

## **MANITOBA PRESCRIBING PRACTICES PROGRAM (M3P)**

The Manitoba Pharmaceutical Association, the Manitoba College of Physicians and Surgeons, the Manitoba Dental Association, the Manitoba Veterinary Association, the Manitoba Medical Association, the Manitoba Health Services Commission and the Drug Control Unit of the Health Protection Branch have jointly developed the Manitoba Prescribing Practices Program (M3P) (previously known as both the Multiple Prescription Program and the Triplicate Drug Program).

Multiple prescription programs have been successful in other jurisdictions in Canada and the United States, in decreasing the amount of prescription forgeries and alterations, double doctoring and injudicious prescribing. The aim of the program is to promote and support appropriate drug use management. It 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.

The program was introduced in Manitoba in 1990 and is in effect for the entire province. Other provinces currently employing a multiple prescription program include: British-Columbia, Alberta, Saskatchewan, Nova Scotia, Newfoundland and Labrador.

The original copy of an M3P form must be presented by the patient in order to receive a drug covered under the program. The pharmacist must ensure that the prescription is still valid. The order is only valid for three days once it is written. That being, the written order is valid on the day it is written plus three additional days. The prescription is filled in the usual manner and must be placed in the narcotic prescription file in the pharmacy. A duplicate copy of the prescription remains in the prescriber's office for their records. A copy of the prescription does not have to be sent to College of Physicians and Surgeons (as of March 31, 2006).

The prescription pads are personalized and numerically recorded for the prescriber. Prescribers cannot exchange pads or write on a form that is not their own.

The program requires that all prescriptions for drugs covered by the program be on an M3P form. Only one drug can be prescribed on each form.

The prescriber must complete the section of the form above their signature and must indicate the patient's PHIN on the form. If the patient does not have a number or cannot readily obtain it, their date of birth must be indicated.

The pharmacist filling the prescription must ensure that the form contains all the required information as specified in section 18(1) of the Pharmaceutical Act Regulations. 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.

The prescription number and dispensing date must be added to the “pharmacy use only” portion of the prescription form in writing or with attached computer “tear strips” containing that information. The following information must be filled in manually:

- i) pharmacist’s signature
- ii) completion of the check list to verify patient identity, prescriber identity and medication profile check.

Where requirements regarding patient care and patient safety or information on the M3P form are not met, the pharmacist can refuse to fill the prescription. The patient and the authorized practitioner must be advised of the refusal to fill, and the refusal must be documented on the prescription and on the DPIN system as *Drug Utilization only*.

All M3P prescriptions filled must be entered into the DPIN system. In the incidents where a patient requests that their PHIN *not* be entered into the DPIN or they are not a resident of Manitoba, the pharmacist may fill the prescription. However, a “pseudo-PHIN” **888888884** and a valid M3P DIN must be entered into the DPIN system and sent as a *Drug Utilization only* claim.

This program does not apply to inpatients of a hospital or residents of a personal care home as described under the Health Services Insurance Act. For hospital practice however, small amounts of medication supplied through “emergency outpatient dispensing” do not have to be reported to the Manitoba Prescribing Practices Program. Any prescription written to be filled by the outpatient dispensary in a hospital or a community pharmacy would have to be written on an M3P form.

The following drugs are included in the Manitoba Prescribing Practices Program:

- 1) All sales reportable narcotics (including Methadone as of April 1, 1996)
- 2) All sales reportable controlled drugs
- 3) Butalbital with or without codeine (ie. Fiorinal)
- 4) Nalbuphine (single or multiple ingredient products ie: Nubain)
- 5) Phenobarb with codeine
- 6) Propoxyphene (single or multiple ingredient products)
- 7) Pentazocine (single or multiple ingredient products)
- 8) Phentermine (single or multiple ingredient products) July 1, 1991
- 9) Diethylpropion (single or multiple ingredient products) July 1, 1991
- 10) Butorphanol - January 1, 1997

