Standard of Practice

Prescribing Requirements

Initial Approval: January 1, 2019

Effective Date: January 1, 2019

Revision Date: November 1, 2020
March 20, 2024 to be effective June 1, 2024

Standards of Practice of Medicine set out the requirements related to specific aspects for the quality of the practice of medicine. Standards of Practice of Medicine provide more detailed information than contained in the *Regulated Health Professions Act*, Regulations, and Bylaws. All members must comply with Standards of Practice of Medicine, per section 86 of the *Regulated Health Professions Act*.

This Standard of Practice of Medicine is made under the authority of section 82 of the *Regulated Health Professions Act* and section 15 of the CPSM Standards of Practice Regulation.

PREAMBLE

Medicine and Pharmacy are two professions that are often jointly involved in the management of the same patient. Unfortunately, the pharmacist and physician often have very little direct contact with each other on a matter. The two individuals may never have met each other and may not totally understand each other's responsibilities. This Standard of Practice attempts to improve this liaison and ensure better access to quality safe prescribing for Manitobans.

1. Application and Definitions

1.1. Prescribe[1] and Prescription[2] includes both prescriptions in the community and what are commonly called “orders” in hospital and residential healthcare institutions. Only the requirements in Part B apply to prescribing for hospital inpatients and residential health care institutions.

1.1.1 Hospitals include healthcare facilities owned and operated by the Government or a Health Authority (including Personal Care Homes and other Government-run residential care facilities).

1.1.2 Residential healthcare institutions are defined as privately-owned residential care settings.

[1] Prescribe is defined as, “to issue a prescription for a dental appliance, drug, vaccine, vision appliance, or wearable hearing instrument.” *RHPA,* s. 3

[2] Prescription is defined as, “in respect of a drug or vaccine, a direction to dispense a stated amount of a drug or vaccine specified in the direction of the individual named in the direction.” RHPA, s. 3

Part A – Prescribing in the Community

2. Before Prescribing

2.1 Prescribers **must** only prescribe a drug if they have the knowledge, skill, and judgment to do so safely and effectively.

2.2 Before prescribing a drug, prescribers **must** meet the following requirements. These requirements are subject to the limited exceptions specified in Section 6.3:

- 2.2.1 complete an appropriate clinical assessment of the patient;
- 2.2.2 document in the patient's medical record a diagnosis or differential diagnosis and/or a clinical indication for the drug prescribed based on the clinical assessment and any other relevant information;
- 2.2.3 consider the risks and benefits of prescribing the chosen drug, including the combined risks and benefits when prescribing multiple drugs, and the risks and benefits when providing long-term prescriptions; and
- 2.2.4 obtain informed consent.

3. Content of Prescriptions

3.1. Prescribers **must** ensure the following information is included on every written or electronic prescription:

- 3.1.1. the prescriber's printed name, signature[3], practice address, and CPSM registration number;
- 3.1.2. the patient's name and either date of birth or Personal Health Identification Number (PHIN) (for M3P drugs, the patient's address, date of birth, and PHIN must be included);
- 3.1.3. the name of the drug;
- 3.1.4. the drug strength, quantity, and formulation (tablet, liquid, patch);
- 3.1.5. the dose and directions for use;
- 3.1.6. the full date the prescription was issued (day/month/year);
- 3.1.7. the total quantity and interval between part-fills must be specified for:
  - 3.1.7.a any medication on the M3P drug list
  - 3.1.7.b any medications that are classified federally as a narcotic or a controlled substance (refer to the appendix {to be developed} for a complete listing of these medications);
- 3.1.8. for all other medications, refill instructions must be specified;
- 3.1.9. a method to contact the prescriber (telephone number[4], email address, or facsimile number).

[3] Paper prescriptions handed to the patient must be **signed in ink** by the prescriber. Electronically transmitted prescriptions may be signed electronically. Rubber stamped signatures are not permitted.

[4] This can be the hospital, clinic, or institutional phone number. If desired, a prescriber may also include a personal phone number on prescriptions intended for electronic transmission (i.e., faxed directly to pharmacy and not handed to the patient).

3.2. 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 this Standard for guidance on this matter.

3.3. If the prescriber is an associate registrant (Resident, Physician Assistant, Clinical Assistant), the prescription must also include:
- 3.3.1. their designation (e.g., PA or ClA);
- 3.3.2. the treatment goal and/or diagnosis and/or clinical indication; and
- 3.3.3. the name of their supervising physician.

4. Format of Prescriptions including Verbal Prescribing

4.1. Prescriptions may be handwritten (legibly), electronically generated in accordance with the Practice Direction Electronic Transmission of Prescriptions, verbally relayed, or in the physician's order sheet in a hospital, Personal Care Home, or residential healthcare institution as per Part B of this Standard.

