

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

As of July 31, 2020; these changes are considered temporary unless otherwise specified (see QC, NS, PE)

	Controlled substances	New authority or funded service	Days supply	Prescribing*	Therapeutic substitution	Virtual care	Personal protective equipment (PPE)
BC	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:	No change	March 26: 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 adapting 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; efforts ongoing to obtain government support
AB	Pharmacy employees are also authorized to deliver prescriptions of controlled substances.	<ul style="list-style-type: none"> • \$20 fee for assessment or provision of information, max. 5/pharmacy/day • \$20 fee for screening or \$42 fee for screening and testing (by throat swab) of asymptomatic patients 	March 19: Implementation of recommended 30-day maximums; pharmacists to use judgment to determine if greater supply required. Government modified copays to ensure seniors do not pay more for a 3-month supply June 15: Return to higher quantities unless stock unavailable	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 videoconference	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
SK	- accept verbal orders; - transfer prescriptions; - refill prescriptions if more than one year has elapsed since date written;	No change	March 18: Implementation of mandatory 30-day maximums May 20: Discontinuation of mandatory 30-day maximums; pharmacists may use judgment to dispense appropriate quantities	<ul style="list-style-type: none"> • Permission to prescribe more than once when previous prescription issued by a pharmacist and to give refills as needed and appropriate Verbal orders and transfers authorized for Prescription Review Program (PRP) drugs • Waived requirement to notify primary prescriber when prescribing for minor ailment or extending prescription (excl. PRP drugs) 	Emergency therapeutic substitution options under development; check College website for updates (https://saskpharm.ca/site/coronavirus-information)	Ability to conduct and bill for medication reviews, prescribing and other services (e.g., for smoking cessation) by phone and/or using Pexip or other pre-authorized videoconferencing system	Pharmacies source own PPE; no access to government supplies at this time
MB	- renew prescriptions; - adapt prescriptions, including part-filling or deprescribing.	No change	March 19: Implementation of mandatory 30-day maximums May 11: Discontinuation of mandatory 30-day maximums; however, limits remain for certain drugs (eg, salbutamol)	No change	No change (currently no authority for therapeutic substitution)	Ability to conduct patient assessments by phone or videoconference	Pharmacies source own PPE; no access to government supplies at this time
ON	Pharmacy employees are also authorized to deliver prescriptions of controlled substances.	Discussions to add testing for COVID-19 as part of POCT program already in development in 2019, pending regulatory changes	March 20: Implementation of 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 limit dispensing quantities based on availability	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 videoconference using government-approved platforms (eg, MedMe Health) or other platforms (e.g., FaceTime) with explicit patient consent	Pharmacies source own PPE; efforts ongoing to obtain government support
QC	These exemptions expire on September 30, 2020, or on the date they are revoked or replaced by other exemptions.	No change	March 12: Implementation of directive to dispense 30-day supplies unless clinically justifiable June 12: 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)	<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) • Effective March 18, 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 \$18.59) 	Waived requirement to check product availability in two other pharmacies for therapeutic substitution due to shortage Substitution to another therapeutic sub-class allowed	No change	Pharmacies source own PPE; no access to government supplies at this time
NB	All provinces except Manitoba adopted most of these temporary exemptions to the CDSA. 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.	No change	March 16: Implementation of mandatory 30-day maximums; government covered the costs of extra copays for public drug plan members April 24: 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	No change	No change	No change	Community pharmacists on priority list for access to provincial emergency supply; however, the expectation is that pharmacies source own PPE and use provincial supply as last resort; government funding support to be determined
NS		No change	March 20: Implementation of recommended 30-day maximums; pharmacists may use judgment to determine if greater supply required	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)	No change	Ability to prescribe remotely by phone or videoconference; medication reviews must continue to be in person (in order to bill)	Pharmacies source own PPE; no access to government supplies at this time
PE		No change	March 21: Implementation of recommended 30-day maximums; extra copays covered by government for pharmacare recipients May 22: Return to maximum days supply unless stock unavailable	Permanent 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	In April, pharmacists designated as essential healthcare workers and able to access provincial emergency supply; however, the expectation is that pharmacies source own PPE and use provincial supply as last resort
NL		\$50 fee for delivery of opioid agonist maintenance treatment for patients in self-isolation	March 18: Implementation of recommended 30-day maximums; extra copays covered by government for pharmacare recipients May 4: Return to maximum days supply; however, some restrictions may still apply for certain drugs	No change	No change	Ability to conduct and bill for medication reviews by videoconference (e.g., FaceTime) but NOT by phone; to conduct and bill for initial SaferMedsNL consults by phone or by videoconference	Pharmacies source own PPE; no access to government supplies at this time

*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.

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