

Controlled Substances Regulations Implementation Resource

for New Brunswick Pharmacy Practice



**New Brunswick
College of Pharmacists
Ordre des pharmaciens
du Nouveau-Brunswick**

CSR Implementation Deadline:
October 1, 2026

Contents

Part I — Introduction	3
Part II — Key Changes Affecting Pharmacy Practice	5
Part III — Terminology and Foundational Concepts	9
Part IV — Implementation Topics	11
Pharmacist (Prescribing) Authority	12
Therapeutic Substitution	13
Prescription Extension.....	14
Quantity Authorized by Pharmacists	15
Refill versus Extension.....	16
Definition of “Order”	17
Ordering	18
Sales	20
Transfers.....	22
Transporting Controlled Substances	24
Possession, Security and Access	26
Inventory Management and Reconciliation.....	28
Recordkeeping and Documentation (including Reporting).....	29
Emergency Situations.....	31
Returns and Destruction.....	32
Hospitals and Persons in Charge	33
Authorized Person	35
Pharmacy Technician	36
Appendices.....	37

CSR Implementation Resource

Part I — Introduction

Purpose

The New Brunswick College of Pharmacists (the College) developed this Resource to help pharmacy professionals understand and implement the Controlled Substances Regulations¹ (CSR), effective October 1, 2026.

The Resource bridges legislation and practice by explaining how the federal requirements interact with daily pharmacy practice, professional judgment, pharmacy management systems and New Brunswick legislation.

It identifies key federal requirements, their interaction with New Brunswick requirements, implementation considerations and the College's expectations while further Health Canada clarification is awaited.

This Resource is an implementation resource, not legislation or legal advice. It does not replace the CSR, the Controlled Drugs and Substances Act (CDSA), New Brunswick legislation or policy requirements, nor professional judgment. Where this Resource differs from legislation, the legislation prevails.

Scope and Limitations

This Resource addresses operational and professional issues arising from implementation of the CSR in New Brunswick pharmacy practice. It does not reproduce every CSR provision; rather, it focuses on areas requiring explanation, a New Brunswick overlay or operational clarification.

Not every authority established under the CSR is available to every pharmacy professional in every Canadian jurisdiction. Throughout this Resource, references to pharmacist authorities reflect the interaction between the federal regulations and New Brunswick legislation.

The Resource applies to community, hospital and other settings where controlled substances are managed.

Intended Audience

The primary audience is pharmacy professionals regulated by the College. The Resource may also assist pharmacy owners, health-care organizations, educators, software vendors, regulators and government.

¹ <https://gazette.gc.ca/rp-pr/p2/2025/2025-12-17/html/sor-dors242-eng.html>

How to Use this Resource

The Resource is organized by reader need rather than CSR section number. Part II summarizes what has changed. Part III grounds readers in foundational concepts. Part IV addresses implementation issues in detail. This format permits readers to easily find changes, then understand concepts and challenges, and then, to dig deeper into implementation solutions.

Each implementation topic in Part IV identifies the federal framework, why it matters, the New Brunswick overlay, the implementation consideration and the College's perspective.

Where federal requirements or guidance remain unclear, the Resource identifies the uncertainty and the College's expectations pending further clarification.

Readers may use the Resource as a practical reference rather than read it from beginning to end, particularly when implementation questions arise or Health Canada clarification remains pending.

Relationship to Health Canada Guidance

The Resource relies on Health Canada guidance where it clearly explains federal requirements and does not reproduce that guidance.

Where that guidance creates operational questions or lacks sufficient detail, the Resource identifies the issue and the College's expectations pending clarification.

Relationship to the New Brunswick Legislative Framework

The CSR operate alongside New Brunswick legislation. The Resource does not interpret federal law or reconcile the two frameworks; it explains how they apply concurrently in New Brunswick pharmacy practice.

Terminology Conventions

Throughout the Resource, “CSR” means the Controlled Substances Regulations and “the College” means the New Brunswick College of Pharmacists. References to New Brunswick requirements include the Act, Regulations, Standards of Practice and other College guidance.

The Resource distinguishes legislative and operational terminology where that distinction supports implementation.

CSR Implementation Resource

Part II — Key Changes Affecting Pharmacy Practice

Controlled Substances Regulations (CSR) compared with the Narcotic Control Regulations (NCR)

Purpose and scope

This section compares the CSR with the current Narcotic Control Regulations (NCR), focusing on changes affecting pharmacists, pharmacy technicians, pharmacy managers and hospital pharmacy practice.

Note that the CSR consolidate requirements previously found in other federal regulations² and certain class exemptions. Some changes from the NCR may therefore already be familiar to pharmacy professionals.

This pharmacy-practice comparison is not a legal concordance and must be read with the CSR, Health Canada guidance and New Brunswick requirements.

Official source documents

Controlled Substances Regulations, SOR/2025-242, Canada Gazette, Part II, December 17, 2025: <https://gazette.gc.ca/rp-pr/p2/2025/2025-12-17/html/sor-dors242-eng.html> (viewed July 31, 2026)

Narcotic Control Regulations, C.R.C., c. 1041: https://laws-lois.justice.gc.ca/eng/regulations/C.R.C.%2C_c._1041/ (viewed July 31, 2026)

² The Benzodiazepines and Other Targeted Substances Regulations, Parts G and J of the Food and Drug Regulations, the New Classes of Practitioners Regulations

