

Manitoba Prescribing Practices Program (M3P): Council Guidelines for the Role of the Pharmacist and DPIN Data Entry

1. Confirm patient PHIN and/or identity

A patient, or their agent, is required to provide the Personal Health Information Number (PHIN) with the prescription. The prescription must be entered into the Drug Programs Information Network (DPIN). If the patient is a Manitoba resident and cannot provide a PHIN, the pharmacist may get the PHIN through the DPIN Help Desk. If the patient is a Manitoba resident, refuses to provide a PHIN and instructs the pharmacist not to enter the information into the DPIN, the pharmacist may choose either to fill, or not to fill, the prescription under those conditions. If the Pharmacist chooses to fill the prescription, the information must be entered into a "pseudo PHIN". Manitoba Health will be providing further information on data entry using a "pseudo PHIN". At this time, the pharmacist need only document on the prescription the reason the patient specific PHIN was not used. If the patient is a non-resident of Manitoba, or new resident of Manitoba and does not have a PHIN, that information must be noted on the prescription.

2. Authorized Practitioner and Scope Validation

The pharmacist must confirm an authorized practitioner has written the order using their personalized M3P Form. The pharmacist is responsible that the prescription filled is written by an authorized practitioner practicing within their scope of practice. Prescriptions that are clearly "out of scope" would require intervention and resolution by the pharmacist.

3. Patient Profile Validation

When entering the prescription into the patient's DPIN medication profile, the pharmacist must perform a review of the new medication for patient safety issues. These issues may include potential allergic responses, adverse reactions, contraindications, inappropriate dosages and inappropriate patterns of use, and other issues as deemed appropriate by the pharmacist.

4. M3P Form must be complete

The pharmacist must ensure the form is complete and accurate regarding the information contained therein. The form must be presented within three days of the date on the prescription. The regulations require the directions for use include intervals at which the drug is to be taken and/or provided. The pharmacist can add, and verify as appropriate, information that is lacking on the form where it would not interfere with the therapeutic intention of the authorized practitioner. The pharmacist cannot add the patient's name, drug, quantity, date or signature of the authorized practitioner. A copy of the form does not have to be forwarded to the College of Physicians and Surgeons.

5. Verification of Order

Should the pharmacist be concerned the prescription has not been issued in a manner consistent with known standards of care and patient safety, the pharmacist must intervene and collaborate with the patient and/or authorized practitioner to resolve the concern.

6. Refusal to Fill

Should any of the above requirements regarding patient care and patient safety or information on the M3P form not be met, the pharmacist must refuse to fill the prescription. The patient and the authorized practitioner must be advised of the refusal to fill. The refusal must be documented on the prescription. Manitoba Health will be providing further information on DPIN data entry for prescriptions refused by pharmacists. The "refusal to fill" prescription must be retained by the pharmacist unless the patient requests the return. If the pharmacist needs to return the prescription to the patient, the incident must be recorded in the pharmacy.

Manitoba Prescribing Practice Program

As identified in previous newsletters (please see January 2006 and March 2006), the Manitoba Pharmaceutical Association (MPhA) has taken over the administrative responsibilities for the program formerly known as the Triplicate Prescription Program (TPP). **(Please refer to the enclosed Pharmacist Questions and Answers document.)** The College of Physicians and Surgeons of Manitoba (CPSM) administered the program but gave notice to the Manitoba Health that, as of March 31, 2005, they would discontinue their involvement due to funding shortfalls from the government and liability issues. Both the MPhA and the CPSM participated in high-level discussions with Manitoba Health regarding the quality assurance and patient safety components that can be monitored through the TPP and other programs. During the discussion, it became clear there was strong support for the continuation of TPP and the special forms used to prescribe specific narcotic and controlled drugs covered by the program.

Manitoba Health approached the MPhA to provide the administrative component of the TPP. The Registrar was authorized by the Council of the MPhA to enter into discussions with Manitoba Health. Those discussions resulted in the MPhA agreeing to do some of the funded activities previously performed by the CPSM.

An interdisciplinary Advisory Committee will be formed to review the program and develop Terms of Reference and program objectives.

PATIENT CARE

The newly formed **Manitoba Prescribing Practices Program (M3P)** by the MPhA will fill-in the gap left by the previous program but will not analyze the data retrospectively for individual patient care issues. As a result, this clearly returns the responsibility to the pharmacist and prescriber to discuss and resolve issues of patient care that may be identified through the use of the M3P form and the DPIN. Should a prescriber need to query the DPIN regarding a specific patient in their care, contacting a pharmacy, or the patient's pharmacist, and asking the pharmacist to access the specific

DPIN record would provide the desired information. (Pharmacists are reminded to document the reasons for DPIN access when no prescription is being filled.)

Upon receiving this newsletter and the enclosed information, pharmacists must now enter all M3P prescriptions into the DPIN under the specific patient name or using the pseudo-PHIN. Please refer to the enclosed document entitled "Manitoba Prescribing Practices Program (M3P) Information to Pharmacists regarding DPIN ENTRY**" for further instruction.**

REFUSAL TO FILL

The "Manitoba Prescribing Practices Program (M3P) Information to Pharmacists regarding DPIN ENTRY" document also describes the DPIN data entry requirement when the pharmacist refuses to fill the M3P prescription. Please refer to page 8 of the **January 2006 Newsletter** for a reminder of the conditions under which the pharmacist must refuse to fill an M3P form.

Upon the refusal to fill, documentation must occur on the prescription and in the DPIN.

THE MANITOBA PRESCRIBING PRACTICES PROGRAM (M3P) FORM

The Council of the MPhA has approved a **duplicate form** and it was introduced into circulation on May 1st, 2006 (please refer to the attached prototype). The new form will require the pharmacist to document the confirmation of patient identity and the prescriber identity and the performance of a review of the patient's medication in profile.

The former triplicate forms that are presently in the prescriber's offices will still be used and can be honoured by the pharmacists. Notwithstanding the old forms do not have the "tick boxes" for the confirmation of identities and a review of the medication profile, these functions must be done and documented on the form. The MPhA will be issuing the new forms upon re-order requests by the prescribers starting May 1st, 2006.