

## **GUIDELINES FOR PRINCE EDWARD ISLAND PHARMACIES WISHING TO PARTICIPATE IN A CENTRALIZED PRESCRIPTION FILLING PROCESS**

1. “Centralized prescription processing” means the processing by a pharmacy of a request from another pharmacy to prepare a prescription drug order or to perform processing functions such as dispensing, performing drug utilization review, completing claims adjudication, obtaining refill authorizations and initiating therapeutic interventions.
2. Centralized prescription processing can occur only in licensed pharmacies.
3. All prescriptions dispensed by means of a centralized prescription processing system must bear a label that includes an identifiable code that provides a complete audit trail of the dispensing of the drug and pharmaceutical care activities.
4. A pharmacy may perform or outsource centralized prescription processing services provided that the parties:
  - a) Are licensed pharmacies and have the same owner, or
  - b) Have a written contract outlining the services to be provided and the responsibilities and accountabilities of each party in fulfilling the terms of the contract in compliance with federal and provincial laws and regulations, and
  - c) Share a common electronic file or have appropriate technology to allow access to sufficient information necessary or required to prepare a prescription drug order, and
  - d) Are located in the same province.
5. The parties performing or contracting for centralized prescription processing services shall maintain a policy and procedures manual, along with documentation that implementation is occurring in a manner that shall be made available for inspection and review upon request and that includes, but is not limited to, the following:
  - a) A description of how the parties will comply with federal and provincial laws and regulations
  - b) The maintenance of appropriate records to identify the responsible pharmacist(s) in the various stages of the pharmaceutical care and drug product preparation processes
  - c) The maintenance of a mechanism for tracking the prescription drug order during each step in the pharmaceutical care and drug product preparation process

- d) The maintenance of a mechanism to identify on the prescription label all pharmacies involved in dispensing the prescription drug order
  - e) The provision of adequate security to protect the confidentiality and integrity of patient information
  - f) The maintenance of a quality assurance program for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems.
6. Pharmacists who participate in central prescription processing are jointly responsible for ensuring the prescription drug order has been properly prepared. The audit trail identifies the individual accountable at each step in the process for complying with the standards of practice as detailed in the National Model Standards of Practice for Canadian Pharmacists with federal and provincial legislation.
7. The label of medication filled by a centralized prescription process must provide all the prescription label information as required by Standards Regulation 19 for the “patient contact pharmacy”. The prescription label, an auxiliary label, a pamphlet included with the prescription or a code on the prescription label must inform that the prescription was packaged at a central fill pharmacy and indicate the name of the central fill pharmacy.
8. The pharmacist-in-charge of a pharmacy that utilizes central prescription processing shall post a notice informing patients that the preparation of their prescription may be outsourced to another pharmacy.

**CENTRAL FILL  
PHARMACY AGREEMENT**

THIS AGREEMENT made effective as of \_\_\_\_\_

**BETWEEN:**

\_\_\_\_\_ <sup>1</sup>  
**The owner of** \_\_\_\_\_ # \_\_\_\_\_ <sup>2</sup>  
(The “Central Fill Community Pharmacy”)

-and-

\_\_\_\_\_ <sup>3</sup>  
**The owner of** \_\_\_\_\_ # \_\_\_\_\_ <sup>4</sup>  
(The “Community Pharmacy”)

**WHEREAS:**

- The pharmacist-in-charge of the Community Pharmacy holds a community pharmacy permit;
- The pharmacist-in-charge of Central Fill Community Pharmacy holds a community pharmacy permit;
- Pharmacists employed by the Community Pharmacy dispense drugs to patients of the Community Pharmacy and require the services of the Central Fill Community Pharmacy to compound or repackage drugs, or both, so that the pharmacists at the Community Pharmacy can dispense those drugs to patients of the of the Community Pharmacy;
- The “Central Fill Pharmacy” is willing to compound or repackage drugs, or both, or the Community Pharmacy;

\_\_\_\_\_  
<sup>1</sup> Insert legal name of the owner of the Central Fill Community Pharmacy  
<sup>2</sup> Insert name and permit number of the Central Fill Community Pharmacy  
<sup>3</sup> Insert legal name of the owner of the Community Pharmacy  
<sup>4</sup> Insert name and permit number of the Community Pharmacy

- The Community Pharmacy and the Central Fill Community Pharmacy wish to enter into an agreement for the provision of compounding or repackaging services, or both, by the Central Fill Community Pharmacy;
- The Community Pharmacy and the Central Fill Community Pharmacy recognize that under the terms of the Pharmacy Act and Regulations, the pharmacist-in-charge of the Central Fill Community Pharmacy must ensure that the Central Fill Community Pharmacy only provides pharmacy services to the Community Pharmacy under the terms of a written contract that includes the terms required by the that the terms required by the Board and is in the form required by the Registrar of the Board;
- By signing this Agreement, the pharmacist-in-charge and the owner of the Central Fill Community Pharmacy and the pharmacist-in-charge and the owner of the Community Pharmacy each recognize their duties and responsibilities under the Pharmacy act and Regulations under this Agreement

