COMMUNITY PHARMACY REVIEW

Contents

♦ if service is provided

External to the Dispensary

Reference	Requirement(s)
PODSA Bylaws s.27(2)(a)	The registrar is notified of the hours during which a full pharmacist is not present.
PODSA Bylaws s.27(2)(c)	The hours when a full pharmacist is on duty are posted.
PODSA s.4.1(2)	The direct owner and a manager must display the College license in a place within the pharmacy where it is conspicuous to the public.
PODSA Bylaws s.25(4)	In all new and renovated community pharmacies or telepharmacies, an appropriate area must be provided for patient consultation that (a) ensures privacy and is conducive to confidential communication, and (b) includes, but is not limited to, one of the following: (i) a private consultation room; (ii) a semiprivate area with suitable barriers.
PODSA Bylaws s.25(1)	In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy, must ensure that (a) the professional products area extends not more than 25 feet from the perimeter of the dispensary and is visually distinctive from the remaining areas of the premises by signage, and (b) a sign reading “Medication Information” is clearly displayed to identify a consultation area or counter at which a member of the public can obtain a full pharmacist's advice.
PODSA Bylaws s.19(2)	A registrant must not sell or dispense a quantity of drug that will not be used completely prior to the manufacturer's expiry date, if used according to the directions on the label.
PODSA Drug Schedule Regulations s.2(3)	Schedule III drugs may be sold by a pharmacist to any person from the self-selection Professional Products Area of a licensed pharmacy.
PODSA Drug Schedule Regulations s.2(3)	Schedule II drugs may be sold by a pharmacist on a non-prescription basis and which must be retained within the Professional Service Area of the pharmacy where there is no public access and no opportunity for patient self-selection.
PODSA Bylaws s.23.4(1)	A pharmacy must clearly display, within the pharmacy, the signage provided by the College for the purpose of this section (Expectations of Care Poster).

PODSA Bylaws s.23.4(2)(a)	The signage referred to in subsection (1) may be placed within the dispensary area but in any case must, at all times when patients or the public may be present in the pharmacy, be placed in a manner and location that makes it clearly visible and readable to members of the public from every consultation area or counter where a member of the public can obtain a full pharmacist's advice, and is visually distinctive from other signage (Expectations of Care Poster).
PODSA Bylaws s.23.4(2)(b)	The signage referred to in subsection (1) may be placed within the dispensary area but in any case must, at all times when patients or the public may be present in the pharmacy be in good condition or be displayed on an electronic sign that is in good working condition (Expectations of Care Poster).
PPP-77 Statement #3(a)	The sign is to be displayed in colour, with the same colours as appear in Appendix A (Expectations of Care Poster).
PPP-77 Statement #3(b)	The sign is to be displayed in a minimum size of 8.5 by 11 inches, and with an aspect ratio of 4:3 if displayed in a larger size (Expectations of Care Poster).

Dispensary

Reference	Requirement(s)
PODSA Bylaws s.25(2)	The dispensary area of a community pharmacy or a telepharmacy must (a) be at least 160 square feet, (b) be inaccessible to the public by means of gates or doors across all entrances, (c) include a dispensing counter with at least 30 square feet of clear working space, in addition to service counters, (d) contain adequate shelf and storage space that is clean and organized, (e) contain a double stainless steel sink with hot and cold running water, (f) contain an adequate stock of drugs to provide full dispensing services, and (g) contain a refrigerator.
PODSA s.4.1(3)	A direct owner must give to the registrar 30 days' written notice of any changes respecting the name or layout of the pharmacy.
Food and Drugs Act s.8(a)	No person shall sell any drug that was manufactured, prepared, preserved, packaged or stored under unsanitary conditions.
HPA Bylaws Schedule F Part 1 s.5	A registrant may delegate technical functions relating to the operation of the community pharmacy to a pharmacy assistant if the registrant directly supervises the pharmacy assistant and implements procedures, checks and controls to ensure accurate and safe delivery of community pharmacy services.

Security

Reference	Requirement(s)
Narcotic Control Regulations s.43	A pharmacist shall take all reasonable steps that are necessary to protect narcotics on his premises or under his control against loss or theft.
PODSA Bylaws s.19(4)	Every registrant practising in a pharmacy is responsible for the protection from loss, theft or unlawful sale or dispensing of all Schedule I, II, and III drugs and controlled drug substances in or from the pharmacy.
PODSA Bylaws s.26(1)	A community pharmacy or telepharmacy must: (a) keep Schedule IA drugs in a locked metal safe inside the dispensary that is secured in place and equipped with a time delay lock set at a minimum of five minutes; (b) install and maintain a security camera system that: (i) has date/time stamp images that are archived and available for no less than 30 days;, and (ii) is checked daily for proper operation; and (c) install and maintain motion sensors in the dispensary.
PPP-74 Policy Statement #4	Under the Personal Information Protection Act (PIPA) pharmacies are required to post visible and clear signage informing customers that the premise is monitored by cameras.
PODSA Bylaws s.26(2)	When no full pharmacist is present and the premises in which the pharmacy is located are accessible to non-registrants, the pharmacy must be secured as follows: (a) if the premises in which the pharmacy is located are closed and accessible to non-registrant staff: (i) the dispensary area must be secured by a monitored alarm; and (ii) subject to subsection (2.1), Schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers; or (b) if the pharmacy is closed but other areas of the premises in which the pharmacy is located are open: (i) the dispensary area must be secured by a monitored alarm; (ii) subject to subsection (2.1), Schedule I, and II drugs, controlled drug substances and personal health information, are secured by physical barriers; and (iii) Schedule III drugs are inaccessible to anyone other than full pharmacists, temporary pharmacists and pharmacy technicians.
PODSA Bylaws s.26(3)	A community pharmacy or a telepharmacy must clearly display at all external entrances that identify the premises as a pharmacy, and at the dispensary counter signage provided by the College.
PODSA Bylaws s.26(4)	The manager, direct owner or indirect owner(s) of a community pharmacy or telepharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises.

PODSA Bylaws s.27(1)	Except as provided in subsection (2), a community pharmacy must not operate unless a full pharmacist is present.
PODSA Bylaws s.27(2)(b)	A community pharmacy may carry on the activities set out in subsection (3) without a full pharmacist present only if: (b) the pharmacy is secured in accordance with section 26(2).
PODSA Bylaws s.27(3)	Subject to subsection (2) if a full pharmacist is not present, only the following activities may be carried out: (a) pharmacy technicians may access the dispensary to perform activities outlined in section 4 of the Community Pharmacy Standards of Practice, that do not require pharmacist supervision, except if any such activity involves patient interaction; and (b) receive drug shipments under section 20(4).

Equipment and References

Reference	Requirement(s)
PPP-59 Policy Statement 1;	The dispensary of all community pharmacies or telepharmacies at a minimum must have the following equipment. (a) telephone, (b) fax machine or other equipment with fax capability, (c) digital prescription balance with a readability of 0.01g or smaller, and associated calibration tools, (d) at least one 10mL graduated cylinder, (e) mortar and pestle, (f) spatula, (g) funnel, (h) stirring rod, (i) ointment slab or parchment paper, (j) counting tray, (k) soap in a dispenser, (l) paper towels in a dispenser, and (m) plastic or metal garbage containers to be used with plastic liners.
HPA Bylaws Schedule F Part 1 s.7(1)(b)	Prescription authorizations may be received by facsimile from a practitioner to a pharmacy, if the facsimile equipment is located within a secure area to protect the confidentiality of the prescription information.
PODSA Bylaws s.25(2)(e)	The dispensary area of a community pharmacy or a telepharmacy must contain a double stainless steel sink with hot and cold running water.
PODSA Bylaws s.25(2)(g)	The dispensary area of a community pharmacy or a telepharmacy must contain a refrigerator.

PPP-68	For a drug that requires cold chain management, the pharmacy manager must ensure the following: (1) the drug is maintained in accordance with the manufacturer's requirements and any other applicable requirements; (2) the pharmacy is equipped with cold storage equipment that (a) must be purposed for drugs only, (b) must maintain only one temperature range enclosed by a door with an air-tight seal (a standard "bar" fridge (combination fridge/freezer with one exterior door) is not acceptable as it does not maintain even temperatures), and (c) is equipped with a digital thermometer or temperature monitoring system; (3) temperatures of the cold storage equipment are monitored and recorded (a) manually at least twice each working day, preferably at opening and closing of the pharmacy, documenting the current temperature, and the minimum and maximum temperatures reached since the last temperature recording, or (b) automatically with a temperature monitoring system that (i) records temperatures at a frequency that can determine current temperatures, and minimum and maximum temperatures reached at least twice a day, and (ii) monitors and notifies pharmacy staff when a temperature excursion occurs; (4) establish written policies and procedures that include processes (a) to ensure proper cold chain management, (b) to record temperatures of the cold storage equipment in accordance with section 3, (c) to determine and document actions taken when a temperature excursion occurs, and (d) for regular maintenance that ensures functionality of cold storage equipment and documenting those processes; (5) all pharmacy staff are trained on the policies and procedures necessary to maintain cold chain management; and (6) the following documentation must be retained and easily retrievable for at least three years (a) the temperature records of the cold storage equipment required by section 3, and (b) the documentation resulting from (i) actions taken when a temperature excursion occurs, and (ii) regular maintenance that ensures functionality of the cold chain equipment.
PPP-59 Policy Statement #3	Pharmacy equipment must be clean and sanitary, well-maintained, and properly functioning.
PPP-3 Policy Statement 1	All community pharmacies and telepharmacies are required to have access to current versions of the following: (a) all legislation relevant to pharmacy practice and management; (b) College of Pharmacists of British Columbia (CPBC) Professional Practice Policies and Guides; and (c) CPBC ReadLinks published within the last three years.

