

Return of Medication to Inventory for Use



Potential shortages of some medications have led to consideration of creative solutions to meet the needs of patients affected by these shortages.

From the current Regulations of the New Brunswick College of Pharmacists:

17.30(1) Subject to subsections (2) and (3), a member shall not accept for return to stock or reuse any drug or preparation thereof previously delivered to a client, nor assume responsibility for any drug or preparation thereof which has been removed from his supervision for any period of time.

17.30(2) A drug may not be accepted for return to inventory from, or within, a facility within the meaning of the Regional Health Authorities Act, and reused, **except** if it is in compliance with defined standards e.g., CSHP, ISMP.

17.30(3) A member **may** accept the return of drugs packaged in **customized client drug packages** for

(a) dosage adjustment or reuse **by the same client**; or (b) destruction of the medication.

Until otherwise directed by the College (only during the current COVID-19 pandemic), a pharmacist **may** accept, for return to inventory, and to be used **for a different patient**, medication previously dispensed **to a licenced long-term care home**, where, in the exercise of professional judgement, it is appropriate to do so, **and** the following conditions are met:

- a patient has not been in possession of the medication;
- the lot numbers and expiry dates (where applicable) of the medication are directly attached to the dispensed container;
- the medication has not been packaged with other medications within the same blister, envelope or other container;
- each dose of the medication is individually sealed, and the seal is intact at the time of the return to the pharmacy;
- the pharmacist has sufficient knowledge of the medication administration and storage conditions/policies of the facility registered under the Homes for Special Care Act to permit the exercise of professional judgment; and
- the medication returned is stored in a separate container from the manufacturers container and is labelled with the name of the medication (including the manufacturer if appropriate), the DIN #, Lot #, and the expiry date.

This interim measure may only be utilized when a shortage can be documented (for example, if the shortage of the medication can be supported by an invoice stating, “manufacturer cannot supply”, from the same time period).

In addition, in response to current shortages of medications for medical assistance in dying (MAiD), pharmacies may accept for return a previously dispensed injectable medication for the purposes of MAiD if they are satisfied that:

- the medication has not left the possession of the physician or nurse practitioner (or their authorized designate);
- each dose is full and has not been used; and
- the medication has been stored in accordance with required storage conditions.

The use of this interim measure is intended to be used only when critical medications can be documented as being unavailable, when patient care will be negatively impacted by a lack of access, and when other means have been exhausted. The College's Code of Ethics <https://www.nbpharmacists.ca/site/codeofethics> and the use of Value-Based Decision Making (VBDM) must be included in any decision to utilise this process. Any decision to repurpose medications already dispensed which is not motivated by the best interest of the patient is not acceptable.

Re-use of medications which have been returned by patients or which are expired is not permitted. Should the situation arise that key medicines become unavailable, it may be necessary to give consideration to the use of some patient returned medication, or that which is recently expired, however that is not appropriate at this time.