Ministry of Health, Drug Plan and Extended Benefits Branch (DPEBB) Funded Professional Services in Saskatchewan with Regulatory Notes (updated October 1, 2026)

The Pharmacy Association of Saskatchewan has developed this chart to support pharmacy professionals in providing and billing services in alignment with their scope of practice. The chart is compiled by the Pharmacy Association of Saskatchewan to serve as a quick reference, and is not intended to replace Drug Plan and Extended Benefits Branch (DPEBB) or the Saskatchewan College of Pharmacy Professionals (SCPP) policies abbreviated within. Notes summarize key details, but do not provide a comprehensive overview of any policies. It is expected that all pharmacists and pharmacy technicians will thoroughly review DPEBB and SCPP policies prior to providing any professional services. If any information contained within this document contradicts or does not align with that found within DPEBB or SCPP policies, refer directly to the policies or organizations for assistance and clarifications.

DPEBB policies: Pharmacy Professional Services Policies
SCPP policies and standards: Reference Manual - Saskatchewan College of Pharmacy Professionals

The chart focuses on funded services through the DPEBB and so scope of practice which is unfunded in Saskatchewan is not highlighted. A reminder that funding and scope are not mutual and pharmacist scope of practice may extend beyond that which is funded within the province (e.g. lyme disease prophylaxis or RSV prescribing). Where possible, requirements that are specific to DPEBB billing policy are separated from regulatory notes.

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Level 1 Prescriptive Authority - Structured

Title	Description	Notes/Limits	Service Fee	PseudoDIN
Minor Ailments and Self-Care Prescribing (MA-Rx)	- Acne - Allergic Rhinitis - Atopic Dermatitis - Cold Sore - Conjunctivitis - Contact Dermatitis (Allergic & Irritant) - Diaper Dermatitis - Dysmenorrhea - Emergency Contraception - Erectile Dysfunction - Folliculitis - Gastroesophageal Reflux Disease (GERD) - Headache - Hemorrhoids - Hormonal Contraception - Impetigo (Non-bullous) - Musculoskeletal Strains and Sprains - Nausea and Vomiting of Pregnancy - Onychomycosis - Oral Aphthous Ulcer - Oral Thrush - Pinworm - Recurrent Genital Herpes - Shingles - Sinus Infection (Acute Rhinosinusitis) - Smoking Cessation - Tinia Corporis Infection - Tinia Cruris Skin Infection - Tinea Pedis Infection - Uncomplicated Urinary Tract Infection in Women	<u># Claims/365 Days Per Patient</u> - 4 (9 years old and up) - 4 (2 years old and up) - 4 - 8 (12 years old and up) - 3 - 4 - 4 - 2 - 2 - 1 (18 years old and up) - 2 - 3 (18 – 50 years old) - 3 - 3 (12 years old and up) - 1 (12 years old and up) - 2 - 4 (2 years old and up) - 2 - 1 (18 years old and up) - 4 - 4 - 4 - 2 - 1 - 3 - 2 (18 years old and up) <u>All Tineas Together:</u> - 4 - 3	$25.00 per MA-Rx condition that a pharmacist prescribes an approved prescription (schedule I) drug for.	Acne 00951087 Allergic Rhinitis 00951090 Atopic Dermatitis 00951094 Cold Sore 00951088 Conjunctivitis 00951102 Contact Dermatitis 00951382 Diaper Dermatitis 00951091 Dysmenorrhea 00951095 Emergency Contraception 00951319 Erectile Dysfunction 00951320 Folliculitis 00951669 GERD 00951096 Headache 00951097 Hemorrhoids 00951098 Hormonal Contraception 00951104 Impetigo (Non-bullous) 00951100 MSK Strains and Sprains 00951099 N/V of Pregnancy 00951379 Onychomycosis 00951324 Oral Aphthous Ulcer 00951092 Oral Thrush 00951093 Pinworm 00951381 Recurrent Genital Herpes 00951380 Shingles 00951323 Sinus Infection 00951661 Smoking Cessation 00951321 Tinia Infection (All) 00951101 Uncomplicated UTI 00951103
Regulatory Notes	<u>Drugs</u> - Schedule I, II, III, or unscheduled - Can only prescribe the drugs listed within the medSask guidelines for each minor ailment condition. <u>Conditions</u> - Pharmacists must use the most current algorithm based medSask prescribing guidelines for the assessment, drug selection, quantity limits, documentation (i.e. PAR) and follow up for minor ailments prescribing. - Does not require an active professional relationship between a practitioner and patient before the pharmacist is authorized to prescribe. - Back-to-back prescribing **permitted** if done according to the medSask guidelines. <u>Documentation & Communication</u> - Must use the medSask PAR specific to the approved condition. - Must provide the PAR to the patients primary practitioner, and where appropriate, other practitioners involved in the patient's care			

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Level 1 Prescriptive Authority – Practitioner Initiated

Title	Description	Notes/Limits	Service Fee	PseudoDIN
Continuing Prescriptions		# Claims/ 28 days per patient:		
	- Interim supplies	- 4	- $6.00	Interim supplies 00951077
	- Unable to access supplies	- 4	- $6.00	Unable to access supplies 00951078
	- Emergency situations (interruption in drug therapy)	- 4	- $6.00	Emergency situations (interruption in drug therapy) 00951385
	- Emergency situations (life threatening situation)	- 1	- $10.00	Emergency situations (life threatening situation) 00951079
	- Drug reconciliation (seamless care with prescribing)	- 1	- $25.00	Drug reconciliation 00951082
Regulatory Notes	Drugs - Schedule I, II, III, or unscheduled - Controlled drugs & PDL drugs according to PRP program and SCPP Policy Interim supplies - Med history shows chronic and stabilized use of the drug - The patient's remaining supply will not be sufficient until date of next appointment - Limited to maximum 3 month duration (can be dispensed as 34-day supply with 2 refills) - Must not alter the dosage regimen or the dosage amount of the prescription - Back-to-back prescribing permitted if previous prescribing from insufficient information, adjusting the dosage form, administrative prescribing, or prescribing within Level 2 Prescriptive Authority (CPA, APA, APB) Emergency situations (interruption in drug therapy) - May prescribe a quantity of drug sufficient to meet the reasonable needs of a patient until they would be able to consult a practitioner - Cannot exceed 6 months on its own, or when combined with interim supplies - Back-to-back prescribing permitted one time only if an interruption in drug therapy would result in imminent harm Emergency situations (life threatening situation) - Not limited by the time-period from the last date dispensed to the date of extension - Permitted for patients who have been stabilized on a drug regardless of the condition or whether the use is acute, sporadic, as-needed, chronic, or regular - Cannot exceed 6 months on its own, or when combined with another prescribing authority - If a drug is prescribed in emergency circumstances, the pharmacist must provide immediate referral of the patient to a practitioner Drug Reconciliation - May only prescribe if the pharmacist reasonably determines that the patient requires the drug so as to not suffer harm; there is no practitioner reasonably available to issue a prescription; and, in the pharmacists judgement, the prescription was unintentionally omitted by the practitioner OR in being admitted to a hospital or care home, it is determined the patient ought to be receiving the drug - Limited to maximum 3 month duration (can be dispensed as 34-day supply with 2 refills) Documentation & Communication - Must document relevant clinical information in alignment with the PAR-General (available on medSask webpage). - When prescribing for a CDSA drug, must use the CDSA PAR (note: specific PAR also for methadone & suboxone maintenance treatment) - Must provide the PAR to the patients primary practitioner, and where appropriate, other practitioners involved in the patient's care **Note:** Interim supply – not required to provide the PAR to the patient's primary practitioner **unless for CDSA drug or requested to do so by a practitioner**			