PPP-3 Policy Statement 2	All community pharmacies and telepharmacies at a minimum must have one of the following authorized library references in each of the categories listed in the table (unless otherwise noted). [which are: Compendium (current year); Complementary/Alternative (within the last 4 years); Dispensatory (within last 9 years); Drug Interactions (in its entirety every 2 years, or continual updates); Medical Dictionary (within the last 15 years); Non-prescription Medication (most current issue of BOTH references required); Pregnancy and Lactation (within the last 3 years); Pediatrics (within the last 4 years); Therapeutics (within last 4 years)]
PPP-3 Policy Statement 2	In addition to the list in the table, pharmacies must be equipped with current references relevant to the services provided (examples including but not limited to: Opioid Agonist Treatment, Veterinary, Psychiatric, Geriatric and Compounding).
PODSA Bylaws s.23.3(1)	A pharmacy may maintain electronic records containing personal health information if the pharmacy has the equipment, software and systems necessary for the input, storage, use, protection and retrieval of records that are required to be kept under bylaws of the college or other legislation that regulates the practice of pharmacy.
PODSA Bylaws s.23.3(2)	For purposes of subsection (1), the equipment, software and systems must: (a) be capable of storing the electronic records for the periods required by applicable law; (b) keep the records secure from unauthorized access, use, disclosure, modification and destruction (c) for audit purposes, be capable of uniquely identifying each time an electronic record is accessed and modified; (d) be capable of restricting the functions that may be used by an authorized person; (e) be capable of tracing alterations to records by identifying the original entry, the identity of the individual who made the alteration and the date of the alteration; (f) be capable of searching and sorting electronic prescription records chronologically, and by drug name, drug strength, patient, prescriber, prescription number and transaction number; (g) ensure that electronic records can be stored, backed up and recovered in accordance with subsection (3); and, (h) provide for a deliberate and auditable procedure to be carried out by the pharmacy manager or by an authorized person prior to the destruction of any electronic record that includes information identifying the pharmacy manager or authorized person who destroyed the record and the date, time and reason for its destruction.

Prescriptions

Reference	Requirement(s)
HPA Bylaws Schedule F Part 1 s.6(1)	A registrant must ensure that a prescription is authentic.
HPA Bylaws Schedule F Part 1 s.6(2)	A prescription must include the following information: (a) the date the prescription was written; (b) the name of the patient; (c) the name of the drug or ingredients and strength if applicable; (d) the quantity of the drug; (e) the dosage instructions including the frequency, interval or maximum daily dose; (f) refill authorization if applicable, including number of refills and interval between refills; (g) the name and signature of the practitioner for written prescriptions; (h) in the case of a written record of a verbal prescription, (i) the name of the practitioner and the identification number from the practitioner's regulatory college; and (ii) the name, college identification number and signature or initial of the registrant who received the verbal prescription.
HPA Bylaws Schedule F Part 1 s.6(7)	A registrant must make a written record of a verbal prescription containing the applicable information in section 6(2).
HPA Bylaws Schedule F Part 1 s.10(5)	A registrant must not dispense a prescription more than two years from the prescribing date and must not dispense a prescription for a benzodiazepine or other targeted substance more than one year from the prescribing date. Despite subsection (5), a registrant may dispense a prescription for a benzodiazepine or other targeted substance up to two years from the prescribing date, if permitted by a section 56 exemption to the Controlled Drugs and Substances Act.
HPA Bylaws Schedule F Part 1 s.6(8)	A registrant must not dispense a prescription issued for more than one patient.
PRP Insights: Electronic Signatures Clarified & PODSA Bylaws s.1	"signature" on a record means either a handwritten signature in ink or an electronic signature; "electronic signature" means information in electronic form that a person has created or adopted in order to sign a record, that is in, attached to or associated with a record, is secure and is only reproducible and used by that person.

HPA Bylaws Schedule F Part 1 s.6(4)	At the time of dispensing, a prescription must include the following additional information: (a) the address of the patient; (b) the identification number from the practitioner's regulatory college; (c) the prescription number; (d) the date on which the prescription was dispensed; (e) the manufacturer's drug identification number or the brand name of the product dispensed; (f) the quantity dispensed; (g) written confirmation of the registrant who (i) verified the patient identification, (ii) verified the patient allergy information, (iii) reviewed the personal health information stored in the PharmaNet database in accordance with section 11(4), (iv) performed the consultation, (v) performed the final check including when dispensing a balance owing, and (vi) identified and addressed a drug therapy problem, if any.
HPA Bylaws Schedule F Part 1 s.9.1(1)(d)	A registrant who prepares a prescription product must ensure that his or her identity is documented in writing.
Narcotic Control Regulations s.37; CPBC Prescription Regulation Chart	A pharmacist must not use an order or prescription to dispense a narcotic after the quantity of the narcotic specified in the order or prescription has been dispensed. The narcotic prescription must specify the total quantity to be dispensed, the part fill quantities and the interval between the part fills.
PODSA Bylaws s.19(6)	Drugs included in the controlled prescription program (CPP) must not be sold or dispensed unless (a) the registrant has received the prescription on the prescription form approved by both the board and the College of Physicians and Surgeons of British Columbia, and (b) the prescription form is signed by the patient or the patient's representative upon receipt of the dispensed drug.
PODSA Bylaws s.19(6.1)	Despite subsection (6), a registrant may dispense drugs included in the controlled prescription program upon receipt of a verbal prescription from a practitioner if doing so is permitted under a section 56 exemption to the Controlled Drugs and Substances Act. The pharmacy must receive the original prescription form, or a copy of the completed form transmitted by facsimile, from the practitioner as soon as reasonably possible.
HPA Bylaws Schedule F Part 1 s.7(3)	A registrant must not dispense a prescription authorization received by facsimile transmission for a drug referred to on the Controlled Prescription Drug List, except in a public health emergency declared by the provincial health officer. In a public health emergency, the pharmacy must receive a completed copy of the Controlled Prescription Program form transmitted by facsimile prior to dispensing the medication.

HPA Bylaws Schedule F Part 1 s.7(1)(c)	Prescription authorizations may be received by facsimile from a practitioner to a pharmacy, if (c) in addition to the requirements of section 6(2), the prescription includes (i) the practitioner's telephone number, facsimile number and unique identifier if applicable, (ii) the time and date of transmission, and (iii) the name and fax number of the pharmacy intended to receive the transmission.
HPA Bylaws Schedule F Part 1 s.6(9)	For refill authorizations, a registrant (a) may accept a refill authorization for Schedule I drugs from a practitioner's agent if confident the agent consulted the practitioner and accurately conveyed the practitioner's direction, and (b) must (i) cancel any unused refill authorizations remaining on any previous prescription if a patient presents a new prescription for a previously dispensed drug, (ii) advise the other pharmacy of the new prescription if unused refills are at another pharmacy, and (iii) create a new prescription number.
PPP-31 Policy Statement 1(d)	The pharmacist has obtained the patient's or the patient representative's informed consent before undertaking an emergency supply.
PPP-31 Policy Statement 1(e)(i)	Document in the patient's record the rationale for the decision and any appropriate follow-up plan.
PPP-31 Policy Statement 1(e)(ii)	The pharmacist responsible for making the decision to provide an emergency supply should ensure the PharmaNet dispensing record includes the College of Pharmacists of British Columbia pharmacist registration number in the practitioner ID field to identify the pharmacist responsible for the decision.
HPA Bylaws Schedule F Part 1 s.8(3)	Upon request, a registrant must transfer to a pharmacy licenced in Canada a prescription for a drug if (a) the drug does not contain a controlled drug substance, and (b) the transfer occurs between a registrant and another registrant or an equivalent of a registrant in another Canadian jurisdiction.
Benzodiazepines and Other Targeted Substances Regulations s.54	A pharmacist may transfer a prescription for a targeted substance to another pharmacist, except a prescription that has already been transferred.
HPA Bylaws Schedule F Part 1 s.8(3.1)	Despite section 3(a), a registrant may transfer a prescription for a controlled drug substance if the transfer is permitted under a section 56 exemption to the Controlled Drugs and Substances Act.

HPA Bylaws Schedule F Part 1 s.8(4)(b)	A registrant who transfers a prescription to another registrant under subsection (3) must (b) transfer all prescription information listed in subsection (2) (a) to (f) [which are: (a) the name and address of the patient, (b) the name of the practitioner, (c) the name, strength, quantity and directions for use of the drug, (d) the dates of the first and last dispensing of the prescription, (e) the name and address of the community pharmacy, (f) the number of authorized refills remaining.]
HPA Bylaws Schedule F Part 1 s.7(4)	Prescription transfers may be completed by facsimile transmission if (a) the transferring registrant includes his or her name and the address of the pharmacy with the information required in section 8(4), and (b) the name of the registrant receiving the transfer is known and recorded on the document to be faxed.
PODSA Bylaws s.20(3)	A registrant must record a transfer of drugs that occurs for any reason other than for the purpose of dispensing in accordance with a practitioner's prescription.
British Columbia Professional and Software Conformance Standards, Electronic Health Information Exchange, Vol 3C: Business Rules – PharmaNet (2021) s4.7.2	Prescriptions written by practitioners for Office Use Medications (O-Meds) are transmitted to PharmaNet using the pharmacy's uniquely assigned O-Med PHN. O-Med PHNs are assigned by HIBC.
British Columbia Professional and Software Conformance Standards, Electronic Health Information Exchange, Vol 3C: Business Rules – PharmaNet (2021) s4.7.8	The transfer of drug inventory is a local system function and must NOT result in any transmissions to PharmaNet at the time of transfer.

British Columbia Professional and Software Conformance Standards, Electronic Health Information Exchange, Vol 3C: Business Rules – PharmaNet (2021) s4.7	Veterinary dispenses must be submitted to PharmaNet using the: a. veterinarian's Practitioner ID (i.e., college licence number); b. Practitioner ID Reference = 'V9' (College of Veterinarians of BC); and c. pet owner's PHN. Veterinarian dispense cannot be adapted.
Narcotic Control Regulations s.40	A pharmacist must maintain a special narcotic prescription file in which are filed, in sequence as to date and number, all written orders and prescriptions for narcotics that they have dispensed and the written record of all verbal prescription narcotics that they have dispensed in accordance with a verbal order or prescription.
Food and Drug Regulations s.G.03.009	A pharmacist must maintain a special prescription file in which are filed, in sequence as to date and number, all written orders and prescriptions for controlled drugs that they have dispensed and the written record of all controlled drugs that they have dispensed in accordance with a verbal order or prescription.

