

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

EXAMPLE: SUBLOCADE ON ORIGINAL M3P FORM

For Facsimile Transmission of M3P Prescriptions During COVID-19

Suggest calling the pharmacy prior to sending Rx to ensure they are able to order Sublocade and/or deliver the dose prior to the intended administration date.

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

Prescriber must complete Total Quantity in mg, alphabetically and numerically, for accuracy.

Prevents treatment delay if clarification needed.

*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 WPG, MB R3M 0T8	
PHIN 1 2 3 4 5 6 7 8 9	DOB 1 5 0 5 9 1 D M Y
PRESCRIPTION INFORMATION - (1 Medication per form - No Refills Permitted)	
Name of Drug and Strength SUBLOCADE 300mg	
Total Quantity Numerical 1300	Written Three Hundred milligrams
To be dispensed in lots of (qty)	At interval of (# days)
	1
Therapeutic Indication Opioid Use Disorder	
Rx Direction Sublocade 300 (Three Hundred) mg SC injection x 1 vial q 30 days.	6086139
Practitioner Signature X [Signature]	DOB 0 5 0 4 2 1 D M Y
To be delivered to clinic for SC injection by RN	
DR. G. EXAMPLE 12-345	
PHARMACY USE ONLY	
Client Identification Validation Patient Profile Review	Practitioner Identification Validation Refusal to Fill
YES NO	YES NO
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pharmacist Intervention/Comments:	
Pharmacist Signature	D M Y
Pharmacist Lic. #	Rx #
PHARMACY	

Requirement to strike through, as interval indicated in Rx Direction (1 vial q 30 days). Interval must be written, as below.

Dose written numerically and alphabetically, for accuracy. Prescriber may elect to not write date for intended injection in the event that it is not administered that day. However, clinic staff must call pharmacy to inform them of the date administered for pharmacy documentation and collaboration. Note, DPIN will reflect the date Sublocade was dispensed, not the date it was administered.

Confidential Facsimile to:

Pharmacy Name
Example Pharmacy

Pharmacy Fax # **204 588 8687**

Pharmacy PH # **204 588 8689**

Date **April 5, 2021**

Time **1330**

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):
**Sublocade 300 (Three Hundred) mg
SC injection x 1**

Can use this space to write instructions for delivery and administration.

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 telecopy 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.

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