FACT SHEET

Forgery: Tips for Identifying Fraudulent Prescriptions

A fact sheet is a plain-language explanation of the legislation that forms the foundation of certain pharmacy practices. It provides useful information and references to help pharmacy professionals understand a particular topic. A fact sheet is an informational resource and is not considered legal advice. Always refer to the legislation for full context.

Legislative References

- *Controlled Drugs and Substances Act, 1996* (CDSA)
  - *Controlled Substances Regulations*
- *Criminal Code, 1985*
- *Narcotics Safety and Awareness Act, 2010* (NSAA)

Additional References

- Authenticity of Prescriptions using Unique Identifiers for Prescribers Position Statement
- Article - Detecting Fraudulent Prescriptions: Tips from Health Canada Inspectors (September 2023)
- Fact Sheet - Forgery: Management and Reporting of Fraudulent Prescriptions

Definitions

Controlled substance: A substance set out in Schedules I, II, III, IV, or Part 1 of V of the federal *Controlled Drug and Substances Act*. This resource specifically applies to the substances named in Schedule 1 (narcotics), Schedule 2 (controlled drugs) and Schedule 3 (targeted substances) under the *Controlled Substances Regulations*.

Double-doctoring: Seeking or obtaining a prescription for a controlled substance from a practitioner without disclosing every prescription for a controlled substance obtained within the preceding 30 days. (CDSA)

Prescription forgery: Knowingly creating a false or fraudulent prescription with the intent that it will be acted on and dispensed as if genuine; altering a genuine prescription, whether by deleting, modifying, or adding information.

Monitored drug: Controlled substances, any opioids that are not listed in the CDSA, and any drug product designated by the Minister of Health as per the *Narcotics Safety and Awareness Act, 2010.*

Background

Forgeries can be created in several ways. For example, legitimate prescriptions may be stolen, altered, and/or copied. A prescription may be falsified partially, with elements taken from valid patient and/or prescriber data, or completely, such as through identity theft.

Narcotic Monitoring System (NMS) Warnings

Pharmacy professionals in the community pharmacy setting must abide by the *Narcotics Safety and Awareness Act, 2010*, which governs the province's Narcotic Monitoring System (NMS). The NMS uses the province's Health Network System which connects to a pharmacy's practice management system. As such, it is important that pharmacy personnel involved with data entry and claim submission are familiar with how the NMS functions and the resources from the Ministry of Health (Ministry) in the additional references listed below.

When processing a prescription for a monitored drug, NMS alerts pharmacies, in real-time, of potential issues such as patients who obtain prescriptions for a monitored drug from more than one prescriber or from more than one pharmacy. NMS also alerts pharmacies when a prescriber has notified the Ministry about a previously identified forged prescription for a monitored drug and/or stolen prescription pad. Ideally, proper use of the system also helps reduce unlawful activities involving controlled substances, such as double-doctoring[1] and forgery.

For out-of-province forgeries, the Ministry sends an email to pharmacies with the pertinent information. Designated Managers

Other Tips for Identifying Fraudulent Prescriptions

Although the prescription itself is normally the main focus, assessing other elements of the interaction can also provide information useful in determining the authenticity of a prescription as a whole. Pharmacy professionals should develop and implement routine dispensing procedures that reflect the standards of practice. A systematic approach to screening prescriptions, by checking that the strength, dosage, dose regimen, and quantity are reasonable in light of the information gathered, is encouraged.

Forgery perpetrators may purposely target situations where they might catch staff with their guard down. Examples include newly opened pharmacies, holidays or weekends when "regular" staff are not on duty, very early or very late when there may be fewer staff, and who may also be distracted trying to perform other tasks to open/close the pharmacy.

Compromises or shortcuts may lead to errors in judgement. Where there is any question regarding the validity of the prescription, take the time to conduct due diligence and verify the authenticity of the prescription directly with the prescriber as soon as possible.

Assessing the Patient

Prior to dispensing a prescription, the Standards of Practice expect that the pharmacist assesses the appropriateness of the prescribed therapy for the patient, taking into account the indication or intended purpose in light of the patient's characteristics. This requires the pharmacist to gather relevant information through dialogue and to document the pertinent details in the patient record. Observing the person's behaviour and body language during this interaction may also provide clues to indicate a potentially fraudulent prescription, especially if the individual is not known to pharmacy staff.

Pharmacy professionals should also maintain objectivity and avoid bias in their assessment. For example, an individual attempting to fill a forged prescription may already have a record in the pharmacy's computer system. The patient may have successfully obtained drugs at a pharmacy by fraudulent means in the past or may have filled a legitimate prescription there before. Drug plan

information or identification provided by a patient or agent may be legitimate, or it may be stolen or otherwise invalid. Fraudulent prescriptions could include information (such as Limited Use codes for Ontario Drug Benefit) in an attempt to give the perception of authenticity. If in doubt, verify any prescriptions that seem out of context or suspicious directly with the prescriber.

