College of Pharmacists of British Columbia

PRESCRIPTION REGULATIONS

A synopsis of federal and provincial laws and regulations governing the distribution of drugs by prescription in British Columbia▪

CLASSIFICATION	DESCRIPTION	PRESCRIPTION REQUIREMENTS	REFILLS	SALES RECORD	FILES AND RECORDS
(N) Narcotic Drug * Examples: Butrans, Cesamet, Codeine, Codeine Syrup, Cophylac, Darvon-N, Demerol, Dilaudid, Duragesic, Emtec-30 and -60, Hycodan, Jurnista, Kadian, Ketamine, Lomotil, M-Eslon, Metadol, Methadose, Morphine, Nabilone, Novahistex-DH, Nucynta, OxyNeo, Percocet, Percodan, Ratio-Lenoltec #4, Sativex, Sublocade, Suboxone, Talwin, Tramadol, Tussionex, Tylenol No.4, Tylenol with Codeine Elixir.	All single-entity narcotics. All narcotics for parenteral use. All narcotic compounds containing more than one narcotic drug. All narcotic compounds containing less than two other non-narcotic ingredients in a therapeutic dose. All products containing any substance listed in the schedule to the *Narcotic Control Regulations*.	Written or faxed prescription by a physician, dentist, veterinarian, nurse practitioner, midwife or podiatrist. Prescription must include components detailed immediately below. **Note**: Prescription requirements for Schedule IA drugs are listed in this table under Controlled Prescription Program (CPP) Drugs.	No refills allowed. All "re-orders" must be new written prescriptions. Written "part-fill" instruction can be included, specifying the total prescription quantity plus the interval between each "part-fill." Transfer of "part-fills" and undispensed prescriptions are not permitted.	All prescription sales (except those for dextropropoxyphene) must be recorded in a register or a computer-printed report. The register or computer-printed report must be current and kept for at least three years.	1. Narcotic and controlled drug purchases must be recorded in a book or register and must be readily available. 2. Prescriptions for narcotics, controlled drugs and preparations of either may be filed together, but must be separated from all other prescriptions. 3. All prescriptions, whether in writing from the practitioner or received verbally and recorded by a pharmacist, must be filed in sequence according to date and prescription number or transaction number. 4. All prescriptions must be kept for at least three years after their most recent activity, including refill transactions. 5. All dispensed prescription medication and authorized refills must be recorded on a patient medication profile for each patient. 6. At the time of dispensing a verbal prescription narcotic, a controlled drug, or a targeted substance pursuant to a verbal order, the written record must also include the patient's address, practitioner's initials and address, form of drug, and name or initials of the *pharmacist* who transcribed the verbal order. 7. Each dispensing of a new prescription, a refill/part-fill, a renewal or a balance owing must show the address of the patient, identification number from the practitioner's regulatory college, prescription number, date dispensed, drug identification number or brand name of the product dispensed, quantity dispensed, and the written identification of the registrants who verified the patient identification, verified the patient allergy information, reviewed the patient's PharmaNet profile, performed the final product check, performed the consultation, and identified and addressed a drug therapy problem (if any). 8. For methadone prescriptions, all part-fill documentation must be recorded and filed with the original prescription. The methadone part-fill accountability log which the patient and pharmacist both sign at each part-fill may be used for this purpose. Documentation for each methadone part-fill must show the prescription number, date dispensed, quantity dispensed, the pharmacist's initials and patient's signature. For all other narcotic and control drug prescriptions, the part-fill history does not have to be filed with the original prescription provided that the software program allows tracking between the part-fills and the original prescription. A "paper trail" copy of the part-fill prescription must be created and filed on the date of dispensing the part-fill.
