

Provincial changes in pharmacy practice related to COVID-19

(as of JUNE 16, 2022)

	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, 2026, or on the date they are revoked or replaced by other exemptions.									
COVID-19 VACCINATIONS	<ul style="list-style-type: none"> March 31/21 start \$18 fee includes \$5.90 temporary supplement to offset costs >1,000 pharmacies (>70%) registered 1.2 million claims (March 21/22) 	<ul style="list-style-type: none"> March 4/21 start \$25 fee (\$35 on weekends/stat holidays) Est. 1,430 pharmacies (91%) registered 4.5 million claims (April 18/22) 	<ul style="list-style-type: none"> April 29/21 start; pharmacy students and technicians can also administer (until March 31/23) \$20 fee 382 pharmacies (85%) registered 662,258 claims (May 8/22) 	<ul style="list-style-type: none"> March 8/21 start \$20 fee 322 pharmacies (71%) registered 467,299 claims (May 20/22) 	<ul style="list-style-type: none"> March 10/21 start; pharmacy students/ interns and technicians can also administer \$13 fee 2,957 pharmacies (62%) registered 7.7 million claims (April 18/22) 	<ul style="list-style-type: none"> March 22/21 start; pharmacy students, nurses and auxiliary nurses can also administer \$11.60 fee (temporary additional fee of \$5.50 to offset costs for PPE and sanitation ended on May 14/22) 1,465 pharmacies (76%) registered 1.9 million claims (April 30/22) 	<ul style="list-style-type: none"> March 11/21 start; technicians can also administer \$17 fee includes \$4 to offset costs 218 pharmacies (93%) registered >800,000 claims (April 22/22) 	<ul style="list-style-type: none"> March 8/21 start; technicians, other regulated health professionals can also administer \$18 fee 285 pharmacies (91%) registered 1.3 million claims (March 21/22) 	<ul style="list-style-type: none"> March 11/21 start; other authorized health professionals can also administer \$15 fee increased to \$20 from Jan/2022 until June 30/22 48 pharmacies (96%) registered >85,000 claims (April/22) 	<ul style="list-style-type: none"> June 1/21 start \$17 fee Est. 160 pharmacies (78%) registered 147,242 claims (April 19/22)
COVID-19 TESTING <small>PCRT = polymerase chain reaction test RAT = rapid antigen test Govt = government</small>	Distribution of govt-funded RATs to public; \$5 fee per kit from February 25-April 10/22, then \$75 fee per case	<ul style="list-style-type: none"> Distribution of govt-funded RATs to public; \$60 fee per case \$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; \$20 for Assessment to Screen for Asymptomatic Testing; \$22 for Administration of COVID-19 Testing. Program paused on Oct. 20/20 Federal program to distribute and train on RATs for small/ medium businesses 	Federal program to distribute and train on RATs for small/medium businesses	<ul style="list-style-type: none"> Distribution of govt-funded RATs to public Authority to administer RATs for any reason, and interpret and communicate results Federal program to distribute and train on RATs for small/ medium businesses 	<ul style="list-style-type: none"> Pharmacists have authority to order and collect a specimen; pharmacists, students, interns, technicians can conduct point-of-care testing \$20 for screening if patient determined to be ineligible for PCRT; \$42 for in-store specimen collection for lab-based PCRT; \$35 for handling of self-collected specimen for lab-based PCRT, including dispensing of self-collection kit; \$15 for handling of self-collected specimen for lab-based PCRT where ordering clinician is not the pharmacist; \$42 for in-store PCR testing Federal program to distribute and train on RATs for small/medium businesses 	Distribution of govt-funded RATs to public, max. 5 tests/30 days (ages 14+); \$10.03 dispensing fee	Authority to witness self-administration of RAT and certify result; not publicly funded	Authorized pharmacies can administer RAT and certify result for the purpose of travel; not publicly funded		
