



PRACTICE DIRECTION

Electronic Transmission of Prescriptions

Initial Approval: November 22, 2018

Effective Date: January 1, 2019

Reviewed with NO Changes

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Practice Directions set out requirements related to specific aspects of the practice of medicine. Practice Directions are used to enhance, explain, or guide members with respect to the subject matter relevant to the practice of medicine. Practice Directions provide more detailed information than contained in *The Regulated Health Professions Act*, Regulations, Bylaws, and Standards of Practice issued by the College. All members must comply with Practice Directions, per s. 86 of *The Regulated Health Professions Act*.

This Practice Direction is made under the authority of s. 85 of the RHPA and represents requirements of CPSM members in so far as appropriate.

This joint practice statement is the result of **Interprofessional Collaboration** between:

- College of Pharmacists of Manitoba,
- College of Physicians and Surgeons of Manitoba,
- College of Registered Nurses of Manitoba,
- The Manitoba Dental Association, and
- The Manitoba Veterinary Medical Association.

1. Preamble

- 1.1. The electronic transmission of prescriptions document was developed and is supported by the College of Pharmacists of Manitoba (CPhM), the College of Physicians and Surgeons of Manitoba (CPSM), the College of Registered Nurses of Manitoba (CRNM), The Manitoba Dental Association (MDA), and the Manitoba Veterinary Medical Association (MVMA).
- 1.2. The definition of "electronic transmission of prescription" includes all forms of prescription transmission, including the additional requirements for faxing, (please refer to the updated version of the *Practice Direction: Facsimile Transmission of Prescriptions*) for outpatients and persons receiving care in an ambulatory community practice, provided the prescriber and pharmacist responsibilities, safeguards, and the five prescription transmission principles are satisfied. Registered Nurses (Extended Practice) (RN(EP)s)/Nurse Practitioners (NPs) as a class of new practitioners are now authorized under federal legislation to prescribe narcotics, controlled drugs or benzodiazepines once they receive approval from the College of Registered Nurses of Manitoba (see link on CPhM website or on CRNM website). Associate Members of the College of Physicians and Surgeons of Manitoba (CPSM) including Clinical Assistants, Physician Assistants or graduate medical students on the Educational Register cannot prescribe narcotics, controlled substances or benzodiazepines.

2. **Electronic Transmission of Prescriptions System**

2.1. **Principles**

- 2.1.1. In consideration of patient safety and prevention of drug diversion perspectives, the "system of prescription transmission" must ensure that the prescription is legitimate, is transmitted directly from someone who has the authority to prescribe, and is appropriate for the patient. Therefore, the following principles must be in place and maintained regardless of the mode of transmission:
- 2.1.1.a. the process must maintain confidentiality;
 - 2.1.1.b. the process must verify the authenticity of the prescription; that is, authenticating the prescriber initiating the document;
 - 2.1.1.c. the accuracy of the prescription must be able to be validated, including a mechanism to prevent forgeries;
 - 2.1.1.d. the process must incorporate a mechanism to prevent diversion, so that the prescription authorization cannot be transmitted to more than one pharmacy; and
 - 2.1.1.e. the patient's choice must be protected; that is the patient must determine which pharmacy is to receive the prescription authority.

2.2. **Shared Responsibility**

- 2.2.1. In order to facilitate congruence with the preceding five electronic transmission of prescriptions principles, it is noted that prescribers and pharmacists each have shared responsibilities. Specifically:
- 2.2.1.a. the prescriber has the responsibility to insure the prescription is transmitted to the pharmacist in a clear, unambiguous manner and the mode of transmission is secure and maintains confidentiality; and
 - 2.2.1.b. the pharmacist has the responsibility to 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.

2.3. **Safeguards**

- 2.3.1. The following additional safeguards apply:
- 2.3.1.a. The Practice Direction applies to all medications but cannot include M3P Drugs
 - 2.3.1.b. The Manitoba Prescribing Practices Program (M3P, formerly known as the "triplicate program) will supersede this process when the drug being prescribed is covered by the M3P, and a written M3P form is required. Additionally, all other record keeping requirements will prevail. Electronic transmissions of prescriptions shall not be accepted from non-Manitoba licensed prescribers.

2.3.2. Prescriber is accountable

2.3.2.a. The prescriber will be held accountable in the event that the prescription was transmitted in a manner that did not insure the clarity of the intended order, confidentiality of personal health information or in a manner that is not approved by the patient. The pharmacist is aware of this requirement and should report any breaches to the CPSM, CRNM, MVMA or MDA or the appropriate regulatory authority.

2.3.3. Prescription must be entered into DPIN

2.3.3.a. In order to limit or restrict the opportunity for prescription fraud or diversion and to enhance patient care and safety, all prescriptions transmitted electronically and not through either a "pen on paper process" or direct verbal communication with the prescriber must be entered into the Drug Program Information Network (except for veterinary prescriptions). The prescription(s) for a patient who does not possess a Personal Health Information Number (PHIN) or where the patient is not willing to provide their PHIN to the pharmacist, must be further evaluated by the pharmacist and must be confirmed by the pharmacist through a "pen and paper" process and or direct verbal communication with the prescriber

2.3.4. Prescriber cooperation

2.3.4.a. Where the patient is not willing to provide the PHIN, the prescriber must cooperate with the pharmacist to issue a signed "pen and paper" prescription or a verbal prescription communicated between the prescriber and pharmacist.

2.3.5. Information on prescription

2.3.5.a. The prescription must be legible and must include the following information:

- date;
- surname, initials (or given names) and address of the patient;
- name of the drug or ingredient(s) and strength where applicable;
- quantity of the drug which may be dispensed;
- dosage instructions for use by the patient and, when prescribed by a registered nurse extended practice/nurse practitioner, Associate Members of the CPSM including Clinical Assistants, Physician Assistants or graduate medical students on the Educational Register or all other regulated prescribers (with the exception of licensed medical practitioners, veterinarians and dentists), the order must include treatment goal and/or diagnosis and/or clinical indications;
- refill authorization, where applicable, which shall include the number of refills (and interval between refills, when so

required);

- prescribing practitioner's name, address and telephone number (prescriptions from Associate Members of the CPSM including Clinical Assistants, Physician Assistants or graduate medical students on the Educational Register must include the name and the telephone number of the supervising medical practitioner); and
- the electronic image of the prescriber's signature.

2.3.6. Requirements for prescriber issuing the electronic prescription

2.3.6.a. The prescriber must also ensure that:

- the prescription is sent directly from the prescriber's office to a single licensed pharmacy of the patient's choice;
- the prescription must be sent only to a pharmacist practicing in a Manitoba licensed pharmacy;
- the prescription is transmitted to the pharmacy in a clear, unambiguous manner; and
- the mode of transmission is secure and maintains confidentiality.

3. Summary

3.1. In summary, all forms of prescription transmission (including faxing) for outpatients and persons receiving care in an ambulatory community practice setting are acceptable, provided the prescriber and pharmacist responsibilities, safeguards, and the five electronic transmission of prescriptions principles are satisfied.