

Health Professions Act – BYLAWS

SCHEDULE F

PART 1 - Community Pharmacy Standards of Practice

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Application

1. This Part applies to all registrants providing pharmacy services in a community pharmacy.

Definitions

2. In this Part:

“**community pharmacy**” has the same meaning as in section 1 of the bylaws of the college under the *Pharmacy Operations and Drug Scheduling Act*;

“**personal health number**” means a unique numerical lifetime identifier used in the specific identification of an individual patient who has any interaction with the BC health system;

“**prescription copy**” means a copy of a prescription given to a patient by a registrant for information purposes only;

“**prescription transfer**” means the transfer via direct communication from a registrant to another registrant of all remaining refill authorizations for a particular prescription to a requesting community pharmacy;

“**refill**” means verbal or written approval from a practitioner authorizing a registrant to dispense additional quantities of drug(s) pursuant to a prescription;

“**renewal**” means authorization by a full pharmacist to dispense additional quantities of drug(s) pursuant to a previously dispensed prescription, in accordance with section 25.92 of the *Act*;

“**Residential Care Facilities and Homes Standards of Practice**” means the standards, limits and conditions for practice established in Part 3 of this Schedule.

Patient Choice

3. Registrants, owners and directors must not enter into agreements with patients, patient’s representatives, practitioners, corporations, partnerships, or any other person or entity, that limit a patient’s choice of pharmacy, except as required or permitted under the bylaws.

Community Pharmacy Technicians

4. (1) Pharmacy technicians in a community pharmacy may prepare, process and compound prescriptions, including
 - (a) receiving and transcribing verbal prescriptions from practitioners,
 - (b) ensuring that a prescription is complete and authentic,
 - (c) transferring prescriptions to and receiving prescriptions from other pharmacies,
 - (d) ensuring the accuracy of a prepared prescription,
 - (e) performing the final check of a prepared prescription, and

- (f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.
- (2) Despite subsection (1), a pharmacy technician in a community pharmacy may dispense a drug but must not
 - (a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or
 - (b) do anything described in
 - (i) sections 6(5), 6(10), 10(2), 11(3), 11(4), 12, 13(2) or 13(3) of this Part, or
 - (ii) Part 4 of this Schedule.
 - (3) A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.

Pharmacy Assistants

- 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 the accurate and safe delivery of community pharmacy services.

Prescription

- 6. (1) A registrant must ensure that a prescription is authentic.
- (2) Upon receipt from the practitioner, a prescription must include the following information:
 - (a) the date the prescription was written;
 - (b) the name and address 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, identification number and signature of the practitioner for written prescriptions;
 - (h) the date on which the drug is dispensed.
- (3) For the purpose of subsection (4), “prescription” includes a new prescription, a refill, a renewal or a balance owing.

- (4) At the time of dispensing, a prescription must include the following additional information:
 - (a) the prescription number;
 - (b) the date on which the prescription was dispensed;
 - (c) the manufacturer's drug identification number or the brand name of the product dispensed;
 - (d) the quantity dispensed;
 - (e) the handwritten identification of each registrant and pharmacy assistant involved in each step of the dispensing process;
 - (f) written confirmation and identification of the registrant who
 - (i) reviewed the personal health information stored in the PharmaNet database,
 - (ii) reviewed the drug usage evaluation messages (DUE) from the PharmaNet database,
 - (iii) performed the consultation in accordance with section 12 of this Part, and
 - (iv) performed the final check including when dispensing a balance owing.
- (5) A full pharmacist must
 - (a) review prescriptions for completeness and appropriateness with respect to the drug, dosage, route and frequency of administration,
 - (b) review patient personal health information for potential drug interactions, allergies, therapeutic duplications and any other potential problems,
 - (c) consult with patients concerning the patient's drug history and other personal health information,
 - (d) consult with practitioners with respect to a patient's drug therapy unless s.25.92(2) of the *Act* applies, and
 - (e) follow-up on suspected adverse drug reactions.
- (6) A registrant may receive verbal prescription authorizations directly from a practitioner or from a practitioner's recorded voice message.
- (7) A registrant must make a written record of a verbal authorization, and include his or her signature or initial.
- (8) A registrant must not dispense a prescription issued for more than one patient.
- (9) For refill authorizations, a registrant

- (a) may
 - (i) 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,
 - (ii) retain the current prescription number for a quantity change if the software system is capable of retaining a record of the quantity dispensed on each previous occasion, and
 - (iii) document the refill authorization on the original prescription if
 - (A) a computerized transaction log is maintained, or
 - (B) a new prescription number is assigned, 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 if a renewal authorization involves a different drug identification number, practitioner or directions for use.
- (10) If a full pharmacist authorizes a prescription renewal, he or she must
- (a) create a written record,
 - (b) assign a new prescription number, and
 - (c) use his or her college identification number in the practitioner field on PharmaNet.

Transmission by Facsimile

7. (1) Prescription authorizations may be received by facsimile from a practitioner to a pharmacy, if
- (a) the prescription is sent only to a pharmacy of the patient's choice,
 - (b) the facsimile equipment is located within a secure area to protect the confidentiality of the prescription information, and
 - (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.

