

FACSIMILE TRANSMISSION OF PRESCRIPTIONS (JOINT STATEMENT)

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

PREAMBLE:

The transmission of a prescription or refill authorization from a prescribing practitioner (which now includes Registered Nurses Extended Practice (RN(EP)) as permitted under the extended practice regulation to *The Registered Nurses Act*), or from a Clinical Assistant (through the delegated function of a medical practitioner) to a pharmacy by facsimile is acceptable when the prescription is in compliance with this joint statement. RNEP's and Clinical Assistants cannot prescribe narcotic, controlled drugs 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) and sales reportable narcotics for personal care homes may be transmitted by facsimile when in compliance with this joint statement (RN[EP]s). Clinical Assistants cannot prescribe narcotics, controlled drugs and benzodiazepines.
- (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 practitioner.
- (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 include the:
 - (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 (and treatment goal and/or diagnosis and/or clinical indications when prescribed by a RNEP or a Clinical Assistant) for use by the patient which shall include a specific frequency or interval between refills, when so required
- (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 Clinical Assistants must include this information for 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.

*Required prescription information and suggest template attached

- (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 the Controlled Drugs and Substances Act and its regulations (RN[EP], or similar designation, and Clinical Assistant prescriptions from out of province are cannot be accepted).
- (9) After transmission, the prescribing practitioner or their agent must ensure that the original written prescription has been invalidated, securely filed, retained for a period of at least two years, be available for inspection, and not 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. It must be handled as the new prescription document hardcopy and filed in sequence by date and number. The entire fax form received should be filed intact as a complete document.
- (11) Computer generated prescriptions must comply with College Statement #104 – Medical Computer Systems: Security and Self-Audit.
- (12) Pharmacists may transfer prescription copies by facsimile between pharmacies, where not prohibited by federal legislation.

First Print MPPP/04-98
Revision MPPP/10-00
Revision EXEC/04-06
Revision COUNCIL/12-08

**A statement is a formal position of the College with
which members shall comply.**



APPENDIX I

Prescriber Name _____

Registration # _____

Clinic Name _____

Prescriber Address _____

Prescriber Telephone # _____

Prescriber Facsimile Transmission # _____

<p>Confidential Facsimile to:</p> <p>Pharmacy Name _____</p> <p>Pharmacy Fax # _____</p> <p>Date _____ Time _____</p>
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<p>Patient Given and Surname _____</p> <p>Patient PHIN _____</p> <p>Patient DOB _____</p> <p>Patient Address _____</p> <p>_____</p> <p>Rx #1</p> <p>Partfill _____ times every _____ days.</p> <p>Rx #2</p> <p>Partfill _____ times every _____ days.</p> <p>Prescriber Name _____ (please print)</p> <p>Prescriber Signature _____</p> <p>Prescriber Address _____</p> <p>_____</p> <p>Date _____</p>
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Prescriber Certification

- This prescription represents the original of the prescription drug order.
- The pharmacy addressee noted above is the only intended recipient and there are no others.
- The original prescription has been invalidated and securely filed, and it will not be transmitted elsewhere at another time.
- Quantity must be stated in words and numerals

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Use of this form for purposes or by persons, not authorized under the Controlled Drugs and Substances Act and its Regulations is a criminal offence.