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<table>
<tr><td>Adapting Prescriptions</td><td>- Missing information
- Alter dosage form</td><td><u># Claims/ 28 days per patient:</u>
- 1
- 4</td><td>- $6.00
- $6.00</td><td>Missing Information 00951080
Alter Dosage Form 00951081</td></tr>
<tr><td>Regulatory Notes</td><td colspan="4"><u>Drugs</u>
- Schedule I, II, III, or unscheduled

<u>Missing Information</u>
- NOT PERMITTED for CDSA or PDL medications
- A pharmacist may insert missing medically necessary information if the pharmacist is satisfied that the prescribing practitioner’s intent is clear and the medically necessary information was unintentionally omitted
- Legal prescription requirements which are not considered prescriptive authority include: practitioner’s signature, date issued, patient’s name, and PRP specific requirements

<u>Alter Dosage Form</u>
- Biologic drugs, controlled drugs & PDL drugs permitted according to PRP program and SCPP Policy.
- NOT PERMITTED for OAT prescriptions
- May alter the dosage form of a drug which has been prescribed by a practitioner if a pharmacist determines that another dosage form would be more beneficial to a patient
- May only alter the dosage amount, dosage regimen, or quantity of a drug if it is required, as a result of the dosage form being altered, to maintain the equivalent course of treatment as intended by the original prescription (for CDSA drugs, quantity dispensed cannot exceed the amount originally authorized by the practitioner). Must honor the prescription as authorized by the practitioner, including refills.
- May only alter the route of administration when the route of administration of the drug previously prescribed by the practitioner is not commercially available
- Dosage forms defined as solids, semisolids, and liquids. Only changes between these categories are considered change in dosage form

<u>Documentation & Communication</u>
- Must document relevant clinical information in alignment with the PAR-General (available on medSask webpage).
- Must notify the prescriber of changes made to prescriptions, and where appropriate, other practitioners involved in the patient’s care (e.g. patient’s primary care provider)</td></tr>
<tr><td>Altering Prescriptions</td><td>- Enhancing safety and effectiveness</td><td><u># Claims/ 28 days per patient:</u>
- 1</td><td>- $6.00</td><td>00951385</td></tr>
<tr><td>Regulatory Notes</td><td colspan="4"><u>Drugs</u>
- Schedule I, II, III, or unscheduled
- Controlled drugs & PDL drugs according to PRP program and SCPP Policy
- NOT PERMITTED to change the dosage frequency for OAT prescriptions (e.g. daily to divided or split dosing)

<u>Conditions</u>
- May alter the dosage amount or dosage regimen which has been prescribed by a practitioner in the following situations: to prevent serious or imminent harm to the patient, to correct an obvious error in dosage amount or dosage regimen, to align with antimicrobial stewardship, or to align with opioid stewardship
- Must be confident in the practitioner diagnosis or therapeutic indication
- Must prescribe in alignment with current peer-reviewed evidence-based resources, clinical practice guidelines, or drug product monographs
- The quantity prescribed must not exceed the amount directed by the original prescription unless it is required to align with antimicrobial stewardship resources

<u>Documentation & Communication</u>
- Must document relevant clinical information in alignment with the PAR-General (available on medSask webpage).
- When prescribing for a CDSA drug, <u>must use</u> the CDSA PAR (note: specific PAR also for methadone & suboxone maintenance treatment)
- Must provide the PAR to the patients primary practitioner, and where appropriate, other practitioners involved in the patient’s care</td></tr>
</table>

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Level 2 Prescriptive Authority

Title	Description	Notes/Limits	Service Fee	PseudoDIN
Therapeutic Substitution (Advanced Prescribing A)	After a practitioner has provided a diagnosis and issued a prescription for the patient, a pharmacist may make one or subsequent therapeutic substitutions of drugs within the pharmacologic class	- Six (6) claims/365 days Must be submitted as a quantity of ONE (1) May be subject to change depending on circumstances All Saskatchewan residents with a valid Health Services Number are eligible for pharmacist prescriptive services under this program	$18.00	00951676
Regulatory Notes	Drugs - Schedule I, II, III, or unscheduled drugs - Controlled drugs & PDL drugs according to PRP program and SCPP Policy - Pharmacists are **not permitted** to prescribe a therapeutic substitution for **biologic drugs, including biosimilars** - Therapeutic substitution may only occur within a group of drugs that share a mechanism of action or chemical structure which is clinically appropriate based on the patient's medical history and the condition being treated Conditions - May only prescribe a therapeutic substitution after reasonably exhausting dispensing scope of practice and in the following circumstances: there is a disruption in the supply of the prescribed drug in Saskatchewan, the drug is officially withdrawn from the Canadian market or will be withdrawn in the next 3 months; the patient's safety is at risk, including side effects from the drug, and the prescriber cannot be reached in a reasonable time frame; the patient has a problem with adherence to the drug and would benefit from a different drug, or; there is an issue relating to the patient accessing the drug - A pharmacist is **not permitted** to substitute a non-controlled substance specified in a prescription with a controlled substance; federal regulations do not authorize pharmacists to initiate prescriptions for controlled drugs. - Back-to-back pharmacist prescribing is permitted when the most previous prescription was an interim supply or the initial therapeutic substitution addressed a disruption in the supply and a subsequent therapeutic substitution is needed to address: the patient requests a switch back to the original drug prescribed; the original drug prescribed for the patient is more appropriate, or; the subsequent drug is no longer available. - A pharmacist prescribing under therapeutic substitution must honor the intent of the prescription as authorized by the practitioner. The therapeutic substitution must limit the quantity prescribed to not exceed the amount remaining or the duration for which the original prescription would have been valid and the therapeutic substitution must maintain the equivalent course of treatment. **Note: all prescribed medications (including schedule II, III, and unscheduled) must be entered into PIP** Documentation & Communication - Must document relevant clinical information on the PAR-Therapeutic Substitution (available on medSask webpage). - Must provide the PAR to the patients primary practitioner, and where appropriate, other practitioners involved in the patient's care			
Influenza Prescribing (when enacted)	Patients who test positive for influenza: - Pharmacists may prescribe influenza antivirals following the medSask algorithm unless otherwise communicated by the Registrar of SCPP. All eligible patients - When enacted by the Registrar of SCPP in consultation with the Chief Medical Officer, a	- Two (2) claims/180 days Must be submitted as a quantity of ONE (1) Residents of Special Care Homes (LTC) are not eligible for assessment under the program.	$25.00	00951322

