

PROVINCIAL CHANGES IN PHARMACY PRACTICE RELATED TO COVID-19 (AS OF MAY 25, 2021)

	B.C.	Alberta	Saskatchewan	Manitoba	Ontario	Quebec	New Brunswick	Nova Scotia	P.E.I.	Newfoundland & Labrador
CONTROLLED SUBSTANCES	Effective March 19, 2020, Health Canada issued temporary exemptions regarding prescriptions of controlled substances under Section 56 of the Controlled Drugs and Substances Act (CDSA).			These exemptions are subject to the laws and regulations of the province/territory in which pharmacists practice.		Pharmacists may be temporarily authorized to: extend and renew prescriptions; transfer prescriptions; accept verbal prescriptions; and permit pharmacy employees to deliver prescriptions. These exemptions expire on September 30, 2021, or on the date they are revoked or replaced by other exemptions.				
COVID-19 VACCINATIONS	<ul style="list-style-type: none"> March 31 start; by pharmacists only \$18 fee includes \$5.90 temporary supplement to offset costs 667 pharmacies (vaccine supply permitting) 	<ul style="list-style-type: none"> March 4 start; by pharmacists only \$25 fee on weekdays; \$35 fee on weekends and stat holidays 1,300 pharmacies (vaccine supply permitting) 	<ul style="list-style-type: none"> April 29 start; by pharmacists, technicians \$20 fee 365 pharmacies (vaccine supply permitting) 	<ul style="list-style-type: none"> March 8 start; by pharmacists only \$20 fee 315 pharmacies (vaccine supply permitting) 	<ul style="list-style-type: none"> March 10 start; by pharmacists, students, interns, technicians \$13 fee 2,490 pharmacies (vaccine supply permitting) 	<ul style="list-style-type: none"> March 22 start; by pharmacists, students, nurses, auxiliary nurses \$17.10 per vaccination includes \$5.50 to offset costs for PPE and sanitary measures 1,469 pharmacies (vaccine supply permitting) 	<ul style="list-style-type: none"> March 11 start; by pharmacists, technicians \$15 fee includes \$2 to offset administration costs 218 pharmacies (vaccine supply permitting) 	<ul style="list-style-type: none"> March 8 start; by pharmacists, technicians, other regulated health professionals \$16 fee 200 pharmacies (vaccine supply permitting) 	<ul style="list-style-type: none"> March 11 start; by pharmacists only \$15 fee includes \$2 supplement until June 30 to offset costs of rollout 19 pharmacies (vaccine supply permitting) 	<ul style="list-style-type: none"> June 1 start; by pharmacists only \$13 fee 160 pharmacies (vaccine supply permitting)
NEW AUTHORITY OR FUNDED SERVICE	No change	<ul style="list-style-type: none"> \$20 for Assessment to Screen and/or Test for Infectious Disease related to COVID-19 and provision of information, max. 5/pharmacy/day 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, 2020 	No change	No change	<ul style="list-style-type: none"> For COVID-19 testing: pharmacists have authority to order and collect a specimen; pharmacists, students, interns, technicians can conduct point-of-care testing \$20 per assessment for testing; \$22 per specimen collection for eligible at-risk asymptomatic persons as part of a targeted PCR testing campaign 	No change	\$12 fee to administer rapid test; \$4 to distribute and educate on self-testing	No change	No change	<ul style="list-style-type: none"> \$50 fee for delivery of opioid agonist maintenance treatment for patients in self-isolation \$3 fee for methadone carries
PRESCRIBING*	Permission for early refills; emergency fills for up to 30 days; to adapt transferred prescriptions	Waived requirement to notify other health professionals when renewing for continuity of care	<ul style="list-style-type: none"> Permission to prescribe more than once when previous prescription issued by a pharmacist and give refills as needed and appropriate Verbal orders and transfers for Prescription Review Program (PRP) drugs Waived requirement to notify primary prescriber when prescribing for minor ailment or extending prescription (excl. PRP drugs) 	No change	No change; discussions to implement minor ailments program	<ul style="list-style-type: none"> Permission to extend prescriptions beyond typical maximums For minor ailments, changed requirement for previous diagnosis (increased to up to 4 years) Early adoption of permanent 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 \$19.34) 	No change	Early adoption of permanent expanded injection authority and permanent fee for renewals (\$12 for up to 3 prescriptions; \$20 for 4 or more at one time)	Permanent new authority to renew prescriptions without the originating prescription being at that pharmacy	No change
