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# The Standard of Practice for Prescribing Requirements Frequently Asked Questions

The College of Physicians & Surgeons of Manitoba (CPSM) has received calls from registrants and other healthcare providers about the new *Standard of Practice for Prescribing Requirements*, and the accompanying *Practice Direction for Electronic Transmission of Prescriptions*. This document addresses some of the common questions received to assist you in being more informed and prepared.

## *Contents*

## *When are these changes effective?*

The new *Standard of Practice for Prescribing Requirements*, the *Practice Direction for Electronic Transmission of Prescriptions*, and the associated changes to the M3P Program, are effective **June 1, 2024**. Any prescriptions written on or after June 1, 2024, must meet the new requirements.

## *What is the M3P program?*

The Manitoba Prescribing Practices Program (M3P) is a provincial prescription monitoring program, specifically intended to minimize the risk for diversion of some high-risk drugs that fall under the federal *Controlled Drugs and Substances Act (CDSA)*.

The subset of CDSA drugs covered under the provincial M3P can be found here.

## *What are the notable changes?*

The notable changes to the M3P program that *may* impact your practice include:

- The temporary guidance implemented for M3P prescriptions during the pandemic is now permanent.
- The M3P booklets (also known as the duplicate or triplicate pads) are being phased out.
- Prescribers are strongly encouraged to use templates for M3P prescriptions. CPSM registrants can log into their **CPSM Portal** for examples of commonly used templates (see *M3P Prescription Guidance: Requirements & Recommended Templates* for details).

Provided all M3P requirements are met, prescriptions for M3P drugs can (now permanently) be electronically transmitted (via fax or secure e-prescribing system) directly to a pharmacy of the patient's choice, using one of the following methods:

- A prescription generated utilizing the prescriber's Electronic Medical Record (EMR) prescription function; or
- A handwritten prescription.

## *What are the acceptable ways to send a prescription?*

Electronically generated or handwritten prescriptions can be transmitted:

- From the prescriber directly to a **specific** pharmacy via fax,
- From the prescriber sent via a closed e-prescribing system to a **specific** pharmacy, or
- Be handed to a patient to take to a pharmacy of their choice.

Again, all prescriptions handed to patients must be signed in ink. For prescriptions transmitted by fax or by an e-prescribing system, an electronic signature is sufficient.

## *What CPSM documents have changed?*

A working group of representatives from several Manitoba regulatory colleges met in 2022-2023 and recommended consolidating several prescribing-related documents into **one *Standard of Practice*** and **one *Practice Direction***. These documents were consolidated and updated to reflect current best practices in prescribing.

As of June 1, 2024, the following documents are ***rescinded***:

- Standard of Practice - Prescribing Requirements (November 2020 revision)
- Practice Direction - Manitoba Prescribing Practices Program (M3P)
- Practice Direction - Electronic Transmission of Prescriptions
- Practice Direction - Facsimile Transmission of Prescriptions
- Practice Direction - Prescribing Practices: Doctor/Pharmacist Relationship

Furthermore, the temporary guidance issued during the pandemic is also ***rescinded***:

- Ensuring Safe Access to M3P Prescriptions for Patients During the COVID-19 Pandemic
- COVID-19 Guidance Regarding M3P Prescriptions for Palliative Care
- Advice Regarding Take-Home Dosing (Carries) for Patients on Opioid Agonist Therapy with Methadone or Suboxone

The above has been replaced by (effective June 1, 2024):

- *Standard of Practice for Prescribing Requirements*
- *Practice Direction for Electronic Transmission of Prescriptions*
- *M3P Prescription Guidance: Requirements & Recommended Templates* (accessible via your **CPSM Portal**). NOTE: this guidance and all CPSM prescription templates are stored within the secure Portal to prevent their use as instructional guides for forgeries. As with any prescription pads, please ensure these templates (in electronic or hard-copy format) are stored **securely** to minimize the risk of prescription forgery.

## *Why are these changes happening?*

CPSM's mandate is to protect the public and ensure quality in the practice of medicine. Standards of Practice must be revised and updated from time to time to remain contemporary.

The new Prescribing Standard and accompanying Practice Direction outline the requirements that prescribers must adhere to, for prescriptions to be written and transmitted properly and

securely. These documents aim to ensure effective communication with pharmacists, ultimately leading to timely and safe patient care. This is important, as Medicine and Pharmacy are two professions often jointly involved in caring for the same patient. Unfortunately, the pharmacist and physician can have very little direct contact with each other. The two individuals may never meet each other and may not totally understand each other's responsibilities. **The *Standard for Prescribing* and the Practice Direction for *Electronic Transmission of Prescriptions* attempt to improve this collaboration, and ensure better access to safe and effective prescribing and dispensing practices for all Manitobans.**

Standards are created by a group of experts in the relevant field of practice, often including physicians, nurses, pharmacists, lawyers, and members of the public. Feedback is also sought from registrants and the public prior to finalization and, ultimately, Council approval.