COVID-19 TREATMENTS	Selected pharmacies dispense govt-funded Paxlovid; \$30 fee for clinical assessment; usual dispensing fee; \$25 fee for follow-up	<ul style="list-style-type: none"> All pharmacies can dispense govt-funded Paxlovid; usual dispensing fee plus \$10 to offset distribution costs Pharmacists with additional prescribing authorization can prescribe Paxlovid 	Authority to prescribe Paxlovid; \$18 fee for assessment and prescribing or referral (if assessed to be ineligible); usual dispensing fee plus \$20 to offset distribution costs	Participating pharmacies dispense govt-funded Paxlovid; \$15 fee or usual dispensing fee (if lower)	All pharmacies can dispense govt-funded Paxlovid; \$13.25 dispensing fee (compared to usual fee of \$8.83 for most pharmacies)	Authority to prescribe Paxlovid; \$21.25 fee for evaluation plus \$10 supplemental fee for first 30,000 prescriptions (\$5 after 30,000); \$200 one-time set-up fee; usual dispensing fee	All pharmacies can dispense govt-funded Paxlovid; usual dispensing fee	<ul style="list-style-type: none"> Selected pharmacies dispense Paxlovid; usual dispensing fee plus \$3.50 Authority to prescribe budesonide; \$20 fee for assessment 	Participating pharmacies dispense govt-funded Paxlovid; usual dispensing fee plus temporary \$5 fee until distribution through wholesalers	Authority to prescribe Paxlovid; \$20 fee for assessment; \$7.50 to dispense RAT; \$11.96 dispensing fee
PRESCRIBING* OR OTHER GOVERNMENT-FUNDED PROGRAMS	Permission for early refills; emergency fills for up to 30 days; to adapt transferred prescriptions	Temporary accommodation to prescribe without seeing patient in person (until July 1/22)	Verbal orders and transfers for Prescription Review Program (PRP) drugs	Waived requirement for in-person or video contact (until Sept./22)	Pharmaceutical Opinions (PO) program expanded beyond beneficiaries of public plan to include individuals eligible for govt-funded Paxlovid; \$15 PO fee for recommendations to the prescriber regarding potential drug therapy problems during Paxlovid dispensing or for the patient to be prescribed Paxlovid	<ul style="list-style-type: none"> Permission to extend prescriptions beyond typical maximums For minor ailments, changed requirement for previous diagnosis (to up to 5 years for most conditions) 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) 	No change	Early adoption of permanent funding 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	\$50 for delivery of opioid agonist maintenance treatment for patients in self-isolation; \$3 for methadone carries
THERAPEUTIC SUBSTITUTION	Removal of limitation on drug categories where a shortage	No change (already enabled)	Emergency therapeutic substitution for specified products when enabled by regulatory body	No change (currently no authority for therapeutic substitution)	No change (currently no authority for therapeutic substitution)	<ul style="list-style-type: none"> Permanent waiving of requirement to check availability in other pharmacies Permanent authority to substitute with another sub-class 	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 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 in compliance with the Ontario College of Pharmacists Virtual Care Policy	No change (services could already be conducted by phone or video, and are billable)	Ability to conduct 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	Until March 31/22: PPE costs built into fee for COVID-19 vaccinations; fees for other publicly funded vaccinations increased to \$15 from \$13 to offset PPE costs	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 flu vaccinations	Costs for PPE and sanitary measures built into fee for COVID-19 and flu 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-July 22/20: Maximum days-supply encouraged unless lower amount deemed necessary to ensure sustainable supply.	March 19-June 15/20: Recommended 30-day maximums	March 18-May 20/20: Mandatory 30-day maximums	March 19-May 11/20: Mandatory 30-day maximums	March 20-June 15/20: Recommended 30-day maximums	March 12-June 12/20: Directive to dispense 30-day supplies unless clinically justifiable	March 16-April 24/20: Mandatory 30-day maximums	March 20-May 22/20: Recommended 30-day maximums	March 21-May 22/20: Recommended 30-day maximums	March 18-May 4/20: 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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