

ENSURING SAFE ACCESS TO M3P PRESCRIPTIONS FOR PATIENTS DURING THE COVID-19 OUTBREAK

The College of Physicians and Surgeons of Manitoba (CPSM), College of Registered Nurses of Manitoba (CRNM) and the College of Pharmacists of Manitoba (CPhM) have received several inquiries regarding measures to ensure safe patient access to Manitoba Prescribing Practices Program (M3P) drugs during the COVID-19 outbreak. Several registrants have also voiced their concern about maintaining safe prescribing practices while implementing social distancing where possible.

Inquiries have also been received from prescribers regarding the appropriateness of virtual and phone visits for patients who require a M3P prescription.

In response to these inquiries, the CPSM, CRNM and CPhM are providing the following guidance when it comes to drugs that usually require an M3P form.

Virtual and phone visits (for prescribers only):

- Where appropriate and acceptable to the patient, a virtual or phone visit can replace an in-person patient visit to refill or adjust prescriptions for opioids and other drugs that are on the M3P schedule. Follow-up phone calls can also be useful as “tolerance checks” when opioid doses are increased.
- This may be especially important for those patients who may be at higher risk due to age or pre-existing health conditions if they were to be inadvertently exposed to COVID-19.
- Choose the most secure method of telemedicine, such as landline telephones or Manitoba telehealth services, rather than Zoom, email, Skype, or Facetime.
- Ensure that you inform patients of privacy risks and obtain patient consent before providing health services using digital technology.
- Providing new prescriptions for drugs on the M3P schedule usually requires an in-person visit to conduct an assessment and physical examination. During these unprecedented times, physicians are required to use their professional judgement in determining if a new M3P prescription can be provided relying on virtual technology or a phone call instead of an in-person visit.

M3P Prescriptions:

- **Effective immediately and temporarily during the pandemic, prescriptions for drugs on the M3P schedule can be faxed directly to the pharmacy of the patient’s choice using one of the following forms, provided they meet all requirements:**
 - a) **A M3P form;**
 - b) **A prescription generated utilizing the prescribers electronic medical record’s (EMR) prescription function; or**
 - c) **A handwritten prescription.**
- These options may be especially useful for patients who are assessed via virtual or phone appointments and require refills or dose adjustments to existing M3P prescriptions. New prescriptions for M3P drugs may also be faxed to pharmacies to reduce the need for patients to attend pharmacies in person simply to “drop off” a M3P prescription.

Requirements for Faxing M3P Prescriptions – ALL FORMS

- The requirements outlined in the Joint Statement Facsimile Transmission of Prescriptions must be met when an M3P prescription is faxed to the pharmacy of the patient’s choice and can be found here:
<https://cphm.ca/uploaded/web/Legislation/Facsimile%20Transmission%20of%20Prescriptions%20July%202022%202016.pdf>, and it must contain the usual signed certifications indicating that:
 - i. the prescription represents the original of the prescription drug order,
 - ii. the addressee is the only intended recipient and there are no others, and
 - iii. the original prescription will be invalidated, securely filed and not transmitted elsewhere at another time.
- This Joint Statement clearly describes the shared responsibility between the prescriber and pharmacist to ensure the confidentiality, authenticity, clarity and enhanced communication between parties for all faxed prescriptions.
- Prescribers are strongly encouraged to add cell or pager numbers to these templates to ensure that pharmacists can promptly reach the prescriber if clarification is needed regarding a faxed M3P prescription. This will prevent a potential delay in dispensing M3P drugs needed by patients.
- Prescribers should use your normal clinic or hospital fax cover sheet and address it to the intended pharmacy and should call the pharmacy to indicate that you are faxing an M3P drug and to confirm that the pharmacy has received the fax. This document may be provided to the pharmacist to ensure there are no delays in dispensing the M3P prescription.
- It is the prescriber’s responsibility to ensure that they have the appropriate approval from their college to prescribe a drug on the M3P schedule (i.e. they have been approved by their college and been issued M3P forms previously).

Requirements for Faxing M3P Prescriptions – M3P FORM

- When faxing a M3P prescription written on an M3P form, providers may use the attached template (See Appendix A). This template indicates all the required information that needs to be completed prior to faxing a prescription. Securely tape the original M3P form in the blank space as indicated, fill out all required fields on the rest of the form **and write the dose in numbers and words in the box provided beneath the taped M3P form**. This second notation of the dose in numbers and words is required to ensure dosing accuracy, as faxed prescriptions often arrive at the pharmacy with fax artifacts obscuring handwriting. The pharmacist thus has a second opportunity to verify the dose.
- Prescribers must complete all fields of the M3P form as usual before faxing it.
- The original M3P prescription does **NOT** need to be mailed or couriered to the pharmacy. Once successfully faxed, the original M3P prescription essentially becomes a “copy” and should be stamped or labelled as such before added to a paper chart or scanned into an electronic medical record. The faxed M3P prescription that the pharmacy received is now regarded as the original, valid M3P prescription.
 - **Do not provide the original M3P prescription to the patient to take to the pharmacy if it has been faxed. This prevents the patient from potentially taking the original M3P prescription to a second pharmacy other than the intended pharmacy.**

