



Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tŝilhqot'in Nations, where we live, learn, collaborate and work together.

Interior Health recognizes that diversity in the workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the workplace. The dimensions of a diverse workplace includes the protected characteristics under the human rights code of: race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

1.0 PURPOSE

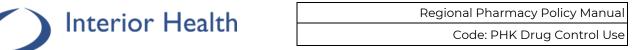
This policy addresses the handling and dispensing of medication samples in Interior Health (IH) facilities, in alignment with the federal Food and Drug Act, the provincial Health Professions Act, relevant professional college bylaws, and Accreditation Canada Standards.

The policy provides additional requirements for dispensing and managing medication samples when these are not supplied through pharmacy services.

2.0 **DEFINITIONS**

TERM	DEFINITION
Client	Any individual receiving care or services from IH. Includes Clients, patients, residents and any other person receiving care. Note that different terms may be used in different care settings.
Clinical Staff	A person licensed, or registered to provide health care. For the purposes of this policy, refers to registered nurses, licensed practical nurses, registered psychiatric nurses, nurse practitioners, pharmacists, pharmacy technicians, physicians, and allied health professionals who practice at IH Facilities or at programs owned or operated by IH.
Dispensing	Preparing and transferring a medication to a Client or their caregiver to administer at a later time, while also ensuring the pharmaceutical and therapeutic suitability of the medication for its intended and proper use
IH Facilities	Includes all Interior Health owned, operated, leased, or contracted facilities where care is provided by Interior Health Clinical Staff

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Medication Sample	A small quantity of prescription or non-prescription
	medication provided free of charge by
	pharmaceutical manufacturers

3.0 POLICY

- 3.1 Medication Samples are only stored or provided to Clients in IH Facilities in the following situations:
 - 3.1.1 Medical staff with a private office in an IH facility
 - 3.1.2 Diabetes Education Centres as per <u>IH Diabetes Centre Medication</u>
 Samples Procedure
 - 3.1.3 As per <u>PHK0700 Patient's Own Medication and Natural Health</u>
 <u>Products in Acute Care Policy</u> for patients admitted to acute care facilities
- 3.2 Stored Medication Samples must:
 - 3.2.1 Be securely stored in a locked cabinet or drawer inside a locked, private physicians office
 - 3.2.2 Not be stored in Client care areas, or medication rooms
 - 3.2.3 Be monitored for expiration
 - 3.2.4 Be monitored for manufacturer recalls
 - 3.2.5 Be properly disposed of when expired using a suitable pharmaceutical waste container
 - 3.2.6 If refrigerated, stored according to PHK0900 Storage and Monitoring of Refrigerated Medications, Biologics, and Vaccines
- 3.3 A prescriber order must be obtained prior to dispensing or administering.
- 3.4 Dispensing and distribution of samples may not be delegated to unregulated staff where dispensing is not part of their scope of practice.
- 3.5 Random audits may be conducted by other IH personnel (Chief of Staff, Department Head, Administrator, Internal Auditor, Pharmacy Manager or other delegated authority) at sites without pharmacy staff.
- 3.6 Non-compliance with the provisions of this policy will lead to the removal and destruction of Medication Samples

4.0 PROCEDURES

Acute Care, LTC, MHSU Facilities Pharmacy Staff:

4.1 Follow PHK0700 - Patient's Own Medication and Natural Health Products in Acute Care Policy for Medication Samples brought in by Clients and appropriately ordered by Clinical Staff.

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4.2 Remove any Medication Samples that have been found during regular medication room inspections in any Client care area.

Nursing Staff:

- 4.3 When Medication Samples are not needed during hospital admission:
 - 4.3.1 Return Medication Samples to family to take home
 - 4.3.2 If no family available, Medication Samples must be labelled Client-specific and stored in a secure location within nursing areas (e.g. in a locked cupboard). Return to Client upon discharge.
- 4.4 When Medication Samples are needed during hospital admission (e.g. non-formulary drug):
 - 4.4.1 A prescriber's order is required. Follow the procedures outlined in PHK 0700 Patient's Own Medication and Natural Health Products in Acute Care Policy

Outpatient and Community Clients Nursing Staff:

- 4.5 A physician's order is required for Medication Samples
- 4.6 A log must be created and maintained to record the following elements for each receiving or dispensing transaction:
 - Date of transaction
 - Brand name, generic name, quantity and dosage form of medication
 - Name and address of each person to whom the Medication Sample is dispensed
 - Lot number and expiry date
 - Clinical Staff must keep the log for a period of not less than two years from the date upon which the Medication Sample was dispensed
- 4.7 Each package of dispensed medication must be labelled with:
 - Name, IH address and telephone number of the dispensing clinical staff
 - Date the sample is being dispensed
 - Full name of the Client
 - All directions for use (dose, frequency, duration, etc.)
 - The quantity, brand and generic name and strength
 - Clients must be provided with printed information regarding the medication as well as receive any appropriate counselling or education

5.0 References

- 1. Michols DM. Letter. Labelling of professional samples of drugs. Drugs Directorate, Health Canada. Feb 11, 1994.
- 2. ISMP. Sample medications: Safe management is a difficult but necessary process. ISMP Medication Safety Alert, July 14,1999

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- Findlay S. Prescription drugs and mass media advertising. Sept 2000.
 www.nihcm.org
- 4. Lau HS et al. Completeness of med histories in records of patients admitted to general internal medicine. Br J Clin Pharmacol 2000; 49(6):597-603.
- 5. Harris IM. Closing the door on sample closets. Minn Medical Association Vol 84. Jan 2001
- 6. Boltri JM et al. Effect of antihypertensive samples on physician prescribing patterns. Fam Med 2002; 34(10):729-31.
- 7. Cornish PN et al. Unintended medication discrepancies at the time of hospital admission. Arch Intern Med 2005; 165:424-9.
- 8. ISMP. Safe practices not evident when dispensing drug samples. ISMP Medication Safety Alert, March 2007.
- 9. Canadian Medical Association. Guidelines for physicians in interactions with industry. CMA Policy. 2021. Available from: Guidelines for physicians in interactions with industry
- 10. ISMP Canada. Drug interaction incident with HIV post-exposure prophylaxis. ISMP Canada Safety Bulletin. 19 May 2008.
- 11. Chimonas S, Kassirer JP. No More Free Drug Samples? PLoS Med 6(5): e1000074. doi:10.1371/journal.pmed.1000074. May 12, 2009
- 12. Warrier R et al. Effect of drug sample availability on physician prescribing behavior: a systematic review. Clinical Reviews and Opinions Vol. 2(4), pp. 41-48, November 2010
- 13. Schiff GD et al. Principles of conservative prescribing. Arch Intern Med 2011; 171(16):1433-40.
- 14. Health Standards Organization. CAN/HSO 3001:2019 Medication Management. 2019.
- 15. Government of Canada. Regulations Amending the Food and Drug Regulations (Distribution of Drugs as Samples): SOR/2020-74. Canada Gazette 2020; 154(9). Available from: Canada Gazette, Part 2, Volume 154, Number 9: Regulations Amending the Food and Drug Regulations (Distribution of Drugs as Samples)
- 16. College of Pharmacists of British Columbia. Health Professions Act Bylaws v.2025.1.1. CPhBC 2025. Available from: 5076-HPA_Bylaws.pdf
- 17. Council of the National Association of Pharmacy Regulatory Authorities (NAPRA). Guidelines for the distribution of medication samples. April 21, 2001.

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