COLLEGE OF PHARMACISTS OF MANITOBA

Practice Direction:
Electronic Transmission of Prescriptions

Scope and Objective

1.0 Expected Outcome

1.1 This document is a joint practice direction issued by Council as the result of interprofessional collaboration between:

- College of Pharmacists of Manitoba (CPhM),
- College of Physicians and Surgeons of Manitoba (CPSM),
- College of Podiatrists of Manitoba (COPOM),
- College of Registered Nurses of Manitoba (CRNM),
- The Manitoba Dental Association (MDA), ~~and,~~
- The Manitoba Veterinary Medical Association (MVMA), and
- College of Midwives of Manitoba (CMM).~~.~~

To better serve all patient populations (urban, rural, and remote) and to leverage the benefits of modern technology, the electronic transmission of prescriptions is necessary to ensure timely access to care. The purpose of this practice direction is to outline the minimum practice expectations for health professionals whose scope of practice includes prescribing. The practice direction clarifies the expectations of safeguards for electronic transmission of prescriptions.

2.0 Document Jurisdiction

2.1 All licensed pharmacists in community practice are expected to adhere to this joint Practice Direction.

2.2 This joint Practice Direction applies to all medications prescribed for outpatients and persons receiving care in an ambulatory community practice.

2.3 The Manitoba Prescribing Practices Program (M3P) will supersede this process when the drug being prescribed is covered under the M3P Program. Prescribers should refer to their respective regulatory body for further guidance[1].

[1] CPSM Standard of Practice Prescribing Requirements, CRNM Practice Expectations for RN (NPs), CPhM Prescribing Practice Direction, MVMA PIPS By-laws, MDA Code Of Ethics.

3.0 Regulatory Authority Reference

3.1 Sections 56(1) and 56(2) of the Pharmaceutical Regulation to ~~the~~ *The* *Pharmaceutical Act* allow Council to create this Practice Direction

4.0 Definitions

4.1 "**Electronic transmission**" is the communication of an original prescription or refill authorization by electronic means. This includes computer-to-facsimile machine[2], facsimile machine to facsimile machine, facsimile machine to computer, or via a closed e-prescribing system[3]. It does not include verbally transmitted prescriptions or prescriptions transmitted by email at this time.

Practice Direction

Electronic Transmission of Prescriptions

5.0 Principles

5.1 In consideration of patient safety and to minimize the risks associated with drug diversion, prescribers and pharmacists must adhere to the following principles:

- 5.1.1 The process must maintain confidentiality[4]. It must do so by either facsimile or closed e-prescribing system. Prescribers and pharmacists are jointly responsible for maintaining the confidential nature of electronic transmission.
- 5.1.2 The accuracy and authenticity of the prescription must be able to be validated.
- 5.1.3 The process must incorporate mechanisms to decrease prescription forgery risk and minimize the risk of the prescription being transmitted to more than one pharmacy unintentionally.
- 5.1.4 The patient's choice of pharmacy must be protected, taking into consideration the treatment plan and drug availability.

6.0 Shared Responsibility

6.1 To facilitate congruence with the above principles, prescribers and pharmacists have the following responsibilities:

- 6.1.1 The prescriber must ensure the prescription is transmitted directly to the pharmacist in a clear, unambiguous manner and the mode of transmission is secure and maintains confidentiality.

[2] For instance, a prescription sent by Accuro is converted into a fax and sent to the pharmacy's fax machine.
[3] For example, the PrescribeIT prescribing system.
[4] Veterinary prescriptions are exempt from the confidentiality requirement.

6.1.2 The pharmacist must only accept a prescription once satisfied that it came directly from someone who has the authority to prescribe and the prescription is appropriate for the patient. A pharmacist is also responsible for verifying a prescriber's written and/or electronic signature if it is unknown to the pharmacist.

6.1.3 Both prescribers and pharmacists must ensure that prescribing is done in accordance with each profession's scope of practice (as outlined by their regulatory body).

7.0 Safeguards

7.1 The following additional safeguards apply to electronic prescriptions:

7.1.1 All prescriptions transmitted electronically (except veterinary prescriptions) must be entered into the Drug Program Information Network (DPIN) to enhance patient care and safety, and to restrict opportunities for potential prescription fraud[5].

7.1.2 After transmission, the prescriber must ensure the original prescription is invalidated to ensure it is not transmitted elsewhere at another time. A prescription record must be retained in accordance with the prescriber's regulatory body.

