EXAMPLE: SUBOXONE 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: 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: SUBOXONE 24 mg

Total Quantity — Numerical: 672 — Written: Six hundred + seventy two milligrams

To be dispensed in lots of (qty):

At interval of (# days):

Therapeutic Indication: Opioid Use Disorder

Rx Direction: Suboxone 24 (Twenty Four) mg SL OD, starting April 5, 2021. Last Day May 2, 2021.

6086135

Practitioner Signature X — 0 5 0 4 2 1 (D M Y)

Witnessed dose 3d/wk (Tue, Thu, Sat)

DR. G. EXAMPLE
12-345

Take-home dose 4d/wk (Mon, Wed, Fri, Sun)

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 total daily dose (vs 2 mg and/or 8 mg tablet sizes) to give pharmacist flexibility to use the strengths available to make up dose.

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 10 of 28-day Rx, they cannot take it day 29 (Rx ends on day 28). 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): Suboxone 24 (Twenty Four) mg SL OD

Example of prescription for patient on a stable dose, building carries and clinical stability in recovery.

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.

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