- (2) Prescription refill authorization requests may be transmitted by facsimile from a pharmacy to a practitioner, if the pharmacy submits refill requests on a form that includes space for
 - (a) the information set out in section 6(2),
 - (b) the name, address and 10 digit telephone number of the pharmacy, and
 - (c) the practitioner's name, date and time of transmission from the practitioner to the pharmacy.
- (3) A registrant must not dispense a prescription authorization received by facsimile transmission for a drug referred to on the Controlled Prescription Drug List.
- (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.

Prescription Copy and Transfer

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.
- (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.
- (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.

- (4) 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, and
 - (b) transfer all prescription information listed in subsection (2) (a) to (f).
- (5) A registrant must make prescriptions available for review and copying by authorized inspectors of Health Canada.

Prescription Label

9. (1) All drugs dispensed pursuant to a prescription or a full pharmacist-initiated adaptation must be labeled.
- (2) The label for all prescription drugs 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 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.
- (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.
- (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.
- (5) For a compounded preparation, the label must include all active ingredients.
- (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.
- (7) All required label information must be in English, but may contain directions for use in the patient's language following the English directions.

Dispensing

10. (1) A registrant may adjust the quantity of drug to be dispensed if
- (a) a patient requests a smaller amount,
 - (b) a manufacturer's unit-of-use standard of package size does not match the prescribed quantity,
 - (c) the quantity prescribed exceeds the amount covered by the patient's drug plan, or
 - (d) a trial prescription quantity is authorized by the patient.
- (2) A full pharmacist may adjust the quantity of drug to be dispensed, if
- (a) he or she consults with a practitioner and documents the result of the consultation, and
 - (b) if
 - (i) a poor compliance history is evident on the patient record,
 - (ii) drug misuse is suspected, or

- (iii) the safety of the patient is in question due to the potential for overdose.
- (3) If a registrant doubts the authenticity of a prescription, the registrant may refuse to dispense the drug.
- (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.
- (5) A registrant must not dispense a prescription more than one year from the prescribing date, except for oral contraceptives which may be dispensed for up to two years.

Patient Record

- 11. (1) A patient record must be prepared and kept current for each patient for whom a Schedule I drug is dispensed.
- (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 10 digit 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) compliance with the prescribed drug regimen, and
 - (t) Schedule II and III drug use if appropriate.
- (3) If a full pharmacist obtains a drug history from a patient, he or she must request and if appropriate record the following information on the patient record:
- (a) medical conditions and physical limitations;
 - (b) allergies, adverse drug reactions and intolerances;
 - (c) past and current prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy;
 - (d) compliance with the prescribed drug regimen;
 - (e) Schedule II and III drug use.
- (4) A full pharmacist must review the patient's personal health information stored on the PharmaNet database before dispensing a drug and take appropriate action if necessary with respect to
- (a) appropriateness of drug therapy,
 - (b) drug interactions,
 - (c) allergies, adverse drug reactions and intolerances,
 - (d) therapeutic duplication,
 - (e) correct dosage, route, frequency and duration of administration and dosage form,
 - (f) contraindicated drugs,
 - (g) degree of compliance, and
 - (h) any other potential drug related problems.

Pharmacist/Patient Consultation

12. (1) Full pharmacist/patient consultation for Schedule I, II and III drugs should occur

in person if practical, or by telephone and must respect the patient's right to privacy.

- (2) Full pharmacist/patient consultation is required for all prescriptions.
- (3) Subject to subsection (6), a full, limited or student pharmacist must engage in direct consultation with a patient or the patient's representative regarding a Schedule I drug, and must
 - (a) confirm the identity of the patient,
 - (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 prescription refill information,
 - (h) provide information regarding
 - (i) how to monitor the 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
 - (i) provide other information unique to the specific drug or patient.
- (4) If a drug-related problem is identified during full pharmacist/patient consultation, the full pharmacist must take appropriate action to resolve the problem.
- (5) If an adverse drug reaction as defined by Health Canada is identified, a full pharmacist must notify the patient's practitioner, make an appropriate entry on the PharmaNet record and report the reaction to the Canada Vigilance Program Regional Office.
- (6) A full, limited or student pharmacist must use reasonable means to comply with subsections (1), (2) and (3) for patients or the patient's representatives who have language or communication difficulties.

Schedule II and III Drugs

13. (1) A registrant must not attribute a new prescription or refill for a Schedule II or Schedule III drug to a practitioner without the authorization of the practitioner.
- (2) If a patient purchases a Schedule II drug, a full, limited or student pharmacist must counsel the patient or the patient's representative regarding the selection and use of the drug.
- (3) A full pharmacist must be available for consultation with a patient or patient's representative who wishes to select a Schedule III drug.

Sole Pharmacy Services Provider

- 14 The manager of a pharmacy may enter into an agreement with another person to be the sole provider of pharmacy services in a premise or part of a premise, if
 - (a) pharmacy services are provided in a manner that is consistent with the *Residential Care Facilities and Homes Standards of Practice*,
 - (b) patient therapeutic outcomes are monitored to enhance patient safety, and
 - (c) appropriate provision has been made for safe and effective distribution, administration and control of drugs.