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	pharmacist may prescribe for influenza antivirals following the medSask algorithm.				
Regulatory Notes	Drugs - Can only prescribe the drugs listed within the medSask guidelines for the specific condition. Conditions - Pharmacists must use the most current algorithm based medSask prescribing guidelines for the assessment, drug selection, quantity limits, documentation (i.e. PAR) and follow up for influenza prescribing. - Does not require an active professional relationship between a practitioner and patient before the pharmacist is authorized to prescribe. Documentation & Communication - Must use the medSask PAR specific to the approved condition. - Must provide the PAR to the patients primary practitioner, and where appropriate, other practitioners involved in the patient's care				
COVID-19 Prescribing (when enacted)	**Paxlovid™ Assessment and Prescribing** - When a pharmacist issues a Paxlovid™ prescription. In effect unless otherwise communicated by the Registrar of SCPP.	Maximum to be determined in the event of an epidemic or pandemic being declared by the Chief Medical Officer.	$25.00	Level II (Paxlovid™)	00951375
	Paxlovid™ Ineligibility/Referral Assessment Fee: Pharmacist Prescriber - The patient initially meets eligibility criteria but upon further review of the patient's medical and/or drug history, the pharmacist determines that the patient is no longer eligible for Paxlovid™ or remdesivir. **OR** - The patient initially meets eligibility criteria but the pharmacist determines they are not eligible for "pharmacist prescribing," but rather require further escalation to the SHA Specialized Early COVID Therapeutics Team to receive either Paxlovid™ or other, more suitable treatment (e.g., remdesivir).	These fees are unique to Paxlovid™ and are not eligible in conjunction with any other DPEBB professional service programs.	$25.00	Ineligibility Pharmacist Prescriber	00951376
	Paxlovid™ Ineligibility/Referral Assessment Fee: Other Prescribers - Pharmacist assesses a prescription issued by another healthcare provider and determines that the patient is ineligible and/or requires escalation to the SHA Specialized Early COVID Therapeutics Team to receive Paxlovid™ or other, more suitable treatment (e.g., remdesivir). -	These fees are unique to Paxlovid™ and are not eligible in conjunction with any other DPEBB professional service programs.	$25.00	Ineligibility Other Prescriber	00951377

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	COVID-19 Rapid Antigen Tests Assessment & Distribution Program - Pharmacies are eligible to claim RATAF when pharmacists screen patients with a valid HSN to assess whether they require a COVID-19 RAT to determine Paxlovid prescribing eligibility criteria. Paid regardless of if a test is required. The cost of the COVID-19 RAT kit will be reimbursed if the patient meets DPEBB EDS criteria or NIHB criteria for Paxlovid (patients do not need to be symptomatic with COVID-19 to be eligible for a RAT)	2 in a 90-day period 2 in a 90-day period	$5.00 Actual Acquisition Cost (Max = $15.00)	COVID-19 RAT Assess – No test provided COVID -19 RAT Assess – Test provided COVID-19 RAT Kit	00951660 00951390 00951672
Regulatory Notes	Drugs - Can only prescribe the drugs listed within the medSask guidelines for the specific condition. Conditions - Pharmacists must use the most current algorithm based medSask prescribing guidelines for the assessment, drug selection, quantity limits, documentation (i.e. PAR) and follow up for COVID-19 prescribing. - Does not require an active professional relationship between a practitioner and patient before the pharmacist is authorized to prescribe. Documentation & Communication - Must use the medSask PAR specific to the approved condition. - Must provide the PAR to the patients primary practitioner, and where appropriate, other practitioners involved in the patient's care				
Ear Infections: Acute Otitis Media & Acute Otitis Externa (AOM & AOE)	**EAR NEGATIVE** The EAR is paid when a pharmacist completes an assessment (must include a physical assessment) and the patient is deemed NEGATIVE for an ear infection (either AOM and/or AOE) **EAR (AOM) POSITIVE** The EAR is paid when a pharmacist completes an assessment (must include a physical assessment) and the patient is deemed POSITIVE for an AOM **EAR (AOE) POSITIVE** The EAR is paid when a pharmacist completes an assessment (must include a physical assessment) and the patient is deemed POSITIVE for AOE Should a prescription be required, the cost of the prescription is subject to the beneficiary's usual medication coverage.	Maximum FOUR (4) claims in 365 day period per patient. Maximum FOUR (4) claims in 365 day period per patient. Maximum FOUR (4) claims in 365 day period per patient. Only ONE assessment fee will be paid per patient assessment Pharmacists must include the minimum PIP SIG Entry when submitting assessment fees (see Ear Infection Assessment and Treatment Policy)	$25.00 $25.00 $25.00	EAR Negative EAR (AOM) Positive EAR (AOE) Positive	00951666 00951667 00951678

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Regulatory Notes	Drugs - Can only prescribe the drugs listed within the medSask guidelines for the specific condition. Conditions - Pharmacists must have completed the required training, applied to have conditions removed from their license, and have had conditions removed from their license prior to providing ear infection services - Pharmacists must use the most current algorithm based medSask prescribing guidelines for the assessment, drug selection, quantity limits, documentation (i.e. PAR) and follow up for ear infection prescribing. - Must use medical-grade equipment approved by Health Canada when clinically recommended for conducting physical assessments - Does not require an active professional relationship between a practitioner and patient before the pharmacist is authorized to prescribe. Documentation & Communication - Must use the medSask PAR specific to the approved condition. Must provide the PAR to the patients primary practitioner, and where appropriate, other practitioners involved in the patient's care				
Pharyngitis Assessment & Group A Strep Testing Program	**Pharyngitis Assessment Fee (NO TEST)** The PhAF is paid when a pharmacist completes a pharyngitis assessment (must include a physical assessment) and it is determined the GAS testing **is not** required.	Maximum of TWO (2) claims in a 365-day period per patient.	$25.00	PhAF	00951662
	Pharyngitis Assessment Fee (NEGATIVE) The PhAGAS-F is paid when a pharyngitis assessment (must include a physical assessment), and a GAS point of care test **is indicated and performed** with the results of the POCT being NEGATIVE	Maximum of TWO (2) claims in a 365-day period per patient.	$35.00	PhAGAS-F NEGATIVE	00951663
	Pharyngitis Assessment Fee (POSITIVE) The PhAGAS-F is paid when a pharyngitis assessment (must include a physical assessment) and a GAS point of care test is **indicated and performed** with the results of the POCT being POSITIVE	Maximum of TWO (2) claims in a 365-day period per patient.	$35.00	PhAGAS-F POSITIVE	00951664
	Reimbursement for pharmacies for the cost of the GAS POCT cartridge. Should a prescription be required, the cost of the prescription is subject to the beneficiary's usual medication coverage	Maximum of FOUR (4) claims in a 365-day period per patient. Pharmacists must include the minimum PIP SIG Entry when submitting assessment fees (see Pharyngitis Assessment and GAS Testing Program)	Actual Acquisition Cost + PST (Max = $33.55)	POCT Cartridge	00951665
	Group A Strep (GAS) Point of Care Test Quality Control The Ministry will cover the cost of the GAS POCT cartridges when performing quality control testing.	---	Actual Acquisition Cost + PST (Max = $33.55)	POCT QC Cartridge	00951668

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<table>
<tr><td>Regulatory Notes</td><td colspan="4">Drugs
- Can only prescribe the drugs listed within the medSask guidelines for the specific condition.

