(9) A direct owner, manager, directors, and officers must ensure compliance with the National Association of Pharmacy Regulatory Authorities standards as approved by the board from time to time, applicable to the operation of a pharmacy.

Sale and Disposal of Drugs

19 (1) Schedule I, II, and III drugs and controlled drug substances must only be sold or dispensed from a pharmacy.

(2) A registrant must not sell or dispense a quantity of drug that will not be used completely prior to the manufacturer's expiry date, if used according to the directions on the label.

(3) If the manufacturer's expiry date states the month and year but not the date, the expiry date is the last day of the month indicated.

(4) Every registrant practising in a pharmacy is responsible for the protection from loss, theft or unlawful sale or dispensing of all Schedule I, II, and III drugs and controlled drug substances in or from the pharmacy.

(5) A registrant must not sell, dispense, dispose of or transfer a Schedule I drug except

(a) on the prescription or order of a practitioner,

(b) for an inventory transfer to a pharmacy by order of a registrant in accordance with the policies approved by the board,

(c) by return to the manufacturer or wholesaler of the drug, or

(d) by destruction, in accordance with the policies approved by the board.

(6) Drugs included in the controlled prescription program must not be sold or dispensed unless

(a) the registrant has received the prescription on the prescription form approved by both the board and the College of Physicians and Surgeons of British Columbia, and

(b) the prescription form is signed by the patient or the patient's representative upon receipt of the dispensed drug.

(6.1) Despite subsection (6), a registrant may dispense drugs included in the controlled prescription program upon receipt of a verbal prescription from a practitioner if doing so is permitted under a section 56 exemption to the *Controlled Drugs and Substances Act.* The pharmacy must receive the original prescription form, or a copy of the completed form transmitted by facsimile, from the practitioner as soon as reasonably possible.

(7) A new prescription from a practitioner is required each time a drug is dispensed, except for

of Compliance for a generic drug.

Returned Drugs

22 No registrant may accept for return to stock or reuse any drug previously dispensed except in accordance with section 11(3) of the *Residential Care Facilities and Homes Standards of Practice,* section 5(2) of the *Hospital Pharmacy Standards of Practice,* or section 5 of the *Dispensing Drugs for the Purpose of Medical Assistance in Dying Standards, Limits and Conditions.*

Records

23 (1) All prescriptions, patient records, invoices and documentation in respect of the purchase, receipt or transfer of Schedule I, II and III drugs and controlled drug substances must be retained for a period of not less than three years from the date

(a) a drug referred to in a prescription was last dispensed, or

(b) an invoice was received for pharmacy stock.

(2) Despite subsection (1), a registrant must not destroy prescriptions, patient records, invoices and documentation as described in subsection (1) until the completion of any audit or investigation for which the registrant has received notice.

(3) Registrants, support persons, managers, direct owners, and indirect owners must not, for commercial purposes, disclose or permit the disclosure of information or an abstract of information obtained from a prescription or patient record which would permit the identity of the patient or practitioner to be determined.

23.1 (1) All records required to be kept under bylaws of the College or other legislation that regulates the practice of pharmacy shall be readable, complete, filed systematically and maintained in a manner that is secure, auditable and allows for easy retrieval.

(2) Notwithstanding subsection (1), a prescription record that is valid must be retrievable immediately.

(3) For the purpose of subsection (2):

(a) a prescription is valid for a period of up to two years from the prescribing date, unless the prescription is for a benzodiazepine or other targeted substance, in which case the prescription is valid for a period of up to one year from the prescribing date, and

(b) despite paragraph (a), a prescription for a benzodiazepine or other targeted substance is valid for a period of up to two years from the prescribing date, if permitted by a section 56 exemption to the *Controlled Drugs and Substances Act.*

(4) With respect to prescriptions for drugs included in the controlled prescription program, the original prescription form or a paper copy of the completed form transmitted by facsimile must be retained, regardless of whether or not such prescription form has also been stored electronically.

(5) Prescriptions stored electronically must accurately reflect the original prescription, including the original colour composition of that prescription.

23.2 (1) A pharmacy manager must ensure that a policy is in place that:

(a) describes the pharmacy's records filing system, the records format and the method and system for storing records;

(b) is compliant with the sections 23.1, 23.2 and 23.3 requirements; and

(c) is readily accessible to and understood by pharmacy staff.

(2) With respect to electronic records, the policy must include a description of the process for the preservation, storage and backing up of records that is compliant with section 23.3 requirements.

23.3 (1) A pharmacy may maintain electronic records containing personal health information if the pharmacy has the equipment, software and systems necessary for the input, storage, use, protection and retrieval of records that are required to be kept under bylaws of the College or other legislation that regulates the practice of pharmacy.

(2) For purposes of subsection (1), the equipment, software and systems must:

(a) be capable of storing the electronic records for the periods required by applicable law;

(b) keep the records secure from unauthorized access, use, disclosure, modification and destruction;

(c) for audit purposes, be capable of uniquely identifying each time an electronic record is accessed and modified;

(d) be capable of restricting the functions that may be used by an authorized person;

(e) be capable of tracing alterations to records by identifying the original entry, the identity of the individual who made the alteration and the date of the alteration;

(f) be capable of searching and sorting electronic prescription records chronologically, and by drug name, drug strength, patient, prescriber, prescription number and transaction number;

(g) ensure that electronic records can be stored, backed up and recovered in accordance with subsection (3); and