THERAPEUTIC SUBSTITUTION	Removal of limitation on drug categories where a shortage	No change (already enabled)	Emergency therapeutic substitution legislation passed; pending enablement	No change (currently no authority for therapeutic substitution)	No change (currently no authority for therapeutic substitution)	<ul style="list-style-type: none"> Waived requirement to check product availability in two other pharmacies for therapeutic substitution due to shortage Substitution to another therapeutic subclass allowed 	No change (already enabled)	No change (already enabled for eligible drug classes for beneficiaries of public plan)	No change (already enabled; reimbursement limited to eligible drug classes for beneficiaries of public plan)	No change (already enabled for beneficiaries of public plan only)
VIRTUAL CARE	No change (services could already be provided by phone); discussions ongoing for billing	Ability to provide and bill for Comprehensive Annual Care Plans, Standard Medication Management Assessments and other patient assessments by phone or video	Ability to conduct and bill for medication reviews, prescribing and other services by phone and/or using Pexip or other pre-authorized video system	Ability to conduct patient assessments by phone or video; not billable to public plan	Ability to conduct and bill for MedsCheck medication reviews or other services by phone or video using secure or other platforms with explicit patient consent and appropriate security/privacy	No change	Ability to provide services by phone or video; not billable to public plan	Ability to conduct and bill for medication reviews and other services by phone or video	Ability to conduct services by phone or video; reimbursement for medication reviews and follow-ups limited to beneficiaries of public plan	Ability to conduct and bill for medication reviews and initial SaferMedsNL consults by phone or video
PERSONAL PROTECTIVE EQUIPMENT (PPE)	Access to government supply at no charge for COVID vaccinations	PPE costs built into fee for COVID vaccinations; for other publicly funded vaccinations, fee increased to \$15 from \$13 to offset PPE costs (until Mar. 31, 2022)	PPE costs built into fee for COVID-19 vaccinations	Pharmacies source own PPE	Access to government supply at no charge for flu and COVID-19 vaccinations and COVID-19 testing	Costs for PPE and sanitary measures built into fee for COVID-19 vaccinations	Access to government supply at no charge for COVID-19 vaccinations	Access to government supply at no charge	Access to government supply at no charge for COVID-19 vaccinations; otherwise, pharmacies source own PPE and use government supply as last resort only	Access to government supply at no charge
DAYS SUPPLY	March 26, 2020: 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	March 19: 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 June 15: Return to higher quantities unless stock unavailable	March 18: Mandatory 30-day maximums May 20: Return to usual supplies; pharmacists may use judgment to dispense appropriate quantities	March 19: Mandatory 30-day maximums May 11: Return to usual supplies; however, limits remain for certain drugs (eg, salbutamol)	March 20: Recommended 30-day maximums; government covered the costs of extra copays for ODB recipients June 15: Return to 100-day supply; pharmacists to use professional judgment to dispense based on availability	March 12: Directive to dispense 30-day supplies unless clinically justifiable June 12: 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)	March 16: Mandatory 30-day maximums; government covered the costs of extra copays for public drug plan members April 24: Return to 90-day supplies unless stock unavailable; limits may be put in place for certain drugs due to shortage	March 20: Recommended 30-day maximums; pharmacists use judgment if greater supply required May 22: Return to usual supplies	March 21: Recommended 30-day maximums; extra copays covered by government for pharmacare recipients May 22: Return to usual supplies unless stock unavailable	March 18: Recommended 30-day maximums; extra copays covered by government for pharmacare recipients May 4: Return to maximum days supply; some restrictions may still apply for certain drugs

*Authorized prescribing activities vary by province, including renewals, adaptations, emergency fills, minor ailments and collaborative agreements, as applicable

Source: Provincial pharmacy associations

Made possible with financial support from



Prepared by Canadian Foundation for Pharmacy
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