Key change	Regulatory comparison	Pharmacy-practice significance
Pharmacy professional authorities		
Pharmacy technicians are expressly recognized and authorized	The NCR do not establish a broad community-pharmacy practice role for pharmacy technicians. The CSR define pharmacy technician and expressly authorize technicians to perform a range of activities involving controlled substances, subject to provincial scope-of-practice requirements.	These activities include receiving prescriptions and orders, transferring prescriptions, receiving patient returns for destruction, compounding finished products, delivering or transporting controlled substances, conducting or witnessing destruction, and completing specified records.
Ordering, receiving and selling or providing are treated as distinct activities	The CSR distinguish among placing an order, receiving controlled substances, selling or providing them, delivering or transporting them, and dispensing them pursuant to a prescription.	Different individuals may be authorized for different parts of the workflow. The framework tightly reserves certain ordering authority to pharmacists while allowing broader participation in receiving and other operational activities.
Agents and mandataries receive a broader general framework	The CSR contain a general framework permitting authorized persons to use agents or mandataries where the principal is authorized, provincial rules permit the arrangement, the agent acts within their role, and applicable requirements are followed.	This may better reflect collaborative pharmacy operations but requires careful distinction between tasks that may be performed by an agent and authorities that must be exercised personally by a pharmacist or another specifically authorized person.
Compounding authority and documentation are modernized	The CSR expressly authorize pharmacists and pharmacy technicians to compound finished products to fulfil prescriptions and, in defined circumstances, orders from other authorized persons or hospitals.	The regulations prescribe detailed records for compounded products. Implementation questions remain where required quantities, containers or product information do not readily correspond to the final compounded preparation.
Prescribing and prescription management		
Prescription extensions become an express federal authority	The NCR contain no general provision expressly authorizing pharmacists to extend narcotic prescriptions. The CSR expressly permit pharmacists to extend prescriptions for controlled substances, subject to the federal conditions and time limits.	The authority is now contained directly in the federal regulations rather than relying on temporary exemptions. In New Brunswick, extensions remain pharmacist prescribing and continue to carry the professional judgment, accountability and documentation expected of prescribing activities.
Therapeutic substitution is expressly authorized	The NCR do not authorize a pharmacist to substitute one controlled substance for another. The CSR permit a pharmacist to substitute one controlled substance for another named in a prescription where provincial legislation authorizes the activity.	This is a significant federal change, although it does not independently expand provincial scope of practice. It also creates implementation questions about quantity, documentation, the legal identity of the resulting record, and later prescription transfers.
Prescription transfers are expressly authorized	The NCR do not contain a general prescription-transfer provision for narcotics, although there has been a Section 56 exemption authorizing that activity since 2020. The CSR permit pharmacists and pharmacy technicians to transfer controlled-substance prescriptions between pharmacies within the federal time limit and require specified documentation.	The transfer concerns prescription information and remaining dispensing authority. New questions arise when a pharmacist has previously extended the prescription or performed a therapeutic substitution.
The federal time anchor changes to the date the pharmacy receives the prescription	The CSR use the date the prescription is received at the pharmacy as the start date for certain federal time limits, including extensions and transfers. This is a significant change from current practice, which recognizes the date the prescriber issued the prescription.	This differs from systems or provincial rules that calculate validity from the date the practitioner issued the prescription. Pharmacy software, workflow and the interaction with New Brunswick prescription-validity requirements may need careful review.

Key change	Regulatory comparison	Pharmacy-practice significance
Framework and terminology		
One harmonized framework for controlled substances	The current Narcotic Control Regulations (NCR) regulate narcotics only. The Controlled Substances Regulations (CSR) create one harmonized framework for narcotics, controlled drugs, benzodiazepines and targeted substances and restricted drugs.	For pharmacies, this reduces the need to determine which of several federal regulatory regimes applies before deciding how to order, receive, sell or provide, dispense, transfer prescriptions, transport, document or destroy a controlled substance.
The category 'verbal prescription narcotic' disappears	The NCR define a special category of verbal prescription narcotic. The CSR do not retain that category and instead provide a more general framework for written and verbal prescriptions for controlled substances.	The change simplifies federal terminology, but pharmacy policies, staff education and software that currently distinguish verbal prescription narcotics may need to be updated.
'Part-fill' is no longer a regulatory term	The term part-fill does not appear in the CSR. The new framework instead uses concepts such as refills, authorized intervals, quantities and extensions.	This removes a narcotic-specific term that has historically been distinguished from refill. Pharmacy systems, policies and educational materials may require terminology updates.
Methadone is no longer governed by separate pharmacy provisions	The NCR contain distinct provisions for methadone. Under the CSR, methadone remains a Schedule 1 narcotic but is generally addressed through the same pharmacist provisions as other Schedule 1 substances.	This simplifies the federal structure but does not remove provincial standards, opioid agonist treatment requirements or other practice expectations that apply to methadone.
Movement and supply of controlled substances		
Non-emergency provision of stock to another pharmacist is expanded	Under the NCR, provision of narcotic stock to another pharmacist is tied principally to emergencies. The CSR also permit non-emergency sale or provision to another pharmacist for specified purposes, including filling a prescription received at the other pharmacy and circumstances involving pharmacy closure.	This may support central-fill arrangements and access to stock when a pharmacy cannot wait for its regular licensed-dealer order. Detailed written-order and recordkeeping requirements apply.
Sales or provision to practitioners and hospitals are more expressly structured	The CSR contain detailed provisions allowing pharmacists to sell or provide controlled substances to practitioners and hospitals, with different requirements for routine and emergency circumstances.	The rules are more explicit and documentation-heavy. They also raise feasibility and public-protection questions, including office-use supply, verification of authority and signatures, and the information that must be known when an order is prepared.
Transportation requirements are substantially more explicit	The CSR expressly authorize pharmacists and pharmacy technicians to deliver, send or transport controlled substances and prescribe security, tracking and documentation requirements.	The new rules provide more operational direction than the NCR but create questions about accountability for loss or theft in transit as well as delivery to an intended recipient other than the patient themselves.
Pharmacy-closure requirements are simplified	The NCR include notification requirements when narcotic inventory is removed or moved following closure or relocation of a pharmacy. The CSR reduce or eliminate some of those federal notification steps.	This may reduce administrative burden, although pharmacies must still meet all applicable documentation, security, sale or provision, transportation and provincial closure requirements.
Security, inventory and destruction		
Security is reframed around secure locations and authorized access	The NCR require pharmacists to take reasonable steps to protect narcotics against loss or theft. The CSR add express requirements for secure storage locations and limit access to persons authorized by the pharmacist.	The change creates a more explicit access-control framework but also raises questions about the relationship among the terms possession, access, security, as well as the presence of non-regulated employees or contractors.

