

Executive Officer Notice: Supplying of Publicly Funded Oral Antiviral COVID-19 Treatment in Ontario Pharmacies

Effective April 12, 2022

All pharmacies with a Health Network System (HNS) account and valid HNS Subscription Agreement with the ministry (hereinafter referred to as “pharmacy” or “pharmacies”) are eligible to dispense the publicly funded oral antiviral treatment for COVID-19, Paxlovid™ (nirmatrelvir/ritonavir) to eligible Ontarians.

This Executive Officer (EO) Notice and the accompanying Questions and Answers (Qs & As) document set out the terms and conditions for a pharmacy’s submission of claims for payment (claims) for supplying Paxlovid™ to eligible Ontarians. Each document is a Ministry Policy that pharmacy operators must comply with under section 3.2 of the HNS Subscription Agreement for Pharmacy Operators. Participating pharmacies must comply with all of the terms and conditions set out in the EO Notice and Qs & As.

General Eligibility

An individual with a valid prescription for Paxlovid™ is eligible to receive publicly funded Paxlovid™ if they live, work, or study in Ontario or they are here for an extended stay, and if they meet the applicable clinical criteria (see section below). An individual is not required to have a valid Ontario health card or to be an Ontario Drug Benefit Program recipient in order to receive publicly funded Paxlovid™.

Clinical Criteria

The ministry has worked with the Chief Medical Officer of Health, Ontario Health, and the Science Advisory Table to provide [clinical guidance](#) as to which patients will best benefit from treatment with Paxlovid™.

The clinical criteria are that:

1. The individual has received a positive COVID-19 test result; and

2. The individual will be starting Paxlovid™ treatment within 5 days of symptom onset; and
3. One of the following factors applies to the individual:
 - a. The individual is 18 years of age or older and is [immunocompromised](#);
 - b. The individual is 70 years of age or older;
 - c. The individual is 60 years of age or older and has received less than three doses of a COVID-19 vaccine;
 - d. The individual is 18 years of age or older, has received less than three doses of COVID-19 vaccine, and has at least one of the following risk conditions:
 - obesity
 - diabetes
 - heart disease, hypertension, congestive heart failure
 - chronic respiratory disease (including cystic fibrosis)
 - cerebral palsy
 - intellectual and developmental disabilities
 - sickle cell disease
 - moderate or severe kidney disease
 - moderate or severe liver disease
 - pregnant and unvaccinated (zero doses)
 - e. The individual is assessed as being at higher risk of severe COVID-19 based on their age, vaccination status, and risk conditions (excluding risks due to travel) by their prescriber.

General Description

- No drug cost will be paid to pharmacies as pharmacies will receive Paxlovid™ free-of-charge through participating pharmaceutical distributors.
- There is **no cost** to eligible patients who receive Paxlovid™ at a pharmacy.
- Table 1 lists the publicly funded oral antiviral treatment currently available to pharmacies¹.

¹ Inclusion of a product in the list of publicly funded oral antivirals available for pharmacies does not guarantee supply of the product through the participating pharmaceutical distributors.

Table 1: PIN to Support Payment of Dispensing Fee for Supplying Publicly Funded Oral Antiviral Treatment Paxlovid™ (nirmatrelvir/ritonavir)

PIN	Description	Total Amount Paid
9858154	Paxlovid Dispensing Fee	\$13.25

Billing Procedures – Summary

- Claims for supplying the publicly funded oral antiviral treatment Paxlovid™ can only be submitted electronically using the HNS (see “Billing Procedures - Detailed” below). No manual paper claims will be accepted unless 3 intervention codes are required in order to process the claim.
- Each claim must include the Product Identification Number (PIN) noted in Table 1 above (do not use the DIN of the product).
- The person submitting the claim must ensure that the patient’s date of birth, Ontario health card number (if available) and name (as it appears on the health card, if available) are included in the claim. Failure to do so – especially for non-Ontario Drug Benefit (ODB) Program recipients – may impact the ability to submit future claims for these patients.
 - **For patients without an Ontario health card number, pharmacies must use the proxy patient ID: 79999 999 93 (see below for further details).**

Billing Procedures – Detailed

Claims submission requirements are as follows:

For ODB-eligible recipients

The claim submission follows the usual process (See [Section 5](#) of the Ontario Drug Programs Reference Manual (“Manual”)) for submitting claims on the HNS with the following additional information:

- Intervention code ‘PS’: (Professional Care Services)
- PIN: see Table 1 above for list of PINs
- Valid Pharmacist ID

- Professional Fee: see Table 1 above for 'Total Amount Paid'

For Non-ODB recipients

When submitting a claim for a person who does not have ODB coverage, pharmacists must submit the following information:

- Patient Gender: 'F' = female; 'M' = male
- Patient Date of Birth: Valid YYYYMMDD
- Patient's Ontario Health Card number*
- Intervention codes:
 - PS: Professional Care Services
 - ML: Established eligibility coverage (i.e., 1 day of the Plan 'S' coverage)
- Carrier ID: 'S'
- PIN: see Table 1 above for list of PINs
- Valid Pharmacist ID
- Professional Fee: see Table 1 above for 'Total Amount Paid'

***For patients without an Ontario health card number**

When submitting a claim for any eligible person who does not have an Ontario health card number, pharmacists must submit the following information:

- First Name: Patient's first name
- Last Name: Patient's last name
- Patient Gender: 'F' = female; 'M' = male
- Patient Date of Birth: Valid YYYYMMDD
- Proxy patient ID: 79999 999 93
- Intervention codes:
 - PS: Professional Care Services
 - PB: Name entered is consistent with card
- Valid Pharmacist ID

Pharmacy Documentation Requirements

Pharmacies must keep a record of every course of publicly funded COVID-19 oral antiviral treatment supplied to an eligible patient. Standard documentation requirements for prescriptions apply.

Pharmacies and pharmacists shall keep records consistent with their obligations under applicable law, including the *Pharmacy Act, 1991* and the *Drug and Pharmacies Regulation Act*, and under any instructions or guidelines provided by the Ontario College of Pharmacists or the ministry.

For purposes of post-payment verification, pharmacy records related to claims for publicly funded Paxlovid™ must be maintained in a readily available format for the purpose of ministry inspection for a minimum of 10 years from the last recorded pharmacy service provided to the patient, or until 10 years after the day on which the patient reached or would have reached the age of 18 years, whichever is longer.

Overpayments due to inappropriate claim submissions are subject to recovery.

The following pharmacy documentation must be maintained in a readily retrievable format for the purposes of post-payment verification:

- A copy of the prescription for Paxlovid™;
- Documentation of the COVID-19 test result and date (e.g., verbal confirmation from patient, test result obtained from the Ontario Laboratories Information System (OLIS), etc.);
- A written record made by the dispenser that they:
 - confirmed the patient would be starting treatment within 5 days of COVID-19 symptom onset;
 - confirmed the patient does not have any contraindications to Paxlovid™ drug therapy and reviewed any potential interactions with other drugs and medical conditions; and
 - provided the patient with proper instructions for use and information regarding side effects of Paxlovid™.

Pharmaceutical Opinion Program (POP)

A professional intervention fee for a POP service may be claimed in respect of individuals eligible to receive publicly funded Paxlovid™ (including for non-ODB recipients) if the pharmacist identifies a potential drug therapy problem during the course of dispensing a prescription for Paxlovid™, or if the pharmacist recommends to the prescriber that the eligible individual be prescribed Paxlovid™. Please see Table 2 below for appropriate PINs.

To be eligible for this professional intervention fee, the pharmacist **must document and make a recommendation to the prescriber regarding Paxlovid™ and one of the following patient health outcomes must occur:**

1. **Paxlovid™ prescription not filled as prescribed.** Prescription not filled resulting from a confirmed forged or falsified prescription or not filled due to a clinical concern based on prescriber consultation.
2. **No change to Paxlovid™ prescription therapy; filled as prescribed.** Recommendations by the pharmacist were discussed with the prescriber and no change was made to the prescription therapy.
3. **Change in therapy (i.e., initiating a prescription for Paxlovid™ prescription if not previously prescribed).** Recommendations by the pharmacist were discussed with the prescriber and led to a change in therapy as prescribed (e.g., a prescription for Paxlovid™ is recommended). Note: If the prescriber does NOT agree with the recommendation that the patient receive Paxlovid™, then a POP cannot be billed.

Please refer to the [Professional Pharmacy Services Guidebook](#) “Guidebook” located on the ministry’s [website](#) and [Section 7.2 \(Pharmaceutical Opinion Program\) of the Ontario Drug Programs Reference Manual](#) for detailed information regarding the POP, including the claim submission process** and documentation guidelines. Despite the Guidebook and Manual, a professional intervention fee for a POP service may be claimed in respect of a patient in the circumstances described above regardless of whether they are an ODB program recipient or not.

