SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS

Reference Manual

Drug Distribution by Prescription

A synopsis of federal and provincial acts and regulations governing the distribution of drugs in Saskatchewan. Reasonable steps must be taken to ensure that the prescription is legal, that the practitioner's prescribing privileges are recognized in Saskatchewan, and that the right patient is receiving the medication (see Patient Identification Verification). However, the acts, regulations, and bylaws should always be consulted when applying the laws (also see Resources below). *Health Canada's Section 56 Exemption is in effect until September 30, 2026 unless otherwise communicated by Health Canada. **Exemptions are noted in red below**, detailed information can be found in SCPP's Section 56 Exemption Communication and Practice Changes for Community Pharmacy.

Definitions:

- **Controlled substance:** A substance listed in Schedules I – V to the *Controlled Drugs and Substances Act* (CDSA). Includes narcotics (defined in NCR), controlled drugs (defined in FDR), and targeted substances (defined in BOTSR).
- **Practitioner:** A person who is registered and entitled under the laws of a province to practise in the profession of medicine, dentistry or veterinary medicine, and includes any other person or class of persons prescribed as a practitioner (see federal CDSA and New Classes of Practitioners Regulations, and SK The Drug Schedule Regulations).

FEDERAL					PROVINCIAL
CLASS & DEFINITION	**EXAMPLES**	**PRESCRIPTION REQUIREMENTS[1, 2,3]**	**REFILLS AND TRANSFERS[1,3]**	**RECORDS[1,3]**	**PRESCRIPTION REVIEW PROGRAM / SCPP REQUIREMENTS**

NARCOTICS[4] (includes verbal prescription narcotics and low-dose codeine preparations)
 	
"Narcotics" are the controlled substances listed in the Schedule to the *Narcotic Control Regulations*.
 	
See *Controlled Drugs and Substances Act* (CDSA) and *Narcotic Control Regulations* (NCR).
 	
Note: Only those controlled substances listed in the NCR are referred to as narcotics in the federal legislation.
	Narcotics:
	• buprenorphine (Suboxone)
	• cocaine
	• codeine (Codeine Contin, Tylenol #4)
	• fentanyl
	• diphenoxylate/atropine (Lomotil)
	• hydromorphone (Dilaudid, Hydromorph Contin)
	• hydrocodone
	• methadone
	• morphine (MS Contin, Statex, Kadian)
	• nabilone
	• oxycodone (OxyNeo)
	• tramadol
	
	Verbal Prescription Narcotics:
	• contain a narcotic and two or more non-narcotic drugs in a therapeutic dose;
	• are not intended for parenteral use; and
	• do not contain diacetylmorphine (heroin), hydrocodone, methadone, oxycodone or pentazocine.
	
	• Examples include:
	  ○ codeine/butalbital/caffeine/acetylsalicylic acid (Fiorinal C1/4 & C1/2)
	  ○ codeine/guaifenesin/pheniramine (Robitussin AC)
	  ○ codeine/caffeine/acetaminphen (Tylenol #2 & #3)
	
	Low-dose Codeine Preparations contain:
	• codeine up to 8 mg/ solid dosage form, or not more than 20 mg/30 mL of liquid, and
	• 2 or 3 active non-narcotic ingredients.
	
	• Examples include:
	  ○ codeine/caffeine/acetaminphen (Tylenol #1)
	  ○ codeine/doxylamine/acetaminophen (Mersyndol)
	  ○ codeine/methocarbamol/acetaminophen (Robaxacet-8)
		Narcotics:
		Written[5] prescription signed and dated by a practitioner.
		
		The **pharmacist** must verify the signature of the practitioner if it is not known to them.
		
		***Section 56 Exemption** (see SCPP Communication in effect until 2026)**:**
		Verbal prescriptions are permitted for all controlled substances.
		
		Verbal Prescription Narcotic:
		May be prescribed verbally. **Pharmacist** must create a written record of the verbal prescription.
		
		The **pharmacist** must take reasonable precautions to determine the person calling is a practitioner.
		
		Low-dose Codeine Preparations:
		No prescription required for a low-dose codeine preparation. However, if a prescription is provided, all prescription-related requirements for narcotics apply.
		
		Pharmacist may only sell a low-dose codeine preparation if they have reasonable grounds to believe the preparation is to be used for recognized medical or dental purposes.
		
		Labelling Requirements[6]:
		Class A Opioids (see Opioids List – Part A): When dispensing to patients, must be accompanied by a warning sticker and patient information handout as specified by Health Canada.
		
		Low-dose Codeine Preparations: The inner and outer label must caution that the preparation contains codeine and should not be administered to children except on the advice of a physician, dentist or nurse practitioner.
			Refills:
			Not permitted.
			
