

***UPDATE* Executive Officer Notice: Administration of Publicly Funded COVID-19 Vaccines in Ontario Pharmacies**

Effective October 7th, 2024 – this notice reflects an update to the EO Notice dated September 30, to include additional high-risk and priority populations for COVID-19 immunizations (staff and care providers of long-term care homes and other congregate living settings).

Certain eligible pharmacies can administer publicly funded COVID-19 vaccines to eligible individuals (see Pharmacy Eligibility below).

The purpose of this Executive Officer (EO) Notice: Administration of Publicly Funded COVID-19 Vaccines in Ontario Pharmacies (EO Notice), and the accompanying Frequently Asked Questions (FAQs) document, is to set out the terms and conditions for a participating pharmacy's submission of claims for payment (claims) for administering injectable COVID-19 vaccines to eligible individuals. Each document is a Ministry of Health (ministry) policy that pharmacy operators must comply with under section 3.2 of the Health Network System (HNS) Subscription Agreement for Pharmacy Operators. Participating pharmacies must comply with all terms and conditions set out in the EO Notice and FAQs.

The EO Notice and the accompanying FAQs document are not intended to describe a pharmacy operator's obligations in respect of administering injectable COVID-19 vaccines under applicable legislation, other agreements with the Province of Ontario, or policies of the Ontario College of Pharmacists (OCP). Pharmacy operators with questions about their legal obligations outside of the HNS Subscription Agreement should refer to the applicable legislation, other agreement, or OCP policy as appropriate.

This EO Notice replaces the previous EO Notice: Administration of Publicly Funded COVID-19 Vaccines in Ontario Pharmacies that was effective April 11th, 2024.

Pharmacy Eligibility

In order to be eligible to submit claims for administering a publicly funded COVID-19 vaccine, a pharmacy operator (also referred to in this document as a "participating pharmacy") must be authorized by the ministry and meet the following requirements:

- Have a valid HNS Subscription Agreement with the ministry;

- Have a valid agreement with the ministry respecting COVID-19 vaccine administration and the use of the Provincial COVID-19 vaccine solution (the “COVID-19 Vaccine Agreement”)¹; and
- Be enrolled in the current Universal Influenza Immunization Program (UIIP).²

This eligibility criteria may be updated from time to time. Please refer to the [ministry website](#) for the most recent version of this notice.

Individual Eligibility

The following rules are based on the information found in current [Health Care Provider Fact Sheet: COVID-19 Vaccine](#) posted on the [COVID-19 Vaccine Program](#) webpage. An individual is eligible to receive a publicly funded COVID-19 vaccine if they live, work, or study in Ontario or they are visiting Ontario from another province / territory or another country, and if they meet the applicable age, dosing, and dosing interval eligibility criteria for a vaccine (see Appendix on pages 11 to 14 of this EO notice). For all vaccine doses, when eligibility is defined by age, individuals must be the respective age of eligibility on the day of the vaccine administration.

Recommended high-risk and priority populations for immunization (effective September 30, 2024)

COVID-19 vaccination is strongly recommended for previously vaccinated and unvaccinated individuals who are at increased risk of SARS-CoV-2 infection or severe illness due to COVID-19 should be prioritized to receive the COVID-19 vaccine as soon as vaccine becomes available this fall:

- Adults 65 years of age or older
- Individuals 6 months of age or older who are/have:
 - Residents of long-term care homes or other congregate living settings
 - Pregnant
 - From First Nations, Métis and Inuit communities
 - Members of racialized and other equity-deserving communities.
 - [Underlying medical conditions](#) that places them at higher risk of severe COVID-19, including children with complex health needs.

¹ A valid agreement is in respect of a particular pharmacy operator operating at a specific pharmacy location. Where a pharmacy is sold, or where a pharmacy operator relocates, a new COVID-19 Vaccine Agreement is required to reflect the new pharmacy operator or location.

² Enrollment in the UIIP is in respect of a particular pharmacy operator operating at a specific pharmacy location. Where a pharmacy is sold, or where a pharmacy operator relocates, new enrollment in the UIIP is required to reflect the new pharmacy operator or location.

