

# Provincial changes in provision of services and dispensing practices related to COVID-19

As of October 27, 2020; these changes are considered temporary unless otherwise specified (see QC, NS, PE)

Prepared by



Canadian Foundation for Pharmacy



www.cfpnet.ca

	Controlled substances	New authority or funded service	Days supply	Prescribing*	Therapeutic substitution	Virtual care	Personal protective equipment (PPE)
<b>BC</b>	<p>Effective March 19, Health Canada issued temporary exemptions regarding prescriptions of controlled substances under Section 56 of the Controlled Drugs and Substances Act (CDSA). For controlled substances, pharmacists are temporarily authorized to:</p> <ul style="list-style-type: none"> <li>- accept verbal orders;</li> <li>- transfer prescriptions;</li> <li>- refill prescriptions if more than one year has elapsed since date written;</li> <li>- renew prescriptions;</li> <li>- adapt prescriptions, including part-filling or deprescribing.</li> </ul> <p>Pharmacy employees are also authorized to deliver prescriptions of controlled substances.</p> <p>These exemptions expire on September 30, 2021, or on the date they are revoked or replaced by other exemptions.</p> <p>All provinces except B.C. and Manitoba adopted most of these temporary exemptions to the CDSA. In B.C., pharmacists cannot adapt prescriptions due to limits in the pre-existing PPP-58 policy. In Manitoba, an exemption to the Prescribing Practices Program (M3P) for controlled substances allows prescribers to fax prescriptions directly to pharmacies until the COVID-19 situation resolves.</p>	No change	<b>March 26:</b> Government announcement to continue usual policy for maximum days supply; if this conflicts with on-hand supply, pharmacist may fill less than the maximum without penalty	Permission for early refills; emergency fills for up to 30 days; and to adapt transferred prescriptions	Removal of limitation on drug categories where there is a shortage	No change (counselling and adaptations/renewals could already be provided by phone)	Pharmacies source own PPE
<b>AB</b>		<ul style="list-style-type: none"> <li>• \$20 for Assessment to Screen and/or Test for Infectious Disease related to COVID-19 and provision of information, max. 5/pharmacy/day</li> <li>• For targeted groups, Assessment for the Intention to Test for COVID-19, a 2-step process: \$20 for Assessment to Screen for Asymptomatic Testing, followed by \$22 for Administration of COVID-19 Testing. Program paused on Oct. 20.</li> </ul>	<p><b>March 19:</b> Implementation of recommended 30-day maximums; pharmacists to use judgment if greater supply required. Government modified copays to ensure seniors do not pay more over 3-month period</p> <p><b>June 15:</b> Return to higher quantities unless stock unavailable</p>	Waived requirement to notify other health professionals when renewing for continuity of care	No change (already enabled)	Ability to provide Comprehensive Annual Care Plans, Standard Medication Management Assessments and other patient assessments by phone or video	In April, the Provincial Emergency Services Program shipped an initial supply of masks at no cost; pharmacies pay for subsequent orders or source own PPE. Effective Oct. 1 to Mar. 31, fee for administration of publicly funded vaccines increased to \$15 from \$13 to offset cost of PPE.
<b>SK</b>		No change	<p><b>March 18:</b> Implementation of mandatory 30-day maximums</p> <p><b>May 20:</b> Discontinuation of mandatory 30-day maximums; pharmacists may use judgment to dispense appropriate quantities</p>	<ul style="list-style-type: none"> <li>• Permission to prescribe more than once when previous prescription issued by a pharmacist and to give refills as needed and appropriate</li> <li>• Verbal orders and transfers authorized for Prescription Review Program (PRP) drugs</li> <li>• Waived requirement to notify primary prescriber when prescribing for minor ailment or extending prescription (excl. PRP drugs)</li> </ul>	Emergency therapeutic substitution options under development; check College website for updates	Ability to conduct and bill for medication reviews, prescribing and other services (e.g., smoking cessation) by phone and/or using Pexip or other pre-authorized video system	Pharmacies source own PPE; no access to government supply at this time
<b>MB</b>		No change	<p><b>March 19:</b> Implementation of mandatory 30-day maximums</p> <p><b>May 11:</b> Discontinuation of mandatory 30-day maximums; however, limits remain for certain drugs (eg, salbutamol)</p>	No change	No change (currently no authority for therapeutic substitution)	Ability to conduct patient assessments by phone or video	Pharmacies source own PPE; no access to government supply at this time
