

Professional Memorandum

To: Pharmacists, Stakeholders
From: Susan Wedlake, Registrar
Date: February 1999
Re: Transmission of Prescriptions by Facsimile Permitted, Effective Immediately

The Council of the Nova Scotia Pharmaceutical Society has approved a policy permitting the facsimile transmission of all prescriptions, with the exception of prescriptions for drugs included in the Prescription Monitoring (Triplicate Rx) Program.

Background

The use of facsimile transmission is common in most business and health practices today. The use of this technology can accommodate pharmacists and prescribers in meeting patient needs. With this in mind the pharmacy Registrars, after consultation with the Federation of Medical Licensing Authorities of Canada and Health Canada, developed recommendations to permit the use of facsimile technology while adhering to the intent of the federal regulations governing the distribution of prescription drugs.

Recently, Health Canada indicated its support of these recommendations, noting that the courts would consider prescriptions that have been transmitted by facsimile to be valid prescriptions under the existing federal regulations. Health Canada has stated it has no objection to the Nova Scotia Pharmaceutical Society permitting the faxing of prescriptions, provided adequate measures are in place to address patient confidentiality, verification of prescription authenticity, validation of prescription accuracy, prevention of diversion and protection of the patient's right of choice.

The accompanying policy document, approved by Council of the Nova Scotia Pharmaceutical Society, addresses these issues and has received the support of Health Canada.

Pharmacists that meet the requirements found in the policy document may choose to participate in the receipt of faxed prescriptions from prescribers' offices/health institutions immediately. Please ensure that all staff members are familiar with the procedure and verifying requirements, as well as the limitations outlined in the attached policy document.

A copy of the policy document will be provided to the College of Physicians and Surgeons of Nova Scotia, the Medical Society of Nova Scotia, the Provincial Dental Board, the Dental Association of Nova Scotia, and the Nova Scotia Veterinary Association. However, pharmacists may also wish to forward copies of the document to prescribers in their communities.

Please call me at the Society office, should you require further clarification.

SW/eh
Enclosure

Facsimile Transmission of Prescriptions
Nova Scotia Pharmaceutical Society Council Policy Document

Prescription drug orders, with the exception of those drugs included in the Prescription Monitoring Program, may be transmitted by facsimile to a pharmacy, provided the following requirements are met:

1. The facsimile transmission must be the transmission of the exact visual image of the original written prescription.
2. The prescription must be sent only to the pharmacy of the patient's choice with no intervening person having access to the drug order.
3. Pharmacists shall not provide prescribers with fax forms that are preprinted with any reference to the pharmacy/pharmacist. This does not prohibit a pharmacist from providing a prescriber with a copy of the attached "Model Prescription Form".
4. The prescription must be sent directly from the prescriber's office or directly from a health institution for a patient of that institution.
5. The fax machine receiving the prescription **must be located within the dispensary**.
6. The prescription must include the:
 - date
 - patient's name and address
 - name of the drug/ingredients and strength where applicable
 - quantity of the drug
 - dosage instructions, including a specific frequency or interval or maximum daily dose
 - refill authorization, including the number of refills and intervals
 - prescriber's name, address, telephone number, fax number and signature
 - time and date of transmission
 - name and fax number of the pharmacy intended to receive the transmission
 - signed certification that:
 - i) the prescription represents the original of the prescription drug order,
 - ii) the addressee (i.e. pharmacy) is the only intended recipient and there are no others, and
 - iii) the original prescription will be invalidated by marking it in such a way that it cannot be reissued, securely filed, and kept by the prescriber for a minimum of two years, and not transmitted elsewhere at another time.
7. The prescription drug order document must be maintained on permanent quality paper in the same manner as other prescriptions (filed in sequence for a period of at least two years). The entire document, including the signed certification, must be maintained on file.
8. The rules which apply to regular written prescriptions regarding out of province prescribers also apply to prescription transmission by facsimile: Pharmacists may fill a faxed prescription provided by a "medical practitioner or dentist licensed to practise in a province other than Nova Scotia or a state of the United States if, in the professional judgement of the pharmacist, the patient requires the drug immediately, but no such prescription may be refilled" (Section 44(8) of the *Pharmacy Act*).

Refills may be honoured on faxed prescriptions provided by prescribers registered to practice in Nova Scotia.
9. The pharmacist is responsible for verifying the origin of the transmission and the authenticity of the prescription, and for validating the prescription accuracy.

It is the ultimate responsibility of the pharmacist to ensure that the requirements listed above are fulfilled **before** a faxed prescription is honoured.

MODEL PRESCRIPTION FORM to be used by prescribers when writing prescriptions to be transmitted by fax. The form includes a **PRESCRIBER CERTIFICATION** section, to be signed by the prescriber.

Prescriber Name: _____ Prescriber Telephone Number: _____

Prescriber Address: _____ Prescriber Fax Number: _____

CONFIDENTIAL facsimile transmission to:

Pharmacy Name: _____

Date: _____ Time: _____

Patient Given Name and Surname: _____

Patient Address: _____

Rx #1

Refill _____ times every _____ days

Rx #2

Refill _____ times every _____ days

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.

Practitioner/Prescriber Name (print name): _____ ID #: _____

Practitioner/Prescriber Signature: _____ Date: _____