

# Provincial changes in pharmacy practice related to COVID-19 (as of SEPTEMBER 30, 2021)

	B.C.	Alberta	Saskatchewan	Manitoba	Ontario	Quebec	New Brunswick	Nova Scotia	P.E.I.	Newfoundland & Labrador
<b>CONTROLLED SUBSTANCES</b>	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, 2026, or on the date they are revoked or replaced by other exemptions.				
<b>COVID-19 VACCINATIONS</b>	<ul style="list-style-type: none"> <li>March 31 start</li> <li>\$18 fee includes \$5.90 temporary supplement to offset costs</li> <li>667 pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>March 4 start</li> <li>\$25 fee (\$35 on weekends/stat holidays)</li> <li>1,427 pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>April 29 start; students and technicians can also administer (until Jan. 1/22)</li> <li>\$20 fee</li> <li>365 pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>March 8 start</li> <li>\$20 fee</li> <li>304 pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>March 10 start; students, interns, technicians can also administer</li> <li>\$13 fee</li> <li>2,526 pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>March 22 start; students, nurses, auxiliary nurses can also administer</li> <li>\$17.10 fee includes \$5.50 to offset costs for PPE and sanitary measures</li> <li>1,465 pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>March 11 start; technicians can also administer</li> <li>\$15 fee includes \$2 to offset administration costs</li> <li>218 pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>March 8 start; technicians, other regulated health professionals can also administer</li> <li>\$16 fee</li> <li>285 pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>March 11 start</li> <li>\$13 fee</li> <li>All pharmacies (50)</li> </ul>	<ul style="list-style-type: none"> <li>June 1 start;</li> <li>\$13 fee</li> <li>160 pharmacies</li> </ul>
<b>NEW AUTHORITY, FUNDED SERVICE OR GOVERNMENT PROGRAM</b>	No change	<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>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</li> <li>Federal program to distribute and train on rapid antigen testing kits for small/medium businesses</li> </ul>	Federal program to distribute and train on rapid antigen testing kits for small/medium businesses	Federal program to distribute and train on rapid antigen testing kits for small/medium businesses	<ul style="list-style-type: none"> <li>Pharmacists have authority to order and collect a specimen; pharmacists, students, interns, technicians can conduct point-of-care testing (POCT)</li> <li>PCR testing for eligible at-risk asymptomatic persons: \$20 per assessment for testing; \$22 per specimen collection</li> <li>Rapid antigen POCT for eligible asymptomatic public-school and child-care staff, Sept. 7-21, 2021: \$40 or \$32.15 for PPE, specimen collection and testing, communication of results</li> <li>Federal program to distribute and train on rapid antigen testing kits for small/medium businesses</li> </ul>	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"> <li>\$50 fee for delivery of opioid agonist maintenance treatment for patients in self-isolation</li> <li>\$3 fee for methadone carries</li> </ul>
<b>PRESCRIBING*</b>	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"> <li>Permission to prescribe more than once when previous prescription issued by a pharmacist and give refills as needed and appropriate</li> <li>Verbal orders and transfers 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>	No change	No change	<ul style="list-style-type: none"> <li>Permission to extend prescriptions beyond typical maximums</li> <li>For minor ailments, changed requirement for previous diagnosis (to up to 4 years)</li> <li>Early adoption of permanent authorities to obtain throat specimen; prescribe all nonprescription drugs; prescribe and administer vaccines; prescribe and administer salbutamol and nonprescription drugs in an emergency (fee \$19.34)</li> </ul>	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
<b>THERAPEUTIC SUBSTITUTION</b>	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"> <li>Permanent waiving of requirement to check product availability in other pharmacies</li> <li>Substitution to another therapeutic subclass allowed</li> </ul>	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)
<b>VIRTUAL CARE</b>	No change (services could already be provided by phone); discussions ongoing for billing	Ability to conduct 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 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
<b>PERSONAL PROTECTIVE EQUIPMENT (PPE)</b>	Access to government supply at no charge for COVID vaccinations	PPE costs built into fee for COVID-19 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 COVID-19 vaccinations and testing and 2020-21 flu vaccinations (details for flu 2021-22 to be released)	Costs for PPE and sanitary measures built into fee for COVID-19 and flu vaccinations (details for flu 2021-22 to be released)	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
<b>DAYS SUPPLY</b>	No change	March 19-June 15, 2020: Recommended 30-day maximums	March 18-May 20, 2020: Mandatory 30-day maximums	March 19-May 11, 2020: Mandatory 30-day maximums	March 20-June 15, 2020: Recommended 30-day maximums	March 12-June 12, 2020: Directive to dispense 30-day supplies unless clinically justifiable	March 16-April 24, 2020: Mandatory 30-day maximums	March 20-May 22, 2020: Recommended 30-day maximums	March 21-May 22, 2020: Recommended 30-day maximums	March 18-May 4, 2020: Recommended 30-day maximums

\*Authorized prescribing activities vary by province, including renewals, adaptations, emergency fills, minor ailments and collaborative agreements, as applicable  
Source: Provincial pharmacy associations

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