Other questions to consider in evaluating the patient

- Do you know the patient? Is it reasonable for the patient to be visiting your pharmacy?
- In the case of an agent picking up a prescription for a patient, the identification of the agent must also be verified and recorded by the pharmacy (NMS)
- Is this medication consistent with the treatment history?
- Does the patient seem uncomfortable or nervous? Is the patient evasive, avoiding eye contact or providing vague answers to questions?
- Is the patient displaying signs of aggression or trying to intimidate staff?
- Is the patient unusually impatient, in a hurry, trying to rush the process, or unable to return later (whether or not asked or suggested by the pharmacy)?
- Are there other diversions or reasons being used to create a sense of urgency (e.g. crying baby, patient waiting in car, medication/anesthetic from hospital wearing off, etc.)?
- Are there elements of the situation that don't align, such wearing a brace, bandages, using crutches or a cane improperly or inconsistent with the indication?

Evaluating the Prescription

When dispensing a prescription for a controlled substance, federal regulations require that the prescriber's signature, if not known to the pharmacy professional, has been verified. If the prescription is given verbally, reasonable precautions to verify that the person giving the prescription is a prescriber must be taken.

Fax numbers, call display/caller ID, and other points of origin can be manipulated, making it essential for dispensers to be diligent in verifying the authenticity of all prescriptions. Fraudulent prescriptions are often presented late in the evening, or on weekends, when it's difficult to confirm with the prescriber. Importantly, do not use the fax or phone number on the prescription to contact the prescriber without confirming the number against a reliable, independent source.

The Prescriber:

- Do you know the prescriber, including their practice or specialty, or if they have any practice restrictions?
- Does the information on the public register of the prescriber's regulatory College confirm the information of the prescription?
- Do you recognize the signature or manner of authorization?
- Is it reasonable for the patient to be seeing this prescriber (e.g., out of town, or a specialist unrelated to the condition being treated, etc.)?

The Prescription:

Examine the content of the prescription carefully for clues such as:

- The number and type of identification indicated is inconsistent with the information on the patient's record or the approved list of identification (NMS)
- Dosage does not conform to guidelines or differs from the expected or typical prescribing patterns
- Quantity seems inappropriate or excessive
- Unusual symbols, terminology, abbreviations, or punctuation; spelling errors
- Directions are fully written out and no medical or Latin abbreviations and terminology are used
- Examine any security features of the prescription. For example, some will expose a VOID watermark when photocopied, and some EMRs will print detailed watermarks that are hard to reproduce without losing sharpness
- Use of white-out, overwriting, smudging, or different colour ink on prescription, especially in alterations to quantities or date
- Changes in font type or size or other inconsistencies in formatting (margins, spacing, etc.)
- Controlled substances are accompanied by other items that might be not needed right now
- Looks too good, i.e. handwriting, format, all fields or patient information completed
- Prescription appears to be a photocopy and not an original
- There is evidence that the prescription was presented to and not filled by another pharmacy

Pharmacy professionals must ensure the authenticity of prescriptions and contact the prescriber for verification when its validity is in doubt. If you identify an altered prescription inform the prescriber whose name appears on the prescription. In the case of confirmed forgeries involving controlled substances, refer to the College's Forgery: Management and Reporting of Fraudulent Prescriptions Fact Sheet for further information.

External Resources

- Health Canada: Abuse and Diversion of Controlled Substances: A Guide for Health Professionals
- Narcotics Monitoring System monitoring drug list and questions and answers
    - Executive Officer Notice: Forgery Notification Alerts in the Health Network System (HNS), including the Narcotics Monitoring System (NMS) and Frequently Asked Questions
- Ontario Drug Programs reference manual (Section 13: Prescription Forgery; Section 15: Narcotic Monitoring System, and 15.3 for Ministry-approved forms of identification)

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Revision History

Version #	Date	Action
1.0	July 2013	Published as “Identifying Forgeries and Fraudulent Prescriptions”
2.0	May 2019	Title change; revised to include all controlled substances; minor updates to content and references
3.0	November 2020	Reformatting; add NMS changes and revision history
3.1	September 2021	Changed NMS Reference Manual to ODB Reference Manual
3.2	October 2026	Revised to reflect Controlled Substances Regulations coming into effect

[1] Note that the NMS has a Drug Utilization Review (DUR) Warning Response Codes “MH May be double doctoring”. In this context, double doctoring has a different definition than the CDSA and indicates that, including the current submission, the recipient has obtained monitored drugs prescribed by 3 or more different prescribers in the previous 28 days.