Pharmacist Prescribing for Minor Ailments and Contraception

Reference	Requirement(s)
HPA Bylaws Schedule F Part 8 s.2	A pharmacist must advise the patient to seek medical attention from an appropriate healthcare professional when making a diagnosis or prescribing are beyond the scope of practice or knowledge, skills and abilities of the pharmacist.
HPA Bylaws Schedule F Part 8 s.8	In settings where the Community Pharmacy Standards of Practice in Part 1 of this Schedule apply, the pharmacist must inform the patient of the option to have the prescription dispensed at another pharmacy and must provide the prescription to the patient at the patient's request.
HPA Bylaws Schedule F Part 8 s.11	When making a diagnosis or prescribing a drug, the pharmacist must take the appropriate steps to ensure the assessment is conducted in a manner that the patient confirms as suitably private.

HPA Bylaws Schedule F Part 8 s.14	A pharmacist who prescribes a drug for a patient must document: a) patient information, including personal health number (PHN), if available; b) acknowledgement of informed consent; c) patient assessment; d) prescribing decision and rationale, including diagnosis; e) prescription information, including all information that is required for a prescription ; f) instructions provided to the patient, including the monitoring and follow-up plan; g) name of the patient's primary health care provider or other health care provider that was notified and the date of notification, if applicable; and h) patient response to treatment, if applicable.
HPA Bylaws Schedule F Part 8 s.15	A pharmacist who prescribes a drug must notify and communicate the prescribing information to the patient's primary healthcare provider or other healthcare provider, if available, when the pharmacist determines it to be in the patient's best interest or when notification is directed by the patient.
HPA Bylaws Schedule F Part 8 s. 17	A pharmacist must not prescribe for themselves or a family member, except in an emergency situation and when another prescriber is not readily available. If prescribing in this situation, the pharmacist must document the emergency situation, including their relationship to the patient.
Pharmacists Regulation s.4(1)(a.1)	A registrant in the course of practising the health profession of the practice of pharmacy may make a diagnosis identifying, as the cause of the signs or symptoms of an individual, a disease, disorder or condition that is shown in Column 1 of Schedule A, if all of the following conditions are met: (i)the disease, disorder or condition, in the form indicated by the individual's signs and symptoms, (A)presents a low risk of masking an underlying disease, disorder or condition, and (B)can be readily diagnosed without the need for laboratory or imaging tests; (ii)the individual's signs or symptoms can be reasonably expected to resolve with only short-term or episodic treatment.
Pharmacists Regulation s.4(1)(a.2)	A registrant in the course of practising the health profession of the practice of pharmacy may, for the purpose of treating a disease, disorder or condition diagnosed under paragraph (a.1), prescribe a drug that is (i)specified in Schedule I of the Drug Schedules Regulation, and (ii)within a drug category shown opposite the disease, disorder or condition in Column 2 of Schedule A of this regulation.

Drug Administration

Reference	Requirement(s)
HPA Bylaws Schedule F Part 4 s.8	A pharmacist must document for each drug given: (a) Informed consent (b) Assessment of the appropriateness of the drug for the patient (c) Drug and dose administered (d) Lot number and expiry date of the drug (e) Route of administration (f) Site of administration (g) Date and time of administration (h) The identification of the pharmacist who administered the drug (i) Patient response (j) Any adverse reaction experienced due to the drug administered and management provided (k) Patient or patient's representative contact information (l) Providing patient or patient's representative with the administering pharmacist's contact information (m) Patient teaching done, including adverse reactions and management and plans for follow-up.
HPA Bylaws Schedule F Part 4 s.11	Develop, maintain and review, at least annually, a policy and procedure manual including: (a) Emergency procedure and treatment protocol (b) Precautions required for patients with latex allergies.
HPA Bylaws Schedule F Part 4 s.12	Maintain a setting within which the drug is to be administered that is clean, safe, comfortable and appropriately private and furnished for the patient.
HPA Bylaws Schedule F Part 4 Limits s.1	A practicing pharmacist may only administer a drug or substance if it has been prescribed by a practitioner, unless it is for the purpose of immunization, to treat anaphylaxis arising from administering a drug or substance, or to administer naloxone to a person suspected of suffering from an overdose of opioids.
HPA Bylaws Schedule F Part 4 Limits s.2	A practicing pharmacist must not administer allergy serums, nor administer drugs and substances for cosmetic purposes by injection.
HPA Bylaws Schedule F Part 4 Limits s.3	A practicing pharmacist must not administer an injection to a child under 4 years old.
HPA Bylaws Schedule F Part 4 Limits s.4	A practicing pharmacist must not administer a drug by intranasal route to a child under 2 years old.

Adaptation

Reference	Requirement(s)
PPP-58 Policy Statement #3(c)	When adapting a prescription, the pharmacist has a prescription that is current, authentic, and valid.
PPP-58 Policy Statement #3(g)	The pharmacist documents the adaptation in the client record, and the documentation includes all of the following: i. client information, including PHN; ii. pharmacist information, including their signature and the name of the pharmacy; iii. prescription information, including the prescriber's name and contact information; iv. a description of the adaptation, including all relevant prescription details; v. the rationale for the decision to adapt the prescription; vi. details of the assessment and client history along with any instructions to the client and relevant follow-up plan; vii. acknowledgement of informed consent; viii. the name of the practitioner(s) notified and the date of the notification.
PPP-58 Policy Statement #3(h)	The pharmacist notifies the prescriber, if available, (and the client's primary health care provider, if different) as soon as reasonably possible after dispensing. When adapting a prescription that has been adapted previously by another pharmacist, the pharmacist doing the new adaptation also notifies the pharmacist who did the most recent previous adaptation, if available, unless both adaptations are done in the same pharmacy. Notification includes the information listed in paragraph g. i., ii., iv., v., vi. and vii of Professional Practice Policy-58.
PPP-58 Policy Statement #10	The College of Pharmacists of British Columbia pharmacist registration number must be entered in the practitioner ID field of the PharmaNet dispensing record to identify the pharmacist responsible for the adaptation, where applicable.
PPP-58 Policy Statement #13	As long as the quantity dispensed does not exceed the stated amount authorized in the prescription, a pharmacist may change the dose, formulation and/or regimen of a prescription for a narcotic, controlled drug or targeted substance if: a. the strength of the drug is not commercially available; b. in the case of a change in dose and/or regimen, i. the client's age, weight or kidney or liver function requires the change, or ii. the change would otherwise benefit the client; or c. in the case of a change in formulation and/or regimen, the change would improve the ability of the client to effectively take the drug.

PPP-58 Policy Statement #15	As long as the quantity dispensed does not exceed the stated amount authorized in the prescription, a pharmacist may change the dose, formulation or regimen of a prescription for a narcotic, controlled drug or targeted substance if the information provided is incomplete or ambiguous but the intended treatment can be determined through consultation with the client and a review of client records.
PPP-58 Policy Statement #18	For the purpose of continuity of care, a pharmacist may renew a prescription for an appropriate time period as long as that time period does not exceed the expiry date of the prescription. In addition, if the prescription is for a narcotic, controlled drug or targeted substance, it may only be renewed: for a time period that does not exceed the same duration as prescribed or 30 days, whichever is greater; and if permitted under a section 56 exemption to the Controlled Drugs and Substances Act.
PPP-58 Policy Statement #19	A pharmacist may make a therapeutic drug substitution for a prescription within the same therapeutic class.
PPP-58 Policy Statement #22	A pharmacist must not make a therapeutic drug substitution of a prescription for a narcotic, controlled drug or targeted substance.
PPP-58 Policy Statement #23	A pharmacist must not adapt a prescription for a cancer chemotherapy agent.
PPP-58 Policy Statement #24	A pharmacist must not adapt an expired prescription.
PPP-58 Policy Statement #25	A pharmacist must not adapt a prescription if the prescriber indicates it should not be adapted using a hand-written “do not renew/adapt” notation (not pre-stamped). If a prescriber electronically produces their prescription, they must sign or initial beside the notation.
PPP-58 Policy Statement #26	A pharmacist must not adapt the following: a. a prescription from a veterinarian or b. an emergency supply for continuity of care.

Confidentiality

Reference	Requirement(s)
PODSA Bylaws s.34	A pharmacy must connect to PharmaNet.
HPA Bylaws s.74	A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored (a) at the pharmacy or (b) off site.
HPA Bylaws s.75	A registrant must ensure that records are disposed of or destroyed only by (a) transferring the record to another registrant, or (b) destroying the records in a manner that ensures that they cannot be reconstructed.
HPA Bylaws s.77(1)	A registrant must protect personal information about patients by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.
HPA Bylaws s.77(2)	A registrant must take reasonable measures to ensure that a third party, including a volunteer, employee or contractor of the registrant, or a limited pharmacist does not access, collect, use, disclose, store or dispose of personal information about patients except in accordance with this Part.
HPA Bylaws s.78	A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.
HPA Bylaws s.79	A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered, including (a) taking steps to recover the personal information or to ensure its disposal if it cannot be recovered, (b) taking steps to ensure that any remaining personal information is secured, (c) notifying (i) anyone affected by the unauthorized access including patients and other health care providers, (ii) the college, and (iii) law enforcement officials, if criminal action may have contributed to the unauthorized action, and (d) modifying existing security arrangements to prevent a reoccurrence of the unauthorized access.
HPA Bylaws s.80(2)	If a patient or a patient's representative makes a request for access to personal information about the patient, the registrant must comply as soon as practical but not more than 45 days following the request.