			However, a narcotic prescription may be part-filled. A part-fill is the dispensing of a quantity of drug which is less than the total amount of the drug specified by a practitioner when the prescription was originally written or issued. (See Health Canada's Bureau of Dangerous Drugs Information Bulletin to Pharmacists Nov. 3, 1981).
			
			Transfers[7]:
			Not permitted.
			
			***Section 56 Exemption** (see SCPP Communication in effect until 2026)**:**
			Pharmacists may extend or renew an existing prescription for a controlled substance. However, the patient must be under the professional treatment of the pharmacist. (Also see Prescriptive Authority).
			
			Transfers are permitted between **pharmacists**.
				Purchase Records (from a licensed dealer or emergency sale from another **pharmacist**) must include**:**
				• Name and quantity of the drug;
				• Date received;
				• Name and address of the person from whom the drug was received.
				
				Purchase records must be maintained in a book, register or other record maintained for such purposes.
				
				Dispensing/Sale Records[8] must include:
				• Name or initials of the pharmacist;
				• Name, initials, and address of the practitioner;
				• Name and address of the patient;
				• Name, form and quantity of the drug;
				• Date the drug was dispensed;
				• Number assigned to the prescription.
				
				If **verbal** prescription, must also include:
				• Directions for use.
				
				Dispensing records must be filed in order of date and Rx/Tx number in a special prescription file.
					Prescription Review Program (See PRP):
					Written[4] prescriptions are preferred.
					
					Verbal prescriptions for controlled substances to a **pharmacist** are permitted as a last resort if permitted by Health Canada. Rationale must be documented. (See section 18.1 CPSS Bylaws & PRP Joint Statement).
					
					Controlled substances may only be transferred once within Canada. (See Joint Statement in effect until September 30, 2026 or unless as otherwise communicated).
					
					Prescriptions for monitored drugs must include**:**
					• Patient's date of birth;
					• Patient's address;
					• Patient's health services number;
					• Practitioner's name and address; and
					• Total quantity of drug prescribed, both numerically and in written form (both forms not required if Rx is by electronic transmission).
					
					No refills permitted. A smaller portion of a total quantity may be dispensed at specified intervals.
					
					SCPP Requirements:
					Low-dose Codeine Preparations (Schedule II)
					Pharmacists must complete low-dose codeine products training to sell without a prescription.
					
					Non-prescription sales of low-dose codeine products cannot exceed 50 solid dosage units or 100 mL of liquid preparations.
					
					Pharmacies are not permitted to **purchase, store or repackage** pack sizes exceeding the above quantities for prescription and non-prescription sales.
					
					Only 1 consumer package of low-dose codeine product may be sold per occasion. Multiple sales are not permitted. All sales must be documented in the pharmacy's patient profile and PIP.
					
					See Low-Dose Codeine Products-Conditions of Sale.

FEDERAL					PROVINCIAL
CLASS & DEFINITION	**EXAMPLES**	**PRESCRIPTION REQUIREMENTS[1, 2,3]**	**REFILLS AND TRANSFERS[1,3]**	**RECORDS[1,3]**	**PRESCRIPTION REVIEW PROGRAM / SCPP REQUIREMENTS**
CONTROLLED DRUGS[4] "Controlled drugs" are the controlled substances listed in the Schedule to Part G of the *Food and Drug Regulations*. See CDSA, and Part G of the *Food and Drug Regulations* (FDR). Note: Only those controlled substances listed in Part G of the FDR are referred to as controlled drugs in the federal legislation.	The Schedule in Part G of the FDR contains three parts. **Part I** includes: • amphetamine salts (Adderall) • dextroamphetamine (Dexedrine) • lisdexamfetamine (Vyvanse) • methylphenidate (Biphentin, Concerta, Ritalin) **Part II** includes: • butalbital/acetylsalicylic acid/caffeine (Fiorinal, Tecnal) • phenobarbital **Part III** includes: • testosterone	Written[5] and verbal prescriptions are permitted. See Narcotics section above for written and verbal prescription requirements. **Labelling Requirements[6]:** No federal requirements.	**Refills:** Permitted for **written** prescriptions of controlled drugs listed in **Part I**. Permitted for **written and verbal** prescriptions of controlled drugs listed in **Part II and III**. Refills for **all** controlled drugs must include: • Number of times that it may be refilled ("PRN" is not valid for refills); and • the dates for refills, or the intervals between refills. **Transfers[7]:** Not permitted. *See Narcotics section above for **Section 56 Exemptions.**	**Purchase Records** (from a licensed dealer or emergency sale from another **pharmacist**): • See Narcotics section above. Purchase records for controlled drugs listed in **Part I** must be maintained in a book, register or other record exclusively for controlled drugs. Purchase records for Part II and III may be maintained in a different manner. (See Health Canada references in Resources section below.) **Dispensing/Sale Records[8]:** **Written** prescriptions for controlled drugs listed in **Part I:** • See Narcotics section above. **Verbal** prescriptions for **all** controlled drugs: • See Narcotics section above. Dispensing records must be filed in order of date and Rx/Tx number in a special prescription file.	**Prescription Review Program:** • See Narcotics section above.