Requirements for Faxing M3P Prescriptions – EMR-Generated or Handwritten Forms

- M3P drugs not written on an M3P form can be faxed but MUST meet all the information requirements of an M3P form (see Appendices B and C). This includes:
 - Name, address, PHIN and DOB of patient
 - prescribe only one drug
 - name, strength and dosage form of the drug,
 - the total quantity of drug to be dispensed (in numbers and words) and intervals at which the drug is to be taken
 - therapeutic indication
 - directions for use
 - Date prescribed (valid for 3 days from date prescribed)
 - Written and signed by an authorized practitioner
 - The EMR-generated or handwritten prescription serves as the prescriber’s chart documentation. **Do not provide a copy of the prescription to the patient if it has been faxed. This prevents the patient from potentially taking the copy of the prescription for the M3P medication to a second pharmacy, other than the intended pharmacy.**

All other requirements around the prescribing and dispensing of drugs on the M3P schedule still apply. Note that if a patient is given a prescription for an M3P drug (i.e. the prescriber does not fax it to the pharmacy), it must still be written on an M3P form.

Please note that at this time, the following are still **not** permitted:

- Electronic transmission of M3P drugs or E-mailed prescriptions
- Verbal orders for any drugs requiring an M3P form.
- M3P prescription extensions by pharmacists without a valid M3P from a licensed prescriber.
- Transfers of M3P prescriptions between pharmacies.

The Colleges are awaiting further information from Manitoba Health regarding these possibilities.

Appendix A: Facsimile Transmission of M3P Form COVID-19 Template

| | |
|---|--|
| <p>Prescriber Name _____</p> <p>Registration # _____</p> <p>Clinic Name _____</p> <p>Prescriber Address _____ _____</p> <p>Prescriber Telephone # _____</p> <p>Prescriber Facsimile # _____</p> | <p>*Attach completed M3P form and indicate dose in numbers and words in box below.</p> |
| <p>Confidential Facsimile to:</p> <p>Pharmacy Name _____</p> <p>Pharmacy Fax # _____</p> <p>Date _____</p> <p>Time _____</p> | |

If a M3P prescription is being faxed, the daily dosage **must** be clearly indicated below (in addition to being noted on the M3P form itself):

Practitioner Certification

- This prescription represents the original of the prescription drug order.
- The pharmacy addressee noted above is the only intended recipient and there are no others.
- The original prescription has been invalidated and securely filed, and will not be transmitted elsewhere at another time.
- Quantity is stated in words and numerals.

This teletcopy is confidential and is intended to be received by the addressee only. If the reader is not the intended recipient thereof, you are advised that any dissemination, distribution or copying of this facsimile is strictly prohibited. Use of this form for purposes or by persons not authorized under the *Controlled Drugs and Substances Act* and its regulations is a criminal act.

Appendix B: Facsimile Transmission of EMR-Generated Form for M3P Drug COVID-19 Example

NOTE A COVER SHEET WITH ALL THE REQUIRED PHARMACY AND PRESCRIBER INFORMATION AND CERTIFICATIONS MUST ALSO BE INCLUDED WHEN FAXED TO THE PHARMACY

Patient Name:

Address:

PHIN:

DOB:

DATE:

Selected from EMR medication menu: MS Contin 100 mg 1 tabs Q12H po

MS Contin 100 (one hundred) mg

Total quantity to be dispensed - 180 tablets (one hundred and eighty tablets)

To be dispensed in lots of (quantity) 60 (sixty) tabs

At interval of (# days)- 30 (thirty) days

INDICATION: Chronic pain

Prescriber Name:

Prescriber Signature:

Prescriber contact information:

Appendix C: Facsimile Transmission of Handwritten Form for M3P Drug

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|---|---|
| <p>Prescriber Name _____</p> <p>Registration # _____</p> <p>Clinic Name _____</p> <p>Prescriber Address _____ _____</p> <p>Prescriber Telephone # _____</p> <p>Prescriber Facsimile # _____</p> | <p>PATIENT NAME:</p> <p>ADDRESS:</p> <p>PHIN:</p> <p>DOB:</p> <p>DATE:</p> <p>NAME OF DRUG AND STRENGTH</p> <p>TOTAL QUANTITY (IN NUMBERS AND WORDS)</p> <p>TO BE DISPENSED IN LOTS OF (QTY)</p> <p>AT INTERVAL OF (# DAYS)</p> <p>INDICATION</p> <p>DIRECTIONS FOR USE</p> <p>PRESCRIBER SIGNATURE</p> |
| <p>Confidential Facsimile to:</p> <p>Pharmacy Name _____</p> <p>Pharmacy Fax # _____</p> <p>Date _____</p> <p>Time _____</p> | |

If a M3P prescription is being faxed, the daily dosage **must** be clearly indicated below (in addition to being noted on the M3P form itself):

Practitioner Certification

- This prescription represents the original of the prescription drug order.
- The pharmacy addressee noted above is the only intended recipient and there are no others.
- The original prescription has been invalidated and securely filed, and will not be transmitted elsewhere at another time.
- Quantity is stated in words and numerals.

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