

Tuesday, March 24th at 5 pm

Re: Important Update on COVID-19

PLEASE SHARE WITH ALL PHARMACY STAFF

FAQ3 on COVID-19 procedures for pharmacy.
Updates will be communicated as available.

What do I do if Pharmacy staff has been exposed to COVID-19?

CPhBC has prepared a [flowchart](#) to assist pharmacists in assessing staff exposure to COVID-19 and the course of action to take.

For example, if asymptomatic staff has a low to no risk exposure to an COVID-19 infected individual (e.g. being briefly in the same room), then no monitoring or action is required.

However, examples where an asymptomatic employee **cannot work in the pharmacy**, and must self-isolate at home, include a high-risk exposure such as:

- An infected close contact (intimate partner),
- Provided care infected case,
- Contacted infectious body fluids of a COVID-19 case without use of PPE, or
- Exposure to a symptomatic case (fever, cough, sneezing, sore throat, or difficulty breathing).

Staff may also not work in the pharmacy if they demonstrate symptoms (cough, sneezing, snore throat, difficulty breathing) or are confirmed to have a COVID-19 infection.

Reference:

http://library.bcpharmacists.org/6_Resources/6-7_ReadLinks/COVID19-Guidance_Flowchart.pdf

Do pharmacists need to self-isolate after travel?

It is recommended that any healthcare worker, including pharmacy staff, self-isolate for 14 days starting from date of reentering to the province.

If a particular employee is deemed critical to continued operations, it is recommend that these workers undergo regular screening, use appropriate Personal Protective Equipment (PPE) for the 14 days and undertake active self-monitoring, including **taking their temperature twice daily to monitor for fever, and immediately self-isolate if symptoms develop.**

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CPhBC suggests the [following precautions](#) for a critical staff member returning from travel:

- Self-monitor daily for signs and symptoms of illness
- Wear a surgical mask at all times and in all areas of workplace
- Follow Infection prevention and control protocols including diligent hand hygiene and the use of personal protective equipment when delivering patient care
- Reduce close contact with other health care workers and avoid shared spaces where possible
- Avoid close contact with others when travelling to and from work and between shifts
- Self-isolate at home on days when not required at workplace

Wholehealth recognizes that many pharmacies may have small pharmacy teams and all team members may be essential to the provision of pharmacy services. Management must apply their best professional judgement to ensure both staff safety and the delivery of patient care services. If possible, avoid close contact with a staff member who has travelled, by alternating shifts or assigning tasks and workspace away from other employees.

Please see the latest [memo from Ontario's Chief Medical Officer of Health](#) regarding managing healthcare worker illness and return to work.

How long does virus stay on surfaces (hours/days)?

An article published in NEJM last week analyzed the aerosol and surface stability of SARS-CoV-2 (COVID-19) in five environmental conditions (aerosols, plastic, stainless steel, copper, and cardboard) at temperatures between 21-23 degrees Celsius with 40% humidity over 7 days. SARS-CoV-2 (COVID-19) was found to stay on surfaces for varying amounts of times depending on surface material. The result indicated it stayed for:

- **Plastic: 72 hours (greatly reduced after 72 hours)**
- **Stainless Steel: 72 hours (greatly reduced after 48 hours)**
- **Cardboard: 24 hours**
- Copper: 4 hours
- Aerosols: ≥ 3 hours (duration of this experiment was 3 hours for aerosols vs. 7 days for surface stability)

COVID-19 stays viable on surfaces for different amounts of time depending on surface material. It stays viable on plastic and stainless steel (3 days) > cardboard (24 hours) > copper (4 hours).

Reference:

<https://www.nejm.org/doi/pdf/10.1056/NEJMc2004973?articleTools=true>

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Where can I source countertop shields/sneeze guards?