4.2. Verbal prescriptions for all drugs must include all information included in section 3.1 above other than the signature and prescription issue date.

4.3. Verbal prescriptions are permitted for all drugs and substances, subject to section 7 of this Standard and any institutional policies.

5. Sample Medication

5.1. A registrant must:
- 5.1.1. keep sample medication in a secure location;
- 5.1.2. dispose of sample medication in a safe and environmentally acceptable manner;
- 5.1.3. not offer to sell or barter sample medication for any purpose whatsoever; and
- 5.1.4. not have any form of material gain from distributing the sample medication.

5.2. A registrant must ensure if a sample drug is provided to the patient it is provided with clear instructions for its use, including any precautions, and it is not expired.

6. Direct Patient Contact

6.1 In most cases, prescribing medication or counter-signing a prescription without direct patient contact does not meet an acceptable standard of care. The requirements of section 2 and this section must be met for most prescriptions. These requirements are subject to limited exceptions specified in section 6.3. There is no direct patient contact when the registrant only relies upon a mailed, faxed or an electronic medical questionnaire.

6.2 The registrant **must** demonstrate there has been:

- 6.2.1 a documented patient evaluation by the registrant signing the prescription, that includes an adequate history and physical examination (subject to the requirements of the Standard of Practice – Virtual Medicine), to establish the diagnosis for which the drug is being prescribed and identify underlying conditions and contra-indications;
- 6.2.2 sufficient direct dialogue between the registrant and patient regarding treatment options and the risks and benefits of treatment(s);
- 6.2.3 a plan for follow-up to review the course and efficacy of treatment to assess therapeutic outcome, as needed; and
- 6.2.4 maintenance of a contemporaneous medical record that can be accessed by the registrant, and be made available to the patient, and the patient's other healthcare professionals.

6.3 Exceptions exist to the direct patient contact requirement when the registrant:

- 6.3.1 is fulfilling responsibilities as part of a call group, true group practice or healthcare institution. In these scenarios registrants must reasonably satisfy themselves that:
  - 6.3.1.a. the healthcare professional who conducted the assessment has the appropriate knowledge, skill, and judgment to do so, and
  - 6.3.1.b. the prescription is clinically sound and, in the patient's, best interest;
- 6.3.2 treats their own patients after normal office hours;
- 6.3.3 works in an academic teaching environment;
- 6.3.4 is providing naloxone as part of a harm reduction strategy and overdose prevention.;
- 6.3.5 prescribes prophylaxis as part of a Public Health Program;
- 6.3.6 prescribes for the sexual partner of a patient with a sexually transmitted infection;
- 6.3.7 prescribes anti-retroviral medication within the context of the Provincial HIV program; or
- 6.3.8 prescribes a medication available in Manitoba without requiring a prescription (e.g., an over-the-counter medication such as acetaminophen).

7. Manitoba Prescribing Practices Program (M3P Drugs)

7.1. Physicians **must** prescribe the drugs listed on the M3P schedule in the manner prescribed in the Regulation and this Standard.

7.2. Section 7 of this Standard does not apply to:

7.2.1. prescriptions for drugs administered in a personal care home as described under the Manitoba Health Services Insurance Act;

7.2.2. prescriptions for drugs administered in a hospital or institutional residential healthcare facility; and

7.2.3. the direct administration of a designated drug to a patient by a prescriber.

7.3. All prescription drugs on the M3P Schedule must be written on a prescription form as is approved by CPSM.

7.4. The treatment goal, and/or diagnosis, and/or clinical indication(s) must be included for all M3P prescriptions.

7.5. The prescription **must** contain only one drug per prescription form.

7.6. The prescription is only valid for three days after its issuance to the patient and the physician **must** so advise the patient.

7.7. Prescribers **must** prescribe in accordance with the Practice Direction for Prescribing Methadone or Buprenorphine/naloxone.

Part B - Prescribing in a Hospital, Personal Care Home, or Residential Healthcare Institution (Orders)

8. Prescribing

8.1 Prescribers in the facilities listed in sections 1.1.1. and 1.1.2 **must** ensure the following:

Content of prescription orders:

8.1.1. the name of the drug;

8.1.2. the drug strength and formulation (tablet, liquid, patch);

8.1.3. the dose and directions for use (for example the exact time of administration, if applicable);

8.1.4. the full date and time the prescription was issued (hour/day/month/year); and

8.1.5. the prescriber's printed name and signature.

