

SASKATCHEWAN COLLEGE OF PHARMACISTS

Electronic Transmission of Prescriptions Policy Statement and Guidelines for Pharmacists

PREAMBLE

This document replaces the “Operational Guidelines - Facsimile Transmission of Prescriptions”

Current legislation allows prescriptions to be provided verbally (except for Straight Narcotics) or in writing. A written prescription is signed by the prescriber. This provides a method for the prescriber to authenticate the prescription as well as a method for the pharmacist to verify the authenticity of the order. However, advances in technology have provided opportunities for prescribers to generate prescriptions electronically. Such opportunities purport to be safer and more secure than conventional handwritten or verbal prescriptions. Therefore, the purpose of this statement and guidelines is to describe when electronic prescribing that is safer and more secure is acceptable.

This document is intended to provide guidance to pharmacists in the interpretation of prevailing law. Where questions arise, the official text of the relevant legislation should be consulted, and that law takes precedence over this document.

DEFINITIONS

In this document:

- “Electronic transmission of prescriptions” means the transmission of a prescription by any electronic means, except verbally by telephone, including and without limiting, the generality of the foregoing, by facsimile, electronic mail or internet or other network communications system, and “e-prescribing” has the same meaning.
- “Facsimile transmission” means transmission of the exact visual image of a document by way of electronic equipment.
- “Prescription” as defined in *The Pharmacy Act, 1996*, means “an authorization given by a practitioner directing that a stated amount of any drug or mixture of drugs specified in it be dispensed for the person or animal named in the authorization.”

POLICY

In December 2007, Health Canada released the following:

Policy Statement on E-prescribing

E-prescribing (e-Rx) is a means of streamlining the prescription process by enabling prescriptions to be created, signed and transmitted electronically. There are significant benefits associated with the implementation of e-Rx including the potential to reduce the incidence of medication and dispensing errors caused by illegible prescriptions, a potential decline in adverse drug reactions and the timely transmission of prescription information from practitioner to pharmacist. Health Canada recognizes these benefits and supports the implementation of e-Rx.

Until recently, it was the position of Health Canada that, to allow for e-Rx, amendments to Part C of the Food and Drugs Regulations made under the Food and Drugs Act, regulations made under the Controlled Drugs and Substances Act and possibly regulations made under Personal Information Protection and Electronic Documents Act would be required.

After further review, Health Canada has concluded that there are currently no regulatory impediments to moving ahead with electronically generated and transmitted prescriptions and that these are permissible to the extent that they achieve the same objectives as written prescriptions.

Provinces and territories wishing to proceed with e-Rx are obligated to ensure that electronic prescriptions meet existing regulatory requirements and achieve the same objectives as written prescriptions. For example, there must be evidence of a genuine practitioner/patient relationship, and in the case of controlled substances, pharmacists filling prescriptions must verify prescriptions are signed¹ by the practitioner before selling or providing drugs containing controlled substances to a patient.

*Health Canada has collaborated with Canada Health Infoway on the development of a technical document entitled *Ensuring the Authenticity of Electronic Prescriptions*, in order to provide advice about how to ensure the authenticity of electronic signatures. Although this document (and annexes) was not subject to widespread consultation, it could be of use to provincial and territorial Ministries of Health in moving forward with e-prescribing.*

Health Canada has also initiated discussions with provincial and territorial pharmacy and medical regulatory authorities in order to determine how it can be of assistance in facilitating collaboration between provincial and territorial stakeholders regarding e-Rx implementation.

¹ *Sign: whatever is determined to be necessary to authenticate and validate the order in that pharmacists must have a high degree of certainty that the identified practitioner (in the electronic message) has ordered the prescription.*

Date Modified: 2007-12-21

Relying upon this Health Canada policy, and based upon our interpretation of *The Pharmacy Act, 1996* and SCP Bylaws and standards governing pharmacy practice, the electronic transmission of a prescription for any drug is equivalent to the written format and is acceptable, provided that:

- 1) Pharmacists are able to fulfill their professional obligations^{1,2,3,4,5} to verify the authenticity of the prescription; and,
- 2) The principles governing shared onus between the prescriber and pharmacist for patient confidentiality, authenticity, validity, security, and patient choice of pharmacy as described below are met to ensure accountability for the authenticity of the electronically transmitted prescription, as follows:

Principle #1

The process must maintain patient confidentiality.

Principle #2

The process must be able to verify the authenticity of the prescription (i.e. verify the identity of the practitioner/health care professional authorized to issue the prescription).

Principle #3

The accuracy of the prescription must be able to be validated, including a mechanism to prevent forgeries.

Principle #4

The process must incorporate a mechanism to prevent diversion, so that the prescription authorization cannot be transmitted to more than one pharmacy.