To optimize co-administration with influenza vaccine, children 6 months to 4 years of age, staff and care providers of long-term care homes and other congregate living settings, health care workers, first responders, individuals with significant exposure to birds and mammals (such as poultry, livestock, slaughterhouse and processing plant workers, wildlife officers/researchers, and veterinarians) should also be prioritized to receive COVID-19 and influenza vaccines as soon as vaccine becomes available this fall.

Recommended populations for immunization (starting October 28, 2024)

Starting October 28, 2024, all other previously vaccinated and unvaccinated individuals (6 months of age and older) who are not at increased risk of SARS-CoV-2 infection or severe illness from COVID-19 (i.e., not listed above), are recommended to and may receive COVID-19 vaccine. Of note, people who provide essential community services are particularly recommended to receive COVID-19 vaccine.

Please refer to the Tables on pages 12-14 of this EO Notice for the recommended vaccination schedules (or refer to the current [Health Care Provider Fact Sheet: COVID-19 Vaccine](#) posted on the [COVID-19 Vaccine Program](#) webpage).

Other information

Informed consent is required to administer any COVID-19 vaccine to an eligible individual. Please refer to the most up to date information found at [COVID-19 Vaccine Program](#) for detailed information on vaccine recommendations, recommendations for moderately to severely immunocompromised individuals, recommendations regarding re-vaccination with a new COVID-19 vaccine series post transplantation, out of province vaccines, etc.

NOTE: In the case of a resident of a long-term care home who has their COVID-19 vaccine administered in a long-term care home, the vaccine must be prescribed for the resident.

Claims for Payment

- There is no cost to eligible individuals (also referred to as patients in this document) who receive the COVID-19 vaccine when administered at a pharmacy or by staff retained by the pharmacy.
- For each valid claim submitted, a pharmacy will receive \$13.00 as payment for providing the following services:
 - Providing the patient with details of the process and answering any questions related to the vaccination;
 - Obtaining the consent of the patient or their substitute decision-maker prior to vaccine administration;
 - Administering the COVID-19 vaccine;
 - Providing the patient with proper monitoring and written vaccine information as well as after-care instructions following vaccine administration;
 - Providing the patient with a written or electronic receipt of the vaccination with the pharmacy contact information **after** the vaccine is administered (Note: a written receipt can be printed from COVaxON); and
 - Complying with any requirements to access and use the Provincial COVID-19 Vaccine Solution- COVaxON under the COVID-19 Vaccine Agreement.
- Pharmacies may access personal protective equipment (PPE) from the ministry's dedicated supply, if needed, to administer the COVID-19 vaccine. The ministry's supply of PPE must ONLY be used to support the activity of pharmacies administering the publicly funded COVID-19 vaccine.
- Table 1 in the Appendix lists the publicly funded COVID-19 vaccines that are available to pharmacies and are billable, including any restrictions on administering the vaccine (e.g., age groups).

Exclusions and Restrictions

- If a patient does not have a valid Ontario health card number, a pharmacist³ or trained pharmacy staff⁴ can still administer the publicly funded COVID-19 vaccine, provided

³ Any reference in this document to a pharmacist who administers, or who supervises trained pharmacy staff who are administering, the COVID-19 vaccine refers to a Part A pharmacist. Part A pharmacists include registrants of the OCP who hold a certificate of registration as a pharmacist (emergency assignment).

⁴ For the purposes of this EO Notice and the accompanying Qs and As, prior to October 1, 2024, trained pharmacy staff means registered pharmacy students, interns, and pharmacy technicians, subject to the terms, conditions and limitations set out in O. Reg. 202/94 under the *Pharmacy Act, 1991*. In this EO Notice and the accompanying Qs and As, as of October 1, 2024, trained pharmacy staff means interns and pharmacy technicians (including pharmacy technicians (emergency assignment)), subject to the terms, conditions and limitations set out in O. Reg. 256/24 under the *Pharmacy Act, 1991*, as well as pharmacy students, pharmacy technician students, and intern technicians who are authorized to administer vaccines pursuant to a delegation under section 28 of the *Regulated Health Professions Act, 1991* (RHPA) or in accordance with clause 29(1)(b) of the RHPA, as the case

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.