(N) Verbal Prescription Narcotic Drug * Examples: Calmylin ACE, Coactifed, Cotridin, Dimetapp C, 282 and 292, Fiorinal C ½, Fiorinal C ¼, ratio-Lenoltec-#2 and #3, Robitussin AC, Tylenol No.2 and No.3.	A combination for other than parenteral use containing only one narcotic drug plus two (or more) non-narcotic drugs in a therapeutic dose, except products containing diacetylmorphine (heroin) hydrocodone, methadone, oxycodone or pentazocine.	Written, verbal or faxed prescription by a physician, dentist, veterinarian, nurse practitioner or podiatrist. Midwives may prescribe verbal prescription narcotic drugs. All prescriptions must include: • Patient's name • Practitioner's name and signature (for written prescriptions) • Name, strength, and quantity of drug(s) or ingredients • Complete directions for use, including the frequency, interval or maximum daily dose • Number of refills and intervals between refills/part-fills (when permitted) • Date prescription written The written record of verbal prescriptions must include the practitioner's name and college identification number, and the name, college identification number and signature or initial of the pharmacist who receives the verbal prescription authorization either directly from a practitioner or from a practitioner's recorded voice message. **Note**: Prescription requirements for Schedule IA drugs are listed in this table under Controlled Prescription Program (CPP) Drugs.	No refills allowed. All "re-orders" (written or verbal) must be new prescriptions. Written or verbal "part-fill" instruction can be included, as noted above. Transfer of "part-fills" and undispensed prescriptions are not permitted.	Prescription sales do not need to be recorded in a register or computer-printed report, except when an emergency supply is provided to another pharmacist and returns to licensed dealers.	
(C) Controlled Drug Part 1* Examples: Adderall XR, Biphentin, Concerta, Dexedrine, Ritalin, Vyvanse.	Drugs listed in Part I of the schedule to Part G of the *Food and Drug Regulations* (e.g. amphetamines and their salts and derivatives, methylphenidate, phenmetrazine, pentobarbital, secobarbital)		No refills allowed if original prescription is verbal; however, part-fills are allowed. If written, the original prescription may be refilled if the practitioner has indicated in writing the number of times and interval between refills. "Refill PRN" is not an acceptable authority for refilling a prescription. Transfer of undispensed prescriptions and authorized refills or "part-fills" are not permitted.	All prescription sales must be recorded in a register or computer-printed report. Register must be current and kept for at least three years.	
(C) Controlled Drug Preparation Part 1	Combination containing only one controlled drug listed immediately above plus one (or more) active non-controlled non-narcotic drug(s).			Prescription sales do not need to be recorded in a register or computer-printed report, except when an emergency supply is provided to another pharmacist and returns to licensed dealers.	
(C) Controlled Drug Part 2 * Examples: Nubain, Phenobarbital, Apo-Butorphanol NS	Drugs listed in Part II of the schedule to Part G of the *Food and Drug Regulations* (e.g. barbiturates and their salts and derivatives [except pentobarbital & secobarbital], butorphanol, chlorphentermine, diethylpropion, nalbuphine, phentermine, thiobarbituric acid)		Refills may be authorized on original written or verbal prescription and must indicate the specific number of times and interval between refills. "Refill PRN" is not an acceptable authority for refilling a prescription. Requests for refills beyond those originally authorized necessitate the initiation of a new prescription. Transfer of undispensed prescriptions and authorized refills are not permitted.		
(C) Controlled Drug Preparation Part 2 * Examples: Fiorinal, Tecnal, Bellergal Spacetabs.	Combination containing only one controlled drug listed immediately above plus one (or more) active non-controlled non-narcotic drug(s).				
(C) Controlled Drug Part 3 Examples: Andriol, Androderm, Androgel, Delatestryl Injection, Depo-testosterone, Testim.	Drugs listed in Part III of the schedule to Part G of the *Food and Drug Regulations* (e.g. anabolic steroids, zeranol)				