Principle #5

Patient choice must be protected; that is, the patient must determine the pharmacy to receive the prescription authority.

Consistent with earlier guidelines respecting facsimile transmission of prescriptions, the facsimile represents the original prescription. A faxed prescription can be interpreted as either a written prescription or a digitally (computer) generated prescription that has been transmitted electronically.

Electronically transmitted prescriptions must contain the signature of the prescriber as defined by Health Canada in the "Policy Statement on E-Prescribing". A prescription with an electronic signature of the prescriber represents authority for the pharmacist to sell the drug. Without limiting the generality of the foregoing, examples of acceptable electronic signatures are:

1. Original signature of the prescriber on the facsimile transmitted to the pharmacy;
2. A digital reproduction of the prescriber's original signature where the prescriber is the only person authorized to generate his/her signature in the electronic device reproducing his signature, and provided that the prescriber's identity can be verified by the pharmacist filling the prescription;
3. A code or identifier that uniquely identifies that particular prescriber where the prescriber is the only person authorized to generate his/her code from an electronic device designed for this purpose; or,
4. The name of the prescriber is associated with an order for a drug issued within a secure electronic environment or network to which that prescriber has secure access.

The onus is upon the prescriber to ensure that adequate security measures are in place to protect the electronic signature from unauthorized use. When the signature of the prescriber is unknown to the pharmacist, or where the pharmacist is concerned with the authenticity of the prescription or prescriber, **the pharmacist must verify the prescription with the prescriber.**

A prescription produced in a secure electronic environment or network to which both the prescriber and the pharmacist have secure access, such as the Pharmaceutical Information Program (PIP), meets the principles in this document. Appropriate security measures, authentication processes and tracking mechanisms are in place in PIP. Therefore, electronic prescriptions issued within PIP represent sufficient authority for the pharmacist to dispense the prescription. In this case, even though the signature may not be affixed to the prescription itself, it is deemed to be associated with the prescription because the prescriber can only access the system that generates the prescription via secure means attributed to that particular prescriber. For further information on PIP, consult <http://www.health.gov.sk.ca/pip>

CONCLUSION

Use of electronic transmissions is common in most business and health practices. Often, the transfer of prescriptions by electronic means may be safer and more secure than through verbal or written transmission. When safer, use of such technologies to accommodate health professionals in meeting patient needs should be permitted and supported.

Canada Health Infoway does not develop technological solutions but encourages stakeholder collaboration and consultation with our Ministry of Health, As the College has been working with Saskatchewan Health and others involved as suggested by Infoway, we conclude that prescriptions issued and retained within the electronic prescribing capability of the Pharmaceutical Information Program meet this policy

statement and pharmacists may dispense prescriptions from the electronic prescription record generated by the prescriber in PIP.

The pharmacist is left to determine if other electronic prescribing methods meet this policy statement.

CONTACTS AND FURTHER INFORMATION

Pharmaceutical Information Program
<http://www.health.gov.sk.ca/pip>

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Supplementary Guidelines

1) Electronic Prescriptions

An electronic prescription must contain a name, code, identifier, or electronic signature that uniquely identifies a particular prescriber and prescribing event where the prescriber is the only person authorized to generate his/her electronic signature, code or identifier from an electronic device designed for the purpose. This could occur in the following ways:

The electronic prescription has an electronic record that is unique to the issuance of that prescription, which would include a specific time of day the prescription was issued and can be verified using this time of day or another electronic locator; and,

- A totally secure network (like hospitals) where only prescribers can, through security measures within the system, access the system to prescribe and therefore the prescription does not require a direct physical signature or an electronic signature; or
- In electronic prescription systems that are not within a secure network, there must be an electronic verification of authenticity that is included with the electronic prescription; or
- An electronic prescription could be issued using handheld technology that allows for a electronic written signature to accompany the prescription.

2) Prescription Transfers

Prescriptions for most Schedule I Drugs under *The Pharmacy Act, 1996* may be transferred from one pharmacist to another pharmacist when all the requirements under the relevant legislation are met. Prescriptions for Narcotic and Controlled Drugs cannot be transferred, while prescriptions for Benzodiazepines and other Targeted Substances may only be transferred once. The basic requirement interpreted from the law is pharmacist to pharmacist communication. This may be achieved through facsimile or other electronic transmission provided that the principles in this policy statement are met. Transferring prescriptions electronically by fax requires the transferring pharmacist to include his/her name, and the name and address of the pharmacy with all the required documentation, as well as knowing and recording the name of the pharmacist and pharmacy to which the prescription is being transferred. The pharmacist receiving the facsimile transmission transfer must ensure the authenticity of the transmission and must fulfill their requirements to complete the transfer process, including documentation of his/her name/initials on the facsimile transmission.