## *Can I use M3P duplicate booklets (pads) I already ordered?*

The M3P booklets (also known as duplicate or triplicate pads) were previously ordered from the College of Pharmacists of Manitoba (CPhM) M3P program, by prescribers to write M3P prescriptions. The printing of these booklets for CPSM registrants will be phased out.

Prescribers are permitted to use their remaining M3P duplicate pad forms until they are depleted, however, this is not required. Prescribers who run out of these printed forms/pads, are strongly encouraged to use CPSM's new M3P prescription templates (available for all registrants by logging into their **CPSM Portal**).

## *Am I required to use the M3P Prescription Templates?*

CPSM **strongly recommends** using M3P prescription templates. This ensures all required information is present on your prescription. Further guidance and templates are available for all registrants by logging into the **CPSM Portal**. The templates are available in PDF and Word format. Prescribers may download and customize the templates with their clinic logo, address, and prescriber contact information. The original or customized templates may also be imported into the prescriber's EMR software.

Please note:

- Pharmacists are required (**by law**) to contact you if any information is missing on your M3P prescription. When pharmacists receive an incomplete prescription, this can cause unnecessary delays and inconvenience for all those involved. Ensuring all required information is included on the prescription, for example by using templates, minimizes delays in patient care.

- However, using these specific M3P prescription templates is **NOT** a requirement. Pharmacists should not require prescribers to use these specific templates. The substance of the prescription (the required content) is prioritized over specific forms. This will ensure that if a prescriber, for any reason, does not have access to the appropriate template in real-time, they can still provide urgent prescribed care to their patients, as long as the prescription meets all requirements. This is especially relevant for prescribers who provide care and on-call services for patients while travelling or in remote areas with limited connectivity.

## *My patient urgently needs their M3P medication, and I don't have access to my prescription templates, EMR, and/or a fax machine. What should I do?*

M3P prescriptions can be handwritten, **signed in ink**, and handed to a patient to take to their pharmacy of choice. **Any prescription pad/paper can be used**. However, **physicians must ensure** that all required information is present on all M3P prescriptions.

### *Verbal prescriptions are not permitted*

Unfortunately, verbal prescriptions for M3P medications are **not** permitted at this time. Permitting verbal prescriptions for M3P medications requires legislative changes, which requires effort and time. CPSM continues to explore legislative changes that would enable verbal prescribing of M3P medication, under emergency circumstances. We will keep registrants informed of any updates to this in the future. We appreciate your patience on this matter.

## *Why can't Physician Assistants & Clinical Assistants prescribe M3P medications?*

Presently, Physician Assistants (PAs) and Clinical Assistants (CI.As) are not permitted to prescribe M3P medications to patients to be filled at a community pharmacy (i.e., outside of institutional settings). CPSM continues to explore and advocate for this issue. However, permitting PAs and Cl.As to prescribe M3P medications requires legislative changes. Again, please note that legislative changes can take time and we continue to work towards this change.

## *Can I email my prescriptions to a pharmacy or patient?*

**No**. **Prescriptions cannot be emailed to anyone (including a patient and/or a pharmacy)**. Furthermore, when sending **any** personal health information via email, CPSM advises registrants to use caution and consider an alternate (more secure) method of transmission.

Registrants using email for any personal health information should consider the use of additional security measures (e.g., encryption, password protection), as email is considered less secure than fax transmission and/or regular mail.

## *I send prescriptions via EMR software (e.g., Accuro) to the pharmacy, is this allowed?*

**This is allowed only if/when** the prescription is both transmitted and received by the pharmacy via facsimile (fax) embedded in the EMR. If unsure, prescribers should contact their EMR software provider.

## *What is "e-prescribing" and how is this different from email?*

**E-prescribing is not the same as email**. E-prescribing is not commonly used in Manitoba. An e-prescribing system is a closed prescription transmission system that sends prescriptions directly from a prescriber's office to a pharmacy. E-prescribing platforms contain additional encryption/security measures (compared to regular email).

Furthermore, closed e-prescribing systems can only be accessed by the physician and pharmacies that have subscribed to the e-prescribing system. **Physicians using an e-prescribing system must ensure that patient choice of pharmacy is respected at all times**.

## *The importance of maintaining patient choice of pharmacy*

Patient autonomy, including the right to work with their pharmacy of choice, is paramount. This should be maintained when transmitting prescriptions electronically (via fax or e-prescribing system).

Prescribers must NOT influence patients to fill their prescription at a specific pharmacy in any way, directly or indirectly. This is especially important when closed e-prescribing systems are utilized for prescription transmission. Prescriptions cannot be transmitted to the pharmacy affiliated with the same e-prescribing system as the physician's office for convenience alone. The patient must be asked which pharmacy they prefer, and this choice must be respected.