Key change	Regulatory comparison	Pharmacy-practice significance
Destruction authority is expanded and clarified	The CSR expressly permit controlled substances in a pharmacy to be destroyed by a pharmacist or pharmacy technician with an eligible witness, who may also be a pharmacy technician or another specified health professional.	This recognizes broader technician involvement and provides detailed destruction records. Questions remain about witnessing and documenting disposal of residual quantities in open vials or ampoules outside hospitals.
Patient returns for destruction are expressly addressed	The CSR expressly authorize pharmacists and pharmacy technicians to receive controlled substances returned by individuals for destruction and require secure handling of those returns.	This creates a clearer federal framework for post-consumer returns and confirms a role for pharmacy technicians, subject to New Brunswick requirements and pharmacy procedures.
Records, reporting and hospital practice		
Recordkeeping becomes more transaction-specific	The NCR require records for narcotics received, prescriptions, dispensing and transactions. The CSR prescribe separate information requirements for ordering and receiving, sales, compounding, substitutions, prescriptions and orders, refills and extensions, transfers, transportation, destruction, and loss or theft.	The framework is more comprehensive and auditable but may increase data-entry burden and require pharmacy-management-system changes.
Records become more technology-neutral	The NCR rely on a special narcotic prescription file and chronological filing requirements. The CSR generally require information to be recorded in a manner that permits an audit at any time, while retaining specified written records in sequence for the required period.	This potentially supports more electronic recordkeeping, but New Brunswick's existing hard-copy and long-term record-retention requirements continue to apply concurrently.
Loss and theft reporting remains within 10 days, with clearer internal responsibility	The NCR require a pharmacist to report a narcotic loss or theft to the Minister within 10 days of discovery. The CSR maintain the written-report period and expressly require an agent or mandatary who discovers a loss or theft to notify the pharmacist immediately.	The pharmacist remains responsible for reporting to Health Canada. Further operational clarity may be needed where a loss occurs during transportation or where responsibility between parties is uncertain.
Hospitals receive a distinct and comprehensive framework	The NCR contain a comparatively brief hospital framework. Sections 155 to 188 of the CSR create a detailed regime covering persons in charge, ordering, sales, administration, compounding, substitution, storage, transportation, loss or theft, destruction and records.	This is a significant structural change. It also creates uncertainty because Health Canada's draft pharmacy guidance states that pharmacists and pharmacy technicians working in hospitals are outside its scope even though the CSR contain extensive hospital-specific provisions.

CSR Implementation Resource

Part III — Terminology and Foundational Concepts

Introduction

This section grounds readers in terminology and foundational concepts intended to assist readers in understanding the implementation topics in Part IV, particularly where federal language differs from New Brunswick legislation or pharmacy practice.

It does not reproduce the CSR glossary. It focuses on concepts requiring context because they create uncertainty, differ from common pharmacy terminology or affect implementation in New Brunswick.

Pharmacy Professional Authorities

Practitioner

Under the federal framework, “practitioner” does not include pharmacists. The Resource uses that meaning when discussing the CSR while recognizing pharmacist prescribing authority under New Brunswick legislation.

Pharmacist

References to pharmacists reflect both their federal responsibilities and their professional authority under New Brunswick legislation.

Prescribing and Prescription Management

Prescription

The Resource distinguishes practitioner-issued prescriptions from records created when pharmacists extend prescriptions or perform therapeutic substitutions where that distinction affects implementation.

Extension

In New Brunswick, prescription extension is pharmacist prescribing. The CSR uses “extension” as its terminology, which relates to different terminology in Regulation 21.3, in particular, “renewing”. Part IV explains how that authority interacts with the CSR and identifies still unresolved implementation issues.

Therapeutic Substitution

Therapeutic substitution is pharmacist prescribing under New Brunswick legislation. Part IV addresses its interaction with the federal framework and remaining operational questions.

Framework and Terminology

CSR Terminology

The Resource uses CSR terminology wherever practical. Where a term has a specific federal meaning, that meaning applies unless otherwise stated.

Federal and Provincial Terminology

Federal and New Brunswick legislation operate concurrently and sometimes use different terminology for similar activities. The Resource identifies those differences to help pharmacy professionals understand how both frameworks apply.

Movement and Supply of Controlled Substances

Order

The CSR use “order” in several contexts and define it primarily by excluding prescriptions. The Resource focuses on the operational implications of that distinction.

Security, Inventory and Destruction

Possession

Possession is context-dependent and distinct from access, custody and security. Part IV addresses those distinctions where they impact pharmacy operations.

Records, Reporting and Hospital Practice

Hospital

The CSR contain a distinct hospital framework. Part IV addresses its application and the gaps created by Health Canada guidance that excludes hospital pharmacy practice.

Person in Charge

The CSR assign controlled-substance responsibilities to the person in charge of a hospital. In most New Brunswick hospitals, the pharmacy manager fulfils that role unless otherwise indicated.

Foundational Principle

Operational Feasibility

Implementation requires both legal authority and operational feasibility. Where the CSR do not provide enough clarity for consistent implementation in pharmacy practice or pharmacy management systems, further clarification is necessary. This principle underlies Part IV.

CSR Implementation Resource

Part IV — Implementation Topics

Part IV addresses areas where implementing the CSR creates a New Brunswick interaction, operational challenge or need for College direction.

Standard Chapter Structure

- Federal Legislative Framework
- Why This Matters
- New Brunswick Legislative Framework
- Implementation Challenges
- College Perspective

Pharmacist (Prescribing) Authority

Federal Legislative Framework

The CSR authorize pharmacists to extend prescriptions and perform therapeutic substitutions but do not characterize either activity as pharmacist prescribing.

Why this Matters

New Brunswick legislation recognizes both activities as pharmacist prescribing. The same activity is therefore described differently under the federal and provincial frameworks.

New Brunswick Legislative Framework

Under the Pharmacy Act and the College's Regulations, pharmacists prescribe within their legislated scope, including through extensions and therapeutic substitutions involving controlled substances.

Implementation Considerations

The federal regulations establish the legal authority for pharmacists to perform certain activities involving controlled substances, while New Brunswick legislation establishes those same activities as pharmacist prescribing. Pharmacists must understand which terminology and requirements arise from each framework.

College Perspective

The College will use CSR terminology when explaining federal requirements and New Brunswick terminology when discussing pharmacist scope of practice. Pharmacy professionals must comply with both frameworks.

Therapeutic Substitution

Federal Legislative Framework

The CSR authorize pharmacists to perform therapeutic substitutions involving controlled substances, subject to the requirements set out in the federal regulations. The CSR do not characterize therapeutic substitution as prescribing by a pharmacist.

Why this Matters

The CSR authorize therapeutic substitution without calling it prescribing; New Brunswick legislation recognizes it as pharmacist prescribing.

