

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

EXAMPLE: SUBLOCADE HANDWRITTEN 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**

Prevents treatment delay if clarification needed.

PATIENT NAME:
SMITH, Jane

ADDRESS:
456 Main St WPG, MB R3M0T8

PHIN: 123 456 789 DOB: 15 May 1991

DATE: April 5, 2021

NAME OF DRUG & STRENGTH
Sublocade 300 mg

TOTAL QUANTITY TO BE DISPENSED
300 (Three Hundred) mg

TO BE DISPENSED
Deliver to Clinic for Subcutaneous injection by RN.

INTERVAL (# DAYS)
1 vial q 30 days

INDICATION
Opioid Use Disorder

DIRECTIONS FOR USE
Sublocade 300 (Three Hundred) mg
SC injection x 1

PRESCRIBER SIGNATURE
[Signature]

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

Requirement to indicate interval (1 vial q 30 days) here with delivery instructions.

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

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.