## *What if the patient's pharmacy does not use e-prescribing?*

If the patient's pharmacy of choice is not part of an e-prescribing system, the prescription must be transmitted to the patient's pharmacy of choice by fax or handed to the patient to take to their preferred pharmacy.

Rare exceptions may exist when the medication or service the patient requires (e.g., opioid agonist therapy) is not available from the patient's pharmacy of choice. In such situations, the prescriber must work with the patient to identify pharmacies that can meet the patient's needs. The patient can then choose from the available options.

It is equally important to confirm the pharmacy of choice with the patient *prior* to transmitting prescriptions – it is not acceptable to fax the same prescription(s) to multiple pharmacies at the same time. If a prescription needs to be redirected due to drug or service availability, the original pharmacy must be notified of the change to ensure the prescription is invalidated. There can only be **one** valid/active version of an M3P prescription at any given time.

## *Tell me more about ink vs electronic signatures for prescriptions…*

Any prescription handed to a patient to take to a pharmacy must contain the prescriber's **signature in ink**. This is true for all medications, not only those on the M3P drug list. Conversely, for prescriptions transmitted directly from a prescriber's office to a pharmacy by fax or e-prescribing system, an electronic signature is sufficient.

A pharmacist is responsible for verifying a prescriber's written and/or electronic signature if it is unknown to the pharmacist. Therefore, while electronic signatures may not be exact matches for ink signatures, CPSM encourages prescribers to generate a reasonable and consistent equivalent to assists pharmacists in verifying prescription authenticity when transmitted electronically. Most importantly, we want to limit patient care delays caused by pharmacists having to confirm validity of prescriptions with physicians.

## *Why must "therapeutic indication" be included on all M3P prescriptions?*

By law, pharmacists are responsible for **ensuring prescription appropriateness**. Adding a meaningful indication or therapeutic goal to every M3P prescription enhances clear communication between the prescriber and pharmacist, and between the pharmacist and patient filling the prescription. The pharmacist is required to counsel the patient about appropriate use of their prescribed medication. This counselling can be more timely, meaningful, and effective when the pharmacist understands the indication/therapeutic goal.

Adding the indication is also an important patient safety measure for M3P prescriptions and helps mitigate the risk of prescription forgery. Therapeutic indication has always been a field to be completed on M3P prescriptions – the new Prescribing Standard highlights this as a **requirement** for all M3P prescriptions, effective June 1, 2024.

## *Can prescriptions be transferred between pharmacies?*

**As of June 1, 2024, prescription transfers between pharmacies are permitted for all narcotic and controlled medications**, **including those on the M3P drug list**. This includes transfers between Manitoba pharmacies and pharmacies within Canada. Benzodiazepine and z-drug prescriptions can now also be transferred more than once. There is no limit to the number of transfers permitted. This is already routine practice in other Canadian provinces and is aimed at

improving continuity of care for travelling or relocating patients. CPSM and CPhM recommend that pharmacists notify prescribers when prescriptions are transferred out of province for continuity of care planning. Please see below for further consideration.

## *Why is a pharmacist notifying me about a prescription being transferred out of province?*

A patient may call the prescriber's office directly to request their prescription be sent to a new pharmacy of their choice. More often, patients request prescription transfers by contacting the pharmacy directly and prescribers may not be aware of such requests. Pharmacists, at their discretion, may notify the prescriber of the request, especially when a prescription is being transferred out of the province.

Being aware that your patient has left the province (either temporarily or permanently) is useful information for prescribers to be made aware of – this has practical implications for continuity of care that you may wish to discuss with your patient:

- *The patient's location determines the location of medical care*

  CPSM's legal interpretation of the Regulated Health Professions Act, Regulations, and common law in Manitoba concludes that **the location of medical care in Manitoba is the location of the patient**. The *Standard of Practice for Virtual Medicine*, and the accompanying *Information Sheet on Virtual Medicine Across Provincial and International Borders*, reinforce this. The onus is on the care provider to determine the patient's location if providing care virtually. CPSM registration does not extend to the provision of medical care in other provinces (or other countries). Therefore, a patient who travels or relocates outside of Manitoba would not be able to access continuing virtual care from their CPSM-licenced physician, for prescription adjustments or renewals. **This is important information to explain to patients who request an out-of-province prescription transfer.**

- *Medical Liability*

  Furthermore, medical liability insurance may not cover a Manitoba physician who provides care to a patient in another province/country. Physicians licensed to practice in Manitoba wanting to provide care in another province/country will need to be aware of and comply with licensing and liability requirements in that jurisdiction. Medical care is any health care that a registrant provides in the course of their practice – **this includes providing/faxing prescription refills**.