7.1.3 Pharmacists must ensure the electronic and facsimile equipment at the pharmacy is under the control of the pharmacist so the transmission is received and only handled by staff in the dispensary in a manner which protects the patient's privacy and confidentiality[6]. Prescriptions, including any relevant prescription information received by electronic transmission must be appropriately filed by the pharmacist in accordance with CPhM's record keeping requirements.

8.0 Content of Electronic Prescriptions

8.1 The prescription must be legible and must include the following information:

8.1.1 The prescriber's printed name, signature, practice address, and Registration number.

[5] Should a patient request a drug that falls under the Controlled Drugs and Substance Act (CDSA) not be entered into DPIN under their PHIN (or if they do not have a Manitoba PHIN), a pharmacist must directly confirm prescription authenticity with the prescriber. Such drugs would include opioids, controlled medications, benzodiazepines, and targeted substances.

[6] For greater clarity, dedicated pharmacy electronic and/or facsimile equipment must not be accessed by individuals who are not authorized pharmacy staff.

8.1.2 The patient's name and either date of birth or Personal Health Information Number (PHIN) (for M3P drugs, the patient's address, date of birth, and PHIN must be included)[7].

8.1.3 The name of the drug.

8.1.4 The drug strength, quantity, and formulation (tablet, liquid, patch).

8.1.5 The dose and directions for use.

8.1.6 The full date the prescription was issued (day/month/year).

8.1.7 The total quantity and interval between part-fills must be specified for:

8.1.7.1 Any medication on the M3P drug list.

8.1.7.2 Any medication classified federally as a narcotic or a controlled ~~substance~~drug. (Refer to ~~Appendix A~~Appendix A for a complete listing of these medications.)

8.1.8 For all other medications, refill instructions must be specified.

8.1.9 The time and date of prescription transmission.

8.1.10 The name and address of the one pharmacy intended to receive the prescription.

8.1.11 The method to contact the prescriber (telephone number, email address, or facsimile number).

8.1.12 Signed certification that:

8.1.12.1 the prescription represents the original of the prescription drug order;

8.1.12.2 the addressee is the only intended recipient and there are no others; and

8.1.12.3 the original prescription will be invalidated, securely filed, and not transmitted elsewhere at another time.

8.1.13 Prescribers must use their professional judgment to determine whether it would be beneficial to include any additional information on the prescription such as the patient's weight or date of birth and either the diagnosis, clinical indication, or treatment goal or a combination thereof be included on the prescription. In exercising their professional judgment, it is important for the prescriber to understand how this additional information may be beneficial to the pharmacist who is filling the prescription and the patient who is taking the medication. See the Contextual Information and Resources document following the Standard of Practice for Prescribing Requirements guidance on this matter.

[7] Veterinary prescriptions are exempt from PHIN and date of birth.

8.1.14 If the prescriber is a CPSM associate registrant (Resident, Physician Assistant, Clinical Assistant), a prescription must also include:

8.1.14.1 their Designation (e.g., PA or Cl.A);

8.1.14.2 treatment goal and/or diagnosis and/or clinical indication; and

8.1.14.3 the name of the supervising physician.

8.1.15 If the prescriber is a CPhM Registrant (Pharmacist), a prescription must include a treatment goal and/or diagnosis and/or clinical indication.

8.1.16 If the prescriber is a CRNM Registrant (e.g., RN(NP)), a prescription must include a treatment goal and/or diagnosis and/or clinical indication.

8.1.17 If the prescriber is a COPOM Registrant (Podiatrist), a prescription must include the diagnosis or expected outcome of the treatment prescribed.

~~8.1.17~~8.1.18 If the prescriber is a CMM Registrant (Midwife), a prescription must include a treatment goal and/or diagnosis and/or clinical indication.

9.0 Compliance Adjudication

9.1 All documentation must be readily accessible and open to regulatory review.

10.0 Appendices

10.1 Not applicable

A Practice Direction is a written statement made by Council for the purposes of giving direction to members and owners about the conduct of their practice or pharmacy operations. Compliance with practice directions is required under the Pharmaceutical Act.

The process for development, consultation, implementation, appeal and review is published on the College website.

Development Source:	CPSM Quality Prescribing Review Working Group
Regulatory Reference:	Sec 76, 77, and 78, The Pharmaceutical Regulation
Consultation Close:	April 23, 2024
Authorized by Council:	May 13, 2024
Effective Date:	June 1, 2024
Review Due:	June 1, 2029