Conditions
- Pharmacists must have completed the required training, applied to have conditions removed from their license, and have had conditions removed from their license prior to providing pharyngitis services
- Pharmacists must use the most current algorithm based medSask prescribing guidelines for the assessment, drug selection, quantity limits, documentation (i.e. PAR) and follow up for pharyngitis prescribing.
- Must use medical-grade equipment approved by Health Canada when clinically recommended for conducting physical assessments.
- Must confirm in the electronic health record that a laboratory strep test has not already been completed
- Must comply with the terms and conditions of their laboratory license
- Must comply with the provincial Abbott ID NOW™ Strep A Point of Care Testing Standard Operating Procedures
- Does not require an active professional relationship between a practitioner and patient before the pharmacist is authorized to prescribe.

Documentation & Communication
- Must use the medSask PAR specific to the approved condition.
- Must provide the PAR to the patients primary practitioner, and where appropriate, other practitioners involved in the patient’s care</td></tr>
<tr><td>Invasive Group A Strep. (iGAS) Chemoprophylaxis</td><td>The iGAS-F is paid when a pharmacist prescribes eligible medication for chemoprophylaxis of invasive Group A Streptococcus to eligible contacts

The iGAS-F is only permitted when a pharmacist receives a letter issued by Saskatchewan Public Health which identifies and recommends high-risk individuals receive invasive Group A Streptococcus Chemoprophylaxis.</td><td>Maximum of FOUR (4) claims in a 365-day period per patient.

Must be submitted as a quantity of ONE (1)</td><td>$25.00</td><td>00951677</td></tr>
<tr><td>Regulatory Notes</td><td colspan="4">Drugs
- Can only prescribe the drugs listed within the medSask guidelines for the specific condition.

Conditions
- No formal training requirements, but pharmacists are required to read and understand the Communicable Disease Control Manual section (2-40) - Group A Streptococcal Disease (invasive) through self-directed study prior to prescribing for this Other Disease.
- Pharmacists must use the most current algorithm based medSask prescribing guidelines for the assessment, drug selection, quantity limits, documentation (i.e. PAR) and follow up for iGAS prescribing.
- Does not require an active professional relationship between a practitioner and patient before the pharmacist is authorized to prescribe.

Documentation & Communication
- Must use the medSask PAR specific to the approved condition.
- Must provide the PAR to the patients primary practitioner, and where appropriate, other practitioners involved in the patient’s care</td></tr>
</table>

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Immunizations & Injections

Title	Description	Notes/Limits	Service Fee	PseudoDIN
Injection Administration (IAF)	When a specified medication is administered by a licensed pharmacist to an eligible patient by injection. Buprenorphine injection (Sublocade™)* Long-acting antipsychotic (single use)* Long-acting antipsychotic (multi-dose vials) Medroxyprogesterone acetate injectable suspension* Testosterone Products must be administered in accordance to clinical indication and age limits as defined by the product monograph. * Each must be within 14 days of dispensing	The IAF claim must be submitted on the day in which the medication is administered claims/365 days per patient: 14 -- -- 5 26 The record of the injection medication dispensed must be submitted before submitting the IAF claim Billing limits are assessed based on the product monographs. If a patient's regimen results in more frequent administration, a pharmacy may be audited on the claims. If pharmacists have questions, they may contact DPEBImmunizations@health.gov.sk.ca	Fee $18.00	Buprenorphine 00951386 LA antipsychotic (single use) 00951388 LA antipsychotic (multi-dose) 00951389 Medroxyprogesterone acetate 00951373 Testosterone 00951387
Regulatory Notes	Drugs - Limited to publicly funded vaccines, schedule I, II drugs, and schedule II vaccines - Health Canada Subsection 56(1) class exemption permits **pharmacists** to administer CDSA drugs only to a patient who has a valid prescription for that substance. - Cannot administer drugs for cosmetic purposes - Cannot administer drugs in which the official monograph limits those who should administer the drug (e.g. Botox product monograph only enables physicians to administer) Conditions - Pharmacists may only administer a drug by advanced method to patients 5 years and over, and for which they self-assess they are competent in the skills to appropriately administer the drug (note: may include subcutaneous, intramuscular, or intradermal injection) - A prescription is not required to administer a drug; the decision to administer is subject to the professional discretion of the pharmacist - Schedule I drugs must be administered pursuant to a prescription from an authorized practitioner – in accordance to the prescription, including on-label or off-label use, as the patient's needs determine - Must maintain a readily accessible supply of epinephrine for emergency parenteral administration, diphenhydramine, cold compresses, and non-latex gloves (i.e. anaphylaxis management kit) - Must use precautions for infection prevention and control which include: following pharmacy policy and procedures, handling all body fluids and tissues as if they were infectious, performing appropriate hand hygiene, proper disposal of waste materials, and management of needle stick injuries Documentation & Communication - Must document informed consent and relevant clinical information and decision making in alignment with SCPP bylaws. Use of the SCPP Drug (Vaccine) Administration Notification form supports meeting this requirement. - Must advise a prescriber or the patient's primary care provider that the drug has been administered.			

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Influenza Immunization Program (IIP)	The Influenza Immunization Fee (IIF) will be paid when a publicly funded influenza vaccine is administered to an eligible patient: - By an authorized immunizer according to SCPP bylaws or as identified by the Minister of Health or Designate - As part of the Saskatchewan Ministry of Health Influenza Immunization Program in accordance with the dates outlined by the Ministry of Health - Injection must take place within physical space of pharmacy, in congregate living, personal care homes, alternate sites (when the alternate location is not in use for other purposes) or home visits by an authorized immunizer. This may include supporting vulnerable populations (e.g. homeless shelters, foodbanks) Pharmacies are not authorized to administer publicly funded vaccine at businesses and other non-public access locations. Local Public Health and/or DPEBB should be contacted before each off-site influenza immunization service delivery, prior to setting up the service, to prevent duplication of services	1 claim per patient/180 days Must refer all patients without a valid Saskatchewan Health Service Number, children under the age of five, patients requesting thimersal-free vaccination, and out-of-province individuals to a local SHA public health office for influenza vaccination Vaccine administered must be captured electronically to the DPEBB using the product DIN under the prescriber who has completed Advanced Method Certification for Pharmacists The record of influenza vaccine product administered, which is part of the Influenza Immunization Fee (IIF), must be submitted for adjudication to DPEBB as a single transaction on the same day as the influenza vaccine administration	$18.00 **Exception:** Children 5 to 8 years of age who have no previously received influenza vaccine. Maximum of TWO (2) claims in a 150-day period per patient with a minimum interval of four weeks between claims. Fee covers supply costs (PPE, alcohol swabs, needle etc.), patient assessment, administration, monitoring, record keeping, drugs, transportation and supplies related to managing adverse events following injection. The Ministry pays the costs of the publicly funded influenza vaccine and its distribution.	No PseudoDIN – use the DIN of the approved influenza vaccine you are administering Submit $18.00 IIF as acquisition cost GSK FLUVIRAL MDV (5+) 02420686 Sequiris FLUAD Enhanced PFS (65+) 02362384
Regulatory Notes	Authorized Immunizers - Pharmacists with Advanced Method Certification (AMC) as outlined within SCPP bylaws - Pharmacist Interns, Extended Pharmacist Interns, and Licensed Pharmacy Technicians with Advanced Method Certification (for students or technicians respectively) as outlined by the Minister's Order - Other healthcare providers as enabled through their individual regulatory colleges Conditions - Pharmacists, pharmacy interns, and pharmacy technicians may only administer a drug by advanced method to patients 5 years and over - Must not administer by advanced method to a family member or themselves unless extenuating circumstances and there is no other alternative - Must maintain a readily accessible supply of epinephrine for emergency parenteral administration, diphenhydramine, cold compresses, and non-latex gloves (i.e. anaphylaxis management kit) - Must use precautions for infection prevention and control which include: following pharmacy policy and procedures, handling all body fluids and tissues as if they were infectious, performing appropriate hand hygiene, proper disposal of waste materials, and management of needle stick injuries Documentation & Communication - Must document informed consent and relevant clinical information and decision making in alignment with SCPP bylaws. Use of the medSask Screening and Consent Form supports meeting this requirement. - Must advise a prescriber or the patient's primary care provider that the drug has been administered. For publicly funded Schedule II vaccine programs, this may occur through PIP as the vaccine is required to be submitted on the date of administration - A pharmacist who administers a vaccine must provide the patient with a record of immunization (e.g. wallet card, booklet, electronic) - In the event of an adverse event, must submit the Adverse Event Following Immunization (AEFI) Form to the local public health office and provide follow up communication to the patient regarding the Medical Health Officer's recommendations. The AEFI form must also be maintained on the pharmacy patient profile for future reference.			

