

## PROFESSIONAL GUIDELINE

# Writing Prescriptions

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**Related topic(s):** [Safe Prescribing of Opioids and Sedatives](#); [Prescribing Methadone](#); [Sale and Dispensing of Drugs](#)

This **professional guideline** reflects a recommended course of action established based on the values, principles and duties of the medical profession. Licensees may exercise reasonable discretion in their decision-making based on the guidance provided. At a later date, this professional guideline will transition to a practice standard following consultation with the profession and other health partners.

## Preamble

This document is a professional guideline of the Board of the College of Physicians and Surgeons of British Columbia (CPSBC).

## Definitions

### prescription

A document written by a licensed health-care practitioner that authorizes a pharmacist to dispense a specific medication to a patient. A prescription must contain certain information in order to be valid.

### schedule 1A drug

Drugs that require the use of a duplicate pad to prescribe and are listed in [Drug Schedules Regulation](#) under the [Pharmacy Operations and Drug Scheduling Act](#).

### community

A practice setting not affiliated with a health authority that can include solo and group practice, clinics, and private surgical and diagnostic facilities. These settings may include providing either traditional longitudinal care, episodic care, or a combination of both and may include primary care clinics, walk-in clinics, private long-term care facilities or nursing homes, and virtual care.

### ink signature

A fresh new signature written on the prescription by the prescriber.

### electronic signature

Information in electronic form that a person has created or adopted in order to sign a record, other than with respect to a prescription signed by a full pharmacist for the purpose of prescribing, that is in, attached to or associated with a record, is secure and is only reproducible and used by that person.

There are two types of electronic signatures:

1. A unique signature signed with an electronic pen, mouse or equivalent: This type of electronic signature would be analogous to a traditional pen-to-paper signature. The practitioner would use their digital device to uniquely sign a prescription at the time the prescription is written. Like traditional pen-to-paper signatures, these signatures would look unique/different on each prescription.
2. A saved digital image of a practitioner's signature or other identifier adopted for the purposes of signing a record that is applied to a prescription using a method that is secure and only reproducible by that practitioner.

## CPSBC's position

Prescribing is a restricted activity performed by physicians, surgeons and some other regulated health professionals. Prescribing medication is essential to effective health care; however, it can also present risk of harm to patients and the public. Licensees are advised to adhere to the following principles to mitigate risk.

### 1. Obligations when prescribing medications

Licensees should

- a. conduct an appropriate clinical evaluation of the patient, ensuring that prescriptions are not issued solely on the basis of mailed, faxed, or electronic information (e.g. questionnaires, EMR data) without direct patient contact, either through a face-to-face or appropriate virtual encounter;
  - **Note:** When the patient is already known to the licensee and their clinical status is current from previous encounters, a focused clinical evaluation may be sufficient. In a group or call practice, a licensee may rely on an associate's prior evaluation as the basis for prescribing; however, the prescribing licensee retains full professional responsibility for any prescription issued.
- b. establish a definitive working or differential diagnosis;
- c. consider the clinical indications for a medication prior to prescribing;
- d. use current scientific evidence and relevant accepted clinical practice guidelines to support their decision-making processes;
- e. ensure they have the appropriate knowledge and understanding of the patient's condition and the prescribed medication to make safe treatment decisions;
- f. prescribe medications only within their scope of practice, education, and clinical competence;
- g. consider the clinical indications and adverse effects of the medication, and address the possibility of medication failure;
- h. consider, discuss, and document the discussion of risks and benefits of taking or not taking a medication, including taking it in combination with other medications and the risks that accrue from taking it over time;
- i. collaborate collegially with pharmacists, including being available to the pharmacist or other care team members if they have questions about the medication or prescription, and respond in a timely manner to requests for more information;
- j. make efforts to understand a patient's current medications and where possible obtain medication information from the PharmaNet database;
- k. adhere to CPSBC's [Safe Prescribing of Opioids and Sedatives](#) practice standard and other applicable practice standards where appropriate;
- l. discuss the appropriate length and duration of the medication, including a discussion about ending it, or the indications for continuing it; appropriate monitoring of the medication (e.g. levels or testing for adverse effects); and timing of refills and intervals for re-evaluation;

- m. if the medication is ineffective, or if the harms outweigh the benefits, discuss discontinuation or need for reassessment;
- n. understand the financial implications of a medication on a patient, including whether they have coverage by a third-party insurer or the provincial insurance plan, including completing documentation that may be required such as Special Authority forms;
- o. support a patient's right to have their prescriptions filled at the pharmacy of their choice without interference; and
- p. write legible and complete prescriptions to avoid errors and time delays.

## 2. Returned medications

Medications that are discontinued or no longer indicated should be returned to the pharmacy and not the licensee's office. Medications that do get returned to the licensee's office should be disposed of by safe and secure means and not be redistributed to other patients.