- *Plan ahead and collaborate if able*

  Upon receipt of an out-of-province notification from a pharmacy, the onus is on the prescriber to contact the patient to collect additional information about their travel or

relocation plans. CPSM recognizes that the onus is also on the patient to inform their physician of plans to leave the province. If possible, it is helpful to make patients aware of this before they travel, especially if they are travelling for an extended period. A local care option (in the location of travel) is also preferrable in the interest of the patient receiving quality medical care.

Of course, not all travel is planned, and patients may need to abruptly leave the province for various reasons – hence the ability to transfer a prescription out of the province can be exceptionally helpful! **CPSM and CPhM jointly recommend that pharmacists notify prescribers when prescriptions are transferred out of province for continuity of care planning**.

## *Can prescriptions for methadone and buprenorphine/naloxone be transferred?*

Yes, this exemption applies to all controlled substances, including the M3P medications methadone and buprenorphine/naloxone. **Ensuring continuity of care is critical during these transfers, especially for opioid agonist therapy (OAT)**. Additional safeguards are required, especially if the OAT prescription is being transferred out of province.

Pharmacists must ensure that:

- All instructions from the prescriber regarding witness and carry instructions are accurately and clearly conveyed to the receiving pharmacy, and
- Any additional information required to ensure continuity of care and patient safety, including, but not limited to:
    - Patient stability on current dosing,
    - Time and dosage of last witnessed dose,
    - Any recent missed doses, and
    - Information on other medications being prescribed and dispensed – specifically any that may be sedating/psychoactive, dispensed on an interval, or dispensed at the same time as the methadone or buprenorphine/naloxone.

Additionally, if being transferred out of province, pharmacists are **strongly encouraged** to notify the OAT prescriber and their circle of care. This will facilitate collaboration between all those involved to ensure that care is not interrupted, and to establish a care plan for when the patient arrives at their destination, as well as for their potential return to the original pharmacy.

For more information on this, please see the *CPhM Pharmacist OAT Guidelines*.

## *Why is CPSM providing me with prescription templates?*

CPSM **strongly recommends** using prescription templates to ensure all required information is present on every prescription. Templates are an excellent way to ensure prescriptions meet all legislative requirements (see below). The various templates are intended to be helpful, instructional and, **ultimately, time saving** for all those involved.

Pharmacists are responsible (by law) to ensure prescriptions meet all legal requirements. Similarly, prescribers must be aware of these requirements to ensure their prescriptions are correctly written.

However, using these specific templates is **NOT** a requirement for prescribers. Pharmacist should not require prescribers to use these specific templates. The substance of the prescription (the required content) is prioritized over specific form/template.

## *Why so many different prescription templates?*

Different classes of controlled medications have different prescription requirements. This is as a result of both federal and provincial legislation, as well as requirements set forth by CPSM and CPhM. Using the correct template for each category of controlled medications will minimize the need for pharmacist-prescriber correspondence to clarify prescriptions and prevents delays in patient care. The various templates provided are intended to be helpful, instructional and, ultimately, time saving.

Registrants can log into their **CPSM Portal** for the new *M3P Prescription Guidance* document and other resources, including downloadable and customizable templates for various classes of controlled drugs.

## *Why can't my patient just contact the pharmacist to request their routine prescription refill?*

1) **Physicians should assess their patients regularly to review prescription appropriateness**. The patient's prescriptions should be provided directly to the patient, or electronically transmitted to the patient's pharmacy of choice at the time of the appointment. Prescriptions for chronic disease management should ideally be written until the patient's next appointment. In a well managed practice, the patient will ideally not run out of medication until they can see their prescriber again.

2) **Faxed prescription refill requests must never be used as a routine or default practice for refilling medications**. Especially when such medications are better reviewed and discussed at the patient's routine office visits. Advising patients to ask the pharmacy to fax the prescriber for a routine prescription refill is not best practice. This puts an undue

administrative burden on pharmacists and creates delays in patient care when prescribers are not available to respond to such refill requests on short notice.

3) **Prescriber-pharmacist communication is key.** Of course, occasionally, things can get missed. When this is the case, a faxed refill request is one way a pharmacist can help a patient obtain their needed prescriptions in a timely manner. Faxing is also a useful way pharmacists can communicate with prescribers regarding non-urgent prescription clarifications. If prescription clarification is urgent for patient safety reasons, pharmacists may reach out to prescribers by phone. Prescribers are encouraged to return these calls as soon as they are able to ensure patient safety. **It is not appropriate for prescribers to advise pharmacies that they "do not take calls" or "never take calls" for prescription clarifications**.

CPSM recognizes that all physicians and pharmacists are busy professionals, and we implore everyone to prioritize good interprofessional communication in the interest of patient care.