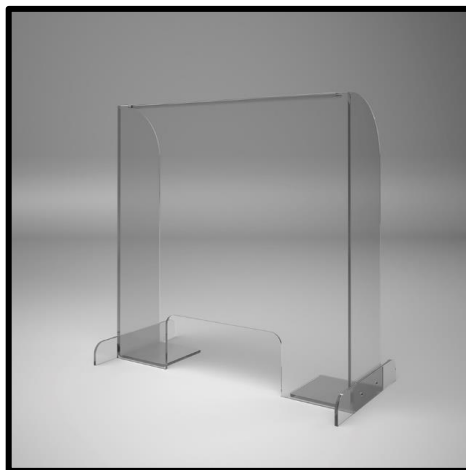
Shirley has sourced a vendor to supply barriers for our pharmacies. **Please email Shirley to order.**

Protect your staff and customers from potential viral infection with this countertop plastic shield. Can be fastened with double sided tape or can stand with optional legs (also included).

<p>Product Code: CS3030_2 30" wide x 30" high x 6" deep (or with 14" long legs), opening is 10" high x 18" wide (for countertops around 38" high, such as most pharmacies and retail counters)</p>	<p>Product Code: CS2424_2 24" wide x 24" high x 6" deep (or with 11.5" long legs), opening is 5" high x 12" wide (for countertops above 42" high, such as most banking institutions and receptions)</p>
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Made using Co-Poly (PETG) plastic which is impact resistant. Can be cleaned with mild soap (Palmolive dish soap).

Box of 2 units: for pricing contact Shirley



Call or Email: Shirley Savage to order Cell 613-849-277 or shirley.savage@denovo-med.com

Where can I source scrubs for my team to wear at work?

Please reach out to Shirley for assistance with ordering scrubs.

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I hear some pharmacies are using reachers to support social distancing, where can I order reachers?

For assistance in ordering reachers please email shirley.savage@denovo-med.com



What to do if you are the only pharmacist working and need to close?

Pharmacy owners should begin to consider action plans for the scenario when the pharmacy sole operator/pharmacist is no longer able to work.

Options to stay open include:

- Networking with other pharmacies in your local area to determine if any owners have enough staff to support each other in the case of an ill pharmacist
- Obtain a relief pharmacist (email James if contacts of relief agencies is needed)

If closing the pharmacy is unavoidable then follow the procedures in our second FAQ. Email james@wholehealthrx.ca for a copy.

What is the patient care experience with Cover Health to thus far?

The response to this virtual care model has been overwhelmingly positive to date. Although very busy, patients should be referred to Cover Health if they cannot access a physician or simply do not want to venture outside their homes and require medical assessment. **Pharmacists should encourage these patients to refer any prescriptions back to their pharmacy.** Please refer to previous information provided for detail.

Email james@wholehealthrx.ca if you require the previous information sent on Cover Health or want graphics for your pharmacy's social media platforms.

We are hearing that 30-day supplies are now mandated by various governments across Canada, will that be recognized by private payers or when we coordinate benefits?

Most provincial governments are recommending a 30-day supply for medication in many provinces across Canada, the expectation is that all provinces will comply with this to help prevent drug shortages during COVID-19. This is a dynamic situation but the current Wholehealth recommendation is to dispense no more than a 30-day supply, document as a COVID-19 recommended limit and bill or coordinate billing to the appropriate third parties.

What are the current recommendations from 3rd party payers on early refills?

As stockpiling of medication is not recommended by provincial and federal governments, pharmacists should exercise their professional judgement in all cases to assess each patient and their request for early refill. Where a decision is made to provide an early refill, please proceed with the adjudication, use the required intervention code, and document that early refill in case of future audit. Based upon past experience in situations similar to COVID-19, third parties have been understanding of these situations with little audit risk.

What intervention codes should I use if I am filling a prescription early for a patient in isolation?

Express Scripts (ESI) suggests referring to their [Pharmacy Provider Manual](#) and use the appropriate CPhA intervention code ([page 28](#)).

Examples include:

- UF - Patient gave adequate explanation. Rx filled as written.
- UN - Assessed patient, therapy is appropriate.
- UI - Consulted other source. Rx filled as written.

Telus (AHP) has indicated that pharmacies may override “refill too soon” if needed to support patients impacted by COVID-19.

Telus has asked pharmacies to use the following intervention code:

- UI - Consulted other source. Rx filled as written.

Green Shield Canada (GSC) is temporarily lifting the requirement to dispense maintenance medications as a 90-day supply.

