



PRACTICE DIRECTION

Manitoba Prescribing Practices Program (M3P)

Initial Approval: November 22, 2018

Effective Date: January 1, 2019

**Reviewed with Change
December 13, 2019
March 23, 2022**

Practice Directions set out requirements related to specific aspects of the practice of medicine. Practice Directions are used to enhance, explain, or guide registrants with respect to the subject matter relevant to the practice of medicine. Practice Directions provide more detailed information than contained in *The Regulated Health Professions Act*, Regulations, Bylaws, and Standards of Practice issued by the CPSM. All registrants must comply with Practice Directions, per s. 86 of The Regulated Health Professions Act.

This Practice Direction is made under the authority of s. 85 of the RHPA with specific reference to s. 5.8 of the CPSM General Regulation and s. 59 of the CPSM Standards of Practice of Medicine.

1. In accordance with s. 5.8 of the CPSM General Regulation, a registrant who is authorized under the Controlled Drugs and Substances Act (Canada) is to prescribe the drugs listed on the M3P schedule in the manner prescribed in the Regulation and this Practice Direction.
2. Physicians must prescribe the drugs listed in the attached Schedule only in the manner prescribed in this Practice Direction.
3. All prescription drugs in the attached Schedule shall be written on a prescription form as is approved by the CPSM from time to time and made available only through the College of Pharmacists of Manitoba.
4. The prescription shall contain only one drug on each prescription form.
5. The prescription shall be valid for only three days after its issuance to the patient and the physician must so advise the patient.
6. The prescription must be legible and shall include:
 - 6.1. the date;
 - 6.2. the patient name and address;
 - 6.3. patient's date of birth;
 - 6.4. patient's Personal Health Information Number;
 - 6.5. the number of repeats, where applicable;
 - 6.6. the quantity and dose; and
 - 6.7. signature of the physician.

7. This Practice Direction does not apply to:
 - 7.1. prescriptions for drugs administered in a personal care home as described under the *Manitoba Health Services Insurance Act*,
 - 7.2. prescriptions for drugs administered in a hospital,
 - 7.3. the direct administration of a designated drug to a patient by a prescriber.

8. Physicians wishing to prescribe methadone for opioid use disorder, for analgesia or for analgesia for palliative care must first obtain the approval of the Registrar.

9. Physicians wishing to prescribe Suboxone for opioid use disorder must first obtain the approval of the Registrar.

LIST OF M3P DRUGS - SCHEDULE "E" TO THIS GENERAL BYLAW**LIST OF DRUGS COVERED BY THE MANITOBA PRESCRIBING PRACTICES PROGRAM (M3P)**

NOTE: All sales reportable narcotics and controlled drugs are included under the M3P Program.

WARNING: This is a reference list provided for convenience.

While all generic names appear, only sample brand names are provided. It should not be viewed as an all-inclusive listing of brand names included under the M3P program.

<p>AMPHETAMINES & DERIVATIVES</p> <ul style="list-style-type: none"> Adderall XR Dexedrine Dexedrine Spansule <p>ANILERIDINE BUPRENORPHINE & NALOXONE</p> <ul style="list-style-type: none"> Suboxone <p>NOTE: May be prescribed only by those prescribers approved by their regulatory authority.</p> <ul style="list-style-type: none"> Butrans <p>BUTALBITAL WITH OR WITHOUT CODEINE</p> <ul style="list-style-type: none"> Fiorinal Tecnal <p>BUTORPHANOL</p> <ul style="list-style-type: none"> Apo - Butorphanol PMS - Butorphanol <p>COCAINE</p> <p>CODEINE (either pure or those preparations with only 1 active ingredient other than codeine)</p> <ul style="list-style-type: none"> Codeine Contin Ratio-Emtec Lenoltec #4 Tylenol #4 Tylenol with Codeine Elixir <p>DIACETYLMORPHINE</p> <p>NOTE: May be prescribed only by those prescribers approved by their regulatory authority.</p> <p>DIETHYLPROPION</p> <ul style="list-style-type: none"> Tenuate <p>DIPHENOXYLATE</p> <ul style="list-style-type: none"> Lomotil <p>FENTANYL/SUFENTANIL/ALFENTANIL</p> <ul style="list-style-type: none"> Fentanyl Patches Sufentanil injection Alfentanil injection 	<p>HYDROCODONE</p> <ul style="list-style-type: none"> Ratio-Coristex DH Dimetane Expectorant DC Hycodan Novahistex DH & DH Expectorant Novahistine DH Triaminic Expectorant DH Tussionex <p>HYDROMORPHONE</p> <ul style="list-style-type: none"> Dilaudid Dilaudid HP Dilaudid LA Dilaudid Powder Hydromorph Contin Hydromorph-IR <p>KETAMINE (Including compounded prescriptions containing ketamine)</p> <p>MEPERIDINE (PETHIDINE)</p> <ul style="list-style-type: none"> Demerol <p>METHAQUALONE</p> <p>METHADONE</p> <p>NOTE: May be prescribed only by those prescribers approved by their regulatory authority.</p> <p>METHYLPHENIDATE</p> <ul style="list-style-type: none"> Ritalin <p>MORPHINE</p> <ul style="list-style-type: none"> Kadian <p>NOTE: If for opioid replacement therapy, may be prescribed only by those prescribers approved by their regulatory authority.</p> <ul style="list-style-type: none"> M-Eslon Morphine MOS MS Contin MS-IR Statex 	<p>NABILONE</p> <ul style="list-style-type: none"> Cesamet <p>NALBUPHINE</p> <ul style="list-style-type: none"> Nubain <p>NORMETHADONE-p-HYDROXYEPHEDRINE</p> <ul style="list-style-type: none"> Cophylac <p>OPIUM & BELLADONNA</p> <ul style="list-style-type: none"> SAB-Opium & Belladonna suppositories <p>OXYCODONE</p> <ul style="list-style-type: none"> Endocet Oxycodan Oxycocet OxyContin Oxy-IR Percocet Supeudol <p>PENTAZOCINE</p> <ul style="list-style-type: none"> Talwin <p>PENTOBARBITAL</p> <ul style="list-style-type: none"> Nembutal Sodium <p>PHENOBARBITAL WITH CODEINE</p> <p>PHENTERMINE</p> <ul style="list-style-type: none"> Ionamin <p>PROPOXYPHENE</p> <ul style="list-style-type: none"> Darvon N <p>SODIUM OXYBATE</p> <ul style="list-style-type: none"> Xyrem <p>TAPENTADOL</p> <ul style="list-style-type: none"> Nucynta CR <p>TETRAHYDROCANNABINOL (and all derivatives of Cannabis including synthetic preparations)</p> <ul style="list-style-type: none"> Marinol Sativex <p>TRAMADOL</p> <ul style="list-style-type: none"> Tridural Zytram XL Tramacet
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REVISION: March 2022

*Please note that lisdexamfetamine (Vyvanse®), methylphenidate OROS (Concerta®), methylphenidate MLR (Biphentin®) and methylphenidate ER (Foquest®) are no longer on the M3P Drug List.