- Administration of non-publicly funded COVID-19 vaccines that are privately purchased by the pharmacy does not qualify for payment.
- Vaccine administration must occur at the location of the participating pharmacy premises, unless otherwise indicated. The pharmacy is permitted to administer publicly funded vaccines supplied by their distributor in a nearby location (e.g., an adjacent pharmacy parking lot) and retirement homes, other congregate settings, long-term care homes, or mobile clinic locations as long as they are able to ensure adherence to public safety and relevant Ministry policy / direction (including infection prevention and control measures), are within the geographical boundaries of the Public Health Unit (PHU) where the pharmacy is located, the COVID-19 Vaccine Agreement, and any Ontario College of Pharmacist (OCP) standards, policies or guidelines. See the most recent version of the accompanying FAQs for more information.
- Before a pharmacy administers a COVID-19 vaccine to a resident of a long-term care home in the long-term care home, the pharmacy must have a prescription directing the administration of the vaccine to the resident.
- The role of pharmacists, pharmacy students, interns or pharmacy technicians administering the COVID-19 vaccine in initiatives led by other authorized organizations that have entered into COVID-19 Vaccine Agreements with the ministry (e.g., public health units or hospitals that organize mass immunization clinics) that are not billed through the HNS is excluded from this notice.
- A pharmacist's recommendation to a prescriber that a patient should receive a COVID-19 vaccine is not a billable service under the Pharmaceutical Opinion Program.
- Effective as of September 1, 2024, participating pharmacies cannot transfer out publicly funded COVID-19 vaccine inventory to any other pharmacy, health care provider and/or organization, including any affiliated or commonly-owned pharmacy (with the exception of COVID-19 vaccine transfers related to pharmacy ownership change and/or relocations). Pharmacies are still permitted to transport vaccine when administering off-site and pharmacies may accept transfers-in from their local public health unit (PHU) in exceptional circumstances.

may be. Pharmacy staff should refer to this legislation for more information. The health care providers described in Question and Answer #8 of the accompanying Q and As are also considered trained pharmacy staff for the purposes of this EO Notice and the accompanying Q and As.

Billing Procedures – Summary

- Claims for administering the publicly funded COVID-19 vaccine 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.
- The pharmacist who administers the vaccine or who is overseeing trained pharmacy staff administering the vaccine must be identified in the prescriber field on the claim, subject to the exception below. Each claim must include the Drug Identification Number (DIN) corresponding to the publicly funded COVID-19 vaccine that was administered to the eligible individual (see table 1 in the Appendix).
 - **Exception:** in the case of an eligible individual who is a resident in a long-term care home and is receiving the vaccine in the long-term care home, the prescriber field on the claim submitted through HNS must identify the prescriber who directed the administration of the vaccine to the resident.
- The person submitting the claim must ensure that the eligible individual’s date of birth, Ontario health number and name (as it appears on the health card / document) 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 individuals.
- Pharmacies that submit a claim for payment through the HNS using the assigned drug identification number (DIN) will be reimbursed an administrative fee of \$13.00 per eligible claim for administering the publicly funded injectable COVID-19 vaccine.
 - This same administrative fee will also apply to the administration of publicly funded injectable COVID-19 vaccine to residents of long-term care homes (LTCHs) by pharmacies that service LTCHs. To further clarify, the administration of the COVID-19 vaccine by participating pharmacies to residents of LTCH is outside of the current capitation payment model used to pay pharmacy service providers for providing professional pharmacy services to LTCH residents.
 - **For eligible individuals without an Ontario health number, pharmacies must use the proxy patient ID: 79999 999 93 (see below for further details).**

Billing Procedures – Detailed

The claim submission follows the usual process (See [Section 5.1](#) of the Ontario Drug Program Reference Manual) for submitting claims in the HNS with the following additional information:

Fields required for all claims for pharmacist administered COVID-19 vaccines

ODB recipients and non-ODB recipients

- Intervention code 'PS': (Professional Care Services)
- Drug Identification Number (DIN): as per the publicly funded COVID-19 vaccine administered (see Table 1 in the Appendix)
- Valid Pharmacist ID
- Professional fee: \$13.00

Additional fields required for non-ODB recipients with an Ontario health number

When submitting a claim for an eligible individual who does not have ODB coverage, submit the following additional information:

- Patient Gender: 'F' = female; 'M' = male
- Patient Date of Birth: Valid YYYYMMDD
- Patient's Ontario Health number
- Intervention codes:
 - PS: Professional Care Services
 - ML: Established eligibility coverage (i.e., 1 day of the Plan 'S' coverage)
- Carrier ID: 'S'
- Drug Identification Number (DIN): as per the publicly funded COVID-19 vaccine administered
- Valid Pharmacist ID

Additional fields required for non-ODB recipients without an Ontario health number

When submitting a claim for an eligible individual who does not have an Ontario health number, submit the following additional 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

Payment for epinephrine auto-injector for emergency treatment after administration of the COVID-19 vaccine

If there is an adverse event immediately after the pharmacist or trained pharmacy staff

administers a publicly funded COVID-19 vaccine, the ministry will reimburse pharmacies for the acquisition cost of the epinephrine auto-injector up to the total amount reimbursed.

Emergency treatment must take place in the pharmacy or where the vaccine was administered, for example an adjacent pharmacy parking lot, retirement home, long-term care home, other congregate setting, or mobile clinic location, if applicable. If the individual who is having an adverse event is a resident of a long-term care home and receiving the epinephrine in the long-term care home, then the individual must have a prescription for the epinephrine auto-injector.

The claim submission process is the same as the one followed for the publicly funded UIIP. Refer to [Section 6.15](#) of the Ontario Drug Program Reference Manual for billing information.

Despite section 6.15 of the Reference Manual, in the case of an eligible individual who is a resident in a long-term care home and is receiving the epinephrine in the long-term care home, the prescriber field on the claim submitted through HNS must identify the prescriber who directed the administration of the epinephrine auto-injector product to the resident.

Pharmacy Documentation Requirements

Pharmacies must keep a record of every dose of publicly funded COVID-19 vaccine administered. Pharmacists shall keep records consistent with their obligations under the *Pharmacy Act, 1991*, the *Drug and Pharmacies Regulation Act*, the COVID-19 Vaccine Agreement, and any instructions or guidelines provided by the OCP or the ministry.

For purposes of post-payment verification, pharmacy records related to claims for administering a publicly funded COVID-19 vaccine 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. Pharmacy documentation must be maintained in a readily retrievable format and record requirements are:

- Record of name and address of patient.
- Record of patient's Ontario health number or alternate ID with contact information if applicable.
- Prescription for administering the COVID-19 vaccine in a long-term care home to a resident of the long-term care home.
- Record of name of vaccine administered, dose (including half-dosing if applicable), lot number, expiry date, time, date, route and site of administration.
- Record of pharmacy name, pharmacy address and name and signature of individual who administered the vaccine.
- Record of location of administration (inside pharmacy, pharmacy parking lot or within the

retirement home, elderly congregate setting, long-term care home or location of a mobile clinic if applicable).

- Evidence of the provision of a written and electronic (if applicable) record (post administration) of the COVID-19 immunization record to the patient, which includes the pharmacy's contact information and date and time for the subsequent scheduled dose at the same pharmacy location, if applicable. Note: date and time of the subsequent dose may be hand-written on the written record provided to the patient.
- Record of any serious adverse events following immunization that result in the administration of epinephrine, and the circumstances relating to the administration of the substance.
- Prescription for administering an epinephrine auto-injector in a long-term care home to a resident of the long-term care home.
- Records documenting compliance with any requirements to access and use the Provincial COVID-19 Vaccine Solution- COVaxON under the COVID-19 Vaccine Agreement. Note: All respective health care providers whether pharmacist, trained pharmacy staff or other health care provider must identify themselves as the vaccinator in the COVaxON system and on the vaccine receipt provided to the patient.

Prior EO Notices

Updates relating to this Executive Officer Notice were, prior to April 6, 2023, communicated as two (2) separate EO Notices (Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – **Eligibility**; Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – **Billing**) on the effective dates listed below.

