



Electronic Transmission of Prescriptions FAQ (June 1, 2024)

1. What is electronic transmission of a prescription?

Electronic transmission is the communication of an original prescription or refill authorization by electronic means. This includes:

- computer-to-facsimile machine (e.g. a prescription sent by Accuro is converted into a fax and sent to the pharmacy's fax machine),
- facsimile machine to facsimile machine,
- facsimile machine to computer, or,
- via a closed E-prescribing system (e.g., the PrescribeIT prescribing system).

It does **not** include verbally transmitted prescriptions or prescriptions transmitted by email at this time.

2. What is e-prescribing?

E-prescribing is defined as the secure electronic generation, authorization, and transmission of a prescription between an authorized prescriber and a patient's pharmacy of choice, using clinical Electronic Medical Record (EMR) and pharmacy management software. This process is intended to integrate clinical workflow and software. E-prescribing platforms eliminate hand-written prescriptions and enable the digital transmission of prescriptions from community-based prescribers to the community pharmacy of the patient's choice.

3. Which prescriptions are eligible for electronic transmission?

All prescriptions may be transmitted electronically as long as all the requirements outlined in the [Practice Direction on Electronic Transmission of Prescriptions](#) are met.



4. Which practitioners in Manitoba can send electronic prescriptions?

Pharmacists in Manitoba may accept electronic prescriptions in accordance with the [Practice Direction on Electronic Transmission of Prescriptions](#) from registrants of any of the following Colleges:

- 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).

Please refer to CPhM's [Prescribing Authority Table](#) for more information on prescribing conditions and scope of practice for each of the above professions.

If an electronically transmitted prescription is received from a prescriber not listed above, pharmacists can confirm the prescription directly with the prescriber, but patient care must not be delayed.

5. How can pharmacy staff be sure that electronic prescriptions are authentic and not forged?

Pharmacy staff must objectively review all prescriptions and remain vigilant for signs of forgery, especially with out-of-province electronic prescriptions. For more tips on verifying prescriptions and identifying prescription forgeries, please visit the College's website [here](#).

6. Can pharmacists accept electronic prescriptions for medications covered under the Manitoba Prescribing Practice Program (M3P)?

Please see question #10 in the [M3P FAQ](#) for more information.



7. Can a Manitoba pharmacy fill electronic prescriptions from out-of-province prescribers*?

***N.B. Pharmacy staff must remain vigilant with out-of-province electronic prescriptions and be alert for potential prescription forgeries. For more tips on verifying prescriptions and identifying prescription forgeries, please visit the College's website [here](#).**

Yes, pharmacists may accept electronic prescriptions from any practitioner (physician, veterinarian, dentist, pharmacist, registered nurse, optometrist, midwife, registered psychiatric nurse, or podiatrist) 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.

Please note that some Manitoba regulators may require health professionals to be registered with the Manitoba regulatory body to provide in-person or virtual care to a patient residing in Manitoba. For more information, please contact the Manitoba regulator for the prescriber.

For out-of-province electronic prescriptions:

- pharmacists must only accept it once satisfied that it came directly from someone who has the authority to prescribe, and the prescription is appropriate for the patient.
- the pharmacist must verify a prescriber's written and/or electronic signature if it is unknown to the pharmacist.
- the certification requirements specified in Electronic Transmission of Prescriptions Practice Direction are not required.
- the prescription needs only to fulfill the requirements in place within the prescriber's jurisdiction (e.g., if a special form is required for the medication, it must be used).

If the out-of-province prescription is for an opioid, benzodiazepine or z-drug, please see the section titled "Prescriptions from Out-of-Province Prescribers" in the [CPhM Companion Document to the CPSM Standard of Practice for Prescribing Opioids and Benzodiazepines and Z-Drugs](#).

If the out-of-province prescription is for a drug covered under the M3P, please be sure to review **question #11** in the [M3P FAQ](#).

If the out-of-province prescription is for Opioid Agonist therapy (OAT), please see the section titled "Guest Doses" in the [CPhM Opioid Agonist Therapy Guidelines for Manitoba Pharmacists](#).



8. 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 Practice Direction. The prescription must be securely transmitted 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 (i.e., in ink) by the prescriber in order to be considered a valid prescription.

9. What procedure should a pharmacist follow if a patient presents a printed computer-generated (EMR-generated) prescription that only has an electronic signature?

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

For all M3P prescriptions, please see question #13 in the [M3P FAQ](#).

10. Do all electronically transmitted prescriptions have to be entered into DPIN?

Yes. 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.

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. In addition, for CDSA drug that fall under the M3P, pharmacists must follow the Practice Direction on [M3P Information Entered into DPIN](#).

11. For electronically transmitted methadone and buprenorphine/naloxone prescriptions, does the prescriber still need to indicate the total daily dosage in addition to being indicated on the M3P prescription itself?

No, this is no longer a requirement, if all of the required content for M3P prescriptions is included and the dose is clearly indicated.



Please be sure to review document titled "***M3P Prescription Guidance: Requirements & Recommended Templates***" in your Registrant Portal [here](#) for more information on M3P prescription requirements. To access the guidance document:

- Go to "My Groups"
- Select "Active Registrants"
- Select "Practice Guidance" folder
- Click on "M3P Prescription Guidance: Requirements & Recommended Templates."

12.Does the Electronic Transmission of Prescriptions Practice Direction apply to prescriptions for inpatients of a hospital?

No.

13.When did the revised Electronic Transmission of Prescriptions Practice Direction come into effect?

On June 1st, 2024.