

Pharmacy Closing Procedure

In accordance with the PEI Pharmacy Act every pharmacy permit holder and/or pharmacy manager who closes a pharmacy must notify the PEI College of Pharmacists, verbally or in writing at least **30 days** prior to closing a pharmacy. Please review the following information before submitting the required forms.

Procedure

- Patients must be able to access their personal health information in the event of a
 transfer of records. Pharmacies are required to take reasonable efforts to give notice to
 the patients before transferring their records. If it is not reasonable to contact each
 patient, notice should be provided through multiple avenues including placing a notice
 on the pharmacy's website, leaving a message at the pharmacy's telephone number,
 and/or posting a notice where members of the public can readily view it.
- 2. All prescription records including refill and patient history information on prescription files, on patient medication profiles, or on computer printouts as well as the Narcotic and Controlled Drug Register must be delivered to another pharmacy within a convenient distance from the pharmacy which is closing, where they will be available to the patient and prescriber, and for inspection and audit purposes. Patient records which cannot be delivered to another pharmacy must be delivered to the Registrar of the PEI College of Pharmacists.
- 3. All prescriptions records that are transferred to another pharmacy shall be retained for 10 years from the date of initial fill.
- 4. Narcotic and controlled drugs may only be sold or transferred to another pharmacist or a licensed dealer. A triplicate list including the quantity of all narcotic drugs, controlled drugs, targeted substances and exempted codeine products, the date of pharmacy closure and the location to which the targeted substances were moved must be made, signed and dated by the pharmacist releasing and the pharmacist receiving these drugs. One copy of this list must be retained by the pharmacist closing the pharmacy, one copy by the pharmacist accepting these drugs and one copy must be sent to the **Drug Control Unit** within 10 days of closing. The contact information is as follows:

Compliance, Monitoring & Liaison
Office of Controlled Substances
Drug Strategy & Controlled Substances Program
Health Canada
Address Locator: 3502B
Ottawa, ON K1A 1B9

Tel: 613-954-1541 Fax: 613-957-0110

- 5. Narcotic and controlled drugs may only be destroyed and recorded according to the *Destruction of Unusable and Expired Narcotic and Controlled Drugs* policy. Each sheet listing the drugs and quantity destroyed is to be signed and dated by the two health professionals witnessing the destruction, then filed as a prescription, numbered in sequence on the prescription file for narcotic or controlled drugs, or the list may be attached to the green sheets of the pharmacy's "Narcotic and Controlled Drug Register".
- 6. Prescription and non-prescription drugs (restricted to pharmacy sale only) must be sold or transferred to another pharmacist, sold to a registered drug wholesaler, or returned to the manufacturer.
- 7. Signs and symbols relating to the practice of pharmacy must be removed, immediately at the time the pharmacy closes and includes all signs, display cards, and decals on which appear the word or words "pharmacy, pharmacist(s), drug(s), dispensing, dispensary or prescription(s)", information relating to prescription drug plans, i.e. DCAP, Blue Cross and symbols including Rx, mortars and pestles, measuring graduates, show globes, etc.
- 8. All advertising relating to the practice of pharmacy or containing any word or words referred to in item eight above, or a reference to prescription services should be removed or discontinued. This includes stationery, receipts, invoices, imprinted cash register tapes, counter bags, etc., and advertisements or listings in directories, journals or other publications



Pharmacy Closing Form

Return to the Prince Edward Island College of Pharmacists office within **30 days** of closing a pharmacy. Read accompanying information before completing this form.

Pharmacy Information		
Date of application		
Pharmacy name		PEI Permit #
Address		
Primary license holder		Date of closing
<u> </u>		macy Closing (Sold or Transferred to)
Disposition of Narcotic and Co	ontrolled Drugs	
Pharmacy name or wholesale	r	
Address		
City/town	Province	Postal code
Disposition of Prescription Drugs Schedule I		Same as above \square
Pharmacy name or wholesale	r	
Address		
City/town	Province	Postal code
Disposition of Schedule II + III drugs		Same as above \square
Pharmacy name or wholesale	r	
Address		
City/town	Province	Postal code

Disposition of Prescription Files	Same as above $\ \square$	
Pharmacy name or wholesaler _		
Address		
City/town	Province	Postal code
Disposition of Narcotic and Cont	rolled Drug Registers	Same as above
Pharmacy name or wholesaler _		
Address		
City/town	Province	Postal code
comments:		
Declaration/Signature		
I/We hereby request that the pharm date of closing noted above. I/We a accordance with Pharmacy Closure	cknowledge that the ph	armacy closure will be conducted in
Signature of Managing Pharmacist		Print Name
Date		Phone
Signature of Permit Holder (if different):		Date
Send completed forms to: P.E.I Coll		
Cornwall, PE COA 1H0 or by fax to (902)628-6946 or scan a	nd e-mail to <u>info@pepharmacists.ca</u>