



College of Pharmacists of Manitoba

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QUESTIONS AND ANSWERS:

ELECTRONIC TRANSMISSION AND FACSIMILE TRANSMISSION OF PRESCRIPTIONS

What is electronic transmission of a prescription?

Electronic transmission involves the secure transmission of a prescription by any electronic means such as electronic mail, facsimile, internet or other network communications directly from the prescriber to the pharmacy.

Are the requirements different for a prescription electronically transmitted by fax or a printed computer generated prescription faxed to a pharmacy?

No, any prescription received by a pharmacy as a fax prescription must meet the guidelines set out in the Joint Statement on Facsimile Transmission of Prescriptions. In addition to standard prescription requirements any faxed prescription must include: the prescriber's signature (the actual signature or an electronic image), the time and date of transmission, name of the intended pharmacy and signed certification that the prescription represents the original prescription order and the addressee is the intended recipient. The original hard copy prescription that is sent by fax from the prescriber's office must be invalidated, securely filed and not transmitted elsewhere.

When is a prescription valid with only the prescriber's electronic signature?

The prescriber's electronic signature is acceptable on a prescription that is sent in compliance with the electronic transmission of prescriptions or the facsimile transmission of prescriptions. The prescription must be securely transmitted and that can be through facsimile, electronic mail, internet or other network communication directly to the pharmacy. If the prescriber gives the patient a printed computer generated prescription with an electronic signature to take to the pharmacy, the prescription must also be physically signed by the prescriber in order to be considered as a valid prescription.

What procedure should a pharmacist follow if a patient presents a printed computer generated prescription that only has an electronic signature or a prescription with a stamped signature?

The pharmacist must verify the prescription through written, verbal or faxed communication with the prescriber in order for the prescription to be valid.



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Can a Manitoba pharmacy fill electronic transmitted or faxed prescriptions from non-Manitoba licensed prescribers?

Facsimile transmissions **may be accepted from a practitioner registered to practice in any province of Canada** and in compliance with the *Food and Drug Act* and regulations and, the *Controlled Drugs and Substances Act* and regulations, **except for medications on the M3P program**. Faxed prescriptions from other provinces for medications on the M3P program cannot be accepted. The original prescription is required.

Faxed prescriptions from an (RN(EP), or similar nursing designation, or a pharmacist with prescribing authority practicing in another province can be accepted as well. (*Clinical Assistant / Associate Member / Physician Assistants / Educational Register* prescriptions from out of province cannot be accepted.) The pharmacist is still responsible for verifying the origin of the transmission, the authenticity of the prescription and, if not known to the pharmacist, the signature of the prescribing practitioner. Out of province faxed prescriptions do not need to include the certification requirements specified in the Joint Statement for Manitoba prescribers and pharmacists. At this time, electronic transmissions of prescriptions from out-of-province practitioners cannot be accepted in Manitoba.

Can a prescription for methadone or buprenorphine be faxed?

Prescriptions for methadone or buprenorphine may be transmitted via facsimile only for the purpose of a methadone/buprenorphine maintenance program. Faxed prescriptions for methadone or buprenorphine for opioid dependency must be written on an original M3P form with a note attached to clearly indicate the daily dosage. All faxed prescriptions must also meet the requirements of the [Joint Statement on Facsimile Transmission of Prescriptions](#). A sample template can be found in Appendix D of the Opioid Replacement Therapy guidelines that may be used for faxing prescriptions, including M3P prescriptions for methadone and buprenorphine. This form can be used by prescribers when faxing prescriptions to a pharmacy.

It is the pharmacist's responsibility to verify the origin of the transmission, the authenticity of the prescription, and if not known to the pharmacist, the signature of the prescriber. Faxed prescriptions for methadone or buprenorphine may be accepted from another province as long as the above requirements are met.

The pharmacy must keep the faxed M3P prescription and faxed written documentation together for a minimum of 5 years (electronic or hardcopy). **The original prescription no longer needs to be sent to the pharmacy in these situations.**

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Do these joint statements apply to inpatients of a hospital?

No.

If a patient does not have a PHIN or refuses to provide their PHIN for a faxed or electronically transmitted prescription, what procedure should the pharmacist follow?

To prevent prescription fraud and enhance patient safety, all prescriptions from facsimile and electronic transmission must be entered into DPIN. The pharmacist must confirm the prescription through direct verbal or written communication with the prescriber.

Why are both Joint statements needed?

Some prescribers will still use a hard-copy paper system and will continue to follow the joint statement for faxed prescriptions. Other prescribers are already using computer systems to send prescriptions to pharmacies and are being received and/or printed on the pharmacy fax machine and/or printer. Still others are scanning orders and sending to pharmacies. Under the new joint statement for electronic transmission of prescriptions, these orders may be considered valid as well. If it is not obvious how a prescription was received into the pharmacy, the pharmacist should document the method of transmission on the pharmacy record.

Are Nurse Practitioners and Registered Nurses (Extended Practice) authorized to prescribe narcotics, controlled drugs and benzodiazepines?

The New Classes of Practitioners Regulations under the *Controlled Drugs and Substances Act* provides Extended Practice Registered Nurses and Nurse Practitioners the authority to prescribe medications containing controlled substances, with the following exclusions: heroin, cannabis, opium, coca and anabolic steroids (except testosterone). However, RN(EP)s and NPs must first be authorized by their provincial regulatory body, the College of Registered Nurses of Manitoba. CRNM requires successful completion of an educational program on safe and legal prescribing practices for narcotic and controlled drugs in order to be eligible for authorization.

RNEPs/NPs that do not have the authority to prescribe narcotics and controlled drugs will have a condition placed on their practicing licence. When they have completed the requirements set by CRNM, the condition will be removed. A link to the CRNM NurseCheck directory is provided on the CPhM website under "Pharmacy Practice" and then "Additional Prescriber Information".



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Is the “electronic transmission of prescriptions” the same as “electronic prescriptions”?

No, these rules only cover the electronic and facsimile **transmission** of prescriptions. “Electronic prescriptions” will involve greater controls for issuing and receiving prescriptions in an integrated electronic health record and will include the electronic storage of data. Under the electronic and facsimile transmission of prescriptions joint statements, a hard copy of the prescription is still required and must be kept in the prescription file.

When did the new *Joint Statement on Electronic Transmission of Prescriptions* come into effect?

April 1st, 2013 and the CPSM, CRNM, MDA and MVMA are all in agreement. The Joint Statement was updated in June 2016.