<b>ON</b>		\$20 per assessment for testing; \$22 per specimen collection from asymptomatic persons in higher-risk prioritized groups	<p><b>March 20:</b> Implementation of recommended 30-day maximums; government covered the costs of extra copays for ODB recipients</p> <p><b>June 15:</b> Return to 100-day supply; pharmacists to use professional judgment to limit dispensing quantities based on availability</p>	No change; discussions to expedite implementation of minor ailments program	No change (currently no authority for therapeutic substitution)	Ability to conduct and bill for medication reviews or other services by phone or video using secure or other platforms (e.g., FaceTime) with explicit patient consent and appropriate security/privacy in place	Access to government supply of masks at no charge for flu vaccinations; access to gowns at no charge for COVID-19 testing
<b>QC</b>		No change	<p><b>March 12:</b> Implementation of directive to dispense 30-day supplies unless clinically justifiable</p> <p><b>June 12:</b> Discontinuation and return to usual supplies (note: in Quebec most chronic prescriptions are routinely filled for 30 days, as the public plan is designed for monthly patient contributions)</p>	<ul style="list-style-type: none"> <li>• Permission to extend prescriptions beyond typical maximums</li> <li>• For minor ailments, changed requirement for previous diagnosis (increased to up to 4 years)</li> <li>• Effective March 18, early adoption of <b>permanent</b> new authorities to obtain throat specimen; prescribe all nonprescription drugs; prescribe and administer vaccines; and prescribe and administer salbutamol and nonprescription drugs in an emergency (fee \$18.59)</li> </ul>	<ul style="list-style-type: none"> <li>• Waived requirement to check product availability in two other pharmacies for therapeutic substitution due to shortage</li> <li>• Substitution to another therapeutic sub-class allowed</li> </ul>	No change	Pharmacies source own PPE; no access to government supply at this time
<b>NB</b>		No change	<p><b>March 16:</b> Implementation of mandatory 30-day maximums; government covered the costs of extra copays for public drug plan members</p> <p><b>April 24:</b> Discontinuation of mandatory 30-day maximums; return to 90-day supplies unless stock unavailable; limits may be put in place for certain drugs due to shortage</p>	No change	No change (already enabled)	New "Guidance for Providing Virtual Care During an Emergency"	Access to government supply at no charge during flu vaccination program
<b>NS</b>		No change	<p><b>March 20:</b> Implementation of recommended 30-day maximums; pharmacists use judgment if greater supply required</p> <p><b>May 22:</b> Discontinuation of recommended 30-day maximums</p>	Early adoption of <b>permanent</b> expanded injection authority and permanent fee for renewals (\$12 for up to 3 prescriptions; \$20 for 4 or more at one time)	No change	Ability to prescribe remotely by phone or video; medication reviews must continue to be in person (in order to bill)	Access to government supply at no charge from June until October; efforts to extend until end of flu vaccination program
<b>PE</b>		No change	<p><b>March 21:</b> Implementation of recommended 30-day maximums; extra copays covered by government for pharmacare recipients</p> <p><b>May 22:</b> Return to maximum days supply unless stock unavailable</p>	<b>Permanent</b> new authority to renew prescriptions without the originating prescription being at that pharmacy	No change	Ability to conduct and bill for government-funded medication reviews and follow-ups by phone; request to expand to assessment/prescribing has been put forward, but not enabled as yet	Access to government supply at no charge; however, the expectation is that pharmacies source own PPE and use government supply as last resort
<b>NL</b>	<ul style="list-style-type: none"> <li>• \$50 fee for delivery of opioid agonist maintenance treatment for patients in self-isolation</li> <li>• \$3 fee for methadone carries</li> </ul>	<p><b>March 18:</b> Implementation of recommended 30-day maximums; extra copays covered by government for pharmacare recipients</p> <p><b>May 4:</b> Return to maximum days supply; however, some restrictions may still apply for certain drugs</p>	No change	No change	Ability to conduct and bill for medication reviews and initial SaferMedsNL consults by phone or video	Access to government supply at no charge during flu vaccination program	

\*Authorized prescribing activities vary by province, including renewals, adaptations, emergency fills, minor ailments and collaborative agreements, as applicable  
Sources: Provincial pharmacy associations, websites for provincial ministries of health and pharmacy regulatory bodies.

Made possible with financial support from:

