THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
COLLEGE OF PHARMACISTS OF MANITOBA
THE MANITOBA DENTAL ASSOCIATION
THE MANITOBA VETERINARY MEDICAL ASSOCIATION, AND
THE COLLEGE OF REGISTERED NURSES OF MANITOBA

JOINT STATEMENT

Facsimile Transmission of Prescriptions

PREAMBLE:
The transmission of a prescription or refill authorization from a prescribing practitioner to a pharmacy by facsimile is acceptable when the prescription is in compliance with this joint statement. Prescribing practitioners also include Registered Nurses (Extended Practice) (RN(EP)s)/Nurse Practitioners (NPs) (as registered with the College of Registered Nurses (CRNM)) as well as 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.

RN(EP)s and 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 CRNM (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.

All prescriptions from facsimile transmission must be entered into the Drug Programs Information Network (DPIN) or they cannot be filled (except for veterinary prescriptions).

PRINCIPLES:
(1) All medications may be prescribed by facsimile transmission excluding those medications requiring a Manitoba Prescribing Practices Program (M3P) prescription (formerly known as a “triplicate” prescription). Associate Members of the CPSM including Clinical Assistants, Physician Assistants or graduate medical students on the Educational Register cannot prescribe narcotics, controlled drugs and benzodiazepines. (As of January 2009, all narcotic and controlled drugs, including all sales reportable narcotics and M3P medications, for personal care homes may be transmitted by facsimile when in compliance with this joint statement.)

(2) The prescription must be sent to the one pharmacy of the patient’s choice.

(3) The prescription must be sent from a machine authorized by the prescriber.

(4) The facsimile equipment at the pharmacy must be under the control of the pharmacist so that the transmission is received and only handled by staff in the dispensary in a manner which protects the patient’s privacy and the confidential information on the transmission.

(5) The prescription must be legible and must include the following:
(a) Date
(b) Surname, initials (or given names) and address of the patient
(c) Name of the drug or ingredients(s) and strength where applicable
(d) Quantity of the drug which may be dispensed
(e) Dosage instructions for use by the patient and, when prescribed by a RN(EP)/NP, Associate Members of the CPSM including Clinical Assistants, Physician Assistants or graduate medical students on the Educational Register or all other regulated prescribers (except licensed medical practitioners, veterinarians and dentists), the order must include treatment goal and/or diagnosis and/or clinical indications;
(f) Refill authorization where applicable, which shall include the number of refills (and interval between refills, when so required);

(g) Prescribing practitioner’s name, address, fax number and telephone number (prescriptions from 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 must include the name and the telephone number of the supervising medical practitioner);

(h) Prescribing practitioner’s signature;

(i) Time and date of transmission;

(j) Name of the pharmacy intended to receive the transmission;

(k) Signed certification that:
   i. the prescription represents the original of the prescription drug order,
   ii. the addressee is the only intended recipient and there are no others, and
   iii. the original prescription will be invalidated, securely filed and not transmitted elsewhere at another time.

(6) The pharmacist is 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.

(7) The prescription must be retained on permanent quality paper.

(8) 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. (RN(EP), or similar nursing designation with prescribing authority and practicing in another province can be accepted. Clinical Assistant / Associate Member / Physician Assistants / Educational Register prescriptions from out of province cannot be accepted.)

(9) After transmission, the prescribing practitioner or their agent must ensure that a record is kept of the prescription in compliance with the medical record requirement of the prescriber’s regulatory authority. The prescription must not be transmitted elsewhere at another time.

(10) Prescriptions received by facsimile transmission must be appropriately filed at the pharmacy for a period of at least two years and be accessible for validation. The facsimile prescription must be treated as the new prescription with the hardcopy filed in sequence by date and number.

(11) Computer generated prescriptions by medical practitioners must comply with CPSM Statement 1-S5 3 - Medical Computer Systems: Security and Self-Audit.

(12) Pharmacists may transfer prescription copies by facsimile between pharmacies, where not prohibited by federal legislation.