general prohibition on faxing M3P prescriptions, a prescription for methadone or buprenorphine/naloxone prescribed solely for the purposes of a methadone/ buprenorphine maintenance program (opioid dependence treatment) may be sent via facsimile transmission. The pharmacist must verify that the practitioner is permitted to prescribe the drugs in the M3P schedule. The pharmacist must have the original prescription, as faxed or verbal prescriptions for M3P drugs, are not valid in Manitoba. The pharmacist is not required to send a copy to the College of Physicians and Surgeons in the province of origin, but may choose to do so. For an out of province patient, a "pseudo-PHIN" 888888884 must be entered into DPIN as *Drug Utilization only*.

**6. What are the professional practice and documentation requirements?**

The pharmacist must confirm an authorized practitioner has written the order using their personalized M3P form. An authorized practitioner cannot use another practitioner's form. In addition, the pharmacist has the authority and responsibility to review whether the form was written by an authorized practitioner practicing within their scope of practice and consistent with standards of care and patient safety. Should the pharmacist be concerned the prescription has not been issued consistent with the known scope of practice and standards of care, the pharmacist must intervene and collaborate with the patient and/or authorized practitioner to resolve the concern.

When entering the prescription into the patient's DPIN medication profile, the pharmacist must perform a review of the medication for patient safety, potential allergic response, adverse reactions, contraindications, inappropriate dosages and inappropriate patterns of use.

The pharmacist must ensure the form is complete and accurate regarding the information contained therein. The form must be presented within three days of the date on the prescription. The regulations require that the directions for use include intervals at which the drug is to be taken and/or provided. The pharmacist can add, and verify as appropriate, information that is lacking on the form where it would not interfere with the therapeutic intention of the authorized practitioner. The pharmacist cannot add the patient's name, drug, quantity, date or signature of the authorized prescriber.

On M3P prescription forms, one of the checklist items for pharmacy is verification of the patient's identity. If a patient is unknown to the pharmacy and presents a prescription for a M3P drug, the pharmacist should confirm the identity of the patient by asking for photo identification.

**7. How do pharmacists handle part-fills written on M3P forms?**

The Manitoba Prescribing Practices Program and the M3P form do not change Federal law governing part fills. M3P forms that can be part-filled should be entered into DPIN with the actual quantity supplied with the first fill and with each subsequent fill.

**8. What if an M3P form is presented to a pharmacy, prepared and not picked up?**

The drug would be returned to stock with the proper notation on the original Prescription and the record in the DPIN system must be changed. The Manitoba Prescribing Practices Program does not have to be notified that the medication was not picked up.

**9. How do pharmacists verify the validity of an M3P prescription?**

The M3P prescription forms have several methods and features to assist pharmacists in verifying the validity and authenticity of an M3P prescription. Currently, a pharmacist can verify a prescription form by confirming the presented M3P prescription contains the following security features:

Security Features of an M3P prescription form:

- a) A screened print (faded grey scale) of the College of Pharmacists of Manitoba logo centered in the background of the form.
- b) Perforation marks appear on all four sides of the form
- c) The form number (along the side margin) and the word “PHARMACY” (located at the bottom of the form) are printed in two different tones of red. The form number is a deep red tone, whereas “PHARMACY” is a brighter tone.
- d) The form number is slightly embossed, due to the printers stamping process. The indentation can be felt on both side of the form. (The word “PHARMACY” is not embossed.)

As of April 2015, new Security Features of M3P prescription forms numbered “5000000” and higher:

- e) All forms numbered “5000000” and higher feature a heat sensitive, colour changing ink on the reverse. The red check mark on the reverse side of the pharmacy copy will fade and reappear when rubbed or breathed upon.

Note: The new check-mark security feature is limited to M3P forms bearing numbers “5000000” or higher. Both the old and new M3P prescription forms will be in circulation for a period of time.

These security features are intended to assist in verifying the authenticity of an M3P prescription form and cannot be relied upon as the only method for verifying that an M3P prescription is valid. Pharmacists must use their professional judgment when reviewing all M3P prescriptions as there is always the risk of an altered, lost or stolen prescription form being presented at the pharmacy. Should there be a question as to the validity of an M3P prescription, the pharmacist must contact the prescriber to confirm.

**10. Can someone bring a valid M3P form into a pharmacy and have it deferred and filled at a later date?**

Yes, if the patient is known to the pharmacist, the pharmacist has verified the legitimacy of the prescription and the patient has a valid reason for deferring the prescription.

**11. How does one fill an M3P product written as a single ingredient, but requires two different strengths of the same drug?**

i.e. MS Contin 75mg qh12 Mitte: 60 x 60mg  
60 x 15mg

Although the Manitoba Prescribing Practices Program allows only one prescription per form, the above is acceptable. Separate prescription numbers should be used for each strength. It is at the pharmacist's discretion whether two dispensing fees should be charged.

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

Yes. If the patient refuses to provide a PHIN or is from out-of-province, a "pseudo-PHIN" 888888884 must be entered into DPIN as *Drug Utilization only*.

**13. What are the requirements and documentation regarding the decision to refuse to fill a prescription?**

Should any of the information, professional practice and/or documentation requirements of the M3P form and/or patient care not be met, the pharmacist can refuse to fill the prescription. The prescriber and patient should be notified. The refusal must be documented on the prescription and in the DPIN as *Drug Utilization only*. The following are the list of intervention codes that may be used:

UK – Consulted other sources, Rx not filled

UL – Rx not filled, Pharmacist decision

UM – Consulted prescriber, Rx not filled

**14. Do prescribers requesting an office supply or "bag stock" of products covered under the Manitoba Prescribing Practices Program require an M3P form?**

Yes

**15. Do prescribers ordering stock covered under the Manitoba Prescribing Practices Program on behalf of a hospital, usually in rural settings, have to use an M3P form?**

No

**16. What does a pharmacist do if a patient refuses to provide a PHIN?**

If the patient is not a Manitoba resident or a Manitoba resident refuses to provide a PHIN and instructs the pharmacist to not enter the information into the DPIN, the pharmacist may choose to fill or not fill the prescription under those conditions. If the pharmacist chooses to fill the prescription, the information must be entered under a "pseudo PHIN" 888888884 and the pharmacist must document on the prescription, the reason why the patient specific PHIN was not used. If a claim is sent using the pseudo PHIN, it must be sent as a DU only claim.

**17. Who should I contact if I have any questions or concerns regarding the Manitoba Prescribing Practices Program?**

If a prescriber would like to order more M3P prescription pads they should call the Manitoba Prescribing Practices Program voicemail line at 772-4985. All other queries should be directed to the College of Pharmacists of Manitoba at 204-233-1411.

**18. What process should be followed in incidents where the authorized practitioner is unresponsive or responds inappropriately to the concerns regarding patient care?**

The pharmacist should contact the College of Pharmacists of Manitoba and provide detailed documentation to the Registrar.