9. Before Prescribing in a Hospital, Personal Care Home, or Residential Healthcare Institution

9.1. Prescribers **must** only prescribe a drug if they have the knowledge, skill, and judgment to do so safely and effectively.

9.2. Before prescribing a drug, prescribers **must:**

9.2.1. document in the patient's medical record a diagnosis or differential diagnosis and/or a clinical indication for the drug prescribed based on the clinical assessment and any other relevant information (as reasonably appropriate);

9.2.2. consider the risks and benefits of prescribing the chosen drug, including the combined risks and benefits when prescribing multiple drugs, and the risks and benefits when providing long-term prescriptions; and

9.2.3. use their professional judgment to determine whether it is necessary to include any additional information on the prescription (e.g., the patient's weight or date of birth where this information would affect dosage).

9.3. For verbal prescribing/orders, in addition to the requirements under section 9.1 and 9.2, prescribers **must**:

9.3.1 provide the verbal order to a nurse or pharmacist, including all required content;

9.3.2 ensure if a voice message is left that a direct callback number is included to facilitate the nurse or pharmacist calling back and verifying the verbal order directly with the prescriber. A verbal order is not considered valid until a nurse or pharmacist speaks directly with the prescriber to verify the order; and

9.3.3 sign the order within a reasonable timeframe if required by the institution's operating policy.

Contextual Information and Resources

Prescribing Requirements

The Contextual Information and Resources are provided to support registrants in implementing this Standard of Practice. The Contextual Information and Resources do not define this Standard of Practice, nor should it be interpreted as legal advice. It is not compulsory, unlike a Standard of Practice. The Contextual Information and Resources are dynamic and may be edited or updated for clarity, new developments, or new resources at any time.

Importance of Pharmacists as Part of the Health Care Team

Pharmacists are important members of a patient's health care team. Their knowledge, skill, and judgement contribute to improving health care of patients.

However, without knowing the diagnosis, clinical indication, or treatment goal(s) associated with a prescription, the pharmacist's ability to optimize patient outcomes is limited.

It is important for registrants to understand that pharmacists aim to work collaboratively with prescribers to ensure the patient receives good medical care. Pharmacists have expertise in navigating complex drug therapy, in-depth knowledge about pharmacology, and specialized training in hundreds of medications and how these may interact with one another.

From the pharmacist's perspective it is best practice for them to have the diagnosis, clinical indication, or treatment goal when filling a prescription. For the reasons outlined in this document when pharmacists have appropriate information, they are in a better position to exercise their professional responsibilities to the patient. CPSM is primarily concerned with patient safety. This document provides guidance to prescribers exercising their professional judgment to determine if it is beneficial to the patient to include the diagnosis, clinical indication, or treatment goal. The starting point is that if the information can assist the pharmacists carry out their professional duties to the patient's safety, then it should be included. However, there may be situations when doing so is deemed unnecessary or inappropriate by the prescriber. The latter may occur in rare circumstances when sensitive psychosocial or ethical considerations prevail.

The Role of the Pharmacist

Patient safety and quality medical care are optimized when pharmacists know the diagnosis, clinical indication, or treatment goal for medications.

Patient Safety

Good medical care requires safety checks along the care path to prevent inadvertent errors from occurring. Unintended prescribing errors do occur. Pharmacists provide a safety check to catch these errors. However, they may not be able to identify an error if they are unaware of the diagnosis, clinical indication, or treatment goals. For example, a pharmacist would not be able to identify an error if the registrant inadvertently prescribed hydroxyzine when the intention was to prescribe hydralazine. Additionally, there is also a need to verify the correct dose for the intended indication. Verifying doses, formulations, or directions for use can be difficult without knowing the therapeutic indication.

There will also be occasions when a drug prescribed needs to be changed, whether it be due to a drug shortage, interaction, cost concerns, or other reasons. If the pharmacist understands the therapeutic indication, they can effectively and efficiently advise on appropriate alternatives based upon what is available and covered by third-party payors.

Quality Patient Care

Often the community pharmacist will be the last health care provider the patient speaks with prior to taking a new medication. Although the registrant has provided the patient with counselling regarding the appropriate use of the medication, this information may be complex and new to the patient. It is often beneficial for the pharmacist to ensure that the patient understood this important information and will be able to follow through on taking the medication appropriately.

Proper patient counselling requires that the patient understands the purpose and desired therapeutic effect of the medication, and that any safety concerns are addressed. It is also important for the patient to have an opportunity to have their questions answered. However, without knowing the diagnosis, clinical indication, or treatment goals it can be more challenging for the pharmacist to provide effective counselling. If the pharmacist is unable to answer the patient's questions, this may result in delays in patient care while the pharmacist verifies the appropriateness of the prescription by contacting the prescriber. Providing specific information on a prescription can enhance patient care. For example, listing treatment goals will allow the pharmacist to reinforce care goals when counselling the patient, particularly when managing medication titrations, transitions, or changes.