BENZODIAZEPINES & OTHER TARGETED SUBSTANCES[4]
 	
"Targeted substances" (including benzodiazepines) are the controlled substances listed in Schedule 1 to the *Benzodiazepines and Other Targeted Substances Regulations*.
 	
See CDSA, and *Benzodiazepines and Other Targeted Substances Regulations* (BOTSR).
 	
Note: Only those controlled substances listed in the BOTSR are referred to as targeted substances in the federal legislation.
	Benzodiazepines including:
	• alprazolam (Xanax)
	• bromazepam
	• chlordiazepoxide (Librium)
	• clobazam
	• clonazepam (Rivotril)
	• diazepam (Valium)
	• lorazepam (Ativan)
	• midazolam
	• oxazepam
	• temazepam (Restoril)
	• triazolam
	but excluding:
	• clozapine (Clozaril)
	• flunitrazepam (Rohypnol)
	• olanzapine (Zyprexa)
	
	Other targeted substances including:
	• zolpidem (Sublinox)
		Written[5] prescription signed and dated, or verbal prescription from practitioner.
		
		Verbal Prescription Requirements:
		Pharmacist must create a written record of the verbal prescription showing:
		• Patient's name and address;
		• Date;
		• Name of the drug;
		• Quantity and strength per unit of the drug;
		• Pharmacist's name;
		• Practitioner's name;
		• Directions for use;
		• Number of refills and interval if specified.
		
		Labelling Requirements[6]:
		• Name and address of pharmacy;
		• Dispense date and prescription number;
		• Patient's name;
		• Practitioner's name;
		• Name of drug;
		• Quantity and strength per unit of the drug;
		• Directions for use.
			Refills:
			• Permitted for **written and verbal** prescriptions.
			• Specific number of refills must be specified ("PRN" is not valid for refills).
			• If interval for refill is specified, must only refill when interval has elapsed.
			• Valid if less than one year has elapsed since the date the prescription was issued.
			
			Transfers[7]:
			• May be transferred only **once**.
			• Written or verbally between **pharmacists**.
			• Written transfers - must obtain a copy of the written prescription or written record of a verbal prescription.
			• Verbal transfers - must record same information as required for Verbal Prescriptions.
			• **Receiving** pharmacist must record:
			  ○ Name and address of the transferring pharmacist;
			  ○ Refills remaining and interval if applicable;
			  ○ Date of last refill.
			• **Transferring** pharmacist must record:
			  ○ Date of transfer;
			  ○ Name of receiving pharmacist;
			  ○ Name and address of receiving pharmacy;
			  ○ Refills remaining.
			
			* See Narcotics section above **for Section 56 Exemption**.
				Purchase Records (from a licensed dealer or emergency sale from another **pharmacist**) must include**:**
				• Name of drug;
				• Quantity and strength per unit of the drug, number of units per package, and number of packages;
				• Date received;
				• Name and address of the person from whom the drug was received.
				
				Dispensing/Sale Records[8] must include:
				• Date the drug was dispensed;
				• Quantity of drug dispensed;
				• Name or initials of the pharmacist;
				• Number assigned to the prescription.
					Prescription Review Program:
					• See Narcotics section above.

FEDERAL					PROVINCIAL
CLASS & DEFINITION	• **EXAMPLES**	**PRESCRIPTION REQUIREMENTS[1, 2,3]**	**REFILLS AND TRANSFERS[1,3]**	**RECORDS[1,3]**	**PRESCRIPTION REVIEW PROGRAM / SCPP REQUIREMENTS**

PRESCRIPTION DRUG LIST (PDL) DRUGS (FORMERLY "SCHEDULE F")
 	
"Prescription Drugs" listed in the Prescription Drug List (PDL) enabled by the *Food and Drugs Act* (FDA).
 	
See the *FDA*, and Part C of the FDR.
	• amlodipine
	• baclofen
	• candesartan
	• furosemide
	• gabapentin
	• metformin
	• metoprolol
	• oxybutynin
	• pantoprazole
	• pregabalin
	• ramipril
	• ranitidine
	• rabeprazole
	• rosuvastatin
	• salbutamol
	• zopiclone
	
	See PDL.
		Written[5] or verbal prescription from practitioner.
		