Inventory Management

Reference	Requirement(s)
PODSA Bylaws s.20(4)	All drug shipments must be delivered unopened to the pharmacy or an area of the premises other than the pharmacy if the storage of the drug shipment is temporary, safe and secure.
PODSA Bylaws s.25(2)(f)	The dispensary area of a community pharmacy or telepharmacy must contain an adequate stock of drugs to provide full dispensing services.
PODSA Bylaws s.19(2)	A registrant must not sell or dispense a quantity of drug that will not be used completely prior to the manufacturer's expiry date, if used according to the directions on the label.
PODSA Bylaws s.22	No registrant may accept for return to stock or reuse any drug previously dispensed except in accordance with section 11(3) of the Residential Care Facilities and Homes Standards of Practice, section 5(2) of the Hospital Pharmacy Standards of Practice, or section 5 of the Dispensing Drugs for the Purpose of Medical Assistance in Dying Standards, Limits and Conditions.
PODSA Bylaws s.20(5)	Non-usable and expired drugs must be stored in the pharmacy in an area separate from other pharmacy stock or drug products until final disposal.
ReadLinks Vol 32 No 6 Nov/Dec 2007 Take Sharps Back	Regardless of where a pharmacy is located in BC, it should accept and safely dispose of sharps from patients who purchased them at that pharmacy.
PODSA Bylaws s.35(4)	A registrant must reverse information in PharmaNet, for any drug that is not released to the patient or patient's representative, and record the reason for the reversal no later than 30 days from the date of the original entry of the prescription information in PharmaNet.
PODSA Bylaws s.35(3)	A registrant must revise information in PharmaNet pertaining to corrected billings for prescriptions billed to the patient or a payment agency other than PharmaCare and record the reason for the revision within 120 days of the original entry on PharmaNet.
PPP-65 Policy Statement 1(a)	A pharmacy manager must ensure that a separate perpetual inventory log for each narcotic drug is maintained for the pharmacy, telepharmacy, pharmacy satellites and all areas of a facility where narcotics are stored.

PPP-65 Policy Statement 1(b)	A perpetual inventory log may be manual or automated, and must include entries for: purchases, transfers, losses, purchases returned, expired, or destroyed, quantities dispensed and a running balance.
PPP-65 Policy Statement 1(c)	Each entry in the perpetual inventory log must have an associated record, including but not limited to the following: purchase record, prescription, loss and theft reports, and record for purchase returned, expired, transferred, or destroyed.
PPP-65 Policy Statement 1(d)	Any adjustment to an entry in a perpetual inventory log must be documented, including: the reason for the adjustment, the date adjusted, the identity of the person who made the adjustment, and the identity of a full pharmacist authorizing the adjustment.
PPP-65 Policy Statement 2(a)	A pharmacy manager must ensure that physical inventory counts and reconciliations for each narcotic drug are completed for the pharmacy, telepharmacy, pharmacy satellites and all areas of a facility where narcotics are stored: at a minimum of every 3 months; after a change of pharmacy manager; after a break and enter or robbery; after an identified drug diversion; when a pharmacy closes and ceases to operate its business, and after any event where the security of the narcotic drugs may have been compromised.
PPP-65 Policy Statement 2(b)	A physical inventory count for each narcotic drug must be conducted prior to each inventory reconciliation in accordance to the following requirements: i. All inventory must be counted, including: active inventory, compounded mixtures, and non-usable and expired inventory. ii. When completing a physical inventory count, the following information must be documented: the name, strength, quantity, and DIN/brand of the drug counted, the date and signature of the person(s) who completed the count, and the date and signature of the responsible pharmacist. iii. The count must not be conducted by the same person who enters narcotic purchases into the records.
PPP-65 Policy Statement 2(c)	An inventory reconciliation must include the following components: i. the physical inventory count is compared with the perpetual inventory count for accuracy and discrepancies; ii. associated records of the perpetual inventory log are audited for completeness, accuracy and discrepancies; and iii. discrepancies must be investigated, addressed, and documented on a narcotic incident report together with relevant supporting information.

PPP-65 Policy Statement 2(d)	The completion of each physical inventory count and reconciliation must be verified and signed by the pharmacy manager.
PPP-65 Policy Statement 3(a)	The perpetual inventory record must be retained for a period of not less than 3 years.
PPP-65 Policy Statement 3(b)	The physical inventory count and reconciliation documentation must be maintained and retained in chronological order in a separate and dedicated record for a period of not less than 3 years.
PPP-65 Policy Statement 3(c)	If a loss or theft of a narcotic is discovered, the pharmacy manager must: i. notify the College within 24 hours of the incident in accordance with PPP-74 Community Pharmacy Security; ii. report the loss or theft within 10 days in accordance with Health Canada's requirements; and iii. forward to the College a copy of any report sent to Health Canada in accordance with PPP-74 Community Pharmacy Security.
Benzodiazepines and Other Targeted Substances Regulations - Security 72(2)	A person referred to in subsection (1) who becomes aware of a theft or loss of a targeted substance must provide a written report to the Minister within 10 days after becoming aware of the occurrence.

Dispensed Products

Reference	Requirement(s)
HPA Bylaws Schedule F Part 1 s.9(1)	All drugs dispensed pursuant to a prescription or a full pharmacist-initiated adaptation, must be labeled.
HPA Bylaws Schedule F Part 1 s.9(2)	The label for all prescription drugs must include (a) the name, address and telephone number of the pharmacy, (b) the prescription number and dispensing date, (c) the full name of the patient, (d) the name of the practitioner, (e) the quantity and strength of the drug, (f) the practitioner's directions for use, and (g) any other information required by good pharmacy practice.

HPA Bylaws Schedule F Part 1 s.9(3)	For a single-entity product, the label must include (a) the generic name, and (b) at least one of (i) the brand name, (ii) the manufacturer's name, or (iii) the drug identification number (DIN).
HPA Bylaws Schedule F Part 1 s.9(4)	For a multiple-entity product, the label must include (a) the brand name, or (b) all active ingredients and at least one of (i) the manufacturer's name or (ii) the drug identification number (DIN).
HPA Bylaws Schedule F Part 1 s.9(5)	For a compounded preparation, the label must include all active ingredients.
HPA Bylaws Schedule F Part 1 s.9(6)	If a drug container is too small to accommodate a full label in accordance with subsection (2), (a) a trimmed prescription label must be attached to the small container, (b) the label must include (i) the prescription number, (ii) the dispensing date, (iii) the full name of the patient, and (iv) the name of the drug, and (c) the complete prescription label must be attached to a larger container and the patient must be advised to keep the small container inside the large container.
HPA Bylaws Schedule F Part 1 s.9(7)	All required label information must be in English, but may contain directions for use in the patient's language following the English directions.
HPA Bylaws Schedule F Part 1 s.10(4)	All drugs must be dispensed in a container that is certified as child-resistant unless (a) the practitioner, the patient or the patient's representative directs otherwise, (b) in the registrant's judgment, it is not advisable to use a child-resistant container, (c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve patient compliance, or (d) child-resistant packaging is unavailable, or (e) the drugs are prescribed for medical assistance in dying.

Documentation

Reference	Requirement(s)
HPA Bylaws Schedule F Part 1 s.11(1)	A patient record must be established and maintained for each patient for whom a Schedule I drug is dispensed.

HPA Bylaws Schedule F Part 1 s.11(2)	The patient record must include (a) the patient's full name, (b) the patient's personal health number, (c) the patient's address, (d) the patient's telephone number if available, (e) the patient's date of birth, (f) the patient's gender, (g) the patient's clinical condition, allergies, adverse drug reactions and intolerances if available including the source and date the information was collected, (h) the date the drug is dispensed, (i) the prescription number, (j) the generic name, strength and dosage form of the drug, (k) the drug identification number, (l) the quantity of drug dispensed, (m) the intended duration of therapy, specified in days, (n) the date and reason for discontinuation of therapy, (o) the directions to the patient, (p) the identification of the prescribing practitioner, (q) special instructions from the practitioner to the registrant, if appropriate, (r) past and present prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy, (s) the identification of any drug therapy problem and the description of any action taken, (t) the description of compliance with the prescribed drug regimen, and (u) Schedule II and III drug use if appropriate.
HPA Bylaws Schedule F Part 1 s.8(4)(a)	A registrant who transfers a prescription to another registrant under subsection (3) must (a) enter on the patient record (i) the date of the transfer, (ii) the registrant's identification, (iii) identification of the community pharmacy to which the prescription was transferred, and (iv) identification of the person to whom the prescription was transferred.
HPA Bylaws Schedule F Part 1 s.8(1)	If requested to do so, a registrant must provide a copy of the prescription to the patient or the patient's representative, or to another registrant.
HPA Bylaws Schedule F Part 1 s.8(2)	A prescription copy must contain (a) the name and address of the patient, (b) the name of the practitioner, (c) the name, strength, quantity and directions for use of the drug, (d) the dates of the first and last dispensing of the prescription, (e) the name and address of the community pharmacy, (f) the number of authorized refills remaining, (g) the signature of the registrant supplying it, and (h) an indication that it is a copy.
PODSA Bylaws s.23(1)	All prescriptions, patient records, invoices and documentation in respect of the purchase, receipt or transfer of Schedule I, II and III drugs and controlled drug substances must be retained for a period of not less than three years from the date (a) a drug referred to in a prescription was last dispensed, or (b) an invoice was received for pharmacy stock.

PODSA Bylaws s.23(2)	Despite subsection (1), a registrant must not destroy prescriptions, patient records, invoices and documentation as described in subsection (1) until the completion of any audit or investigation for which the registrant has received notice.
PODSA Bylaws 23.1 (1)	All records required to be kept under the bylaws of the college or other legislation that regulates the practice of pharmacy shall be readable, complete and filed systematically by a registrant in a manner that is secure, auditable and allows for easy retrieval.
PODSA Bylaws 23.1 (2)	Notwithstanding subsection (1), a prescription record that is valid must be retrievable immediately.
PODSA Bylaws 23.1 (4)	With respect to prescriptions for drugs included in the controlled prescription program, the original prescription form or a paper copy of the completed form transmitted by facsimile must be retained, regardless of whether or not such prescription form has also been stored electronically.
PODSA Bylaws 23.1 (5)	Prescriptions stored electronically must accurately reflect the original prescription, including the colour composition of that prescription.
HPA Bylaws s.69(2)	In addition to correcting personal information in a record in accordance with section 70, a registrant who discovers an error or omission in such a record must amend the record to correct the error or omission and that amendment must reflect the original record entry, the identity of the registrant amending the record, the date of the amendment and the reasons for the amendment.

Pharmacy Manager's Responsibilities

Reference	Requirement(s)
PPP-69	Community pharmacy managers must complete the following educational program to ensure that they are aware of, understand, and comply with all of their obligations under PODSA and the PODSA Bylaws: Course Name: BC Community Pharmacy Manager Training Program Course Provider: British Columbia Pharmacy Association
PODSA s.11	Subject to this Act and the bylaws, a pharmacist named in a pharmacy license as manager must personally manage and be responsible for the operation of the pharmacy.

