Prescription regulations summary chart

Summary of federal and provincial laws governing prescription drug ordering, records, prescription requirements, and refills

Revised 2019

Prescription regulations

According to the Standards of Practice for Pharmacists and Pharmacy Technicians:

6.4 Neither a pharmacist nor a pharmacy technician may dispense a drug or blood product under a prescription that was issued more than one year before the date the drug or blood product is to be dispensed.

6.5 Neither a pharmacist nor a pharmacy technician may refill a prescription for:
(a) a benzodiazepine or other targeted substance, as defined in the regulations to the Controlled Drugs and Substances Act, for a period greater than 12 months after the prescription was first written, or
(b) a Schedule 1 drug for a period greater than 18 months after the prescription was first filled.

Prescriptions for drugs on the Prescription Drug List can be transferred to another pharmacy either by fax or over the phone by a pharmacist or pharmacy technician. The pharmacist or pharmacy technician receiving the transferred prescription must obtain all the information required in a prescription in addition to:
- the name of the transferring pharmacist;
- the name and address of the transferring pharmacy;
- the date of the transfer;
- the name and address of the pharmacy that received the prescription;
- the name of the pharmacist who transferred the prescription; and
- the name of the pharmacist who assisted the pharmacist with the transfer, if applicable.

Once the prescription is transferred out, the pharmacist or pharmacy technician who transferred the prescription must inactivate the prescription at their pharmacy, ensuring it is not dispensed or transferred over the phone by a pharmacist or pharmacy technician. The pharmacist or pharmacy technician receiving the prescription must inactivate the prescription at their pharmacy, ensuring it is not dispensed or transferred.

Products included in the Triplicate Prescription Program*

This is a reference list provided for convenience. While all generic medication names appear, only sample brand names are provided and it should not be viewed as an all-inclusive listing of all trade names of drugs included in the Triplicate Prescription Program.

BUPRENORPHINE
BuTrans, Suboxone**

BUTALBITAL PREPARATIONS
Fiorinal, Fiorinal C ½ & C ¼, Pronal, Triatal, Triatal C ½

BUTORPHANOL
Butorphanol NS, PMS-Butorphanol, Torbutrol (Vet), Trigynic (Vet)

DEXTROPROPYLENE
None identified

FENTANYL/SUFENTANIL/LAFENTANIL
Allentain Injection, Apo-Fentanyl Matrix, Co-Fentanyl, Duragesic patches, Fentanyl Citrate Injection, Fentora, Mylan-Fentanyl, PMS-Fentanyl MTX, Ran-Fentanyl, Sufentanil Citrate Injection USP, Stentmax, Teva-Fentanyl

HYDROCODONE – DYHDROCODEINONE
Dalmacol, Dimetane Expectorant-DC, Hycodon, Novhistine-DH, Novhistine-DH, PDH, Hydrocodone, Tussionex, Vasotrin DH

HYDROMORPHONE – HYDROMORPHONINE
Dilaudid, Dilaudid-HC, Hydromorphan Contin, Jumsta, PMS-Hydromorphone

KETAMINE
Ketalar, Ketalean (Vet), Ketamine Hydrochloride Injection USP, Ketaset (Vet), Narkalan (Vet)

MEPERIDINE - PETHIDINE
Demerol, Meperidine HCL injection

METHADONE
Metadol, Methadose - May only be prescribed by physicians who hold an approval to prescribe methadone from their provincial regulatory body***

METHYLPHENIDATE
Biphentin®, Foesafetil, and Concerta® brands are excluded from TPP prescription pad requirements (generic versions of these products require a triplicate prescription)

MORPHINE
Morphine Sulfate, Kadian, Met-Sal, Morphine HP & LP, MS Contin, MS-IR, Ratio-Morphine SR, Statex, PMS-Morphine Sulfate SR, Sandon-Morphine SR, Teva-Morphine SR

MORPHINE HYDROCHLORIDE
Doloran, Morphine Epidural, Ratio-Morphine

NORMETHADONE
Copracil

OXCODONE

PENTAZOCINE
Talwin

TAPENTADOL
Nucynta ER, Nucynta IR

*** Confirm approval by contacting the College of Physicians & Surgeons of Alberta 780-423-4764 or 1-800-561-3899 or email methadoninfo@cpsa.ab.ca for Alberta prescriptions. Otherwise, contact the appropriate regulatory body in the prescription’s province or origin

BuTrans, Suboxone**

Fiorinal, Fiorinal C ½ & C ¼, Pronal, Triatal, Triatal C ½

Butorphanol NS, PMS-Butorphanol, Torbutrol (Vet), Trigynic (Vet)

Allentain Injection, Apo-Fentanyl Matrix, Co-Fentanyl, Duragesic patches, Fentanyl Citrate Injection, Fentora, Mylan-Fentanyl, PMS-Fentanyl MTX, Ran-Fentanyl, Sufentanil Citrate Injection USP, Stentmax, Teva-Fentanyl

