PRINCE EDWARD ISLAND

PHARMACY BOARD

7-20424 Trans Canada Highway, South Shore Professional Building
P.O. Box 89, Crapaud, P.E.I. COA IJO
Phone: (902) 658-2780 Fax: (902) 658-2198 E-mail: peipharm@auracom.com

Member Organization of the National Association of Pharmacy Regulatory Authorities (NAPRA)

FACSIMILE TRANSMISSION OF PRESCRIPTIONS

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“Facsimile transmission” means transmission of the exact visual image of a document by way of electronic equipment.

Prescription drug orders may be transmitted by facsimile to a pharmacy provided the following criteria 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”. (a)
4. The prescription must be sent directly from the prescriber’s office, directly from a health institution for a patient of that institution or from another location, provided that the pharmacist is confident of its legitimacy. (b)
5. The fax machine receiving the prescription must be located within a secure area to protect the confidentiality of the prescription information, preferably in the dispensary.
6. The prescription must include
   a. Date
   b. Patient’s name & address
   c. Name of the drug/ingredients and strengths where applicable
   d. Quantity of the drug
   e. Dosage instructions, including a specific frequency or interval, or maximum daily dose
   f. Refill authorization, including number of refills and intervals
   g. Prescriber’s name, address, telephone number, fax number, signature or unique identifier
   h. Time and date of the transmission
   i. Name and fax number of the pharmacy intended to receive the transmission
   j. 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 or retained so that it cannot be re-issued.
7. The prescription drug order document must be maintained on permanent quality paper, by the pharmacy, in the same manner as other prescriptions (filed in sequence for a period of at least two years).

8. The rules which apply to regular written prescriptions regarding out of province prescribers also apply to a prescription transmission by facsimile: Pharmacists may fill a faxed prescription provided by a medical practitioner or dentist licensed to practice in a province other that Prince Edward Island if, in the professional judgment of the pharmacist, the prescription is valid.

9. **Pharmacist-to-pharmacist** communication of prescription transfers (for other than narcotics and controlled drugs) may be completed by facsimile transmission. The transferring pharmacist must include his or her name and the address of the pharmacy with the other required documentation as outlined in the Food and Drug Act. The name of the pharmacist requesting the transfer must also be known and recorded on the document to be faxed. The receiving pharmacist must ensure the authenticity of the transmission.

10. 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.

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(a) In situations involving a bonafide nursing home/long term care facilities ONLY, pharmacists may provide nursing home physicians with prescription fax forms preprinted with pharmacy information such as the name, address, phone and fax number **ONLY if the pharmacy has a contract with that nursing home. Pharmacists will take all reasonable steps to remove these pre-printed forms, should the contract expire.**

(b) In situations involving bonafide nursing home/long term facilities ONLY, a pharmacist may honour a prescription faxed by the prescriber to a nurse by the nursing home facility, and then forwarded by the nurse to the pharmacist. The form shall be identified in such a way that the pharmacist is made aware it is not directly from the physician and the pharmacist shall be responsible for the prescription’s authenticity and validity.

In situations involving bonafide nursing home/long term care facilities ONLY, the prescriber, after faxing the drug order to the pharmacy, may invalidate the original prescription by marking it with the words “COPY, FOR INFORMATION ONLY” so that it cannot be reissued and cannot be mistaken for a valid prescription and fax it to the long term care facility for their patient records.
MODEL PRESCRIPTION FORM to be used by prescribers when prescribing by facsimile. The form
includes a PRESCRIBER CERTIFICATION section, to be completed by the prescriber.
Prescribers may develop their own fax prescription forms as long as they contain all the elements
found on this Model Form.

Prescriber name: ___________________________ Prescriber Telephone Number: ________________

Prescriber address: _________________________ Prescriber Fax Number: ______________________

Confidential facsimile transmission to:

Pharmacy name:_______________________________________________________________
Pharmacy fax number: _________________________________________________________

Date: ____________________________________________ Time: _______________________

Patient Given Name and
Surname:_____________________________________________________________________
Patient Address: __________________________________________________________________
Patient Provincial Health Number: ________________________________________________

Rx #1                      Rx#2

Refill _____ times every_____ days                        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 or retained so that it cannot be re-issued.

Prescriber’s name: (Print name) ___________________________ ID#: ____________________
Prescriber’s Signature/Unique Identifier : ___________________________ Date: ______________

This fax and any attachments are for the sole use of the intended recipients and may be privileged or confidential. Any
distribution, printing or other use by anyone else is prohibited. If you are not an intended recipient, please contact the
sender immediately, and permanently destroy this fax and attachments.