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Ministry of Health, Drug Plan and Extended Benefits Branch (DPEBB) Funded Professional Services in Saskatchewan with Regulatory Notes (updated October 1, 2026)

<table>
<tr>
<td rowspan="2">COVID-19 Immunization Program</td>
<td>The COVID-19 Immunization Fee (CIF) will be paid when a publicly funded COVID-19 vaccine is administered to an eligible patient:
- By an authorized immunizer according to SCPP bylaws or as identified by the Minister of Health or Designate
- As part of the Saskatchewan Ministry of Health COVID-19 Immunization Program in accordance with the dates outlined by the Ministry of Health
- Injection must take place within physical space of pharmacy, in congregate living, personal care homes, alternate sites (when the alternate location is not in use for other purposes) or home visits by an authorized immunizer. This may include supporting vulnerable populations (e.g. homeless shelters, foodbanks)

Pharmacies are not authorized to administer publicly funded vaccine at businesses and other non-public access locations.

Local Public Health and/or DPEBB should be contacted before each off-site COVID-19 immunization service delivery, prior to setting up the service, to prevent duplication of services</td>
<td>Billing limits will be adjusted, as needed based on the provincial administration recommendations.

Must refer all patients without a valid Saskatchewan Health Service Number, children under the age of five, and out-of-province individuals to a local SHA public health office for influenza vaccination

Vaccine administered must be captured electronically to the DPEBB using the product DIN under the prescriber who has completed Advanced Method Certification for Pharmacists

The record of COVID-19 vaccine product administered, which is part of the COVID-19 Immunization Fee (CIF), must be submitted for adjudication to DPEBB as a single transaction on the same day as the COVID-19 vaccine administration</td>
<td>$18.00

Fee covers supply costs (PPE, alcohol swabs, needle etc.), patient assessment, administration, monitoring, record keeping, drugs, transportation and supplies related to managing adverse events following injection. The Ministry pays the costs of the publicly funded COVID-19 vaccine and its distribution.</td>
<td>No PseudoDIN – use the DIN of the approved COVID vaccine you are administering

Submit $18.00 CIF as acquisition cost

Moderna Spikevax MDV (5-11) 02541270

Moderna Spikevax PFS (12+) 02557770</td>
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<tr>
<td>Regulatory Notes</td>
<td colspan="4"><u>Authorized Immunizers</u>
- Pharmacists with Advanced Method Certification (AMC) as outlined within SCPP bylaws
- Pharmacist Interns, Extended Pharmacist Interns, and Licensed Pharmacy Technicians with Advanced Method Certification (for students or technicians respectively) as outlined by the Minister’s Order
- Other healthcare providers as enabled through their individual regulatory colleges

<u>Conditions</u>
- Pharmacists, pharmacy interns, and pharmacy technicians may only administer a drug by advanced method to patients 5 years and over
- Must not administer by advanced method to a family member or themselves unless extenuating circumstances and there is no other alternative
- Must maintain a readily accessible supply of epinephrine for emergency parenteral administration, diphenhydramine, cold compresses, and non-latex gloves (i.e. anaphylaxis management kit)
- Must use precautions for infection prevention and control which include: following pharmacy policy and procedures, handling all body fluids and tissues as if they were infectious, performing appropriate hand hygiene, proper disposal of waste materials, and management of needle stick injuries

<u>Documentation & Communication</u>
- Must document informed consent and relevant clinical information and decision making in alignment with SCPP bylaws. Use of the medSask Screening and Consent Form supports meeting this requirement.
- Must advise a prescriber or the patient’s primary care provider that the drug has been administered. For publicly funded Schedule II vaccine programs, this may occur through PIP as the vaccine is required to be submitted on the date of administration
- A pharmacist who administers a vaccine must provide the patient with a record of immunization (e.g. wallet card, booklet, electronic)
- In the event of an adverse event, must submit the Adverse Event Following Immunization (AEFI) Form to the local public health office and provide follow up communication to the patient regarding the Medical Health Officer’s recommendations. The AEFI form must also be maintained on the pharmacy patient profile for future reference.</td>
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Medication Assessments & Compliance Packaging

Title	Description	Notes/Limits	Service Fee	PseudoDIN
Medication Assessment and Compliance Packaging Program (MACPP) **- Medication Assessment (MA)**	Eligible patients may receive an annual medication assessment and compliance packaging if they are: - Receiving home care or mental health services, living in their own homes OR - Any patients living in an approved Community Living Service Delivery (CLSD) Group Home, or approved Private Service Home Personal Care Home and LTC patients are not eligible for a MACPP. A standardized approach to assess a patient's ability to administer their medications, appropriateness of the medication and dosing intervals, potential interactions, side effects, drug allergies, contraindications and includes communication with the physician and/or health care professional(s) to resolve discrepancies that exist, and potential or actual drug-related problems identified. A written medication list is provided to the patient/client and/or caregiver, physician(s), and other health care professionals as required.	One (1) fee/365 days Home Care: Eligibility determined by documentation by a regional health authority assessor coordinator, or home care nurse* Mental Health: Eligibility determined by documentation by a Health Region Director of Mental Health and Addictions or designate (psychiatric rehab manager or nurse)* CLSD: Eligibility determined by documentation by a pharmacist *Must complete the Compliance Packaging Prior Approval Form At least 1 rx drug must be benefit from DPEBB.	$60.00	00951076
Regulatory Notes	<u>Conditions</u> - Pharmacists, pharmacy interns, and pharmacy technicians may gather relevant patient demographic information and medication information including current medications, doses, actual use (e.g. patient reported frequency), etc. - **Only pharmacists** are permitted to access, use and interpret medical laboratory test results. - Pharmacists, pharmacy interns, and pharmacy technicians must adhere to the standards of practice of the SCPP, including – but not limited to – those for patient assessment, documentation, and record retention and destruction. <u>Documentation & Communication</u> - Must document consent and relevant clinical information and decision making in alignment with SCPP standards of practice. Use of the SMAP Assessment Form is a requirement of DPEBB but supports appropriate pharmacist documentation within SCPP standards of practice. - When recommending changes in drug therapy, obtain informed consent from the patient and provide appropriate communication to the patients' prescribers in alignment with SCPP standards of practice. - Medication changes need to be communicated to all team members in a timely manner. - If use of prescriptive authority is identified as needed during the MACCP process, pharmacists must follow all requirements for prescriptive authority as outlined by SCPP bylaws.			

