

Mail order pharmacy services proposal

Date: _____

Licensee applicant: _____

Registration #: _____

Proprietor's representative: _____

Registration # (if applicable): _____

Pharmacy name: _____

Licence # (if existing): _____

Instructions

Regular in-person engagements between regulated members and patients are fundamental to the practice of pharmacy. The [Standards of Practice for Virtual Care \(SPVC\)](#) authorize regulated members to provide restricted activities using virtual care to a patient they do not see regularly in-person if there are unique circumstances that make in-person care impractical or impossible. If unique circumstances are present and a regulated member provides restricted activities using virtual care **to a patient that they do not see regularly in-person**, then they must do so from a pharmacy that has a mail order pharmacy licence.

To be issued a mail order pharmacy licence, the registrar must be satisfied that the licensee applicant will comply with the SPVC and that the provision of mail order pharmacy services will be limited to unique circumstances that make in-person care impractical or impossible. Mail order pharmacy services cannot be provided on a general population basis and cannot be based on determinations of convenience or efficiency. Regulated members must exercise judgment for each patient to determine whether the professional services required by the patient can safely, appropriately, and effectively be delivered by virtual means.

This form is intended to help the registrar understand the proposed mail order pharmacy services¹ and how the pharmacy will comply with the expectations described in Standards 3(d)(ii) and 3(d)(iii) of the SPVC. The licensee applicant must describe in detail the unique circumstances that make in-person care impractical or impossible and how the proposed mail order pharmacy services may be appropriate for patients in these circumstances. If a mail order pharmacy licence is approved, a condition may be imposed on the pharmacy licence.

Please ensure your responses are comprehensive, but specific, so that the registrar can have a clear understanding of the proposed mail order pharmacy services and be satisfied that there are unique circumstances that make in-person care impractical or impossible.

¹ For the purposes of this form, mail order pharmacy services are defined as the delivery of medication to a patient who does not regularly receive in-person care directly from a pharmacist of the pharmacy due to unique circumstances.

Complete the form based on the intended mail order pharmacy services. Check all that apply and provide additional details as applicable.

Unique or customized product²

The pharmacy can provide a restricted activity that is unique, customized, or difficult to obtain in person from any regulated member within a reasonable travel distance to their location. Standard 3(d)(ii)(B)

1. Please describe the restricted activity (identify any specific products) and how it is unique, customized, or difficult to obtain.

2. Is this product readily available from most pharmacies? If so, why should a patient obtain this product from your pharmacy via mail order when they can obtain direct in-person care from their local pharmacy?

3. If a mail order pharmacy licence is granted, will the delivery of this product be limited to patients who are in a location that makes in-person care impractical or impossible? Please explain.

² Should a mail order licence be granted, mail order pharmacy services may be limited to the unique or customized product(s) you've indicated on this form.

Unique patient location³

The pharmacy intends to provide mail order pharmacy services to patients who are in a location that makes in-person care impractical or impossible. Check all that apply and provide additional details.

- Patients who reside in a remote area where in-person care would not otherwise be available to the patient. Standard 3(d)(ii)(A)
- Patients who are in a correctional facility where in-person care is not readily available or accessible. Standard 3(d)(iii)(A)
- Patients in an approved hospital operating under the *Hospitals Act*. Standard 3(d)(iii)(B)
- Patients in a facility, diagnostic centre, secure location, or treatment centre as described in the *Mental Health Act* or the *Mental Health Services Protection Act*. Standard 3(d)(iii)(C)
- Patients in a long-term care or designated supportive living setting⁴. Standard 3(d)(iii)(D)

1. Please identify all the specific location(s) and/or facilities your pharmacy will be delivering medications to patients without regularly seeing the patient in person.

2. If you've identified remote area(s), please indicate

- a. Why is this considered a remote area?
- b. Are there pharmacies located within a reasonable travel distance from this area?
- c. If there are other pharmacies, why should a patient obtain mail order pharmacy services from your pharmacy when they can obtain direct in-person care from their local pharmacy?

³ Should a mail order licence be granted, mail order pharmacy services may be limited to the unique patient location(s) you've indicated on this form.

⁴ As described by Alberta Health Services

Other unique circumstances⁵

Other unique circumstances that make in-person care impractical or impossible. For example, patients who have socio-economic or health circumstances that prevent them from seeing a pharmacist or pharmacy technician of their choice in person. Standard 3(d)(ii)(E)

1. Please explain the unique circumstances in detail, including how in-person care is impractical or impossible.

2. Why should a patient who does not regularly attend your pharmacy in-person obtain services from your pharmacy via mail order?

3. Why can't a regulated member of the pharmacy attend to these patients personally?

⁵ Should a mail order licence be granted, mail order pharmacy services may be limited to the unique circumstances you've indicated on this form.