Pharmacists must continue to determine whether substitution is clinically appropriate, considering therapeutic and dosage equivalence, patient-specific factors and continuity of care.

New Brunswick Legislative Framework

Pharmacists exercising this prescribing authority must comply with the CSR, New Brunswick legislation (including Regulation 17.2; see below) and the College's Standards of Practice.

Implementation Considerations

The implementation of the CSR raises several practical questions regarding therapeutic substitution that extend beyond the authorization to perform the activity itself. These include:

- the documentation created when a therapeutic substitution is performed;
- the distinction between a “prescription” as defined in the CSR and another authorized document under the CSR;
- the meaning of “quantity” where substituted medications differ in potency;
- the interaction between therapeutic substitution and other provincial requirements, including the 35-day rule³ and Regulation 17.2⁴; and
- the exercise of professional judgment when determining therapeutic equivalence.

Some of these questions remain the subject of ongoing discussions between Health Canada and pharmacy regulatory authorities.

College Perspective

The College will describe therapeutic substitution as pharmacist prescribing while identifying any distinct federal terminology or requirements.

Where federal requirements remain unclear, the College will identify the New Brunswick implementation issue while seeking Health Canada clarification.

³ Regulation 17.5(2) to 17.5(4) : <https://nbpharmacists.ca/wp-content/uploads/2026/03/2026-REGS-bilingual-Feb-27-Formatted.pdf>

⁴ Regulation 17.2

Prescription Extension

Federal Legislative Framework

The CSR authorize pharmacists to extend prescriptions for controlled substances, subject to the requirements established in the federal regulations. The CSR do not characterize a prescription extension as prescribing by a pharmacist.

Why this Matters

New Brunswick legislation recognizes prescription extension as pharmacist prescribing; the CSR authorize the activity without characterizing it as prescribing.

The federal terminology does not diminish the professional judgment, accountability, documentation and clinical decision-making required of pharmacist prescribing in New Brunswick.

New Brunswick Legislative Framework

Regulation 17.2 continues to limit the period during which a prescription may be filled or refilled to one year from the date it was issued by the prescriber, unless cancelled by the prescriber.

The College's current interpretation is that a pharmacist exercising prescribing authority under Regulation 21.3 may extend a prescription only while there remains a valid prescription capable of being extended.

Implementation Considerations

Implementation of the CSR raises several practical questions regarding prescription extensions, including:

- the interaction between the federal two-year extension authority and the one-year limitation established under the College's Regulations;
- the distinction between an extension and a refill;
- documentation requirements;
- the meaning of the prescription "received" date under the CSR; and
- the interaction between prescription extensions and other provincial practice requirements; this includes the dispensing requirement in Regulation 17.2⁴.

Some of these issues remain the subject of ongoing discussions between Health Canada and pharmacy regulatory authorities.

College Perspective

Pharmacists must comply with both frameworks, including provincial limits that continue to apply to the exercise of federal authority. The College will identify unresolved implementation issues and update pharmacy professionals as clarification becomes available.

Quantity Authorized by Pharmacists

Federal Legislative Framework

The CSR authorize pharmacists to perform activities such as therapeutic substitution and prescription extensions while imposing limits on the quantity of controlled substances that may be supplied. Although the federal regulations establish these authorities, they do not define "quantity" in circumstances where a pharmacist exercises prescribing authority involving therapeutically equivalent medications.

Why this Matters

Defining a limit in quantity becomes challenging during therapeutic substitution when products differ in strength, dosage form, potency or number of dosage units. Pharmacists must exercise professional judgment while complying with both the federal regulations and New Brunswick legislation.

New Brunswick Legislative Framework

Pharmacists must make clinically appropriate, documented decisions based on therapeutic and dosage equivalence and patient-specific factors.

Implementation Considerations

The College recognizes that implementation questions remain regarding the meaning of quantity under the CSR, particularly where therapeutic substitution involves medications that are not directly equivalent by dosage unit.

Examples include situations where:

- equivalent therapeutic doses require different numbers of dosage units;
- opioid substitutions require consideration of morphine milligram equivalents or other accepted methods of establishing therapeutic equivalence;
- a clinically appropriate substitution may result in a different number of tablets, capsules, or dosage units than originally prescribed; and
- provincial practice requirements, such as the "35-day rule" and Regulation 17.2⁴, when these intersect with the pharmacist's prescribing authority.

These implementation questions remain the subject of ongoing discussions between Health Canada and pharmacy regulatory authorities.

College Perspective

Until further federal clarification is available, pharmacists are to apply documented clinical reasoning and professional judgment.

Refill versus Extension

Federal Legislative Framework

The CSR refer to prescription extensions and refills in different contexts. Health Canada has, at times, used these terms interchangeably in discussions regarding implementation. Under the federal regulations, however, a refill and a prescription extension arise from different legal authorities.

Why this Matters

In New Brunswick pharmacy practice, a refill and a prescription extension are not synonymous. A refill is supplied pursuant to the authority of the original prescription, whereas a prescription extension represents the exercise of a pharmacist's prescribing authority. The distinction supports accurate documentation and reinforces the responsibilities associated with pharmacist prescribing.

New Brunswick Legislative Framework

Under the *Pharmacy Act* and the College's Regulations, prescription extensions are pharmacist prescribing activities. Refills, by contrast, are issued by the original practitioner.

Implementation Considerations

Recognizing whether a medication is being supplied as a refill or as the result of a pharmacist's prescribing decision affects:

- documentation;
- transfers
- professional accountability;
- communication with patients and other health-care providers; and
- application of the College's Standards of Practice.

College Perspective

The College will continue to distinguish refills from pharmacist-prescribed extensions.

Practice note

*The term **part-fill**, which appeared in previous federal legislation governing narcotics, is no longer used within the CSR. Moving forward, pharmacy professionals should recognize that prescriptions for controlled substances may include refills where authorized, and that the historical distinction requiring the use of the term part-fill under the previous federal framework no longer applies.*

The College also recognizes that Health Canada's draft guidance continues to use the term part-fill in several instances. Pharmacy professionals should therefore distinguish between terminology carried forward for explanatory purposes and the terminology adopted within the federal regulations themselves.

