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

1. 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:
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

<table>
<thead>
<tr>
<th>Date of application</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy name</td>
<td></td>
</tr>
<tr>
<td>PEI Permit #</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Date of closing</td>
<td></td>
</tr>
<tr>
<td>Primary license holder</td>
<td></td>
</tr>
</tbody>
</table>

Disposition of Drugs in Stock at the Time of Pharmacy Closing (Sold or Transferred to)

Disposition of Narcotic and Controlled Drugs

<table>
<thead>
<tr>
<th>Pharmacy name or wholesaler</th>
<th>Address</th>
<th>City/town</th>
<th>Province</th>
<th>Postal code</th>
</tr>
</thead>
</table>

Disposition of Prescription Drugs Schedule I

<table>
<thead>
<tr>
<th>Pharmacy name or wholesaler</th>
<th>Address</th>
<th>City/town</th>
<th>Province</th>
<th>Postal code</th>
</tr>
</thead>
</table>

Disposition of Schedule II + III drugs

<table>
<thead>
<tr>
<th>Pharmacy name or wholesaler</th>
<th>Address</th>
<th>City/town</th>
<th>Province</th>
<th>Postal code</th>
</tr>
</thead>
</table>
Disposition of Prescription Files and Records

Same as above

Pharmacy name or wholesaler

Address

City/town Province Postal code

Disposition of Narcotic and Controlled Drug Registers

Same as above

Pharmacy name or wholesaler

Address

City/town Province Postal code

Removal of All Signs and symbols Relating to the Practice of Pharmacy (In and Outside Premises)

Date Removed

Additional comments:

Declaration/Signature

I/We hereby request that the pharmacy permit as noted above is to be cancelled effective the date of closing noted above. I/We acknowledge that the pharmacy closure will be conducted in accordance with Pharmacy Closure Procedure and the PEI Pharmacy Act.

Signature of Managing Pharmacist

Print Name

Date

Phone

Signature of Permit Holder (if different):

Date

Send completed forms to: P.E.I College of Pharmacists, 375 Trans Canada Hwy, PO Box 208 Cornwall, PE C0A 1H0 or by fax to (902)628-6946 or scan and e-mail to info@pepharmacists.ca