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<table>
<tr>
<td>Medication Assessment and Compliance Packaging Program (MACPP)

- Compliance Packaging (CP)</td>
<td>Patients must meet MACCP criteria and need for compliance packaging identified by referring provider and/or confirmed during annual pharmacist assessment.

A compliance package is prepared under a pharmacist's supervision for a specific patient/client and is so designed, or each compartment is so labeled, as to indicate the day and time, or period of time, that the contents are to be taken. It must be appropriate for the contents of each compartment to be administered at the same time</td>
<td>One (1) fee per weekly supply of compliance packaging

Compliance packaging must meet the standards set out by the Saskatchewan College of Pharmacy Professionals

All prescriptions, non-prescription medications, and OTC products (as appropriate) should be packaged in a 28-day or 35-day supply. Drugs listed on the 2-month and 100-day lists can be dispensed in 28-day or 35-day quantities.

Billable only after annual medication assessment provided and billed for. The first compliance packaging fee must be submitted within 30 days of the annual medication assessment fee.

Only billable for 1 year from the date of the most recent medication assessment (i.e. an annual medication assessment must be completed each year)</td>
<td>$6.25/weekly package (dispensed as total of 28 or 35 days of meds)</td>
<td>00951075</td>
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<tr>
<td>Regulatory Notes</td>
<td colspan="4">Conditions
- The pharmacy must have the appropriate physical space and equipment to provide compliance packaging, ensuring there is an area that is free of distractions
- Staffing of the pharmacy must be sufficient to meet the additional time requirements necessary for the safe and organized preparation of the compliance packaging and clinical assessments
- A standard work process must be developed
- Pharmacies must adhere to the standards and guidelines of SCPP including those outlined in the Compliance Packaging – Customized Patient Medication Packaging Guidelines
- No medications should be provided in prescription vials unless specifically requested by the patient, or it is not possible to provide in compliance packaging. Reference to these medications should be on the compliance label or medication grid.
Labelling & Documentation
- The packaging must clearly indicate: the name of the patient; name of the prescriber for each prescription; the prescription number for each prescription; the date dispensed; the name, strength, description and quantity of each prescription; the directions for each prescription; the name, address, and phone number of the pharmacy, and; the name or initials of the pharmacist.
- The pharmacist must ensure that the patient, or the patient's caregiver receives sufficient information to achieve optimal benefits from their medication.
- A recording system must be in place and include: information confirming dosing specifications (time of day); the number of packages prepared; special drug integrity information, and; the complete patient medication list dispensed, including the date of dispensing and total quantities dispensed
Dosing or drug changes from one month to the next should be documented either electronically or on a paper copy of the medication map to ensure any changes are made to subsequent compliance packaging. The date and the individual who made the change should be documented.</td>
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Saskatchewan Medication Assessment Program (SMAP) **- Medication Assessment**	Eligible patients may receive an annual medication assessment if they are: - A Saskatchewan resident with a valid Health Services Number - 60 years of age or older - Taking 3 or more chronic Schedule I medications on PIP; OR an anticoagulant listed on the Saskatchewan Formulary; OR a medication listed on the Beers Criteria (2023) or STOPP Criteria (version 3, 2023) - Patient is living in their own residence, in a licensed personal care home, or in a CLSD approved private service home or group home Special Care Home (LTC) patients are not eligible for a SMAP. A standardized approach to assess a patient's ability to administer their medications, appropriateness of the medication and dosing intervals, potential interactions, side effects, drug allergies, contraindications and includes communication with the physician and/or health care professional(s) to resolve discrepancies that exist, and potential or actual drug-related problems identified. A written medication list is provided to the patient/client and/or caregiver, physician(s), and other health care professionals as required.	One (1) fee/365 days Chronic Medication: A prescription or non-prescription medication that a patient has been or will be using on a regular basis for a minimum of three (3) months to treat a medical condition that is likely to last six (6) months or longer. Written/documented verbal consent and completion of the SMAP documentation form or another approved form by the DPEBB. If a patient meets the eligibility requirements for medication assessment and compliance packaging services under SMAP and another DPEBB program providing any of the same services, **payment for services will only be made under one program.**	$60.00	00951187
Regulatory Notes	<u>Conditions</u> - Pharmacists, pharmacy interns, and pharmacy technicians may gather relevant patient demographic information and medication information including current medications, doses, actual use (e.g. patient reported frequency), etc. - **Only pharmacists** are permitted to access, use and interpret medical laboratory test results. - Pharmacists, pharmacy interns, and pharmacy technicians must adhere to the standards of practice of the SCPP, including – but not limited to – those for patient assessment, documentation, and record retention and destruction. <u>Documentation & Communication</u> - Must document consent and relevant clinical information and decision making in alignment with SCPP standards of practice. Use of the SMAP Assessment Form is a requirement of DPEBB but supports appropriate pharmacist documentation within SCPP standards of practice. - When recommending changes in drug therapy, obtain informed consent from the patient and provide appropriate communication to the patients' prescribers in alignment with SCPP standards of practice. Medication changes need to be communicated to all team members in a timely manner. - If use of prescriptive authority is identified as needed during the SMAP process, pharmacists must follow all requirements for prescriptive authority as outlined by SCPP bylaws.			
Saskatchewan Medication Assessment Program (SMAP) **- Compliance Packaging**	Patients must meet SMAP criteria and need for compliance packaging identified during assessment or follow-up assessment completed under SMAP. - Patient is living in their own residence; or - Patient is living in a licensed personal care home with twenty (20) beds or fewer, or in a CLSD approved private service home or group home A compliance package is prepared under a pharmacist's supervision for a specific patient/client and is so designed,	One (1) fee per weekly supply of compliance packaging Compliance packaging must meet the standards set out by the Saskatchewan College of Pharmacy Professionals All prescriptions, non-prescription medications, and	$6.25/weekly package (dispensed as total of 28 or 35 days of meds)	00951189