THEREFORE the Community Pharmacy and the Central Fill Community Pharmacy mutually covenant and agree as follows:

## **1. DEFINITIONS AND INTERPRETATION**

### **1.1 In this Agreement:**

“Agreement” includes the Schedules to the Agreement and any amendment made to this Agreement or the Schedules;

“Board” mean the P.E.I. Pharmacy Board;

“Community pharmacy permit” means a community pharmacy permit issued under section 14 of the P.E.I. Pharmacy Authorization Regulations;

“Central Fill Community Pharmacy permit” means a community pharmacy permit also under section 14 of the P.E.I. Pharmacy Authorization Regulation;

“Dispense” means to provide a drug pursuant to a prescription;

“Drug” means a substance or combination of substances referred to in section 1(h) of the Pharmacy Act or defined as an emergency release drug or a special access drug under the P.E.I. Pharmacy Act and Regulations and any combination of such substance or substances with any other substance;

## **2. RECORDS TO BE KEPT SEPARATE**

- 2.1 If the Central Fill Community Pharmacy operates as a standard community pharmacy under a community pharmacy permit, the Central Fill Community Pharmacy shall keep the records relating to its operations as a standard community pharmacy separate and distinct from the records relating to the Services it provides under this Agreement.

## **3. ACCESS TO RECORDS**

- 3.1 The Central Fill Community Pharmacy shall, on reasonable notice in writing from the Community Pharmacy:
- (a) provide the Community Pharmacy with access to any records relating to the provision of the Services under this Agreement; and
  - (b) provide the Community Pharmacy with a true copy of any records relating to the provision of the Services under this Agreement.
- 3.2 The Central Fill Community Pharmacy may charge a reasonable fee for copying records required to be provided under article 3.1 (b).

## **4. ACCESS TO INFORMATION ABOUT INGREDIENTS**

- 4.1 The Central Fill Community Pharmacy shall provide the Community Pharmacy with the following information about each drug that is compounded or repackaged under this Agreement:
- (a) a list of ingredients;
  - (b) the strength of each ingredient;

## **5 EMERGENCY CONTACT INFORMATION**

Both the Central Fill Community Pharmacy and the Community Pharmacy shall maintain, in Schedule "A", a current list of Emergency Contact Information.

## **6 REVIEW OF AGREEMENT ON OR BEFORE THE THIRDDANNIVERSARY**

- 6.1 In the event that the term of this Agreement is greater than 3 years, the parties agree that they shall meet to review this Agreement on or before the third anniversary of the date of Agreement is first signed to ensure that the terms of the Agreement are current and relevant.
- 6.2 The parties shall:
- (a) keep minutes of the meetings

- (b) ensure that the minutes are signed by the pharmacist-in-charge of each party;
- (c) provide a copy of the minutes to the Registrar on request.

**7 SIGNATURE OF LICENSEE AND OWNER REQUIRED**

7.1 This Agreement is not in effect unless it is signed by both the owner and the pharmacist-in-charge of each party.

WHEREFORE THE PARTIES to this Agreement have duly executed this Agreement as of the date written above.

**Legal Name of the Owner Of The  
CENTRAL FILL COMMUNITY  
PHARMACY**

Per: \_\_\_\_\_  
Signature of owner

Per: \_\_\_\_\_  
Signature of pharmacist-in-charge

**Legal Name of the Owner of  
The COMMUNITY PHARMACY**

Per: \_\_\_\_\_  
Signature of owner

Per: \_\_\_\_\_  
Signature of pharmacist-in-charge

## EMERGENCY CONTACT INFORMATION

### Community Pharmacy:

<b>Name of Individual</b>	<b>Times Available As Emergency Contact</b>	<b>Contact Information</b>
		<b>Phone #:</b> <b>Email Address:</b> <b>Other Contact Info:</b>
		<b>Phone #:</b> <b>Email Address:</b> <b>Other Contact Info:</b>
		<b>Phone #:</b> <b>Email Address:</b> <b>Other Contact Info:</b>
		<b>Phone #:</b> <b>Email Address:</b> <b>Other Contact Info:</b>
		<b>Phone #:</b> <b>Email Address:</b> <b>Other Contact Info:</b>

**EMERGENCY CONTACT INFORMATION**

**Central Fill Community Pharmacy:**

<b>Name of Individual</b>	<b>Times Available As Emergency Contact</b>	<b>Contact Information</b>
		<b>Phone #:</b> <b>Email Address:</b> <b>Other Contact Info:</b>
		<b>Phone #:</b> <b>Email Address:</b> <b>Other Contact Info:</b>
		<b>Phone #:</b> <b>Email Address:</b> <b>Other Contact Info:</b>
		<b>Phone #:</b> <b>Email Address:</b> <b>Other Contact Info:</b>
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