

Saskatchewan Prescription Regulations

Class (+ PRP if applicable)		Requirements	Repeats	Records	Transfers
Narcotics (e.g. hydromorphone)		Patient: name, addr, DOB, HSN Prescriber: name, inits, addr, signed & dated Pharmacist: name, inits Drug: name, qty [x2 if by hand], sig, DF Admin: date, Rx#			NO
Verbal Narcotics (e.g. Tylenol #3)		Patient: name, addr, DOB, HSN Prescriber: name, inits, addr Pharmacist: name, inits Drug: name, qty [x2 if by hand], sig, DF Admin: date, Rx#			NO
Controlled Drugs: Level 1 (e.g. Ritalin)		Patient: name, addr, DOB, HSN Prescriber: name, inits, addr Pharmacist: name, inits Drug: name, qty [x2 if by hand], sig, DF Admin: date, Rx#			NO
Controlled Drug Preparations: Level 1		Patient: name, addr, DOB, HSN Prescriber: name, inits, addr Pharmacist: name, inits Drug: name, qty [x2 if by hand], sig, DF Admin: date, Rx#			NO
Controlled Drugs: Level 2 (e.g. anabolic steroids)		Patient: name, addr, DOB, HSN Prescriber: name, inits, addr Pharmacist: name, inits Drug: name, qty [x2 if by hand], sig, DF Admin: date, Rx#			NO
Controlled Drug Preparations: Level 2 (e.g. Fiorinal)		Patient: name, addr, DOB, HSN Prescriber: name, inits, addr Pharmacist: name, inits Drug: name, qty [x2 if by hand], sig, DF Admin: date, Rx#			NO
Benzodiazepines & other targeted (e.g. lorazepam)		Patient: name, addr, DOB, HSN Prescriber: name, addr Pharmacist: name, inits Drug: name, qty [x2 if by hand], sig, repeats Admin: date, Rx#			ONCE
Prescription Drugs	Pr	Patient: name, addr, DOB, HSN Prescriber: name, addr Pharmacist: name, inits Drug: name, qty [x2 if by hand], sig, repeats Admin: date, Rx#			YES

- written prescription (+/- interval)
- verbal prescription (+/- interval)
- receipt entry (narc register)
- sales entry (narc register)
- scripts: no | supplies, returns: yes
- filed in narc file
- filed in regular file

gold text = if PRP drug then gold text is required

Transfer info required

Sending => date of transfer, name of pharma(cy/cist) sent to, script and pt profile updated to "void"

Receiving => name of pharma(cy/cist) and address rec'd from, repeats remaining, date of last fill

* This is a reference only. Consult official legislation to interpret and apply laws.

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