PODSA Bylaws s.18(1)	A full pharmacist may not act as manager of more than one pharmacy location, unless the pharmacy of which the full pharmacist is manager includes (a) a telepharmacy, (b) a hospital pharmacy, (c) a hospital pharmacy satellite, or (d) a pharmacy education site.
PODSA Bylaws s.18(2)	A manager must do all of the following: (a) personally manage and be responsible for the daily operation of the pharmacy; (b) ensure compliance with all legislation, bylaws, policies and procedures applicable to the operation of a pharmacy; (c) establish policies and procedures (i) to specify the duties to be performed by registrants and support persons, (ii) for inventory management, product selection, and proper destruction of non-usable drugs and devices, (iii) for pharmacy security, (iv) for emergency preparedness, and (v) for drug recall of pharmacy inventory (d) ensure all policies and procedures are in writing and regularly maintained; (e) ensure that pharmacy staff are trained in policies and procedures; (f) ensure that all steps in the drug recall procedure are documented, if the procedure is initiated; (g) ensure that all individuals working in the pharmacy who present themselves as registrants have been granted and maintain registration with the College, in accordance with the policies approved by the board; (h) notify the registrar of any appointments, resignations or terminations of registrants employed at the pharmacy as those changes occur; (i) cooperate with inspectors acting under section 17 of the Act or section 28 or 29 of the Health Professions Act; (j) ensure that (i) registrant and support persons staff levels are commensurate with workload volumes and patient care requirements are met at all times in accordance with the bylaws, Code of Ethics and standards of practice, and (ii) meeting quotas, targets or similar measures do not compromise patient safety or compliance with the bylaws, Code of Ethics or standards of practice; (k) ensure that all records related to the purchase and receipt of controlled drug substances are signed by a full pharmacist; (l) ensure safe and secure storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice, in accordance with the policies approved by the board; (m) ensure that pharmacy records containing personal information about patients are secure from unauthorized access, use, disclosure, modification and destruction;

	(n) ensure that each individual working in the pharmacy presents themselves to the public in a manner that clearly identifies their registration class; (o) ensure that registrants identify themselves in a manner that clearly differentiates them from other individuals working in the pharmacy who are not registrants; (p) immediately notify the registrar in writing of ceasing to be the pharmacy's manager; (q) ensure that at a minimum, the name on the external signage of a community pharmacy must be correctly and consistently used on labels and directory listings; (r) if the pharmacy is a central pharmacy, ensure that at a minimum, the name on the external signage of a telepharmacy must be correctly and consistently used on labels and directory listings; (s) ensure that narcotic reconciliation is performed in accordance with the policies approved by the board; (t) notify the registrar of any incident of loss of narcotic and controlled drug substances within 24 hours; (u) advise the registrar if the pharmacy is providing pharmacy services over the internet, and provide to the registrar the internet address of every website operated or used by the pharmacy; (v) ensure the pharmacy contains the reference material and equipment in accordance with the policies approved by the board; (w) require anyone who will access the in-pharmacy computer system to sign an undertaking in a form approved by the registrar to maintain the confidentiality of patient personal health information; (x) retain the undertakings referred to in subsection (w) in the pharmacy for 3 years after employment or any contract for services has ended; (y) provide the registrar with access to the pharmacy and premises as defined in section 20(1) in cases where a pharmacy licence has been cancelled or suspended due to loss of eligibility under section 3 of the Act; (z) ensure that no incentive is provided to a patient or patient's representative for the purpose of inducing the patient or patient's representative to (i) deliver a prescription to a particular registrant or pharmacy for dispensing of a drug or device specified in the prescription, or (ii) obtain any other pharmacy service from a particular registrant or pharmacy; (aa) notify the registrar of persistent non-compliance by a direct owner and indirect owner(s) with their obligations under the bylaws to the Act; (bb) notify the registrar of any change of telephone number, fax number, electronic mail address or any other information previously provided to the registrar; (cc) in the event of an anticipated temporary closure, which is permitted for no

	more than 14 consecutive days, (i) notify patients and the public of the anticipated temporary closure at least 30 days prior to the start of the closure in accordance with the policies approved by the board, (ii) document steps taken to comply with the bylaws and applicable policies on anticipated temporary closures, (iii) contact all patients whose prepared prescriptions are ready for pick-up to advise of the closure and provide them with the opportunity to obtain their prepared prescriptions prior to the closure start date, (iv) make alternate arrangements with local prescribers, as appropriate, and (v) return any prepared prescriptions in the pharmacy to inventory and reverse those prescriptions in PharmaNet; (dd) in the event of an unanticipated temporary closure due to unforeseen circumstances, which is permitted for no more than 90 days, (i) notify the registrar of closures of 15 to 90 days in accordance with the policies approved by the board, (ii) where possible, contact all patients whose prescriptions are ready for pick-up to advise of the closure and provide them with the opportunity to obtain their prepared prescriptions, (iii) where possible, notify patients, the public, and local prescribers of the closure and alternate means of obtaining essential pharmacy services during the closure in accordance with the policies approved by the board, (iv) apply for a new pharmacy licence if the closure will exceed 90 days, and (v) return any prepared prescriptions in the pharmacy to inventory and reverse those prescriptions in PharmaNet; (ee) in the event of a permanent pharmacy closure, cancellation, or expiry of the pharmacy licence (i) provide for the safe and secure transfer and appropriate storage of all Schedule I, II, and III drugs and controlled drug substances, (ii) advise the registrar in writing of the disposition of all drugs and prescription records at the time of a closure, in accordance with policies approved by the board, (iii) provide the registrar with a copy of the return invoice and any other documentation sent to Health Canada in respect of the destruction of all controlled drug substances, (iv) arrange for the secure transfer and continuing availability of the prescription records at another pharmacy, or at storage facility that is monitored and secured from unauthorized access, and (v) remove all signs and advertisements from the closed pharmacy premises.
PODSA Bylaws s.23.2(1)	A pharmacy manager must ensure that a policy is in place that: (a) describes the pharmacy's records filing system, the records format and the method and system for storing records, (b) is compliant with the sections 23.1, 23.2 and 23.3 requirements; and (c) is readily accessible to and understood by pharmacy staff.
PODSA Bylaws s.23.2(2)	With respect to electronic records, the policy must include a description of the process for the preservation, storage and backing up of records that is compliant with section 23.3 requirements.

PODSA Bylaws s.23.3(3)	A pharmacy manager must ensure that electronic records are preserved and backed up at least once daily and that such electronically preserved and backed up records are stored: (a) in a location resistant to environment perils including but not limited to fires and floods; (b)so that they are secure from unauthorized access, use, modification, destruction and disclosure; and, (c) in a manner that complies with section 23.1(1) requirements.
PODSA Bylaws s.24	A community pharmacy's manager must establish and maintain written quality management policies and procedures that (a) ensure pharmacy staff, equipment, and facilities comply with all legislation, bylaws and policies applicable to the operation of a community pharmacy, (b) include a process to monitor compliance with the quality management policies and procedures, and (c) include a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies.

Owner/Director Responsibilities

Reference	Requirement(s)
PODSA Bylaws s.18(7)	A direct owner, directors and officers must do all of the following: (a) ensure compliance with subsections (2)(c)(i), (c)(iii), (c)(iv), (c)(v), (i), (j), (l), (q), (r), (y) and (z); (b) ensure that the requirements to hold a pharmacy licence under the Act are met at all times; and (c) notify the registrar of any change of name, address, telephone number, electronic mail address or any other information previously provided to the registrar.
PODSA Bylaws s.17(5)(c)	If there is a change in layout of the pharmacy, the direct owner must submit the following (c) a diagram, photographs or video to demonstrate the changes in layout in accordance with section 3(2)(c), (d) and (e) for a community pharmacy.
PODSA Bylaws s.23(3)	Registrants, support persons, managers, direct owners, and indirect owners must not, for commercial purposes, disclose or permit the disclosure of information or an abstract of information obtained from a prescription or patient record which would permit the identity of the patient or practitioner to be determined.
PODSA Bylaws s.26(4)	The manager, direct owner or indirect owner(s) of a community pharmacy or telepharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises.

Opioid Agonist Treatment♦

Reference	Requirement(s)
PPP-66 Policy Guide BMT, MMT (2013), SROM Principle 1.1.1	The pharmacy hours of service must be consistent with the dosing requirements of your patient.
PPP-66 Policy Guide BMT, MMT (2013), SROM Principle 2.1.1	OAT prescriptions can only be accepted when written using an original Controlled Prescription Program form. The pharmacist must ensure the patient signs the bottom of the form in the space indicated.
PPP-66 Policy Guide MMT (2013), BMT & SROM Principle 2.1.2	OAT prescriptions may only be received by facsimile in accordance with section 7(3) of the *Health Professions Act* Bylaws Schedule F, Part 1 – Community Pharmacy Standards of Practice. A CPP form can only be accepted by facsimile during a public health emergency declared by the Provincial Health Officer. This includes the ongoing Overdose Crisis declared under the Public Health Act. Verbal prescriptions for OAT may be accepted where permitted under a section 56 exemption to the Controlled Drugs and Substances Act in accordance with section 19(6.1) of the bylaws to the Pharmacy Operations and Drug Scheduling Act. The pharmacy must receive either the original or a faxed copy of the CPP prescription form from the prescriber as soon as reasonably possible.
PPP-66 Policy Guide MMT (2013) Principle 2.2.1	Alterations to the Controlled Prescription Program form are the exception to the rule and should not be normal practice as they increase the likelihood of errors and drug diversion and put the public at risk. In the rare circumstance when an alteration is necessary to ensure the continuity of care pharmacists must always use due diligence to ensure authenticity and accuracy of the prescription. GUIDELINE: *Alterations are only permitted on the sections of the form that the prescriber completes provided that the prescriber has initialed the alteration. *Alterations are not permitted to the pre-printed sections of the form. *Pharmacists do not have independent authority to make any alterations or changes to a Controlled Prescription Program form. Any required or requested change(s) must be patient-specific and authorized by the patient's prescriber through direct consultation with the pharmacist. Any prescriber-authorized changes must be confirmed in writing, signed by the prescriber, received by the pharmacy (fax is acceptable) prior to dispensing the medication whenever possible and attached and filed with the original prescription.
PPP-66 Policy Guide MMT (2013), SROM Principle 3.2.1	Pharmacists and pharmacy technicians must correctly identify the product as prescribed 'for pain' or 'Opioid Agonist Treatment (OAT)' by using the appropriate Drug Identification Number (DIN) or Product Identification Number (PIN) to ensure patient safety and accurate PharmaNet patient records.