Definition of “Order”

Federal Framework

The CSR define “order” primarily by exclusion, stating that an order does not include a prescription. The definition does not otherwise describe the characteristics of an order, nor does it distinguish between the noun *order* and the act of *ordering*. During discussions with pharmacy regulatory authorities in March 2026, Health Canada explained that a requisition for a controlled substance is generally considered an order unless it is patient-specific, in which case it is considered a prescription. This explanation assists in understanding the concept but does not form part of the CSR itself.

Why this Matters

The distinction determines which authorities, documentation and retention requirements apply.

New Brunswick Context

New Brunswick pharmacy professionals work primarily with patient-specific prescriptions and less often with non-patient-specific requisitions.

Implementation Considerations

The distinction impacts ordering, sales, documentation, record retention and identification of the federal authority being exercised.

College Perspective

The CSR definition provides limited practical guidance. The College will use helpful Health Canada context while distinguishing guidance from legal requirements.

Ordering

Federal Legislative Framework

The CSR authorize pharmacists to order controlled substances. The authority to place an order rests with the pharmacist and cannot be delegated to a pharmacy technician or any other person.

Health Canada has indicated that pharmacy technicians may assist with the preparation of an order for controlled substances; however, the authority to place the order remains with the pharmacist.

The federal regulations also authorize practitioners to obtain controlled substances from licensed dealers and, in specified circumstances, from pharmacies.

The CSR distinguish between ordering and receiving controlled substances. While only pharmacists are authorized to place orders, pharmacists and pharmacy technicians are authorized to receive controlled substances and complete the associated receiving records.

Why This Matters

Pharmacy technicians may support inventory management and prepare orders, but only pharmacists may place them.

New Brunswick Legislative Framework

Pharmacists remain accountable for authority assigned specifically to them, while pharmacy technicians may participate in inventory-management activities within their scope.

Implementation Considerations

Implementation of the CSR raises several practical questions regarding ordering controlled substances, including:

- the distinction between preparing an order and placing an order with a licensed dealer;
- the respective roles of pharmacists and pharmacy technicians during the ordering process;
- practitioner requests for controlled substances intended for office use;
- documentation supporting controlled substance orders; and
- interactions with licensed dealers under the federal framework.

College Perspective

Pharmacy workflows must distinguish collaborative operational tasks from authorities reserved to pharmacists.

The College will continue to consider whether additional New Brunswick direction is needed for office-use supply, given diversion, accountability and patient-record concerns.

Practice note

Regarding practitioners ordering “for office use”: The CSR authorize pharmacists to sell or provide controlled substances to practitioners in accordance with the federal requirements. The College recognizes, however, that supplying controlled substances for non-patient-specific office use may create risks relating to diversion, misuse, accountability, and incomplete documentation within a patient’s electronic health record.

The College has historically encouraged practitioners to obtain office-use controlled substances directly from licensed dealers or, where appropriate, to issue patient-specific prescriptions that are dispensed through the patient’s pharmacy. The College will consider whether additional New Brunswick guidance or expectations are required regarding pharmacists’ exercise of the federal authority to supply controlled substances to practitioners.

Sales

Federal Legislative Framework

The CSR authorize pharmacists to sell or provide controlled substances to specified recipients in defined circumstances, including licensed dealers, other pharmacists, practitioners, hospitals, and other authorized persons.

The CSR also authorize pharmacists to sell or provide controlled substances directly to an individual pursuant to a prescription (section 98).

Why This Matters

The CSR specify who may receive controlled substances and the documentation required for each transaction.

New Brunswick Legislative Framework

College requirements for documentation, professional accountability and patient safety continue to apply.

Implementation Considerations

Verification of Orders

The federal guidance states that pharmacists and pharmacy technicians receiving an order or prescription must verify, among other things, the issuer's signature if it is not already known.

The College recognizes that this requirement presents practical questions when receiving written orders from licensed dealers. Pharmacy professionals generally do not have a practical means of independently recognizing the signatures of licensed dealer personnel, nor are there publicly accessible registration systems comparable to those available for regulated health professionals.

The College requested additional guidance from Health Canada regarding reasonable expectations for verifying signatures on orders originating from licensed dealers.

Sale to Another Pharmacist

The CSR authorize pharmacists to sell or provide controlled substances to another pharmacist for specified purposes. The College noted during consultation that Health Canada's draft guidance described this authority as "commonly referred to as central fill."

The College's view is that central fill represents one example of this authority rather than its only application. Pharmacy professionals should not interpret the federal guidance as limiting the authority exclusively to central fill arrangements.

Documentation Requirements

Health Canada's draft guidance identifies information expected to appear on written orders between pharmacies, including product-specific information such as the brand name and Drug Identification Number (DIN).

The College recognizes that, in many circumstances, the pharmacist preparing the order cannot reasonably know this information at the time the order is written because the supplying pharmacy has not yet selected the product that will be provided.

Similarly, where the supplying pharmacy is expected to dispense only the quantity required to fill a prescription, the ordering pharmacy may not reasonably know how the medication will ultimately be packaged.

The College requested additional clarification from Health Canada regarding documentation expectations that can be reasonably achieved in practice while maintaining appropriate accountability.

College Perspective

Until Health Canada clarifies the outstanding requirements, pharmacy professionals are to comply to the extent reasonably possible and clearly document each transaction.

Transfers

Federal Legislative Framework

The Controlled Substances Regulations authorize pharmacy professionals to transfer prescriptions for controlled substances between pharmacies.

When a prescription is transferred, the originating pharmacy must maintain appropriate documentation regarding the transfer and ensure that the prescription is no longer available for dispensing from that location.

The CSR introduce transfer documentation requirements that may be difficult to implement.

Why This Matters

Transfer requirements must fit routine workflow; unnecessary complexity may delay care, create inconsistent practice and divert pharmacy professionals from patients.

Extensions and therapeutic substitutions create uncertainty about what information is transferred and how existing pharmacy management systems can support a compliant transfer.

New Brunswick Legislative Framework

Pharmacy professionals must continue to comply with the prescription transfer requirements established under New Brunswick legislation, the College's Regulations and applicable Standards of Practice, in addition to the federal requirements.

Implementation Considerations

Transfer Following a Prescription Extension

The Controlled Substances Regulations authorize pharmacists to extend prescriptions for controlled substances.

The College requested clarification regarding how transfers are to be documented where a prescription has previously been extended by a pharmacist. The implementation challenge arises because the pharmacist's extension becomes the current authority for dispensing, while the CSR appear to contemplate the transfer of the original prescription.

