

BC PHARMACARE NEWSLETTER

Edition 20-007

April 17, 2020



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PATIENT SIGNATURE REQUIREMENTS SUSPENDED

Frequent Dispensing Authorization form

Due to the need to minimize in-person interactions during the COVID-19 crisis, the requirement for a patient signature on the [Frequent Dispensing Authorization \(HLTH 5378\)](#) form is temporarily suspended, effective April 17, 2020.

Pharmacists may indicate patients' verbal assent on the form by writing "COVID" in the patient signature block.

Forms must be retained, and when feasible, patients should be asked to sign them. Alternately, pharmacists may contact the prescriber and request a new prescription with weekly or daily dispense indicated on the prescription.

The PharmaCare Newsletter is published by the Pharmaceutical Services Division to provide information to British Columbia's health care providers.

The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete. The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.



If blister packs are dispensed, pharmacists are urged to consider providing longer supplies (e.g., four weeks as opposed to one) for patients to minimize interactions.

Smoking Cessation Program Declaration and Notification form

For the same reason, effective April 17, 2020, a patient signature in the Patient Declaration section of the [Smoking Cessation Program Declaration and Notification form \(HLTH 5464\)](#) is also suspended at this time. Provided that there is verbal assent from a patient, pharmacists may indicate “COVID” in the patient signature block. Pharmacists should ensure that patients are aware of the contents of the declaration to which they are verbally assenting.

PLEXIGLASS FUND FOR PHARMACIES AVAILABLE

The Ministry of Health and the BC Pharmacy Association (with support from Health Canada) have agreed to reallocate \$110,000 in funding from Health Canada for pharmacist Opioid Agonist Treatment (OAT) training. The reallocated funds will be provided to help B.C. community pharmacies offset the cost of the purchasing and installation of physical barriers (e.g., Plexiglass) between pharmacy staff and patients during the COVID-19 pandemic. The funding program will be administered by the BC Pharmacy Association (BCPhA) and allocated based on the number of applications received. Eligibility is not limited to BCPhA members; all licensed pharmacies in B.C. may apply.

Application criteria

- Any licensed pharmacy in B.C. that has purchased and installed a physical barrier between patients and pharmacy staff for infection control purposes between January 28 and April 30, 2020.
- All B.C. pharmacies are eligible to apply for the funds and successful applicants will receive up to the same level of funding, not exceeding the cost of the barrier purchased.
- Proof of purchase must be uploaded.

Application must be received before end of day May 8th, 2020

Required for application

In order to complete the application, you will need:

- Your pharmacy information including name, address and PharmaCare Site ID #
- Proof of purchase for the purchasing and installation of physical barriers
- If you are submitting for more than one pharmacy (bulk submission), you will need to upload a list of all the pharmacies using the template provided on the application website.

Apply at: <https://www.bcpharmacy.ca/resource-centre/covid-19/physical-barriers-support-fund>

PRESCRIBER COVID-19 RESOURCES

[A new section has been added to the PharmaCare website](#) to provide prescribers with a single access point for all COVID-19 related changes including changes to Special Authority criteria, automatic extensions to existing Special Authority approvals, and guidance for prescribing warfarin with current limitations on INR testing.

CLARIFICATION: PRESCRIBER SIGNATURES FOR DAILY DISPENSE

Daily dispense orders from prescribers are valid either with a handwritten signature or if printed from an EMR. This also applies to renewed prescriptions that are also daily dispense.

In the case of an emergency supply dispensed, if the original prescription properly indicated daily dispense, pharmacies can continue daily dispense on the emergency supply.

PATIENT SIGNATURE ON PLAN G AND PLAN P APPLICATION FORMS

Due to COVID-19, PharmaCare recognizes that some prescribers may not be able to physically meet with their patients, preventing them from obtaining patient signatures on application forms for Plan G and Plan P.

Plan G

Existing policy under Section 7.7 of the PharmaCare Policy Manual accommodates this situation, stating, “If an individual is unable to sign Section A of the [Application for PharmaCare Plan G \(HLTH 3497\)](#) but is willing and able to make a verbal declaration, the requestor (physician, nurse practitioner or staff member at a Mental Health and Substance Use Centre or a Child and Youth Mental Health Service Centre) may sign the form for the individual, with the indication that they witnessed a verbal declaration.”

Plan P

A patient’s physician or nurse practitioner must certify that a patient meets the criteria for palliative care by completing and faxing in a registration form for BC Palliative Care Benefits. Step 2, Option 2 of the registration form allows for the signature of a substitute decision maker, such as the practitioner, if the patient is unable or unavailable to sign Option 1.

As such, practitioners are permitted to sign on a patient’s behalf if they are unable to do so at this time; consultation in a telemedicine or otherwise remote fashion with a patient fits this definition. When signing, a practitioner should write “verbal declaration” in the patient signature section and sign their own name next to it.

CHANGES TO HEPATITIS C SPECIAL AUTHORITY REQUEST FORM

Currently, hepatitis C (HCV) RNA and genotype testing is not routinely available through the BC Centre for Disease Control. In consideration of this, the date for required HCV viral load reports for Special Authority requests has been extended to 18 months (from 12 months), prior to the date of application for HCV therapy. This extension will help reduce the amount of RNA testing at this time.

If the HCV genotype is not available (or genotype testing is not accessible), prescribers may still apply for coverage of HCV pan-genotypic therapy and their requests will be evaluated on a case-by-case basis.