Note that a POP claim may only be submitted after the prescription intervention has occurred, the patient has been informed, the prescriber has been contacted, and documentation is completed and signed by the pharmacist.

**Note that the claims submission process for non-ODB eligible recipients and those without a Ontario health card number can be submitted as follows:

For Non-ODB recipients

When submitting a claim for a person who does not have ODB coverage, pharmacists must submit the following information:

- Patient Gender: ‘F’ = female; ‘M’ = male
- Patient Date of Birth: Valid YYYYMMDD
- Patient’s Ontario Health Card number*
- Intervention codes:
 - PS: Professional Care Services
 - ML: Established eligibility coverage (i.e., 1 day of the Plan ‘S’ coverage)
- Carrier ID: ‘S’
- PIN: see Table 2 below for list of PINs

- Valid Pharmacist ID

***For patients without an Ontario health card number**

When submitting a claim for any eligible person who does not have an Ontario health card number, pharmacists must submit the following information:

- First Name: Patient’s first name
- Last Name: Patient’s last name
- Patient Gender: ‘F’ = female; ‘M’ = male
- Patient Date of Birth: Valid YYYYMMDD
- Proxy patient ID: 79999 999 93
- Intervention codes:
 - PS: Professional Care Services
 - PB: Name entered is consistent with card
- Valid Pharmacist ID

Table 2: PINs to Support Payment of the POP Service for Publicly Funded Oral Antiviral Treatment Paxlovid™

Note that these PINs must be used to support payment of a professional intervention fee for a POP service in respect of Paxlovid™. **Do not use the existing POP PINs.**

PIN	Description
93899994	Prescription for Paxlovid™ not filled
93899995	Change in therapy (i.e., initiating prescription for Paxlovid™)
93899996	No change to Paxlovid™ prescription

Exclusions and Restrictions

- Publicly funded Paxlovid™ can only be supplied to an eligible patient pursuant to a valid prescription.
- Administration of non-publicly funded Paxlovid™ that is privately purchased by the pharmacy does not qualify for payment of a dispensing fee.

- Publicly funded Paxlovid™ cannot be supplied for off-label use (e.g., travel) or for patients who do not meet the eligibility criteria. Dispensing fees paid for such invalid claims will be subject to recovery.
- If an eligible patient does not have a valid Ontario health card number, publicly funded Paxlovid™ can still be dispensed, provided that the patient provides an alternate identification confirming their name and date of birth. In such cases, pharmacies must use the proxy patient ID: 79999 999 93.
- The supply of publicly funded Paxlovid™ for an eligible patient who is a resident of a Long-Term Care (LTC) home falls under the LTC capitation funding model and must be provided by the LTC home's contracted primary pharmacy service provider. A LTC home primary pharmacy service provider is not eligible for a dispensing fee under this policy for supplying publicly funded Paxlovid™ to residents of the LTC home. Except in emergency situations, secondary pharmacy service providers (i.e., those that do not have a contract with a LTC home) are not eligible for a dispensing fee for supplying publicly funded Paxlovid™ to LTC home residents.
- A POP for Paxlovid™ is also not eligible for reimbursement by the primary pharmacy service provider of LTC home residents.
- A POP cannot be billed for contacting the prescriber without a clinical intervention (i.e., asking a prescriber whether a patient should receive a prescription for Paxlovid™. The recommendation and rationale for Paxlovid™ therapy must come from the pharmacist.)
- Adapting a prescription is within the pharmacist's scope of practice and is not billable as a POP. Pharmacists are encouraged to consider the urgent nature of dispensing prescriptions for Paxlovid™ to avoid added delays in patient care.

Additional Information:

For pharmacy billing: Please call ODB Pharmacy Help Desk at: 1-800-668-6641

For COVID-19 related issues in pharmacy: Please email the ministry at:
OPDPInfoBox@ontario.ca

For COVID-19 antiviral treatment information: Please access this [website](#)

For Ministry COVID-19 Information and Planning Resources

- For vaccines, please access this [website](#)
- For guidance, please access this [website](#)

For all other Health Care Providers and the Public: Please call ServiceOntario, Infoline at 1-866-532-3161 TTY 1-800-387-5559. In Toronto, TTY 416-327-4282.