

Central Fill Notification Form

The owner/designated manager must provide notice of the provision, or utilization of central fill services and/or any changes in types of services received or provided, to the Ontario College of Pharmacists within 7 days upon entering into or revising an agreement.

Centralized prescription processing (central fill) refers to a service one pharmacy provides to another where the central fill pharmacy prepares a patient specific request from an originating pharmacy to prepare a drug order. Each participating pharmacy is required to be accredited by the Ontario College of Pharmacists.

Please refer to the [Centralized Prescription Processing Policy](#) for further information on requirements for both pharmacies.

Important - If the pharmacy has stopped compounding as a result of entering into a central fill agreement, you must inform the College in writing.

Pharmacy Information

A	Owner/Corporation Name	
	Name of Pharmacy	Accreditation Number
	Street Address	Postal Code

Is the Pharmacy Utilizing Central Fill Services See Centralized Prescription Processing (Central Fill) for more information

		ADD Service	REMOVE Service	Effective Date MM/DD/YYYY
B	Utilizing Central Fill Services	<input type="checkbox"/>	<input type="checkbox"/>	
	Multi-Medication Compliance Aids (blister packs)	<input type="checkbox"/>	<input type="checkbox"/>	
	Non-sterile compounding preparations	<input type="checkbox"/>	<input type="checkbox"/>	
	Sterile compounded preparations	<input type="checkbox"/>	<input type="checkbox"/>	
	Vial Dispensing	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Pharmacy Providing Central Fill Services		Accreditation Number		

Or is the Pharmacy Providing Central Fill Services See Centralized Prescription Processing (Central Fill) for information

A Providing Pharmacy is required to inform the College when starting to Provide Central Fill services and of any changes in the type of services being provided. It is not required for each new client.

		ADD Service	REMOVE Service	Effective Date MM/DD/YYYY
C	Providing Central Fill Services	<input type="checkbox"/>	<input type="checkbox"/>	
	Multi-Medication Compliance Aids (blister packs)	<input type="checkbox"/>	<input type="checkbox"/>	
	Non-sterile compounding preparations	<input type="checkbox"/>	<input type="checkbox"/>	
	Sterile compounded preparations	<input type="checkbox"/>	<input type="checkbox"/>	
	Vial Dispensing	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Pharmacy Utilizing Central Fill Services		Accreditation Number		

Authorization

D I hereby notify the College of the addition and/or removal of the central fill services above.

_____	_____	_____	_____
Print Name	OCP Number	Role	Signature

Submit completed form by email to pharmacyapplications@ocpinfo.com or fax to 416-847-8399, or mail to the attention of Pharmacy Applications & Renewals at 483 Huron St. Toronto, ON M5R 2R4