3) Prescription Review Program (PRP)

Guidelines for facsimile transmission of prescriptions permit the faxing of all legal classifications of drugs. This includes those drugs monitored under the Prescription Review Program. All required documentation must be included on the PRP prescription.

Electronic prescribing of PRP drugs using the PIP system is acceptable because the system conforms to this policy and such prescriptions meet the information requirements that the prescriber must include in all PRP prescriptions.

4) Facsimile Transmission

The following is intended to clarify issues arising from experience with faxed prescriptions.

Prescriptions may be transmitted by facsimile from the prescriber to a pharmacy, provided that the following requirements are met:

1. The prescription must be sent only to the pharmacy of the patient's choice
2. The prescription must be sent directly from the prescriber's office, office computer or directly from a health institution for a patient of that institution.
3. 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 pharmacy in a manner which protects the patient's privacy and the confidential information on the transmission.
4. The prescription must include the following:
 - a) Date (the date of facsimile transmission is acceptable);
 - b) Name of the person for whose benefit the prescription is being issued. The patient's address is required on prescriptions for Prescription Review Program drugs;
 - c) Name of the drug or ingredient(s) and strength where applicable;
 - d) Quantity of the drug which may be dispensed;
 - e) Dosage instructions for use by the patient;
 - f) Refill authorization where applicable, which shall include the number of refills (and interval between refills, when so required);
 - g) Prescriber's name, address, fax number and telephone number;
 - h) Prescriber's signature in a manner that complies with this policy statement if issued or generated electronically;
 - i) Time and date of transmission; and,
 - j) Name of the pharmacy intended to receive the transmission.
5. 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 prescriber.
6. For guidance on records, refer to 7) Record Keeping below.
7. Facsimile transmissions can be accepted for all schedules of drugs.
8. Facsimile transmissions can be accepted from a practitioner registered to practice in a province of Canada.
9. A unique number is assigned to the prescription and will not be re-used or reproduced on any other prescription.
10. For guidance on filing, refer to 7) Recording Keeping below.

5) Scanned Prescriptions

In some environments, prescriptions are scanned and then transmitted electronically. This is acceptable provided that the process meets the principles and policies in this document.

6) No Substitution

Section 54 of *The Pharmacy Act, 1996* requires that the pharmacist dispense the product prescribed when the prescriber instructs no substitution verbally or in "his or her own handwriting". Legal advice suggests that electronic prescriptions that meet the requirements of our policy are equivalent to written documents, and similarly so is the signature. Based upon this advice and the context of Section 54 and its intent to ensure the direction is deliberate based upon the merits of each individual case, we conclude that "own handwriting" is sufficiently similar to other "in writing" legal requirements and, that "no substitution" must be observed if issued electronically in accordance with this policy.

7) Record Keeping

So that they are available for patient care purposes and for legally authorized auditing, inspection or other accountability purposes such as quality assurance, in the pharmacy; the electronic prescription must be printed and retained on permanent quality paper, or saved electronically if:

- a) the record can be accessed and viewed on the system; and
- b) the system is capable of producing the record on paper if needed.

All other record keeping requirements must be met. For example, prescriptions for Narcotic and Controlled Drugs must be filed in a separate file in sequence as to date and number. If the pharmacy's electronic system cannot meet this requirement electronically, then the prescription must be printed on permanent quality paper and filed accordingly. For further guidance, refer to the document "Pharmacy Narcotic and Controlled Drugs Record Keeping and Other Requirements" in the Pharmacy Reference Manual, or on line at:

http://www.napra.org/pdfs/provinces/sk/Narcotic_and_Controlled_Drugs_Record_Keeping_Requirements_June2005.pdf

Prescriptions must be appropriately filed at the pharmacy for a period of at least two years (from the date of last fill) and be accessible for validation. For prescriptions received via facsimile, it is recommended that the entire fax form received be filed intact as a complete document.

To retain the prescription on permanent quality paper for pharmacy records, use the "Print Prescription" functionality within the PIP system.

Saving the prescription electronically does not mean saving it in the PIP system. Rather, it means saving it in the pharmacy's computer system if that capability is provided by the pharmacy's computer system vendor according to this policy and guidelines.

Bibliography

1. Model Standards of Practice for Canadian Pharmacists, April 2003, National Association of Pharmacy Regulatory Authorities, General Attributes, p. 5 and Professional Competency #4, Competency Element 4.1 p. 20
2. Narcotic Control Regulations (Canada), Section 31(2)(b) and Section 34
3. Food and Drug Regulations (Canada), Section C.01.041 and Section G.03.002
4. Benzodiazepines and Other Targeted Substances Regulations (Canada), Section 51
5. Saskatchewan College of Pharmacists Bylaw 14.13