Accordingly, the College requested clarification regarding:

- which prescription is intended to be transferred where a pharmacist has performed a prescription extension;
- the date that should be recognized as the operative prescription date following transfer, given the revised definition of *start date* within the Regulations; and
- how pharmacies are expected to comply where the original prescription has been exhausted or is no longer capable of being transferred within pharmacy management systems.

At the time of publication, Health Canada has not provided further clarification.

Transfer Following a Therapeutic Substitution

The Controlled Substances Regulations authorize pharmacists to perform therapeutic substitutions for controlled substances where permitted by provincial legislation.

The College requested clarification regarding the information that should be transferred where a therapeutic substitution has already occurred. Specifically, clarification is required regarding whether the receiving pharmacy should receive:

- the original prescription for the originally prescribed medication;
- the prescription as modified through the therapeutic substitution; or
- another form of documentation reflecting both the original prescription and the pharmacist's therapeutic substitution and, if so, how that may be implemented in a manner that is operationally feasible.

At the time of publication, Health Canada has not provided further clarification.

Continuity of the Prescription Record

Transfers must preserve a complete and auditable prescription history.

The implementation challenge is not the transfer process itself, but determining what constitutes the prescription being transferred once a pharmacist has exercised authorities such as a prescription extension or therapeutic substitution. Under New Brunswick legislation, these activities are recognized as pharmacist prescribing. However, the Controlled Substances Regulations authorize these activities without characterizing them as prescribing, creating uncertainty regarding the legal status of the resulting prescription record.

Pharmacy management systems transfer the current active record, which may no longer correspond to the original practitioner's prescription after an extension or substitution. Health Canada clarification is required to reconcile the federal concept with operationally feasible transfer processes.

College Perspective

The College supports transfers that maintain continuity of care and a complete, accurate and auditable record.

The College will continue to seek clarification from Health Canada to ensure that the legislative framework can be implemented consistently and in a manner that is operationally feasible.

Transporting Controlled Substances

Federal Legislative Framework

The Controlled Substances Regulations establish requirements governing the movement of controlled substances between authorized persons and locations. Transportation may occur in a variety of circumstances, including the delivery of controlled substances from licensed dealers, movement between pharmacies, returns to licensed dealers, and other authorized transactions.

Why This Matters

Controlled substances may pass through several parties before reaching their destination, requiring clear security, documentation and accountability.

New Brunswick Legislative Framework

Pharmacies must maintain procedures for secure transportation, receipt and documentation consistent with federal and New Brunswick requirements.

Implementation Considerations

Loss or Theft During Transportation

The College requested clarification regarding the responsibilities of parties when controlled substances are lost or stolen while in transit.

In particular, the College sought clarification regarding:

- which party is responsible for reporting the loss or theft;
- when responsibility shifts from the sender to the recipient; and
- how accountability should be determined where possession changes during transportation.

At the time of publication, Health Canada has not provided further clarification regarding these circumstances.

Delivery to the Intended Recipient

Health Canada's guidance states that controlled substances must be delivered to the patient and that, if the final recipient is not home, the controlled substances cannot be left at the door.

While the College supports the principle of no prescriptions being left unattended, it requested clarification that the intended final recipient is not necessarily the patient. In some circumstances, such as where a patient lacks the capacity to receive the medication, the controlled substance may appropriately be delivered to another authorized individual designated to receive the medication on the patient's behalf.

The College requested that Health Canada revise the guidance to recognize that controlled substances may be delivered to the intended final recipient, as arranged by the pharmacy, rather than only to the patient.

At the time of publication, Health Canada has not provided further clarification regarding these circumstances.

College Perspective

Until Health Canada clarifies responsibility during transportation, pharmacy professionals are to maintain clear records and appropriate safeguards throughout the transaction.

Possession, Security and Access

Federal Legislative Framework

The CSR authorize specified individuals to possess controlled substances in particular circumstances and establish requirements respecting their secure storage and access.

The concept of *possession* is fundamental to many provisions of the federal regulations; however, the CSR do not define the term directly. Instead, the *Controlled Drugs and Substances Act* adopts the definition of possession from the *Criminal Code*.

The CSR distinguish possession, access, security, authorized persons and, in some provisions, particular persons. These terms are not interchangeable.

Why this Matters

An individual may have authorized access to a secure area without possessing the controlled substances stored there; security obligations do not, by themselves, determine lawful possession.

These distinctions affect operational procedures intended to prevent loss, theft and diversion.

New Brunswick Legislative Framework

Under the *Pharmacy Act* and the College's Regulations, pharmacy managers and pharmacy professionals are responsible for ensuring that controlled substances are managed securely and in accordance with applicable legislative and professional requirements.

Implementation Considerations

Implementation of the CSR raises a number of practical questions regarding the relationship between possession, security, and access, including:

- who may lawfully possess controlled substances under the federal regulations;
- who may be authorized to access secure areas where controlled substances are stored;
- whether authorized access is equivalent to possession;
- the relationship between operational security measures and legal responsibility for controlled substances;
- the distinction between possession, custody, control, and access in day-to-day pharmacy practice; and
- the respective responsibilities of pharmacists, pharmacy technicians, pharmacy managers, and other authorized individuals.

These questions arise during after-hours work, contractor access, inventory management and other routine operations.

The College recognizes that the federal regulations and current Health Canada guidance do not provide complete answers to all implementation questions arising from these circumstances.

College Perspective

Where federal law or guidance remains unclear, the College will identify the practical issue and provide direction where appropriate while seeking Health Canada clarification.

Pharmacy professionals are to maintain appropriate security, documentation and accountability while complying with both frameworks.

Inventory Management and Reconciliation

Federal Legislative Framework

The CSR require pharmacies to maintain accurate records of controlled substances received, sold, dispensed, returned and destroyed. These records support inventory management, reconciliation and accountability.

Health Canada has published guidance on inventory management, reconciliation and the investigation of discrepancies. Rather than duplicate that guidance, this Resource focuses on areas requiring further clarification and on additional New Brunswick requirements.

Why This Matters

Accurate inventory management is a primary safeguard against diversion, loss and theft. The CSR reinforce the importance of maintaining accurate records and investigating unexplained discrepancies.

