

COVID-19 ORAL ANTIVIRAL DRUG PROVISION EXPRESSION OF INTEREST FORM



Health

EMAIL: PDPInfoAudit@gov.mb.ca

Pharmacy Number:		Pharmacy Name:	
Pharmacy Location/Shipping Address:			
Street		City/Town/Community	Postal Code
Pharmacy Email:		Pharmacy Phone Number:	Pharmacy Fax Number:
Holding Point Number (Materials Distribution Agency), if Available:		Applicable Professional Fee* per Treatment Course Dispensed:	
		<p><i>*\$15, or the pharmacy's Usual and Customary Fee established via the existing Pharmacy Agreement between the pharmacy and the Government of Manitoba, whichever is lower</i></p>	

This pharmacy meets all eligibility criteria, including:	
	We are open 7 days a week or have a pharmacist publicly on-call on days the pharmacy is closed;
	We are willing to offer "no-contact" dispensing options including delivery and/or curbside pick-up or drive-thru at no additional cost to the client;
	We will ensure staff take any training that may be required;
	We commit to required inventory management processes to ensure that allocated product is on hand and ready to be dispensed; and
	We commit to inventory and utilization reporting as requested (which could include daily reporting).
I understand that:	
	The professional fee for dispensation of COVID-19 oral antiviral treatments is \$15, or the pharmacy's Usual and Customary Fee established via the existing Pharmacy Agreement between the pharmacy and the Government of Manitoba, whichever is lower, per treatment course dispensed
	The pharmacy name, location may be posted on Manitoba Health and/or Shared Health websites
	Submitting an expression of interest does not guarantee that my pharmacy will be selected to dispense COVID-19 oral antiviral treatments
	Selected participating pharmacies will be notified by Manitoba Health in writing

Any Special Delivery Instructions or Restrictions (e.g., 'closed on Mondays'):	
Name of Person Completing the Form:	Title of Person Completing the Form (<i>this must be the Pharmacy Owner or Pharmacy Manager with signing authority</i>):
Date	Signature