

Controlled drugs and substances exemption guidelines

Background

Health Canada has issued [exemptions for prescribing and providing controlled substances](#) under Section 56(1) of the *Controlled Drugs and Substances Act* (CDSA). These exemptions are set to expire on September 30, 2026. These exemptions for drugs regulated under the CDSA permit

1. pharmacists to extend or renew existing prescriptions,
2. pharmacists to transfer prescriptions to other pharmacists,
3. prescribers to verbally prescribe (e.g., over the phone), and
4. pharmacy employees or other individuals authorized by the pharmacist to deliver prescriptions of controlled substances to patients' homes or other locations where they may be.

Health Canada has also issued a [Frequently Asked Questions document](#) to provide further information and clarity on these exemptions.

The intention of these guidelines is to provide direction on how to implement the above exemptions into practice within the context of the existing legislative framework. To support these exemptions, Standard 11.7 of the [Standards of Practice for Pharmacists and Pharmacy Technicians](#) (SPPPT), the prohibition from prescribing narcotics and controlled drugs, is temporarily repealed until September 30, 2026.

When applying these exemptions to controlled substances used for opioid agonist therapy in patients with opioid use disorder, regulated members should read these guidelines in conjunction with [Opioid Agonist Therapy \(OAT\) guidelines](#).

Note: All standards referenced below are from the SPPPT.

Guidelines for the exemptions

Exemption 1: The exemptions permit pharmacists to extend or renew existing prescriptions for drugs regulated under the CDSA.

General

1. Pharmacists are permitted to renew existing prescriptions for controlled substances only for continuity of care as described in standard 11.3(c). The exemption does not authorize pharmacists to
 - a. make therapeutic substitutions for prescriptions for controlled substances as described in standards 11.3(a) and 11.3(b),
 - b. adjust dose and regimen to exceed the quantity originally authorized,
 - c. prescribe a controlled substance for emergency purposes as described in standards 11.4 and 13, or
 - d. prescribe a controlled substance at initial access as described in standards 11.5 and 14.
2. Because of the elevated risks of diversion and misuse with controlled substances, pharmacists must take

reasonable steps to verify the identity of the patient or the patient's agent, by confirming the patient's name, and at least one other identifier, such as photo identification, regardless of whether the patient is new to the pharmacy, or if a pre-existing patient relationship exists.

3. It is essential that pharmacists self-evaluate their knowledge, skills, and competencies before they prescribe an extension for a controlled substance.

Assessment

4. Pharmacists must complete a thorough assessment of each individual before prescribing a controlled substance to a patient. This assessment must include
 - a. a review of the Electronic Health Record (Netcare) every time a pharmacist prescribes a controlled substance, and
 - b. a determination of whether the existing prescription was for an acute condition requiring short-term therapy or a chronic condition requiring ongoing therapy.
5. Pharmacists who prescribe an extension for a controlled substance should limit the days supply they provide to the minimum amount necessary to meet the needs of the patient, and should not exceed the last quantity authorized by the original prescriber or 30 days, whichever is less.

Additional considerations for Opioid Agonist Therapy (OAT)

6. Pharmacists may prescribe an extension for OAT for the purposes of renewing existing medications for continuity of care only if
 - a. it is not reasonably possible to contact the original prescriber,
 - b. there is evidence the patient is on a stable dose (i.e., no recent changes) and has not recently missed doses which may result in reduced tolerance to their OAT,
 - c. it is in the best interest of the patient to prescribe, and
 - d. the pharmacist prescribes the minimum amount required to provide the patient or pharmacist sufficient time to contact the original prescriber.
7. Pharmacists who are unable to collaborate with the original prescriber and are required to prescribe OAT due to immediate patient need, may contact the [AHS Opioid Use Disorder - Telephone Consultation Service](#) if they require additional clinical guidance and support. This service is intended for OAT prescribers and gives them the opportunity to consult with an opioid use disorder physician specialist.¹
8. Because injectable opioid agonist therapy (iOAT) is currently only delivered to patients within structured, multi-disciplinary iOAT programs, and it is not appropriate for pharmacists to dispense or facilitate iOAT outside of an Alberta Health sanctioned iOAT program, pharmacists must not prescribe an extension for iOAT for patients.