New Brunswick Legislative Framework

The College continues to require pharmacies to conduct a complete inventory count of controlled substances at least every 90 days, as required by the College's Regulations. This requirement remains in effect following implementation of the CSR.

College Perspective

Where Health Canada guidance and College requirements differ, pharmacy professionals practising in New Brunswick are expected to comply with both the federal and provincial requirements.

The College anticipates publishing additional guidance on the storage and inventory management of controlled substances following further policy development. Until then, pharmacy professionals are to continue following existing Health Canada guidance together with applicable New Brunswick legislative and professional requirements.

Recordkeeping and Documentation (including Reporting)

Federal Legislative Framework

The CSR establish records for controlled-substance activities to support accountability, traceability and regulatory oversight.

Health Canada's subsequent draft guidance provided operational detail but is not law and, in some areas, extends beyond or differs from the CSR wording.

Why This Matters

Accurate records demonstrate accountability. The implementation questions concern terminology, documentation expectations and record retention.

New Brunswick Legislative Framework

New Brunswick recordkeeping and retention requirements continue to apply in addition to the federal requirements.

Where requirements differ, pharmacy professionals must satisfy both.

Implementation Considerations

Documentation of Number of Containers

Health Canada's guidance indicates that the chronological dispensing record is to include the number of containers dispensed.

The College questioned the operational value of this expectation and requested that Health Canada revise the guidance to indicate that documenting the total quantity dispensed (for example, the total number of tablets, capsules, grams or millilitres) is acceptable, rather than requiring documentation of the number of containers dispensed. At the time of publication, Health Canada has not provided further clarification.

Compounded Finished Products

The College also requested clarification regarding documentation expectations for compounded finished products, particularly where the guidance appears to require recording quantities that may not readily correspond to the finished compounded preparation.

At the time of publication, Health Canada has not provided additional clarification regarding these documentation expectations.

Record Retention

The Controlled Substances Regulations establish minimum federal record-retention requirements.

New Brunswick pharmacy professionals must also comply with the College's existing record-retention requirements under Regulation 17.22. While the federal Regulations generally require records to be retained for **two years**, the College's record-retention requirements remain unchanged and continue to apply.

Pharmacy professionals are to ensure their record-retention practices satisfy both federal and provincial requirements.

College Perspective

Until Health Canada clarifies the outstanding issues, pharmacy professionals are to maintain complete, accurate and contemporaneous records that meet both frameworks.

Emergency Situations

Federal Legislative Framework

The CSR permit specified controlled-substance activities in emergency situations to support continuity of care while maintaining safeguards.

Why This Matters

Because emergency decisions occur outside routine practice, pharmacy professionals need clear authority and guidance.

New Brunswick Legislative Framework

New Brunswick legislation, the College's Regulations and Standards of Practice continue to apply.

Implementation Considerations

Meaning of "Emergency"

The College requested clarification regarding the circumstances in which the emergency provisions of the CSR are intended to apply.

Health Canada has provided examples of emergency situations where a pharmacist provides controlled substances to another pharmacist or pharmacy, hospital or practitioner. Health Canada has also indicated that the emergency provisions should not be used to facilitate routine inventory transfers.

While these examples provide context regarding the intended application of the emergency provisions, they do not define what constitutes an emergency for the purposes of the CSR.

At the time of publication, Health Canada has not provided further clarification regarding the intended scope of these provisions.

Exercising Professional Judgment

Until further clarification is available, pharmacy professionals may be required to exercise professional judgment when determining whether the emergency provisions of the CSR apply to a particular situation.

Where uncertainty exists, pharmacy professionals are to document the circumstances supporting their decision-making and continue to comply with all other applicable legislative and professional requirements.

College Perspective

Until Health Canada defines the scope more clearly, pharmacy professionals should exercise professional judgment and document decisions made under the emergency provisions.

Returns and Destruction

Federal Legislative Framework

The CSR establish requirements governing the return and destruction of controlled substances. Depending on the circumstances, controlled substances may be returned to a licensed dealer or destroyed in accordance with the federal requirements.

Why This Matters

Returns and destruction support diversion prevention and inventory accountability.

New Brunswick Legislative Framework

College requirements for accountability, recordkeeping and inventory management continue to apply.

Implementation Considerations

Documentation When Returning Controlled Substances

The CSR require documentation when controlled substances are returned or destroyed.

The College requested clarification of the documentation required when substances are returned to licensed dealers specializing in destruction.

Destruction of Partial Quantities

Certain dosage forms, including injectable ampoules, may require destruction of only a portion of the controlled substance following preparation or administration.

The College identified uncertainty regarding whether the destruction of these partial quantities requires a witness under the federal framework, particularly in community pharmacy settings where another regulated health professional may not be immediately available.

The College requested additional clarification from Health Canada regarding the expectations for documenting and witnessing these routine destruction activities.

College Perspective

Until further clarification is available, pharmacy professionals are to document returns and destruction clearly and comply with federal and New Brunswick requirements.

Practice note

Professional Practice Consideration: Returns and destruction processes should be incorporated into the pharmacy's routine inventory management procedures. Clearly documented workflows, consistent recordkeeping, and regular reconciliation of controlled substance inventory support accountability and reduce the risk of diversion or documentation errors.

Hospitals and Persons in Charge

Federal Legislative Framework

Sections 155–188 of the CSR establish a distinct hospital framework covering the person in charge, ordering, possession, administration, recordkeeping and other controlled-substance activities.

The person in charge is the individual responsible for all hospital activities involving controlled substances and is the central point of federal accountability.

Practice note

New Brunswick Context: *In most New Brunswick hospitals, the pharmacy manager is often the individual fulfilling the responsibilities of the person in charge when those responsibilities involve controlled substances. Throughout this Resource, references to the person in charge may be understood in that context unless otherwise indicated.*

Why This Matters

Health Canada's exclusion of hospital pharmacy professionals from its guidance may be mistaken for exclusion from the CSR, despite the extensive hospital-specific framework.

This distinction matters to hospital pharmacy professionals and community pharmacies that interact with hospitals.

New Brunswick Legislative Framework

Hospital pharmacy professionals must also continue to comply with applicable New Brunswick legislation, the College's Regulations and Standards of Practice, in addition to the federal framework.

Implementation Considerations

Scope of the Health Canada Guidance

Health Canada's guidance states that pharmacists and pharmacy technicians practising in hospitals are outside the scope of the guidance document, while the Controlled Substances Regulations establish an extensive framework governing hospital activities involving controlled substances.