Dalmacol, Dimetane Expectorant-DC, Hycodon, Novhistine-DH, Novhistine-DH, PDH, Hydrocodone, Tussionex, Vasotrin DH

Dilaudid, Dilaudid-HC, Hydromorphan Contin, Jumsta, PMS-Hydromorphone

Ketalar, Ketalean (Vet), Ketamine Hydrochloride Injection USP, Ketaset (Vet), Narkalan (Vet)

Demerol, Meperidine HCL injection

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Doloran, Morphine Epidural, Ratio-Morphine

Copracil


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Nucynta ER, Nucynta IR


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<table>
<thead>
<tr>
<th>CLASSIFICATIONS</th>
<th>DESCRIPTION</th>
<th>PRESCRIPTION REQUIREMENTS</th>
<th>REFILLS</th>
<th>FILING</th>
<th>PURCHASE RECORD</th>
<th>SALE RECORD</th>
<th>ELECTRONIC ORDERING</th>
<th>PHONE ORDERING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcotic drugs</td>
<td>All single entity narcotic drugs. All narcotics for parenteral use. All preparations containing more than one narcotic drug or containing less than two non-narcotic ingredients.</td>
<td>Written or faxed** prescriptions signed and dated by an authorized prescriber. Verbal prescriptions are not permitted.</td>
<td>No refills or transfers permitted. All “re-orders” must be new written prescriptions. Part fills allowed; for part fills, prescriber must indicate the total amount of medication, quantity for each part fill, and intervals between fills.</td>
<td>A pharmacist or a pharmacy technician who engages in dispensing must ensure that their dispensing activities are recorded in a clear audit trail that identifies: a. all individuals who were involved in the processing of a prescription and dispensing of the drug, and b. the role of each individual.</td>
<td>Upon receiving, a pharmacist must record: 1. Drug name 2. Quantity received 3. Date received 4. Name and address of the licensed dealer, pharmacist, or hospital</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Preparations that are not for parenteral use and contain only one narcotic drug plus two or more additional medicinal ingredients in a therapeutic dose. May not contain diacetylmorphine (heroin), hydrocodone*, methadone*, oxycodone*, or pentazocine*.</td>
<td>Written, faxed** or verbal prescriptions from an authorized prescriber. Verbal prescriptions must be direct from prescriber to pharmacist**. All verbal prescriptions must be reduced to writing by the pharmacist and indicate: 1. Name and address of patient 2. Name, initials and address of prescriber 3. Name, quantity, and form of drug(s) 4. Directions for use 5. Name and initials of dispensing pharmacist or pharmacy technician 6. Date 7. Prescription number 8. Number of refills (when permitted) must be indicated</td>
<td>No refills or transfers permitted. All “re-orders” must be new prescriptions. Part fills allowed; for part fills, prescriber must indicate the total amount of medication, quantity for each part fill, and intervals between fills.</td>
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<td>Drugs listed in Part I of the Schedule to Part G of the Food and Drug Regulations.</td>
<td>An original written or verbal prescription may only be refilled if the prescriber has authorized, verbally or in writing, the number of refills and the intervals between refills. Transfers not permitted.</td>
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<td>Drugs listed in Part II and Part III of the Schedule to Part G of the Food and Drug Regulations.</td>
<td>An original written or verbal prescription may only be refilled if the prescriber has authorized, verbally or in writing, the number of refills and the intervals between refills. Transfers not permitted.</td>
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<td>Drugs listed in the Schedule to the Benzodiazepines and Other Targeted Substances Regulations.</td>
<td>No refills or transfers permitted. All “re-orders” must be new prescriptions. Part fills allowed; for part fills, prescriber must indicate the total amount of medication, quantity for each part fill, and intervals between fills.</td>
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<td>All drugs on the Prescription Drug List of the Food and Drugs Act and Regulations. Drugs listed in Schedule I of the Alberta Regulation 66/2007 to the Pharmacy and Drug Act, Scheduled Drugs Regulation.</td>
<td>No refills or transfers permitted. All “re-orders” must be new prescriptions. Part fills allowed; for part fills, prescriber must indicate the total amount of medication, quantity for each part fill, and intervals between fills.</td>
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**Please review Ensuring safe and efficient communication of medication prescriptions: https://pharmacists.ab.ca/sites/default/files/CommunicationOMedicationPrescriptions.pdf
***Pharmacy Technicians may accept verbal prescriptions for drugs on the Prescription Drug List.

This summary chart is a condensation of federal regulations concerning drugs in the Schedules to the Food and Drugs Act and Controlled Drugs and Substances Act and their regulations and has been compiled for your easy reference. For complete details, refer to the official legislation.