▪ This table is intended to provide a summary of prescription regulations governed by federal and provincial legislation and is subject to change. Temporary federal and provincial exemptions due to the COVID-19 pandemic are not included in this table. Ensure you refer to the most up-to-date legislation when using this document, including but not limited to the underlined hyperlinks referred to in this document.

* Some (but not all) products in this category may also be included in the list of drugs monitored by the Controlled Prescription Program (CPP), the requirements for which exceed the requirements for this classification.

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Targeted Drug Substances (Part 1)	A product or compound that contains any substance listed in Schedule 1 of the *Benzodiazepines and Other Targeted Substances Regulations* (e.g. all benzodiazepines and their salts and derivatives (but excluding the thienobenzodiazepines:, flunitrazepam, olanzapine), clotriazepam, ethchlorvynol, ethinamate, fencamfamin, fenproporex, mazindol, mefenorex, meprobamate, methyprylon, pipradol)	Written, verbal or faxed prescription by a physician, dentist, veterinarian, nurse practitioner or podiatrist. Midwives may prescribe benzodiazepines. Requirements of a prescription as on page one.	Refills may be authorized on original written or verbal prescription and must indicate the specific number of times and interval between refills. "Refill PRN" is not an acceptable authority for refilling a prescription. Requests for refills beyond those originally authorized necessitate the initiation of a new prescription. Pharmacist transfer of undispensed prescriptions and authorized refills is only permitted once in the lifetime of the prescription.	Prescription sales do not need to be recorded in a register or computer-printed report, except when an emergency supply is provided to another pharmacist and returns to licensed dealers.	Same as point 1, 4, 5, 6 and 7 on page 1. Prescriptions for targeted drug substances are filed with the Prescription Drug List prescriptions. All prescriptions, whether in writing from the practitioner or received verbally and recorded by a pharmacist, must be filed systematically and maintained in a manner that is secure, auditable and allows for easy retrieval.
Other Prescription Drugs (Prescription Drug List) Formerly known as Schedule F to the *Food and Drug Regulations*	All other drugs listed as Schedule I in the *Drug Schedules Regulation* to the *Pharmacy Operations and Drug Scheduling Act* (which contains all drugs in the *Prescription Drug List* to the Regulations to the *Food and Drugs Act (Canada)*, plus a number of others).	Written, verbal or faxed prescription by a physician, dentist, veterinarian, podiatrist, nurse practitioner, optometrist, naturopathic physician, pharmacist or midwife. All prescriptions must include: • Patient's name • Practitioner's name and signature (for written prescriptions) • Name, strength, and quantity, of drug(s) or ingredients • Complete directions for use, including the frequency, interval or maximum daily dose • Number of refills and interval between refills if applicable • Date prescription written The written record of verbal prescriptions must include the practitioner's name and college identification number, and the name, college identification number and signature or initial of the registrant who receives the verbal prescription authorization either directly from a practitioner or from a practitioner's recorded voice message. A drug listed in the table under section 1 of the Drug Schedules (Limits on Sale) Regulation must not be sold from a pharmacy to a person unless at least one of the following conditions is met: (a) the person is a citizen or permanent resident of Canada; (b) the drug is sold directly to the person, while the person is on the premises of the pharmacy	Refills may be authorized on original written or verbal prescriptions and must indicate the specific number of times and interval between refills. "Refill PRN" is not an acceptable authority for refilling a prescription. Transfer of undispensed prescriptions and authorized refills is permitted. A registrant who transfers a prescription to another registrant must enter the date of the transfer, the registrant's identification, identification of the community pharmacy to which the prescription was transferred, and identification of the person to whom the prescription was transferred on the patient record.	Prescription sales do not need to be recorded.	Same as points 4, 5 and 7 on page 1. All prescriptions, whether in writing from the practitioner or received verbally and recorded by a registrant, must be filed systematically and maintained in a manner that is secure, auditable and allows for easy retrieval.

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Controlled Prescription Program (CPP) Drugs	All drugs listed as Schedule 1A in the *Drug Schedules Regulation* to the *Pharmacy Operations and Drug Scheduling Act*.	Written prescription on an approved two-part form. Schedule IA drugs cannot be prescribed by a podiatrist. **Note**: Fax transmission is not allowed in community pharmacies, except in licensed facilities, or in a public health emergency declared by the provincial health officer. The pharmacy must receive a completed copy of the CPP form transmitted by fax prior to dispensing the medication. A verbal prescription from a practitioner is allowed if permitted under a section 56 exemption to the CDSA. The original prescription form or copy of the completed form transmitted by fax must be received as soon as possible. More than one strength of medication can be included on one Controlled Prescription Program form, provided the orders are legible. The prescription expires after midnight of the fifth day following the date of issuance by the practitioner, unless the prescription is for OAT.	No refills permitted. All "re-orders" must be new written CPP forms. Written "part-fill" instruction can be included (as for narcotics). Transfer of "part-fills" and undispensed prescriptions are not permitted.	CPP prescriptions for straight narcotic drugs and Schedule G, Part I drugs (Controlled Drugs Part 1) must be recorded in a register or a computer-printed report.	Same as points 1, 2, 3, 4, 5, 6, 7 and 8 on page 1. The patient's or agent's signature must be obtained on the "Pharmacy Use Only" section of the CPP form upon receipt of the dispensed drug.

A registrant (a) must not dispense a prescription more than two years from the prescribing date, and (b) despite paragraph (a), must not dispense a prescription for a benzodiazepine or other targeted substance more than one year from the prescribing date. *HPA Bylaw, Community Pharmacy Standards of Practice s.10(5)*

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 Bylaw, Community Pharmacy Standards of Practice s.10(5.1)*