The College requested clarification regarding how hospital pharmacy professionals should interpret and apply the hospital provisions of the Regulations in the absence of corresponding guidance. At the time of publication, Health Canada has not provided further clarification.

Hospital Ordering Authority

Section 157 of the CSR authorizes the person in charge of a hospital to designate pharmacists and practitioners to order controlled substances on behalf of the hospital.

The College identified implementation questions regarding the application of these provisions in practice, including who may issue written orders in circumstances involving compounded preparations. At the time of publication, Health Canada has not provided further clarification.

Community–Hospital Interface

Questions may arise regarding the authority of individuals issuing orders between hospital and community pharmacies and the application of the hospital provisions of the Regulations to transactions involving community pharmacies.

The College has identified this as an area where additional clarification would assist pharmacy professionals in understanding how the hospital framework operates in practice.

College Perspective

The hospital framework differs from community pharmacy requirements, and its interaction with current Health Canada guidance remains unresolved.

Until Health Canada provides clarification, hospital pharmacy professionals should apply the hospital-specific CSR provisions with New Brunswick requirements; community pharmacies are to use professional judgment when interacting with hospitals.

Authorized Person

Federal Legislative Framework

The CSR use the term “authorized person” in several provisions to identify individuals who may lawfully perform specified activities involving controlled substances. The meaning of authorized person depends upon the context of the particular provision and should not be assumed to apply universally throughout the federal regulations.

Why this Matters

The term affects who may lawfully possess, handle, receive or otherwise participate in controlled-substance activities.

New Brunswick Legislative Framework

Federal authorities must be understood alongside the distinct New Brunswick scopes and accountabilities of pharmacists and pharmacy technicians.

Until further clarification is received, pharmacy professionals should not assume that every activity involving controlled substances may be delegated simply because another individual is described as an authorized person under a particular provision of the CSR.

Implementation Considerations

Implementation of the CSR raises several practical questions regarding authorized persons, including:

- which activities may be performed by an authorized person and which remain restricted to pharmacists;
- the distinction between preparing an order and placing an order with a licensed dealer;
- after-hours possession of controlled substances within community pharmacies;
- the interaction between authorized persons and hospital-specific provisions of the CSR; and
- the relationship between federal authorities and professional accountability under New Brunswick legislation.

College Perspective

Pharmacy professionals must understand both the federal authority and the professional accountability associated with each activity.

Pharmacy Technician

Federal Legislative Framework

The CSR expressly authorize pharmacy technicians to perform specified controlled-substance activities while reserving other authorities to pharmacists.

Why this Matters

This is a significant change from previous federal legislation and requires clear understanding of each profession's authority.

New Brunswick Legislative Framework

Under New Brunswick legislation, pharmacy technicians have an independent scope and are accountable for activities they perform within it.

Pharmacists and pharmacy technicians work collaboratively while remaining individually accountable.

Implementation Considerations

Implementation of the CSR raises several questions regarding the respective responsibilities of pharmacists and pharmacy technicians, including:

- activities that may only be performed by a pharmacist;
- activities that may be performed by either profession;
- preparation of orders for controlled substances;
- inventory management responsibilities;
- destruction of controlled substances; and
- documentation and accountability for professional activities.

College Perspective

Pharmacy professionals must understand the activities they may perform and the accountability attached to them. See Appendix A for a suggested tool describing some of those activities.

Appendix A – Authority Matrix

Activity	Pharmacist	Pharmacy Technician	Implementation note
Exercise pharmacist prescribing authority	Yes	No	Prescription extensions and therapeutic substitutions are pharmacist prescribing under New Brunswick legislation.
Extend a prescription	Yes	No	Subject to CSR and NB requirements.
Perform a therapeutic substitution	Yes	No	Permitted where provincially authorized; pharmacist prescribing in NB.
Prepare an order	Yes	Yes	Technician may assist within scope.
Place an order	Yes	No	Pharmacist authority; cannot be delegated.
Receive controlled substances	Yes	Yes	Ordering and receiving are distinct activities.
Complete associated receiving records	Yes	Yes	Applicable documentation requirements apply.
Receive a prescription	Yes	Yes	Subject to scope and applicable requirements.
Transfer a prescription	Yes	Yes	Federal and NB requirements apply.
Dispense pursuant to a prescription	Yes	Within NB scope	Professional scope and accountability apply.
Compound a finished product	Yes	Yes	Permitted for specified activities; records apply.
Deliver, send or transport	Yes	Yes	Security, tracking and documentation apply.
Receive controlled substances returned for destruction	Yes	Yes	Secure handling requirements apply.
Destroy controlled substances	Yes	Yes	Subject to destruction and witness requirements.
Witness destruction	Yes	Yes	Technicians may be eligible witnesses.

Complete specified records	Yes	Yes	Authority depends on the activity and record.
Exercise authority reserved to pharmacists	Yes	No	Pharmacist-specific authority cannot be delegated.

Appendix B

Implementation Checklist

In preparation for October 1, 2026, pharmacies may use this checklist to assess their readiness to implement the CSR alongside existing New Brunswick requirements. Please note that this checklist is a voluntary tool for self-assessment and is provided for guidance only, it is **not mandatory**.

Appendix B – Implementation Checklist	
	Confirm professional roles — identify activities that may be performed by pharmacists, pharmacy technicians, or both.
	Update prescribing workflows — consider prescription extensions, therapeutic substitutions and the distinction between refills and extensions.
	Review prescription dates and system functionality — consider how the date a prescription is received will be recorded and used where required in the CSR.
	Review ordering and receiving processes — consider the distinction between preparing and placing an order and the different authorities associated with each activity.
	Review prescription transfer procedures — consider documentation requirements and the implementation issues associated with prescriptions that have previously been extended or therapeutically substituted.
	Review transportation and delivery procedures — consider security, tracking, intended recipients and loss or theft in transit.
	Review security and access controls — including secure storage, after-hours access and contractor access.
	Confirm inventory and recordkeeping processes — including reconciliation, record retention and the 90-day inventory requirement.
	Review returns and destruction procedures — including documentation and witnessing requirements.
	Review policies, procedures and staff education — consider new terminology, professional authorities, documentation requirements and areas where further federal clarification is pending.