	or each compartment is so labeled, as to indicate the day and time, or period of time, that the contents are to be taken. It must be appropriate for the contents of each compartment to be administered at the same time	OTC products (as appropriate) should be packaged in a 28-day or 35-day supply. Drugs listed on the 2-month and 100-day lists can be dispensed in 28-day or 35-day quantities. Billable only after annual medication assessment provided and billed for. The first compliance packaging fee must be submitted within 30 days of the annual medication assessment fee. Only billable for 1 year from the date of the most recent medication assessment (i.e. an annual medication assessment must be completed each year)		
Regulatory Notes	Conditions - The pharmacy must have the appropriate physical space and equipment to provide compliance packaging, ensuring there is an area that is free of distractions - Staffing of the pharmacy must be sufficient to meet the additional time requirements necessary for the safe and organized preparation of the compliance packaging and clinical assessments - A standard work process must be developed - **Pharmacies must adhere to the standards and guidelines of SCPP including those outlined in the Compliance Packaging – Customized Patient Medication Packaging Guidelines** - No medications should be provided in prescription vials unless specifically requested by the patient, or it is not possible to provide in compliance packaging. Reference to these medications should be on the compliance label or medication grid. Labelling & Documentation - The packaging must clearly indicate: the name of the patient; name of the prescriber for each prescription; the prescription number for each prescription; the date dispensed; the name, strength, description and quantity of each prescription; the directions for each prescription; the name, address, and phone number of the pharmacy, and; the name or initials of the pharmacist. - The pharmacist must ensure that the patient, or the patient's caregiver receives sufficient information to achieve optimal benefits from their medication. - A recording system must be in place and include: information confirming dosing specifications (time of day); the number of packages prepared; special drug integrity information, and; the complete patient medication list dispensed, including the date of dispensing and total quantities dispensed - Dosing or drug changes from one month to the next should be documented either electronically or on a paper copy of the medication map to ensure any changes are made to subsequent compliance packaging. The date and the individual who made the change should be documented.			
Saskatchewan Medication Assessment Program (SMAP) **- Follow-up**	For eligible DPEBB patients who have received an Annual Medication Assessment under SMAP and meet at least one criteria: a) There is a change made to the patient's existing medication profile and requires i) Communication of this change to the patient, caregiver and/or health professionals to ensure understanding of the change; or ii) A discharge consultation with a patient within one week of discharge from a hospital or convalescent care facility where the pharmacist identifies a change or	Two (2) follow-up fees/365 days If a patient meets the eligibility requirements for medication assessment and compliance packaging services under SMAP and another DPEBB program providing any of the same services, **payment for services will only be made under one program.**	$20.00/follow-up fee	00951188

	discrepancy in medications that needs to be communicated and understood by the patient, caregiver, and/or health care professionals b) Profile reconciliation by a receiving pharmacy when a patient transfers care to them c) There is evidence of patient non-adherence or potential non-adherence due to a complex medication regimen d) Follow up with the patient is required on the resolution of potential or actual drug therapy problems identified during the annual medication assessment or on a follow-up assessment			
	Conditions - Must adhere to the standards of practice of the SCPP, including – but not limited to – those for patient assessment, documentation, and record retention and destruction. Documentation & Communication - Must document consent and relevant clinical information and decision making in alignment with SCPP standards of practice. Use of the SMAP Assessment Form is a requirement of DPEBB but supports appropriate pharmacist documentation within SCPP standards of practice. - When recommending changes in drug therapy, obtain informed consent from the patient and provide appropriate communication to the patients' prescribers in alignment with SCPP standards of practice. Medication changes need to be communicated to all team members in a timely manner. - If use of prescriptive authority is identified as needed during the SMAP follow-up process, pharmacists must follow all requirements for prescriptive authority as outlined by SCPP bylaws.			

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Witnessed Therapy

Title	Description	Notes/Limits	Service Fee	PseudoDIN
Direct Observed Therapy (DOT)	Witnessing the administration of approved Hepatitis C medications to eligible patients, to optimize patient medication adherence by reducing the risk of treatment interruption. Patients' prescriber must request DOT therapy on the prescription. The patient must be approved for EDS for an eligible medication indicated for the treatment of chronic hepatitis C infection.	Up to a maximum of 7. This is the number of times where the pharmacist witnesses the patient taking the drug that week. Must document witnessed admin on Appendix III	$3.50 ($24.50 per week maximum) billed weekly ****Patients must be a Saskatchewan Resident with a valid HSN who is not covered under Workers Compensation, Saskatchewan Government Insurance, NIHB, VA, or AF. Residents of Special-care homes are not eligible for the DOT fee.*	00951106
Regulatory Notes	The provision of DOT services fall under the general standards of care for pharmacy professionals in Saskatchewan and are generally considered part of entry-to-practice competencies of pharmacists. The DPEBB DOT program requirements align with ensuring pharmacists meet the standards of practice, however pharmacists are reminded to review relevant standards and policy before providing any new services. Conditions - Pharmacy professionals continuously assess the patient's unique needs, goals, and preferences related to health and well-being. - Pharmacy professionals release prescriptions to patients only after verifying the patient's identity and ensuring that the technical and clinical verifications and all required consultations have been completed to ensure the right patient received the right prescription and the right information. - Pharmacy professionals monitor patients and follow up with them to ensure that therapy continues to be optimal. - Services are provided in alignment with relevant pharmacy and professional practice standards (e.g. private consultation room standards, infection prevention and control standards, etc.) Documentation & Communication - To ensure consistency of care, pharmacists should ensure that documentation is retrievable and accessible in the patient record. This includes information regarding relevant health information collected, decisions and recommendations made, and any information/education given to the patient that is in addition to the accepted standard of care. - Communication to other health care providers should be clear and objective. - Pharmacists communicate changes in medication therapy to the patient, their primary healthcare provider, the prescriber, and others in the circle of care when appropriate.			
Methadone for Opioid Use Disorder	The DPEBB will pay community pharmacies when a pharmacist performs managed care and follow-up services to eligible patients in-person. The DPEBB will pay community pharmacies an off-site fee when the pharmacy employs a nurse to perform managed care and follow-up services to eligible patients in-person.	Up to a maximum of 7. This is the number of times the pharmacist witnesses the patient taking the drug that week. For both on and off-site managed care fee for face-to-face interactions between the patient and the pharmacist per week.	$7.50 per witness (max $52.50 a week) billed weekly ****Patients must be a Saskatchewan Resident with a valid HSN who is not covered under Workers Compensation, Saskatchewan Government Insurance, NIHB, VA, or AF. Residents of a Special-care home are not eligible for the methadone care fee.*	00951326
Regulatory Notes	Pharmacists must adhere to the Opioid Agonist Therapy Standards and all provincial/federal regulations related to the dispensing of methadone. Conditions - Prior to releasing OAT medication, **the pharmacist** must assess the patient to ensure they are not at risk of harm through the concurrent ingestion of alcohol, cannabis, or other substances. If the pharmacist believes it is not safe for the patient to receive their OAT, the pharmacist must inform the patient and consult with the prescriber as soon as possible and document the outcome of the dialogue and include it within the patient record. - A pharmacist or pharmacy technicians who is registered and licensed by SCPP must be present to release OAT medication to a patient. This cannot be delegated to any other pharmacy support staff. - The pharmacist or pharmacy technician must directly observe the patient ingesting the medication. After ingestion engage the patient in conversation or provide with an equivalent amount of water to consume to confirm ingestion. - Release of dosages to spouses, relatives, friends is not permitted unless an arrangement has been confirmed between the prescriber, the patient, and confirmed to the pharmacy in writing by the			

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<table>
<tr><td></td><td colspan="4">prescriber
- Delivery of OAT to a patient's residence is not permitted except in exceptional circumstances and confirmed by the prescriber in writing in accordance to the Narcotic Control Regulations, SCPP guidelines and policies, CPSS OATP Standards and Guidelines and any future directives

<u>Documentation & Communication</u>
- Must document the assessment of the patient and if provided the observation of dose ingested, and if provided, receipt of take-home doses. See Appendix 14 & 15 (OAT Standards) for sample Patient Record of Witnessed OAT Medication
- The pharmacist must notify the prescriber of any missed doses, when known, before the next scheduled release of medication. All reports of missed doses must be documented on the patient's profile and communicated to the prescriber, regardless of cause, duration or number.</td></tr>
<tr><td>Buprenorphine/ Naloxone (Suboxone) for Opioid Use Disorder</td><td>The DPEBB will pay community pharmacies when a pharmacist performs managed care and follow-up services to eligible patients in-person.

