

Manitoba Prescribing Practices Program Transition Pharmacist Questions and Answers

Purpose and general description of the program:

The transition of the Manitoba Prescribing Practices Program (M3P) program to the Manitoba Pharmaceutical Association (MPhA) is expected to continue to promote and support appropriate drug use management, 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. Does the program pertain to the same list of Narcotic and Controlled drugs?

Yes, the current list of Narcotics and Controlled Drugs will be retained.

2. Why the changes from a triplicate to a duplicate prescription form?

The new M3P form has been streamlined and made easier to complete. The patient will present only the original prescription to the pharmacy for filling and the prescriber will retain a copy. The pharmacist has the authority and responsibility to ensure that the duplicate prescription form is authentic, accurate and appropriate. The information from the form must be entered into the Drug Programs Information Network (DPIN). If the prescription cannot be filled because the requirements are not met, the pharmacist must refuse to fill the prescription and document the refusal to fill on the prescription and in DPIN. (Refer to DPIN entry attachment.)

3. Is the prescription still void after three days of the date signed by the practitioner?

Yes, the prescription is valid for the day it is written plus 3 days. After this time a new prescription is required.

4. What has changed on the prescription form? When will the new forms be distributed?

The revised M3P form contains improvements in the prescription information section and the pharmacist's section.

The current triplicate forms in circulation will continue to be used. The new duplicate M3P forms will be introduced into the program very soon.

The MPhA will be continuing to use the telephone number (772-4985) for M3P, as previously used by the College of Physicians and Surgeons. Authorized practitioners are being advised to call this number to reorder prescription forms as well as the fax number 237-3468 or e-mail at mppp@mpha.mb.ca.

5. May the prescriber order more than 1 medication (drug product) per form?

No. In order to ensure against the addition of other medications, only one medication may be entered on to the form. However, different dosages of the same medication may be included on the form. When the strength of a particular medication requires two dosage forms, for instance, Morphine 5mg and 10mg, the prescriber may write Morphine 15mg on one form. If two different medications are being prescribed, two forms must be used. For instance, a prescription for Morphine IR and Morphine SR must be written on two forms.

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. 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 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.

7. 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 refusal must be documented on the prescription and in the DPIN.

8. What are the electronic health record data entry requirements?

DPIN documentation is accomplished by entering on the system with an appropriate intervention code that indicates the reason for the refusal to fill. 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*

9. 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 that 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.

10. 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 MPhA and provide detailed documentation to the Registrar.

11. Will MPhA and/or Manitoba Health inspect and audit the documentation, intervention, and patient care process?

The MPhA will incorporate this component into the regular pharmacy inspection, audits and compliance monitoring. The records are also accessible to Manitoba Health for their review.

12. What do I do with the “college copy” of the old forms?

Please retain with the original prescription or destroy in a manner that protects confidentiality.

13. Can I expect more calls from practitioners regarding patient medication history in the DPIN?

Yes more calls can be expected as the authorized practitioners have been advised to call the pharmacist if they wish to learn the patient’s medication history in the DPIN. Pharmacists are reminded to document and retain a record of “DPIN history look-ups” when no prescription is being filled.

14. What is the role of The Manitoba Pharmaceutical Association under the new program?

The MPhA will manage the administration of the program and Advisory Committee.

- 15. Can Registered Nurses Extended Practice Registered Nurse (RN(EP)), Clinical Assistants and/or Midwives prescribe medication covered by the new program?**

No, RN(EP)s, Clinical Assistants and midwives are not authorized to prescribe any narcotics or controlled drugs.

- 16. Do all prescriptions have to be entered into DPIN?**

Yes all prescriptions must be entered into DPIN using the patient's valid Manitoba PHIN or the "pseudo PHIN" 888888884 if the patient refuses to provide a PHIN, is a non resident of Manitoba or is a new resident that does not have a PHIN.

- 17. Who do I call for more information and or clarification?**

For questions and clarification regarding program administration please contact the MPhA at 233-1411.

For questions regarding DPIN entry please contact the helpdesk at 786-8000 toll free 1-800-663-7774.