## **IN SUMMARY, BE ADVISED:**

- 1) An M3P form must be used to prescribe a drug covered under the program.
- 2) The program covers doctors, dentists and veterinarians. The program does not include registered nurses- extended practice or clinical assistants, who are currently unauthorized to prescribe narcotics and controlled drugs
- 3) The prescriber is responsible for completing their section of the M3P form; incomplete forms may be refused by the pharmacists.
- 4) Only one drug can be prescribed on each M3P form. However, a prescription for one drug product of two different strengths may be written on one M3P form.
- 5) The completed form is only valid for three days in addition to the day it was prescribed.
- 6) The pharmacist must add the following information to the form before filing the prescription in their Narcotic Register:
  - i) prescription or transaction number
  - ii) date dispensed
  - iii) pharmacist's signature
  - iv) complete the checklist to verify patient identity, prescriber identity and medication profile review
- 7) There are no verbal orders for products covered by the program.
- 8) M3P prescriptions cannot be faxed.
- 9) Part fills are acceptable if prescriber states in writing the total quantity of drug to be dispensed and the quantity of each fill for a specific interval. Repeats are not allowed for products covered by the program.
- 10) The Manitoba Prescribing Practices Program does not apply to inpatients of a hospital or residents of Personal Care Homes as defined under the Health Services Insurance Act.
- 11) The program does cover methadone for outpatient analgesia or narcotic maintenance.
- 12) The patient's PHIN must be recorded in the DPIN system. In the incidents where a patient refuses to provide a PHIN and gives instructions not to enter the information into the DPIN, or is an out-of-province patient, the pharmacist may fill the prescription. However, a pseudo-PHIN **888888884** must be entered as *Drug Utilization only*.
- 13) If the pharmacist refuses to fill the prescription, the refusal must be documented on the prescription and the patient and the authorized practitioner must be advised of the refusal to fill. The refusal to fill record must also be entered into DPIN as *Drug Utilization only*.

## ANSWERS TO COMMON QUESTIONS ON THE MANITOBA PRESCRIBING PRACTICES PROGRAM (M3P)

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- 1) Was the program previously known as the Triplicate Prescription Program? **Yes**
- 2) Was the program also previously known as the Multiple Prescription Program? **Yes**
- 3) Is the pharmacist required to send any copies of the M3P prescription to the College of Physicians and Surgeons? **No, as of March 31, 2006.**
- 4) Why are the prescriber's addresses not on the form?  
**We had thought the addresses were to appear, but this did not occur. The pharmacist must indicate the prescriber's address on the original copy kept on file.**
- 5) 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.**
- 6) 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.**
- 7) How many days is the prescription valid for?  
**Three days in addition to the day the prescription was prescribed.**
- 8) 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. The pharmacist must verify that the practitioner is permitted to prescribe the drugs in the M3P schedule. 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.**
- 9) 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.**
- 10) 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.**

11) Can someone bring a valid M3P form into a pharmacy and have it deferred and filled at a later date?

**Yes, but only under extenuating circumstances, such as a patient known to the pharmacist whose physician is going away for a period of time.**

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

ie. 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.**

13) 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*.**

14) 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**

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

16) 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**

17) Can M3P prescription forms that are not personalized for the prescriber be filled?

**Due to the difficulties encountered by the company supplying the prescriptions to the prescriber, "emergency" supplies of M3P pads have been sent out. Consequently, some of the pads have the prescriber's name and number handwritten. Yes, they can be filled if all other requirements are maintained.**

18) Are Tylenol #2, Tylenol #3 and like products covered by the program? **No**

19) Are anorexiant such as Ionamin® or Tenuate® covered by the program? **Yes, as of July 1/91**

20) Are opium compounds like Donnagel PG® or Diban® covered? **No**

21) Is methadone covered by the Manitoba Prescribing Practices Program? **Yes, as of April 1, 1996**

22) 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 Manitoba Pharmaceutical Association and provide detailed documentation to the Registrar.**

23) 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 Manitoba Pharmaceutical Association at 233-1411.

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