

Practice Direction:

M3P Information Entered into DPIN

Scope and Objective

1.0 Expected Outcome

- 1.1 This document is a practice direction of Council concerning limits on dispensing a drug listed in the Manitoba Prescribing Practices Program {M3P} schedule through the authority of The Pharmaceutical Regulations to The Pharmaceutical Act and The Pharmaceutical Act.

2.0 Document Jurisdiction

- 2.1 All licensed pharmacists in community practice are expected to adhere to this practice direction.

3.0 Regulatory Authority Reference

- 3.1 Section 78{1} of the Pharmaceutical Regulations to The Pharmaceutical Act allows Council to create this practice direction.

Practice Direction

4.0 General Principles

- 4.1 A licensed pharmacist may dispense a drug listed in the M3P Schedule if:
 - 4.1.1 the prescription meets all the requirements;
 - 4.1.2 there have been reasonable steps taken to ensure the validity of the prescription and the prescriber;
 - 4.1.3 there have been reasonable steps taken to ensure that patient care and patient safety are addressed;
 - 4.1.4 there is no other reason to refuse to fill the prescription;
- 4.2 Before dispensing a drug on the M3P schedule, a licensed pharmacist must enter all pertinent prescription and patient information into the patient's health record in the Drug Program Information Network {DPIN}.
 - 4.2.1 If the patient is a Manitoba resident and refuses to provide a PHIN and gives instructions not to enter the information into the DPIN, a licensed pharmacist may choose either to fill, or not to fill, the prescription. If the licensed pharmacist chooses to fill the prescription, the information must

- be entered using a "pseudo PHIN" 888888884 and a valid M3P DIN.
- 4.2.2 If the patient is a non-resident of Manitoba or a new resident of Manitoba without a PHIN, the licensed pharmacist must enter the information into the DPIN using a "pseudo PHIN" 888888884 and a valid M3P DIN.
 - 4.2.3 If a claim is sent using the "pseudo PHIN", it must be sent as a Drug Utilization only claim.
- 4.3 When the requirements of subsection 4.1 are not met, and the licensed pharmacist exercises professional judgment and refuses to fill the prescription, the licensed pharmacist must:
- 4.3.1 advise the patient and the authorized prescriber, if appropriate, of the refusal to fill;
 - 4.3.2 document the refusal to fill on the form and sign it;
 - 4.3.3 document the refusal to fill in DPIN as Drug Utilization Only with a quantity of 1 and a day's supply of 1 and an appropriate intervention code (such as "UK" - consulted other sources, Rx not filled, "UL" - Rx not filled, pharmacist decision, and "UM" -Consulted prescriber, Rx not filled} that represents the reason for the refusal to fill; and
 - 4.3.4 keep the prescription on file, or if the patient or designate requests the prescription back, a copy of the prescription must be kept on file;
- 4.4 When a licensed pharmacist receives a "refused to fill" prescription, the licensed pharmacist should consult the original pharmacist that refused to fill the prescription.
- 4.5 When a licensed pharmacist receives a "refused to fill" prescription, and that licensed pharmacist decides to dispense the prescription, the licensed pharmacist must document the reasons for dispensing the prescription and the information received, if any, under section 4.4.
- 4.6 After filling a prescription that was a "refused to fill" prescription, the dispensing pharmacist should, if appropriate, advise the prescriber of the decision to fill the prescription.

5.0 Compliance Adjudication

- 5.1 All documentation must be readily accessible and open to regulatory review.

6.0 Appendices

- 6.1 Not applicable

A Practice Direction is a written statement made by Council for the purposes of giving direction to members and owners about the conduct of their practice or pharmacy operations. Compliance with practice directions is required under the Pharmaceutical Act.

The process for development, consultation, implementation, appeal and review is published on the College website.

Development Source:	Standards of Practice Committee
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