PPP-66 Policy Guide MMT (2013) Principle 3.2.4	The 'sig field' on the prescription label must include the start and end dates of the original current prescription.
PPP-66 Policy Guide BMT Principle 3.1.1	Buprenorphine/naloxone for maintenance must be dispensed to patients as an approved, commercially available formulation.
PPP-66 Methadone Maintenance Policy Statements s.2	Methadone maintenance treatment (MMT) must only be dispensed using the commercially available 10 mg/mL methadone oral preparation, except a. as a last resort for a patient who has a diagnosis of opioid use disorder and has not benefited from documented, reasonable trials of at least two commercially available methadone formulations, and for whom methadone remains the optimal OAT option, or b. during a period of shortage or no supply of a commercially available methadone oral preparation.
PPP-66 Policy Guide SROM Principle 3.1.1	SROM for maintenance must be dispensed in approved, commercially available strengths. Capsule contents cannot be split.
PPP-66 Policy Guide MMT (2013) Principle 3.3.1	Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 mL.
PPP-66 Policy Guide BMT, MMT (2013), SROM Principle 4.1.1	A pharmacist must be present to release the OAT prescription to a patient. This function cannot be delegated to a pharmacy technician or any other pharmacy support staff, unless permitted by a section 56 exemption to the *Controlled Drugs and Substances Act*. Pharmacists are responsible for confirming whether such a section 56 exemption exists at the time of release. A pharmacist must be present and witness the release of a methadone prescription to a patient. This function cannot be delegated to a pharmacy technician or any other pharmacy support staff, unless permitted by a section 56 exemption to the Controlled Drugs and Substances Act. Pharmacists are responsible for confirming whether such a section 56 exemption exists at the time of release.
PPP-66 Policy Guide BMT, MMT (2013), SROM Principle 4.1.2	Prior to releasing an OAT prescription the pharmacist must assess the patient to ensure that the patient is not intoxicated, including by centrally-acting sedatives and/or stimulants or in any other acute clinical condition that would increase the risk of an adverse event.

PPP-66 Policy Guide BMT Principle 4.1.3	Prior to releasing a buprenorphine/naloxone prescription, the patient and pharmacist must acknowledge receipt by signing a patient/prescription specific log.
PPP-66 Policy Guide MMT (2013) Principle 4.1.3	Prior to releasing a methadone prescription, the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific log.
PPP-66 Policy Guide SROM Principle 4.1.3	Prior to releasing a SROM prescription, the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific log.
PPP-66 Policy Guide BMT Principle 4.1.5	If a prescriber orders the buprenorphine/naloxone to be dispensed as a 'Daily Witnessed Ingestion' or 'DWI', the pharmacist must directly observe the patient placing the medication under the tongue.
PPP-66 Policy Guide MMT (2013) Principle 4.1.5	With respect to witnessed ingestion doses, the pharmacist must directly observe the patient ingesting the medication and be assured the entire dose has been swallowed.
PPP-66 Policy Guide SROM Principle 4.1.4	With respect to witnessed ingestion doses, the pharmacist must directly observe the patient ingesting the medication and be assured that the entire dose has been swallowed.
PPP-66 Policy Guide BMT Principle 4.1.6	If take home doses (carries) are prescribed, the first dose does not need to be witnessed, unless ordered by the prescriber. The subsequent take-home doses must be dispensed in child-resistant packaging with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient. If a pharmacist determines that due to a specific patient circumstance a non-child-resistant container will be used for take-home doses, it must be documented on the patient record.
PPP-66 Policy Guide MMT (2013) Principle 4.1.6	With respect to take-home doses, the first dose (whether it is stated on the prescription or not) must be a witnessed ingestion on the day the prescription is dispensed with all subsequent take-home doses dispensed in child-resistant packaging with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient.

PPP-66 Policy Guide SROM Principle 4.1.5	If take home doses (carries) are prescribed, the first dose must be a witnessed ingestion on the day the prescription is dispensed. The subsequent take-home doses must be dispensed in child-resistant packaging with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient. If a pharmacist determines that due to a specific patient circumstance a non-child-resistant container will be used for take-home doses, it must be documented on the patient record.
PPP-66 Policy Guide BMT, SROM Principle 5.1.1, and PPP-66 Policy Guide MMT (2013) Principle 5.2.1	Any OAT prescription that has been processed and prepared but is not consumed or picked up by the patient on the prescribed day is considered missed and must be reversed on PharmaNet before the end of the business day.
PPP-66 Policy Guide BMT, SROM Principle 5.1.2, and MMT (2013) Principle 5.2.2	If a patient misses a dose, they cannot receive the missed dose at a later date.
PPP-66 Policy Guide BMT Principle 5.1.4	BMT: If a patient misses 6 or more consecutive days, without return to full opioid agonist use, the prescription must be cancelled, and the prescriber notified. If there are 5 or fewer consecutive once-daily missed doses, without return to full opioid agonist use, do not cancel. The patient can resume the previous dose of buprenorphine/naloxone.
PPP-66 Policy Guide BMT Principle 5.1.4	BMT: If a patient misses 4 or more consecutive days, with return to full opioid agonist use, the prescription must be cancelled, and the prescriber notified. If there are 3 or fewer consecutive once-daily missed doses, with return to full opioid agonist use, do not cancel the prescription. The patient can resume the previous dose of buprenorphine/naloxone.
PPP-66 Policy Guide MMT Principle 5.2.4	MMT: If a patient misses 4 or more consecutive days, the prescription must be cancelled, and the prescriber notified.
PPP-66 Policy Guide SROM Principle 5.1.4	SROM: If a patient misses 4 or more consecutive doses, the prescription must be cancelled, and the prescriber notified.

PPP-66 Policy Guide MMT Principle 5.2.3 and BMT, SROM Principle 5.1.3	The pharmacist must notify the prescriber of any missed doses before the next scheduled release of medication. The notification document must be retained and filed with the prescription consistent with filing retention requirements.
PPP-66 Required References	In addition to the currently required pharmacy reference materials (PPP-3), pharmacies providing MMT services must also maintain the following as required references: (1) The most recent version of the CPBC *PPP-66 Policy Guide* Methadone Maintenance Treatment (2013). (2) The most recent version of the BCCSU A Guideline for the Clinical Management of Opioid Use Disorder. (3) The most recent version of the Centre for Addiction and Mental Health Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders. (4) The most recent version of the Health Canada *Policy on Manufacturing and Compounding Drug Products (POL-0051)* (5) Product monographs for the commercially available 10mg/ml methadone oral preparations.
PPP-66 Policy Statements	All pharmacy managers, staff, relief pharmacists and pharmacy technicians employed in a community pharmacy that provide pharmacy services related to OAT [buprenorphine/naloxone, methadone, SROM] must: a) know and apply the principles and guidelines outlined in the respective OAT Policy Guide and all subsequent revisions, b) be familiar with the information included in the most recent version of the BCCSU A Guideline for the Clinical Management of Opioid Use Disorder, c) be familiar with the information included in the product monographs of approved, commercially available strengths and formulations. All pharmacy managers, staff, relief pharmacists and pharmacy technicians employed in a community pharmacy that provide pharmacy services related to MMT must also be familiar with the information in the most recent version of the Health Canada *Policy on Manufacturing and Compounding Drug Products (POL-0051).*

PPP 66 Policy Statement #3	Pharmacy managers must: a. educate all non-pharmacist staff regarding their role in the provision of community pharmacy services related to opioid agonist treatment, and b. document the completion of the education of individual non-pharmacist staff members on a form signed and dated by the pharmacy manager and the non-pharmacist staff member, and retain the completed forms in the pharmacy's files.
PPP-71, Policy Statement 1.a	A pharmacist may deliver OAT to a patient from whom they have received a valid OAT prescription, if using their professional judgement, the pharmacist determines that providing delivery is safe, appropriate and in the best interest of the patient.
PPP-71, Policy Statement 1.b	The pharmacist must document in the patient's record the decision to deliver or to not deliver, including the rationale for the decision. This documentation must be easily retrievable.
PPP-71, Policy Statement 1.c	The pharmacist must notify the prescriber of the decision to initiate or stop delivery as soon as reasonably possible, and this must be recorded in the patient's record.
PPP-71, Policy Statement 1.d	A pharmacist may refuse to deliver OAT if there is concern for the safety of the patient, pharmacist or public. Where appropriate, the pharmacist should discuss any concerns with the prescriber to resolve issues in the best interest of the patient.
PPP-71, Policy Statement 1.e	A pharmacist must not deliver OAT to a patient if the prescriber indicates that delivery is not permitted.
PPP-71, Policy Statement 1.f	If delivery is not feasible within the services and resources the pharmacy provides, the patient should be referred to a pharmacy that can provide the delivery.
PPP-71, Policy Statement 2.a	The pharmacist must work with the patient to make arrangements for delivery that are in the best interest of the patient. Arrangements must include: i. A delivery location that is private, maintains the confidentiality of the patient, is safe for both the patient and the pharmacist, and has a verifiable address. ii. Time(s) and date(s) for delivery. iii. Procedure if the patient is not available at the location to receive the OAT delivery including communication of appropriate alternate arrangements for the patient to obtain their OAT drug.

