



## Central Fill Pharmacy Agreement Template

This template may be used in situations where two pharmacies wish to enter into an agreement whereby one pharmacy will provide the dispensing functions (central fill pharmacy) for another pharmacy (originating pharmacy).

THIS AGREEMENT IS BETWEEN:

\_\_\_\_\_ 1  
The Owner/Pharmacy Manager of

\_\_\_\_\_ # \_\_\_\_\_ 2  
(The "Central Fill Pharmacy")

-and-

\_\_\_\_\_ 3  
The Owner/Pharmacy Manager of

\_\_\_\_\_ # \_\_\_\_\_ 4  
(The "Originating Pharmacy")

**NOTES:**

1. Insert name of the owner / pharmacy manager of the Central Fill Pharmacy
2. Insert name and permit number of the Central Fill Pharmacy
3. Insert name of the owner / pharmacy manager of the Originating Pharmacy
4. Insert name and permit number of the Originating Pharmacy

Provide details/descriptions of the following:

1. The proposed service and the responsibilities and requirements of each pharmacy.

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2. How the service will comply with federal and provincial legislation, standards of practice and the Saskatchewan College of Pharmacy Professionals (SCPP) Policy Statement on Central Fill?

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3. When advance notice of the intent to operate or utilize the services of a central fill pharmacy was provided to the Saskatchewan College of Pharmacy Professionals (SCPP).

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CENTRAL FILL PHARMACY

LOCAL PHARMACY

Per: \_\_\_\_\_  
Signature of Proprietor/Owner

Per: \_\_\_\_\_  
Signature of Proprietor/Owner

Per: \_\_\_\_\_  
Signature of Pharmacy Manager

Per: \_\_\_\_\_  
Signature of Pharmacy Manager