		Verbal Prescription Requirements:
		Pharmacist or pharmacy technician must create a written record of the verbal prescription showing:
		• Patient's name and address,
		• Date, and prescription number if applicable,
		• Name and quantity of drug,
		• Pharmacist's / pharmacy technician's name,
		• Practitioner's name,
		• Directions for use,
		• Number of refills (if any).
		
		Labelling Requirements[6]:
		No federal requirements.
			Refills:
			• Permitted for **written and verbal** prescriptions.
			• Specific number of refills must be specified ("PRN" is not valid for refills).
			
			Transfers[7]:
			• Written or verbally, between **pharmacists or pharmacy technicians**.
			• Written transfers - must obtain a copy of the written prescription or written record of a verbal prescription.
			• Verbal transfers - must record same information as required for Verbal Prescriptions.
			• **Receiving** pharmacist / pharmacy technician must record:
			  ○ Name and address of transferring pharmacist / pharmacy technician;
			  ○ Refills remaining;
			  ○ Date of last refill;
			• **Transferring** pharmacist / pharmacy technician must record:
			  ○ Date of transfer.
				Dispensing/Sale Records[8] must include:
				• Date the drug was dispensed;
				• Quantity of drug dispensed;
				• Name of the pharmacist.
					Prescription Review Program:
					For PDL drugs monitored by the PRP (e.g., gabapentin, zopiclone): See Narcotics section above.
					
					Verbal prescriptions for monitored PDL drugs may be provided to a **pharmacist or pharmacy technician**. Rationale must be documented.
					
					Refills are permitted. PDL drugs do not need to meet part-fill requirements of the PRP. See Regulatory Update here.
					
					See PRP.
					
					SCPP Requirements:
					Prescription drugs also include drugs listed in Schedule I of the SCPP Administrative Bylaws to *The Pharmacy and Pharmacy Disciplines Act*.

OTHER SASKATCHEWAN REQUIREMENTS (APPLY TO ALL DRUGS):

[1]**Retention period:** Federal laws require that all records (prescription, transfer, purchase and dispensing/sale records) must be retained for 2 years from the date the record is made. Records must be retrievable in a timely manner in order to permit an efficient audit to be made. Also see SCPP's Summary of Record Keeping Requirements and Record Keeping Requirements for CDSA Drugs.

[2]**Prescription validity:** Prescriptions in Saskatchewan are valid for one year from its written date. Also see SCPP's Prescription Validity, and Prescribing Privileges for Optometrists, Midwives, Medical Interns and Residents as recognized in *The Drug Schedule Regulations.* Also see "Dispensing Prescriptions Issued by Out-of-Province Pharmacists" in Prescriptive Authority for Pharmacists – Frequently Asked Question.

[3]**SCPP Requirements for Schedule I Drugs**: See SCPP Regulatory Bylaws Part N for additional requirements for: retention of prescription, verbal prescriptions, transferring of prescriptions, refills, maintaining records.

[4]**Loss or theft** (including dispensed forgeries) of narcotics, controlled drugs, and targeted substances must be reported to Health Canada within 10 days of discovery. Also see SCPP's Forgeries and HC's Reporting Loss or Theft of Controlled Substances or Precursors.

[5]**Wet Signature** (CPSS Regulatory Bylaw s.17.1(d))**:** All prescriptions that are given directly to the patient whether handwritten or electronically generated must be counter-signed with a "wet" signature. See SCPP's Electronic Transmission and Storage of Prescriptions for further details on different methods of transmitting a prescription.

[6]**SCPP Labelling Requirements** (SCPP Regulatory Bylaws s.13 of Part J): Patient's name, practitioner's name, prescription number, date the drug was dispensed, name of drug, directions for use, pharmacy's name, address and phone number.

[7]**Transfer of Prescriptions**: It is unethical to refuse or interfere in the transfer of a prescription except when it is in the best interest of the patient.

[8]**Patient Profile (& Dispensing/Sale Record) Requirements** (SCPP Regulatory Bylaws s.11(6) of Part J): Patient's name and address, birth month and year, health services number, allergies and special information, date, prescription number, identification of practitioner, identification of pharmacist and pharmacy technician, name and strength of medication, quantity, directions, and repeats.

Resources:

- Health Canada – Federal Regulatory Record Keeping Requirements
- Health Canada – Recommended Guidance in the Areas of Security, Inventory Reconciliation and Recordkeeping for Community Pharmacists
- College of Physicians and Surgeons of Saskatchewan (CPSS)
  - Physicians with Prescribing Restrictions
- College of Dental Surgeons of Saskatchewan (CDSS)
- Saskatchewan Association of Optometrists (SAO)
- Saskatchewan Veterinary Medical Association (SVMA)
- College of Registered Nurses of Saskatchewan (CRNS)
- Saskatchewan College of Midwives (SCM)
- Saskatchewan College of Podiatrists (SCOP)

Last Revised: Oct. 3, 2022