PPP-71, Policy Statement 2.b	The OAT drug must be packaged in the pharmacy and dispensed with the appropriate labelling.
PPP-71, Policy Statement 2.d	Due to the requirement for a pharmacist to assess a patient prior to releasing an OAT drug, i. only a pharmacist may deliver OAT to a patient, ii. the OAT drug must only be delivered directly to the patient, and iii. the OAT drug must not be left with any other person.
PPP-71, Policy Statement 2.e	In addition to meeting the requirements for documentation set out in Professional Practice Policy-66 Opioid Agonist Treatment and its associated Policy Guides, pharmacists must record the delivery date, time and address for each delivery on the patient record, which includes the patient specific accountability log.
PPP-71, Policy Statement 3.a	The pharmacy manager must ensure that written policies and procedures are in place to ensure the safety of the patient and the pharmacist and the security of the drug during the delivery
PPP-71, Policy Statement 3.b	The dispensing pharmacist is responsible for securely transporting and appropriately storing the OAT drug.
PPP-71, Policy Statement 3.c	OAT drugs may not be stored outside of the pharmacy under any circumstances, nor be left unattended if the delivery is unsuccessful.
PPP-71, COVID-19 update	While permitted by a section 56 exemption to the Controlled Drugs and Substances Act, a pharmacist, using their professional judgement, may authorize: 1. A regulated health professional to deliver OAT to a patient, ensuring that they have the appropriate scope and competence to assess a patient and witness the ingestion of OAT; or 2. A pharmacy employee to deliver OAT to a patient on the pharmacist's behalf. Note: The authorization of a pharmacy employee should be reserved for exceptional circumstances where it is not possible for a pharmacist or regulated health professional to deliver the OAT drug.
PPP-71, COVID-19 update	The pharmacist must ensure the required documentation for each OAT delivery is completed and retained in the patient record, including the signature and name of the person authorized to deliver the OAT drug for each delivery.

PPP-66 Community Health Facility Policy Statement 4.1	A pharmacist may provide individually-labelled, patient-specific doses of methadone, buprenorphine/naloxone and/or slow release oral morphine to a community health facility when directed by the prescriber, and in accordance with a section 56 exemption to the *Controlled Drugs and Substances Act*.
PPP-66 Community Health Facility Policy Statement 4.2	A pharmacist may provide clinic stock of methadone, buprenorphine/naloxone and/or slow release oral morphine to a community health facility in accordance with a section 56 exemption to the *Controlled Drugs and Substances Act*.
PPP-66 Community Health Facility Policy Statement 4.3	All pharmacy managers, staff pharmacists, relief pharmacists, and pharmacy technicians employed in a community pharmacy that provides opioid agonist treatment (OAT) drugs to a community health facility should be familiar with the information included in the most recent version of the Ministry of Health and BCCSU's 'Integrated interdisciplinary Model of OAT' guidance document.
PPP-66 Community Health Facility Policy Statement 4.4	When a pharmacist provides an OAT drug to a community health facility for administration by another regulated health professional in accordance with the Ministry of Health and BCCSU's 'Integrated Interdisciplinary Model of OAT', sections 1(2)(a), 2(2)(a), and 3(2)(a) of this policy do not apply.
PPP-66 Community Health Facility Policy Statement 4.5	The pharmacist should document in the patient record that a patient's dose of OAT has been provided to a community health facility
PPP-66 Community Health Facility Policy Statement 4.6	The pharmacist should use a secure and confidential method of transporting the OAT drugs to a community health facility and should consider the use of tamper-proof boxes or seals.
PPP-66 Community Health Facility Policy Statement 4.7	The pharmacy manager must ensure written policies and procedures are in place to ensure the requirements of the section 56 exemption to the *Controlled Drugs and Substances Act* are met when providing OAT drugs to a community health facility.

Non-sterile Compounding Preparations♦

Reference	Requirement(s)
PPP-3 Page 2	Pharmacies must be equipped with references relevant to their practices (compounding).

Policy on Manufacturing and Compounding Drug Products in Canada s5.1(a)	Healthcare professionals who provide compounding related services and products to patients/clients must be able to demonstrate that a patient-healthcare professional relationship exists.
PODSA Bylaws s.19(2)	A registrant must not sell or dispense a quantity of drug that will not be used completely prior to the manufacturer's expiry date, if used according to the directions on the label.
Health Canada Policy on Manufacturing and Compounding Drug Products in Canada (2009) s.5.1(n)	The expiration date of the compounded product is based on known stability data. If stability data is not available, the expiration date should be short, usually limited to the duration of the prescription or use.
Health Canada Policy on Manufacturing and Compounding Drug Products in Canada s5.1(c)	It is expected that healthcare professionals who compound products will have appropriate risk management processes in place to manage risks associated with the compounded product and the workplace (facilities, safety etc.), in line with the standards set by their provincial/territorial regulatory bodies (for example but not limited to the toxicology, pharmacology, therapeutic value, stability, adverse reactions, labelling requirements etc. of the compounded product).
Health Canada Policy on Manufacturing and Compounding Drug Products in Canada s5.1(d)	A pharmacy may prepare drugs in very limited quantities, in anticipation of a prescription. For the purpose of this Policy, preparation involves compounding or repackaging of multiple units, not for immediate use, in a single process, by the same operator in accordance with a standardized batch preparation procedure.
Health Canada Policy on Manufacturing and Compounding Drug Products in Canada s5.1(e)	Compounding should only be done if there is a therapeutic need or lack of product availability and should not be done solely for economic reasons for the healthcare professionals.
Health Canada Policy on Manufacturing and Compounding Drug Products in Canada s5.1(h)	Drugs should not be compounded in order to be sold to third parties who will in turn sell/deliver to patients outside of their defined patient-healthcare professional relationship (see definition of "sell"). Pharmacists that do not provide specific compounding services may contract this activity to another pharmacist who provides this type of specific compounding service.

Health Canada Policy on Manufacturing and Compounding Drug Products in Canada s5.1(j)	Product should be produced from an authorized drug or Active Pharmaceutical Ingredient (API) used in an authorized drug for use in Canada or listed in a recognized Pharmacopoeia (USP, PhEur, PhF, PhI, BP, CF, NF, Codex - Schedule B Food and Drugs Act.)
HPA Bylaws Schedule F Part 1 s.11(2)(j)	The patient record must include the generic name, strength and dosage form of the drug (including compound formulations).

Sterile Compounding♦

Reference	Requirement(s)
PODSA Bylaws s.18(9)	A direct owner, manager, directors, and officers must ensure compliance with the National Association of Pharmacy Regulatory Authorities standards as approved by the board from time to time, applicable to the operation of a pharmacy.
HPA Bylaws Schedule F Part 1 s. 9.2	A registrant must comply with the National Association of Pharmacy Regulatory Authorities standards as approved by the board from time to time.
PPP-64	The Board of the College of Pharmacists of BC adopts the following NAPRA standards for compounding of sterile preparations for registrants: • Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations; and, • Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations. Refer to the **Sterile Compounding Review Form** for requirements.

Residential Care♦

Reference	Requirement(s)
HPA Bylaws Schedule F Part 3 s.3(1)	A registrant must not provide pharmacy services in or to a facility or home unless appointed to do so by the licensee of that facility or home
HPA Bylaws Schedule F Part 3 s.3(2)	A registrant must not allow any person to interfere with the provision of pharmacy services in accordance with the Act or the Pharmacy Operations and Drug Scheduling Act

HPA Bylaws Schedule F Part 3 s.3(3)	The full pharmacist appointed to provide services to the facility or home must do the following: (a) visit and audit the medication room at the facility at least every 3 months, (b) visit and audit the medication room or storage area at the home at least once annually, (c) make a record of all audits and meetings of the medication safety and advisory committee held in accordance with this bylaw, which must be retained in the pharmacy for at least 3 years, and (d) arrange a meeting of the medication safety and advisory committee at least once in every 6 month period for a facility and once a year for a home.
HPA Bylaws Schedule F Part 3 s.3(4)	The full pharmacist appointed to provide services to the facility or home must be a member of and advise the medication safety and advisory committee about the policies and procedures in place for the (a) safe and effective distribution, administration and control of drugs, (b) monitoring of therapeutic outcomes and reporting of adverse drug reactions in respect of residents, (c) reporting of drug incidents and discrepancies, and (d) training and orientation programs for staff members who store, handle, or administer drugs to residents.
HPA Bylaws Schedule F Part 3 s.3(5)	The policies and procedures referred to in subsection (4) must be included in a manual kept in the facility, home and pharmacy.
HPA Bylaws Schedule F Part 3 s.4	A pharmacy providing services to a facility or home must have a documented ongoing quality management program that (a) monitors the pharmacy services provided, and (b) includes a process for reporting and documenting drug incidents and discrepancies for their follow-up.
HPA Bylaws Schedule F Part 3 s.6(1)	A registrant may only dispense a drug to a resident upon receipt of a prescription.
HPA Bylaws Schedule F Part 3 s.6(2)	When a resident is readmitted following hospitalization, new prescriptions must be received for that resident before drugs may be dispensed.
HPA Bylaws Schedule F Part 3 s.6(3)	A prescription may be transmitted to the pharmacy servicing the facility or home verbally, electronically or in writing.
HPA Bylaws Schedule F Part 3 s.6(6)	If a prescription is transmitted electronically, the registrant must use the facsimile or make a written copy as the permanent record for dispensing, numbering, initialing and filing.
HPA Bylaws Schedule F Part 3 s.6(7)	A prescription, written and signed by a practitioner on a resident's record, may be electronically transmitted to the pharmacy and the registrant may dispense the drug.

HPA Bylaws Schedule F Part 3 s.6(9)	A registrant may accept a new drug order that is transmitted verbally from a practitioner to a facility's registered nurse, registered psychiatric nurse or licensed practical nurse, if (a) the drug does not contain a controlled drug substance, (b) the registered nurse, registered psychiatric nurse or licensed practical nurse writes the verbal order on a practitioner's order form or electronic equivalent, and (c) transfers the written order to the pharmacy.
HPA Bylaws Schedule F Part 3 s.6.1(1)	A registrant who prepares a prescription product must ensure that" (a) the prescription product label matches the prescription information and the information on the manufacturer's label with respect to (i) drug, (ii) dosage form, (iii) strength, (iv) quantity; and (v) drug identification number; (b) the prescription product label matches the prescription information with respect to the matters set out in Section 6(8)(a) to (g); (c) the drug is not expired and will not expire within the duration of use; and (d) his or identity is documented in writing.
HPA Bylaws Schedule F Part 3 s.6.1(2)	A pharmacy manager must ensure the record in paragraph (1)(d) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed.
HPA Bylaws Schedule F Part 3 s.6.2	All registrants must use at least two person-specific identifiers to confirm the identity of a resident before providing any pharmacy service to the resident.
HPA Bylaws Schedule F Part 3 s.7(1)	All prescriptions dispensed to residents must be dispensed in a monitored dose system except where the form of the drug does not permit such packaging, and each package must contain not more than a 35 day supply of medication.
HPA Bylaws Schedule F Part 3 s.7(2)	Where directions for the use of a drug are changed by the practitioner, the registrant must, following receipt of the required confirmation, initiate and dispense a new prescription.
HPA Bylaws Schedule F Part 3 s.7(3)	Before dispensing a prescription product, a registrant must perform a final check and must record his or her identify in writing.
HPA Bylaws Schedule F Part 3 s.7(4)	A pharmacy manager must ensure the record in paragraph (3) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed
HPA Bylaws Schedule F Part 3 s.8(1)	A registrant may establish a supply of contingency drugs to permit the commencement of therapy upon receipt of a prescription, until the drug supply arrives from the pharmacy.