Exemption 2: The exemptions permit pharmacists to transfer prescriptions for drugs regulated under the CDSA to other pharmacists.

9. All existing applicable legislation and guidance regarding transferring prescriptions applies to the transfer of controlled substances. For reference, refer to ACP's [Guidance for requests to transfer patient care](#).
10. Prescriptions for controlled substances, except for targeted substances, may only be transferred within Alberta.²

¹ This service has limited capacity and is not intended for dispensing or regulatory questions. Pharmacists with these questions should consult the [ACP's OAT guidelines](#), an appropriate clinical reference, or contact ACP at 780-990-0321.

² Pharmacists are authorized by section 54 of the Benzodiazepines and Other Targeted Substances Regulations to transfer targeted drugs to pharmacists in other provinces or territories. Nothing in the exemption supersedes this.

11. All controlled substances, including targeted substances, may be transferred more than one time.
12. Pharmacists should notify prescribers and other healthcare professionals in the patient's circle of care when prescriptions for OAT medications are transferred.
13. Pharmacy technicians are not authorized to transfer prescriptions for controlled substances.³

Exemption 3: The exemptions permit prescribers to verbally prescribe (e.g., over the phone) drugs regulated under the CDSA.

14. Pharmacists are permitted to accept verbal orders for all controlled substances regulated under the CDSA.
15. Pharmacy technicians are not authorized to accept verbal orders for controlled substances.⁴
16. Pharmacists are not authorized to issue a verbal order to extend a controlled substance.

Exemption 4: The exemptions permit pharmacy employees or other individuals authorized by the pharmacist to deliver prescriptions of controlled substances to patients' homes or other locations where they may be.

17. Pharmacists can authorize pharmacy employees, or other appropriate individuals, to deliver prescriptions for controlled substances. A pharmacist who authorizes a pharmacy staff member or other individual in this way must ensure
 - a. The security and integrity of the controlled substances provided to the patient.
 - b. There is policy and procedure in place to
 - i. ensure patient confidentiality is maintained, and
 - ii. confirm the receipt of delivery by the patient or their designated agent.
 - c. The authorized individual
 - i. Confirms the identity of the patient identified in the prescription or the person designated to accept the delivery on behalf of that individual and only delivers the drugs to that person. Leaving the drugs unattended or with a person not designated by the patient is not acceptable.
 - ii. Obtains a note from the pharmacist that
 1. identifies the name of the authorized individual effecting the delivery;
 2. identifies that the authorized individual has been tasked with delivering prescriptions for a specific list of people and the places of delivery;
 3. identifies the contact information of the pharmacist, should law enforcement need to confirm the name and quantity of the controlled substance to be delivered; and
 4. does not identify details about what they are delivering.⁵
 - iii. Has a copy of the above note as well as a copy of the Health Canada Exemption while effecting the delivery.

³ Federal legislation and regulations do not currently allow pharmacy technicians to transfer prescriptions for controlled substances. The section 56(1) exemption only applies to pharmacists.

⁴ Federal legislation and regulations do not currently allow pharmacy technicians to receive verbal orders for controlled substance prescriptions. The section 56(1) exemption only applies to pharmacists.

⁵ Section C of the exemptions requires the note to include the name and quantity of the controlled substance to be delivered. However, to preserve patient confidentiality, it has been deemed acceptable that this information only be available within the package in a manner inaccessible to the individual making the delivery.

18. Nothing in these exemptions allow pharmacists to mail or otherwise deliver a controlled substance to a patient outside of Canada.

Temporary changes to the Tracked Prescription Program (TPP)

19. The TPP program remains in force; however, the section 56(1) exemptions mean prescriptions for type 1 TPP medications⁶ that are

- a. sent by verbal order from prescribers, or
- b. written by pharmacists,

do not require a secure TPP form.

⁶ For a list of TPP Alberta Type 1 medications, review the [Tracked Prescription Program \(TPP\) webpage](#).