Resource for the Health Care Team

Pharmacists should be viewed as a valuable resource for the health care team. Pharmacists have expertise evaluating the effectiveness and safety of medications and the appropriateness of medication regimens in general. This is especially true for the management of chronic conditions and complex or high-risk medication regimens.

Pharmacists can suggest medication options that are optimal for the patient in the context of their current conditions and medications. They can assist in developing care plans to achieve the patient's treatment goals through optimal medication therapy and support of chronic disease management and prevention. Keeping pharmacists informed about the therapeutic intent of medications prescribed can maximize their effectiveness as a key resource to the care team.

Considering Prescription Drug Costs

Effective prescribing involves consideration of efficacy, safety, convenience/burden, and cost. Available research shows that a failure to consider prescription drugs costs at the point of care can have a variety of unintended negative consequences, including:

- many prescriptions going unfilled because the patient is unable to afford the medication;
- many patients do not take their medications as prescribed due to cost; and
- high prescription drug costs are associated with increased clinic and emergency room visits, and hospitalizations.

For this reason, prescribers should consider the following on a proactive basis:

- the cost of the drugs they prescribe, and
- whether there is a therapeutically equivalent alternative that is available at a lower price.

This analysis will be particularly important when a prescriber has reason to believe that their patient may struggle to afford or be unable to pay for the medication being prescribed.

CPSM recognizes that physicians may not be aware of up-to-date resources regarding the cost of prescription drugs in Manitoba. Consultation with a pharmacist may be helpful. Additionally, the MEDS (Medications, Evidence, & Decision Support) Conference site is a source of current, convenient, and up-to-date information, specifically the list of Price Comparisons of Commonly Prescribed Medications in Manitoba (2023).

Reporting Adverse Drug Reactions or Medication Incidents

Registrants can help support the ongoing evaluation of prescription drug safety by reporting adverse drug reactions, suspected adverse drug reactions, and medication incidents to the relevant organizations/authorities, especially those that are:

- unexpected, regardless of their severity;
- serious, whether expected or not; and
- related to recently marketed health products (on the market for less than five years).

Registrants can report adverse drug reactions to Health Canada's Vigilance Program and medication incidents through the Institute for Safe Medication Practices Canada.

Prescription Drug Disposal

Because most community pharmacies have procedures in place to safely dispose of patients' returned medications (also called post-consumer waste), it is generally best practice for registrants to direct patients to their local pharmacy to return unused medication.

In circumstances where a registrant takes possession of the patient's drugs directly or is in possession of any other types of medications (e.g., unused or expired medication samples), registrants can contact a drug disposal company to set up their own contract for safe disposal. Registrants may further consider arranging for the disposal of unused/expired/returned drug samples directly through the pharmaceutical representative or company that has provided them.

Suspected Prescription Forgery

What Physicians Can Do

Report Forgeries. Physicians should notify CPSM, CPhM, and the pharmacies involved upon becoming aware of forgeries. Likewise, pharmacies should alert prescribers of forgery attempts and notify CPhM.

Notify Police. If impersonated, physicians can report to local police authorities. If a patient's information was fraudulently used, the physician may review this with their patient and involve police if safety concerns arise.

Safeguard Practice. Reduce risk of theft and forgery by locking up all prescription pads, letterhead, and fax templates. Pharmacists may contact prescribers to verify prescriptions for opioids, benzodiazepines, or other potential products of abuse, particularly if they seem unusual or concerning.

What Pharmacists Can Do

Verify Suspected Forgeries. Pharmacists should contact the prescriber to confirm any unusual or concerning prescriptions prior to dispensing.

Report Forgeries. Pharmacists should notify the prescriber, CPhM, and see Forgery of Narcotics and Controlled Substances on CPhM's website for details of reporting to Health Canada.

Notify Police. Pharmacists should report prescription forgeries to the local police authorities. Whenever possible, this should be done while the individual(s) are waiting in the pharmacy. If the individual requests the forgery back, the pharmacist should take a copy, stamp the original with the pharmacy contact information and document refusal to fill on the original and in Drug Program Information Network (DPIN).

What CPSM & CPhM Are Doing

CPSM and CPhM work directly with prescribers and pharmacies involved in forgeries. The Colleges monitor situations and trends and collaborate to raise awareness by informing registrants of identified trends, risks, and actions to take.

Resources

The Pharmaceutical Act of Manitoba

More Resources to come.