



Electronic Transmission of Prescriptions FAQ

(last updated: February 27, 2026)

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 PrescriberIT 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),
- The Manitoba Veterinary Medical Association (MVMA), and
- College of Midwives of Manitoba (CMM).

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.

In newer e-prescribing platforms, a signature may not be the same as a traditional “handwritten” signature that may appear on a faxed or written prescription. This does not mean that an electronically transmitted prescription generated on e-prescribing platforms is inauthentic. CPhM’s understanding is that when closed e-prescribing systems are used, the e-signature is a unique digital signature generated by a password-protected system or a password-protected EMR, using the prescriber’s credentials that function as the method of direct authorization.

In the Pharmaceutical Regulation, “Electronic signature” has the same meaning as in [The Electronic Commerce and Information Act](#), which defines it as “electronic information that a person has created or adopted in order to sign an electronic document and that is in, attached to, or associated with, the document”. Pharmacists must use their professional judgment to determine whether an electronic signature is present on the electronically transmitted prescription, which appears as “information” that is “in, attached to or associated with” the prescription.

Pharmacists presented with a new prescription, from a prescriber who has not used an e-prescribing platform previously, may wish to verify the authenticity of the prescription. There are several ways in which a pharmacy professional can verify an electronic signature, such as contacting the prescriber’s office via phone or fax, whichever method is most convenient and appropriate.

Given the broad definition of “electronic signature” and the multiple ways to verify a signature, pharmacists must use their professional judgment to confirm the authenticity of any prescription they are dispensing.

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. Does the Electronic Transmission of Prescriptions Practice Direction apply to prescriptions for residents of personal care homes (PCHs)?

No, prescriptions for patients who are residents of PCHs fall outside the scope of the Electronic Transmission of Prescriptions Practice Direction; however, pharmacists must be aware that other regulators may have prescription requirements for such PCHs (for example, see the College of Physicians and Surgeons of Manitoba's [Standard of Practice: Prescription Requirements](#)). Note that both community and hospital pharmacies can apply for a PCH component, which is required to serve residents of a PCH and outlined in section 40 of the Pharmaceutical Regulation. Where a pharmacist's practice is permitted only in the context of a PCH component, this practice is not considered "community practice" within section 2.1 of the Electronic Transmission of Prescriptions Practice Direction.

14. What if some of the required prescription content is missing from an electronically transmitted prescription?

Reasonably, the pharmacist can add, and verify as appropriate (from the patient, caregiver, patient profile, etc.), information that is lacking on the prescription where it would not interfere with the therapeutic intention of the prescriber. For example, the pharmacist may add in the patient's address or PHIN.

In some cases, where care may be otherwise delayed or a patient's access to care is affected, the pharmacist may also add in a missing therapeutic indication, if one can be verified from previous prescription information and is in line with the therapeutic intention of the prescriber.

The pharmacist cannot add the patient's name, drug, quantity, date, or signature of the prescriber. This information must be verified directly with the prescriber and documented accordingly. Pharmacists must work collaboratively with the prescriber to prevent delays in patient care.

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

On June 1st, 2024. It was revised on February 26th, 2026.