The DPEBB will pay community pharmacies an off-site fee when the pharmacy employs a nurse to perform managed care and follow-up services to eligible patients in-person.</td><td>Up to a maximum of 7. This is the number of times the pharmacist witnesses the patient taking the drug that week.

For both on and off-site managed care fee for face-to-face interactions between the patient and the pharmacist per week.</td><td>$7.50 per witness (max $52.50 a week) billed weekly

*Patients must be a Saskatchewan Resident with a valid HSN who is not covered under Workers Compensation, Saskatchewan Government Insurance, NIHB, VA, or AF. Residents of a Special-care home are not eligible for the Suboxone care fee</td><td>00951328</td></tr>
<tr><td>Regulatory Notes</td><td colspan="3">Pharmacists must adhere to the Opioid Agonist Therapy Standards and all provincial/federal regulations related to the dispensing of methadone.

<u>Conditions</u>
- Prior to releasing OAT medication, the pharmacist must assess the patient to ensure they are not at risk of harm through the concurrent ingestion of alcohol, cannabis, or other substances. If the pharmacist believes it is not safe for the patient to receive their OAT, the pharmacist must inform the patient and consult with the prescriber as soon as possible and document the outcome of the dialogue and include it within the patient record.
- A pharmacist or pharmacy technicians who is registered and licensed by SCPP must be present to release OAT medication to a patient. This cannot be delegated to any other pharmacy support staff.
- The pharmacist or pharmacy technician must directly observe the patient ingesting the medication. After the tablets are dissolved, ask the patient to lift up their tongue for observed confirmation that the tablets are no longer present.
- Release of dosages to spouses, relatives, friends is not permitted unless an arrangement has been confirmed between the prescriber, the patient, and confirmed to the pharmacy in writing by the prescriber
- Delivery of OAT to a patient's residence is not permitted except in exceptional circumstances and confirmed by the prescriber in writing in accordance to the Narcotic Control Regulations, SCPP guidelines and policies, CPSS OATP Standards and Guidelines and any future directives

<u>Documentation & Communication</u>
- Must document the assessment of the patient and if provided the observation of dose ingested, and if provided, receipt of take-home doses. See Appendix 14 & 15 (OAT Standards) for sample Patient Record of Witnessed OAT Medication
- The pharmacist must notify the prescriber of any missed doses, when known, before the next scheduled release of medication. All reports of missed doses must be documented on the patient's profile and communicated to the prescriber, regardless of cause, duration or number.</td></tr>
<tr><td>Take Home Naloxone (THN)</td><td>Participating pharmacies will be remunerated for providing publicly funded THN kits to individuals at risk of experiencing an opioid overdose or those likely to witness and need to respond to an opioid overdose.
The THN fee remunerates pharmacy for all the activities/expenses related to the provision of the service (e.g. client assessment, client training, data tracking documentation).</td><td>THN public kits are intended for individual use.

A pharmacy can bill ONLY publicly funded THN kits obtained through the THN program.</td><td>$15.00

*Patients must be a Saskatchewan Resident with a valid HSN who is not covered under Workers Compensation, Saskatchewan Government Insurance, NIHB, VA, or AF.</td><td>00951510

Public THN kits should be billed under the pseudoHSN: 999 999 982</td></tr>
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Regulatory Notes	Conditions - Naloxone hydrocholoride injection when indicated for emergency use for opioid overdose is unscheduled in Saskatchewan. Take Home Naloxone Kits are available for sale without a prescription and may be distributed in locations outside of a pharmacy. - Standards of Practice require proper education and training be provided for any sale of THN kits. The education and training requirements of the THN program align with the SCPP standards of practice. - If a pharmacy does not carry THN kits, they must ensure that they refer patients and the public to locations that do, whether that is another community pharmacy or another community based organization.

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Partnership to Assist in the Cessation of Tobacco (PACT)

Title	Description	Notes/Limits	Service Fee	PseudoDIN	
PACT	To support and provide services for cessation of tobacco. Payment will be provided to aid in the identification of tobacco users and to provide pharmacists compensation for cognitive services in tobacco cessation support. **Only PACT trained pharmacists may submit for billing of services apart from Bronze** *Note: prescribing for prescription level cessation medication falls under minor ailments and self-care prescribing*	<u># Claims/365 Days Per Patient</u>	$1 (group) or $2 (individual)/ minute (<u>see session maximums below</u>) to a **total program maximum fee of $300.00 per patient per 365 days.** ****Patients must be a Saskatchewan Resident with a valid HSN who is not covered under Workers Compensation, Saskatchewan Government Insurance, NIHB, VA, or AF.*		
	- Bronze (All Pharmacists)	- 1	- Maximum $5.00	Bronze (All Pharmacists)	00990100
	- Bronze Plus	- 1	- Maximum $10.00	Bronze Plus	00990101
	- Silver/Gold	- 3	- $2.00/minute; Max total $180.00	Silver/Gold	00990102
	- Silver/Gold Group Session	- 3	- $1.00/minute; Max total $150.00	Silver/Gold Group Session	00990102
	- Follow-Up	- 10	- $10.00; Max total $100.00	Follow-Up	00990103
Regulatory Notes	The provision of PACT services fall under the general standards of care for pharmacy professionals in Saskatchewan and are generally considered part of entry-to-practice competencies of pharmacists. The DPEBB PACT program requirements align with ensuring pharmacists meet the standards of practice, however pharmacists are reminded to review relevant standards and policy before providing any new services. <u>Conditions</u> - Pharmacy professionals continuously assess the patient's unique needs, goals, and preferences related to health and well-being. - In collaboration with the patient and their circle of care, pharmacy professionals use their professional judgement to make evidence-informed decisions that are based on the patient's unique needs, goals, and preferences. - Pharmacy professionals monitor patients and follow up with them to ensure that therapy continues to be optimal. - Services are provided in alignment with relevant pharmacy and professional practice standards (e.g. private consultation room standards, infection prevention and control standards, etc.) <u>Documentation & Communication</u> - To ensure consistency of care, pharmacists should ensure that documentation is retrievable and accessible in the patient record. This includes information regarding relevant health information collected, decisions and recommendations made, and any information/education given to the patient that is in addition to the accepted standard of care. - Communication to other health care providers should be clear and objective. Communication, when required, should support ongoing collaboration with the patient's healthcare team. - Pharmacists communicate changes in medication therapy to the patient, their primary healthcare provider, the prescriber, and others in the circle of care when appropriate.				