## 3. Content of a prescription

A prescription must include:

- licensee's name and CPSID
- patient's full name and address
- date the prescription was written
- [licensee's ink signature or electronic signature](#)
- medication name or ingredients and strength, if applicable
- quantity
- dosage instructions including the frequency, interval or maximum daily dose
- refill authorization, if applicable, including number of refills and interval between refills

## 4. Controlled prescription program (CPP) forms

All [schedule 1A drugs](#) must be prescribed on a CPP form (duplicate prescription pad), unless they qualify for a CPP exemption.

Unless otherwise specified, both single-entity products and preparations or mixtures of schedule 1A drugs require the use of CPP forms.

**Note:** More than one strength of medication can be included on one Controlled Prescription Program form.

### CPP form exemptions in long-term and extended-care facilities

Prescriptions for long-term and extended-care facility patients may not require the use of CPP forms. The following requirements must be met to be exempt from using CPP forms.

CPP form requirements for pharmacies serving long-term and extended-care facilities, hospices and hospitals depend on whether the facility satisfies specific requirements outlined in the [Pharmacy Operations and Drug Scheduling Act](#).

To qualify for a CPP exemption, facilities or homes served by community pharmacies must meet the [Residential Care Facilities and Homes Standards of Practice](#) and have licensure under the [Community Care and Assisted Living Act](#).

## 5. Delivery

If this service is provided, medications can be delivered to patients from pharmacies.

Schedule 1A drugs that fall under the Controlled Prescription Program may also be delivered to patients; however, consideration should be given to whether the medication can be dispensed and delivered safely.

Unless otherwise indicated by the licensee, a pharmacist may deliver schedule 1A drugs, including opioid agonist treatment (OAT) to a patient based on their professional judgement if they feel delivery is appropriate and in the best interest of the patient.

## 6. Record retention

Licensees should record the clinical discussion and evaluation that led to the prescription in a patient's chart and include all details such as medication preparation, dosage, length of the prescription, refills, and expected follow-up.

For schedule 1A drugs written under the Controlled Prescription Program, licensees should retain the bottom copy of the duplicate prescription marked "Prescriber's Copy" and provide the patient with the original identified as "Pharmacy Copy," which the patient gives to the pharmacist.

**Note:** Licensees should not retain the completed duplicate blue copies in the prescription pad. Rather, the duplicate copies should be filed with patient medical records.

Electronic copies of the prescription are acceptable but should be kept with the patient's record.

## 8. Authorizing and transmitting prescriptions

- a. Acceptable forms of delivering a prescription to a pharmacy include
  - providing the patient with the original prescription written on a prescription pad or providing the patient with a printout of the prescription generated by an electronic medical record (EMR),
  - faxing a written or EMR-generated prescription to the pharmacy, or
  - providing a verbal prescription over the phone.

Due to privacy regulations, patient confidentiality must always be observed, and licensees must not text or email photos of a prescription. Pharmacies are unable to accept prescriptions sent in this manner.

- b. Licensees may assign the task of faxing a prescription to a pharmacy to their medical staff; however, medical staff cannot provide a verbal prescription to a pharmacy over the phone.

- c. Faxed prescriptions must come directly from the licensee's clinic or office, and must contain the following information on either the fax cover page or the prescription itself:
  - The name of the licensee and the licensee's clinic or office
  - The phone and fax number of the clinic or office
  - The time and date of the fax
  - The name and fax number of the pharmacy intended to receive the prescription

## 9. Sample medications

- a. Sample medications should be considered the same as prescribed medications and are subject to all the above requirements including discussions about the risks, benefits and the duration of treatment.
- b. Records should be kept of a sample medication being given to a patient.
- c. Patients should be given clear written instructions on the use of sample medications either with the sample medication packaging or from the prescriber issuing the sample.
- d. Discussions should be had regarding the need to continue the medication once the sample has been used, including clinically relevant discussions about the cost of the medication once the sample is done.

## 10. Prescribing location

Medication orders written in a hospital setting or similar institutional setting are not considered prescriptions and are governed by local policy of the hospital or the health authority, including policies on the continuation of methadone for the purposes of analgesia or OAT, and the continuation of OAT medications when a patient becomes an inpatient. Licensees are responsible for knowing and adhering to these policies.

Prescriptions written for patients upon discharge from the hospital or an emergency room are considered community prescriptions and are subject to all the requirements set out in this guideline.

## 11. Students

Medical students must not write prescriptions without their preceptor's co-signature.

Resident licensees can prescribe medications, including schedule 1A drugs, for patients encountered in the course of their program without requiring a preceptor's co-signature and should be aware of and adhere to local policies on prescribing for outpatients.

## References

College of Pharmacists of British Columbia. (2025, June 30). *Pharmacy Operations and Drug Scheduling Act Bylaws*.