

PRINCE EDWARD ISLAND
PHARMACY BOARD

South Shore Professional Building

P.O. Box 89, Crapaud, P.E.I. COA IJO

Phone: (902) 658-2780 Fax: (902) 658-2198 E-mail: peipharm@pei.aibn.com

Member Organization of the National Association of Pharmacy Regulatory Authorities (NAPRA)

GUIDELINES ON THE CLOSING OF A PHARMACY

A permit to operate a pharmacy ceases to have effect when:

- the pharmacy is closed
- the pharmaceutical services are discontinued for a period exceeding 30 days
- the pharmacy is relocated to a different location/facility
- the pharmacy is sold
- the responsibility for its overall management is changed to another person other than the holder of the permit

PROCEDURE

1. Every person who closes a pharmacy with the intention of discontinuing the operation of the pharmacy shall immediately remove all signs and symbols relating to the practice of pharmacy, either within or outside the premises, shall remove and dispose of all drugs according to law and shall submit in writing to the Registrar such information within such time as the regulations prescribe (**Section 20 P.E.I. Pharmacy Act, Authorization Regulations**).

2. Where a pharmacy ceases to operate, prescriptions held at the pharmacy when it ceases to operate shall be delivered to the person or agent of the person who presented the prescription or, to another pharmacy, within a convenient distance, or failing that to the custody of the Registrar. Both the patient and the Registrar are to be informed of the relocation.

3. All prescriptions dispensed shall be retained by the dispensing pharmacist for at least two years. (**Section 17 P.E.I. Pharmacy Act, Standards Regulations**).

4. Narcotic and controlled drugs may only be sold or transferred to another pharmacist or a licensed dealer.

1. A triplicate list, including the quantity of all narcotic drugs, controlled drugs, targeted substances and exempted codeine products, 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** at:

Compliance, Monitoring & Liaison Division
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 after a list of the drugs, including the quantity is submitted to Health Canada at the above address and written permission has been obtained before any action takes place.

These drugs must be destroyed by the pharmacist in the presence of one other health professional, i.e. another pharmacist, physician or an inspector for the Board.

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 or a registered drug wholesale or returned to the manufacturer.

7. All prescription records including refill and patient history information on prescription files, on patient medication profiles, or on computer printouts 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.

All prescription records and the Narcotic and Controlled Drug Register must be available for inspection and audit after the pharmacy closes.

Prescription records not delivered to another pharmacy must be delivered to the office of the Board's Registrar.

8. Signs and symbols relating to the practice of pharmacy must be removed, at the time the pharmacy closes and includes all signs, display cards, and decals on which appear the word or words "pharmacy, pharmacist(s), apothecary, chemist(s), druggist(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."

9. All advertising relating to the practice of pharmacy or containing any word or words referred to in item 8 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.

The use of such advertising in connection with or at a premise other than a licensed pharmacy would contravene the Prince Edward Island Pharmacy Act and Regulations.

PRINCE EDWARD ISLAND PHARMACY BOARD

PHARMACY CLOSING FORM

PLEASE TYPE OR PRINT.

READ INFORMATION SHEET BEFORE COMPLETING THIS FORM.

PHARMACY NAME: _____

PHARMACY ADDRESS: _____

PHARMACY LICENSE HOLDER: _____

DATE PHARMACY CLOSED: _____

1. PREMISES ARE TO BE

(a) Operated as: _____

By: _____

(If (a) please make application for a permit to operate a pharmacy)

(b) Remained Closed ()

(b) Other: _____

2. DISPOSITION OF THE DRUGS IN STOCK AT TIME OF PHARMACY CLOSING

(Sold or transferred to)

(a) Narcotic and Controlled Drugs (Items 4 & 5, Information Sheet)

(b) Prescription Drugs (Item 6, Information Sheet)

© Non-Prescription Drugs (Item 6, Information Sheet)

2. DISPOSITION OF PRESCRIPTION FILES AND RECORDS (Transferred or available at)

(a) Prescription files and refill records (Item 7, Information Sheet)

(b) Narcotic and Controlled Drugs Register

4. ALL SIGNS AND SYMBOLS RELATING TO THE PRACTICE OF PHARMACY BOTH WITHIN AND OUTSIDE THE PREMISES WERE REMOVED ON _____
(Item 8, Information Sheet)

Additional Comments:

I HEREBY REQUEST THAT THE PHARMACY PERMIT FOR _____

CANCELLED EFFECTIVE THE DATE OF CLOSING.

Signature of Pharmacist in Charge: _____

Date: _____ Print Name in Full: _____

Current Address: _____

Telephone: _____

Signature of Owner (if different): _____

This form is to be mailed to the Registrar within 30 days of the date of closing.