EXAMPLE: METHADONE ON ORIGINAL M3P FORM

For Facsimile Transmission of M3P Prescriptions During COVID-19

Can handwrite or type your information in this box. Contact CPSM for templates to prepopulate to save time.

Prescriber Name

Dr. Good Example

Registration # **12-345**

Clinic Name

GOOD HEALTH CLINIC

Prescriber Address

123 Good Street
Winnipeg MB, R3M 0V9

Prescriber Telephone #

204-232-1991 (private cell)

204-788-8686 (Good Health Clinic)

Prescriber Facsimile #

204-788-8685

Prevents treatment delay if clarification needed.

Prescriber must complete Total Quantity in mg, alphabetically and numerically, for accuracy, even if start and end date noted.

Confidential Facsimile to:

Pharmacy Name

Example Pharmacy

Pharmacy Fax # 204 588 8687

Pharmacy PH # 204 588 8689

Date April 5, 2021

Time 1330

*Attach completed M3P form and indicate dose in numbers and words in box below.

MANITOBA PRESCRIBING PRACTICES PROGRAM FORM (M3P)
(VOID AFTER 3 DAYS)

PATIENT INFORMATION

Surname: SMITH First Name: Jane

Address: 456 Main St City / Town: Winnipeg MB R3M 0T8

PHIN: 1 2 3 4 5 6 7 8 9 DOB: 15 05 91 (D M Y)

PRESCRIPTION INFORMATION - (1 Medication per form - No Refills Permitted)
Name of Drug and Strength: METHADONE 20 mg

Total Quantity — Numerical: 1100 Written: One Hundred milligrams

To be dispensed in lots of (qty):

At interval of (# days):

Therapeutic Indication: Opioid Use Disorder

Rx Direction: Methadone 20 (Twenty) mg po OD. Starting April 5, 2021. Last day April 9, 2021

6086136

Practitioner Signature X: Example 05 04 21 (D M Y)

Daily witnessed ingestion

DR. G. EXAMPLE
12-345

PHARMACY USE ONLY

Client Identification Validation YES NO
Patient Profile Review
Practitioner Identification Validation YES NO
Refusal to Fill
Pharmacist Intervention/Comments:

D M Y

Pharmacist Signature

Pharmacist Lic. # Rx #

PHARMACY

Strong recommendation to write dose in milligrams (20 mg) NOT milliliters (mL) to prevent dosing errors. Write "methadone" to give pharmacist option to use available formulations.

Requirement to strike through, as intervals indicated in witness and/or carry instructions, which must be written below.

Total daily dose, written numerically and alphabetically, for accuracy. Start and End calendar dates necessary for OAT. If patient missed dose on day 3 of 5-day Rx, they cannot take it day 6 (Rx ends on day 5). Prescriber to be informed of any missed doses.

Can use this space to write witness or carry dose instructions for clarity.

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): Methadone 20 (Twenty) mg po OD

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.

Could be an example of an induction or early treatment prescription for a patient without clinical stability or carries doses.

Daily dose written numerically and alphabetically, in this second area to ensure accuracy, in case fax artifacts cover the primary daily dose notation.