HPA Bylaws Schedule F Part 3 s.8(2)	Contingency drugs must be prepared by the pharmacy and dispensed in a monitored dose system in accordance with section 7(1).
HPA Bylaws Schedule F Part 3 s.8(3)	A list of the contingency drugs must be available in the facility, home and pharmacy.
HPA Bylaws Schedule F Part 3 s.8(4)	Records of use of contingency drugs must be kept in the facility or home and must include (a) the date and time the drug was administered, (b) the name, strength and quantity of the drug administered, (c) the name of the resident for whom the drug was prescribed, (d) the name or initials of the person who administered the drug, and (e) the name of the practitioner who prescribed the drug.
HPA Bylaws Schedule F Part 3 s.9(1)	A registrant may provide Schedule II or III drugs and unscheduled drugs for a resident upon the request of a registered nurse if the medication safety and advisory committee has approved protocols for doing so.
HPA Bylaws Schedule F Part 3 s.10(1)	Standing orders for Schedule II and III drugs and unscheduled drugs that are administered for common self-limiting conditions may be established by the medication safety and advisory committee.
HPA Bylaws Schedule F Part 3 s.10(2)	Standing order drugs must be authorized and signed for by a practitioner annually and a record of the signed authorization must be kept in the facility or home.
HPA Bylaws Schedule F Part 3 s.11(1)	A registrant must provide for the return of all discontinued drugs at the time of the next scheduled delivery.
HPA Bylaws Schedule F Part 3 s.11(2)	Policies and procedures must be in place to ensure that upon the hospitalization of a resident, the resident's drugs are returned to the pharmacy.
HPA Bylaws Schedule F Part 3 s.11(3)	Previously dispensed drugs must not be re-dispensed unless (a) they have been returned to the pharmacy in a single-drug, sealed dosage unit or container as originally dispensed, (b) the labelling is intact and includes a legible drug lot number and expiry date, and (c) the integrity of the product can be verified.
HPA Bylaws Schedule F Part 3 s.12(1)	All drugs dispensed pursuant to a prescription must be labeled.

HPA Bylaws Schedule F Part 3 s.12(2)	The label for all prescriptions must include (a) the name, address and 10-digit telephone number of the pharmacy, (b) the prescription number and dispensing date, (c) the full name of the resident, (d) the name of the practitioner or registered nurse, (e) the strength of the drug, (f) the dosage instructions including the frequency, interval or maximum daily dose, (g) the route of administration, (h) medical indication for use for all "as required" prescription authorizations, and (i) any other information required by good pharmacy practice.
HPA Bylaws Schedule F Part 3 s.12(3)	For single-entity products the label must include (a) the generic name and at least one of (i) the brand name, (ii) the manufacturer's name, or (iii) the drug identification number.
HPA Bylaws Schedule F Part 3 s.12(4)	For multiple-entity products the label must include (a) the brand name, or (b) all active ingredients, and at least one of (i) the manufacturer's name, or (ii) the drug identification number.
HPA Bylaws Schedule F Part 3 s.12(6)	If the pharmacy is unable to supply prescribed Schedule II or III drugs or unscheduled drugs to a resident and the resident has obtained a supply from another source, the drug must be in the original sealed packaging and be sent to the pharmacy for (a) identification, (b) repackaging in a monitored dose system if appropriate, (c) labeling, and (d) notation on the resident's record and the medication administration record.
HPA Bylaws Schedule F Part 3 s.12(7)	If labels are produced to be attached to a resident's medication administration record, the label must state "for MAR".
HPA Bylaws Schedule F Part 3 s.12(8)	All drugs must be labelled with the drug expiry date and manufacturer's lot number, except multi-drug sealed dosage units.
HPA Bylaws Schedule F Part 3 s.12(9)	A registrant must not delegate the labelling of drugs in a monitored dose system to an employee of a facility or home.

HPA Bylaws Schedule F Part 3 s.13(1)	A registrant must maintain a record for each resident.
HPA Bylaws Schedule F Part 3 s.13(3)	When a drug is to be administered on a "when necessary" basis, the record and prescription label must clearly indicate (a) the specific indication for which the drug is to be given, (b) the minimum interval of time between doses, and (c) the maximum number of daily doses to be administered.
HPA Bylaws Schedule F Part 3 s.14(1)	The registrant must provide a medication administration record for each resident.
HPA Bylaws Schedule F Part 3 s.14(2)	The medication administration record must be current for each resident based on the information on the resident's record and must be sent to the facility or home each month.
HPA Bylaws Schedule F Part 3 s.14(3)	A resident's medication administration record must include (a) the resident's full name, (b) the resident's location within the facility or home, where possible, (c) the name of the practitioner, (d) allergies, (e) diagnoses, (f) the month for which the record is to be used, (g) the name and strength of all drugs currently being administered, including those to be administered on a "when necessary" basis, and (h) full directions for use.
HPA Bylaws Schedule F Part 3 s.15(1)	The full pharmacist responsible for a facility must (a) review each resident's drug regimen on site or by videoconference at least once every 6 months with a practitioner if available, or a registered nurse and a facility staff member approved by the medication safety and advisory committee, and (b) review the resident's personal health information stored on the PharmaNet database before releasing any drug to the facility.
HPA Bylaws Schedule F Part 3 s.15(2)	A full pharmacist must maintain a record of the reviews referred to in subsection (1) in the resident's record and in the record at the pharmacy, and the record of review must include information about (a) the people in attendance, (b) the date of the review, and (c) recommendations, if any.

HPA Bylaws Schedule F Part 3 s.15(3)	At a facility or home, if a resident's practitioner does not attend the review, the full pharmacist must advise the practitioner of any recommendations arising from the review.
HPA Bylaws Schedule F Part 3 s.15(4)	The full pharmacist responsible for a home must (a) review each resident's drug regimen and document the result of the review at least once every 6 months, and (b) conduct the review on site at least once in every 12 month period.
HPA Bylaws Schedule F Part 3 s.15(5)	To continue dispensing drugs for a resident in a facility or home, prescriptions must be received from the resident's practitioner every six 6 months, either by written, verbal or electronic communication.
HPA Bylaws Schedule F Part 3 s.16(1)	When a resident is first admitted to a facility or home, the full pharmacist must obtain a history for the resident, and the following information must be obtained if available: (a) allergies, adverse drug reactions, and intolerances, (b) past and present prescribed drug therapy including the drug name, strength, dosage, frequency and duration of therapy, (c) compliance with prescribed drug regimen, (d) Schedule II, III and unscheduled drug use, and (e) laboratory results.
HPA Bylaws Schedule F Part 3 s.16(2)	The full pharmacist must routinely provide written or verbal drug information relevant to a resident's drugs to the medical, nursing or other appropriate facility or home staff.
HPA Bylaws Schedule F Part 3 s.16(4)	Where a self-medication program is deemed suitable for a resident, the full pharmacist must comply with all applicable regulations under the Community Care and Assisted Living Act and must (a) participate in the development of policies and procedures for the program, including appropriate storage and security requirements, (b) ensure a drug consultation with the resident occurs, (c) ensure authorization from the resident's practitioner and the medication safety and advisory committee is obtained, (d) include any drugs in the self-medication program in the drug regimen review referred to in section 13(4), and (e) document the consultation referred to in paragraph (b) in the resident's record.

HPA Bylaws Schedule F Part 3 s.16(5)	The drug consultation referred to in subsection (4)(b), should occur in person with the resident or resident's representative and must (a) confirm the identity of the resident, (b) identify the name and strength of drug being dispensed, (c) identify the purpose of the drug, (d) provide directions for use of the drug including the frequency, duration and route of therapy, (e) discuss common adverse effects, drug and food interactions, and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur, (f) discuss storage requirements, (g) provide information regarding (i) how to monitor response to therapy, (ii) expected therapeutic outcomes, (iii) action to be taken in the event of a missed dose, and (iv) when to seek medical attention, and (h) provide other information unique to the specific drug or resident.
HPA Bylaws Schedule F Part 3 s.17(1)	When a resident is admitted for short-stay respite care, the registrant must confirm all prescription authorizations with the resident's practitioner.
HPA Bylaws Schedule F Part 3 s.17(2)	The registrant must dispense drugs using a monitored dose system and provide medication administration records.
HPA Bylaws Schedule F Part 3 s.17(3)	Emergency stay respite care residents who arrive without notice may be administered drugs from their own supply if it is reasonable and safe to do so only until a supply is obtained from the pharmacy.
HPA Bylaws Schedule F Part 3 s.18(1)	The registrant must establish a system to ensure that leave-of-absence drugs are prepared correctly.
HPA Bylaws Schedule F Part 3 s.18(2)	The label on a leave of absence medication must include (a) the facility or home name, (b) the resident's name, (c) the practitioner's name, (d) the drug name, strength, quantity and complete directions for use, (e) the initials of the person preparing the drug, and (f) the date of issue.
HPA Bylaws Schedule F Part 3 s.18(3)	All leave of absence drugs must be documented on the resident's medication administration record.
PPP 3	Pharmacies providing services to licensed residential care facilities and homes must obtain a minimum of one reference applicable to geriatric residents or to psychiatric care residents, as appropriate to the pharmacy's service area.
PPP 43	Automated pharmacy dispensing systems are maintained and operated according to PPP-43