When the dispensing of an early refill to enable self-isolation is rejected, use the following intervention code:

- MK – good faith emergency coverage established

Non-Insured Health Benefits (NIHB) has indicated if the pharmacist decides to provide an early refill, before 2/3 of the medication is used, we may submit the claim with an override code. NIHB accepts CPhA standard intervention codes ([page 51](#)).

Examples include:

- UF - Patient gave adequate explanation. Rx filled as written.
- UN - Assessed patient, therapy is appropriate.
- UI - Consulted other source. Rx filled as written.

For audit protection with all third parties it is essential to **document the reason for using an intervention code when overriding an early refill:**

“Early fill to accommodate self-isolation for COVID-19.”

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My claims volume has gone way up, will the adjudication system remain stable?

Telus who administers not only adjudication in the private sector but for the Ontario Drug Benefit System has assured pharmacies that the system is indeed stable, and no disruptions are imminent.

What changes have been announced in Alberta?

The Alberta Blue Cross announced a **New Compensation Plan** for Pharmacy Services and **Changes to Alberta Government-Sponsored Drug** coverage during COVID-19. Please see below for a summary as well as the [Pharmacy Benefact](#) for more details.

30 Day Quantity Maximum

- Effective immediately prescriptions should be provided in **quantities of 30-day supply** or less to prevent drug shortages
- **Co-pay** for Coverage of Seniors & Non-Group Coverage has been **changed to a maximum of \$8 per prescription** (co-pay of 30%) for max 30-day supply until further notice

\$20 COVID-19 Pharmacy Services Fee

- **Assessment fee of up to \$20 may be claimed to a maximum of 5 claims per pharmacy per day** for the assessment of COVID-19
- **Patient eligibility:** Albertan with valid Personal Health Number with questions or concerns related to suspected COVID-19 symptoms
- **Service deliverables:**
 1. Provide information and care in relation to COVID-19 and/or
 2. Conduct assessment to determine if patient is at risk for COVID-19 (e.g. [online](#) or [printed](#) self-assessment tool) & refer to Health Link 811 as appropriate AND
 3. Provide information about safety precautions and public health measures to limit spread (e.g. self-isolation, social-distancing, self-care)
- **Documentation:**
 - Patient demographics: name, DOB, age, address, phone, PHN
 - Description of patient's responses to screening questions and information provided
 - Summary of patient assessment – level of risk identified and recommendations or resources provided
- **Claim Submission:** submitted electronically through Alberta Blue Cross PRIDE RT claims adjudication system
 - Contact Alberta Blue Cross Pharmacy Services Provider Relations for help: 1-800-361-9632 (toll free)

Extension of Special Authorization and Health Benefits Exception Committee Approvals

- All special authorization approvals for Alberta government-sponsored plans that term between now and July 1, 2020 will be automatically extended by 12 months

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- Approvals for low income clients for ongoing drug benefits made by the HBEC which term between now and August 30, 2020 have been extended by six months

What do I need to know from Ontario's March 20 [executive officer notice](#)?

30-Day Maximum Dispensing Quantity – to reduce risk of shortages

- **No more than a 30-day's supply of ODB eligible medications should be dispensed. *Wholehealth strongly recommends implementing this for cash/private plans too***
- **These 30-day supplies are eligible for a dispensing fee**
- **The list of chronic medications subject to the 5 dispensing fees per 365-days rule has been temporarily removed**
- Reminder: the ministry's policy for refilling a prescription for an ODB recipient is no more than 10 days in advance of depleting their current supply. This should continue.

Virtual or Telephone MedsChecks Permitted

- Pharmacists may be reimbursed for MedsChecks performed virtually or over the phone – proper documentation is required – in order to reduce unnecessary in-person visits.

Additional Updates – Trillium & Seniors Co-Pay Applications and EAP Approvals

- Trillium & Seniors Co-Pay Applications can be submitted via fax or email (trillium@ontariodrugbenefit.ca) rather than via mail until the pandemic is over. At such time, applications will be required to be submit the original signed form by Canada Post with "Resubmit Originals" writing on the original application.
- EAP authorized automatic extension of all EAP approvals expiring Feb 1, 2020 to May 31, 2020 by an additional 90 days from the expiry listed on the original approval letter.

For additional information or questions, please call ODB Pharmacy Help Desk at 1-800-668-6641.