EO Notices in 2024				
March 25	April 11	September 30		
EO Notices in 2023				
March 6	July 7	October 13		
April 6	September 26	December 22		
EO Notices in 2022				
January 13	April 7	July 28	September 12	November 8
February 18	May 2	August 8	September 26	December 21
March 25	July 14	September 1	October 17	
EO Notices in 2021				
March 10	May 11	June 4	September 1	December 2
March 22	May 13	June 14	September 8	December 17
April 1	May 18	June 17	October 1	December 20
April 19	May 21	June 25	October 8	

April 30	May 23	July 5	November 3	
May 6	May 31	August 18	November 25	

Additional Information:

For pharmacy billing:

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

For COVID-19 vaccine rollout in pharmacy:

Please email the ministry at: OPDPInfoBox@ontario.ca

For Ministry COVID-19 Vaccine-Relevant Information and Planning Resources

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 416-327-428

Appendix—Table 1: COVID-19 Vaccines Available for Use in Ontario (copied from [Health Care Provider Fact Sheet](#))

	COVID-19 Vaccines		
Vaccine name	Moderna		Pfizer-BioNTech
Brand Name	Spikevax		Comirnaty
Protection against	Omicron KP.2 variant		Omicron KP.2 variant
Manufacturer	Moderna Biopharma Canada Corporation		BioNTech Manufacturing GmbH
Vaccine Type	Monovalent COVID-19 mRNA*		Monovalent COVID-19 mRNA*
Authorized Age Group	6 months to 11 years	12 years and older	12 years of age and older
Dosage	0.25 mL/25 ug	0.5 mL/50 ug	0.3 mL/30 mcg
Route	Intramuscular (IM)		Intramuscular (IM)
Format	Multidose vial (MDV)		Multidose vial (MDV)
Vial volume	2.5 mL		1.8 mL
# of doses per vial	10 (0.25mL) doses 5 (0.5 mL) doses		6 doses
Unpunctured shelf life (thawed vials)	50 days at +2°C to +8°C 12 hours at +8°C to +25°C Do not refreeze thawed vials		10 weeks at +2°C to +8°C 12 hours at +8°C to +25°C Do not refreeze thawed vials
Post-puncture shelf life	24 hours at +2°C to +8°C 12 hours at +8°C to +25°C		12 hours at +2°C to +25°C
Package dimension	5.4 x 13.8 x 6.1 cm		3.7 x 4.7 x 8.9 cm
DIN	02541270		02541823
Product Monograph	https://pdf.hres.ca/dpd_pm/00077065.PDF		https://pdf.hres.ca/dpd_pm/00077149.PDF

* Messenger ribonucleic acid (mRNA)

Appendix—Table 2: Immunization schedule for unvaccinated individuals (copied from [Health Care Provider Fact Sheet](#))

Immunization schedule for unvaccinated individuals			
Age at 1 st dose	Health status	# of doses recommended	Interval between doses
6 months to 4 years	Not IC	2 doses	8 weeks
	IC	3 doses	4-8 weeks
≥5 years	Not IC	1 dose	N/A
	IC	2 doses [^]	4-8 weeks
	IC: HSCT recipient or CAR T cell therapy [°]	3 doses	4-8 weeks

IC - Immunocompromised

[^] A third dose may also be offered. Healthcare providers (including pharmacists) can use clinical discretion to determine the potential benefit of a third dose.

[°] 3 doses, regardless of previous vaccination history prior to transplant/treatment.

Appendix—Table 3: Immunization schedule for previously vaccinated individuals (copied from [Health Care Provider Fact Sheet](#))

Immunization schedule for previously vaccinated individuals				
Current Age	Health status	Vaccination history	# of additional doses recommended	Interval between doses
6 months to 4 years	Not IC	1 dose Moderna**	1 dose	8 weeks
		1 dose Pfizer**	2 doses	8 weeks
		2 doses with ≥1 doses Pfizer**	1 dose	8 weeks
		2 doses both Moderna**	1 dose	6 months°
		≥3 doses, any product	1 dose	6 months°
	IC	1 dose Moderna**	2 doses	4-8 weeks
		1 dose Pfizer**	3 doses	4-8 weeks
		2 doses both Moderna**	1 dose	4-8 weeks
		2 doses with ≥1 doses Pfizer**	2 doses	4-8 weeks
		3 doses with ≥1 doses Pfizer**	1 dose	4-8 weeks
		3 doses all Moderna**	1 dose	6 months°
		≥4 doses, any product	1 dose	6 months°
≥5 years^	Not IC	≥1 dose, any product	1 dose	6 months°
	IC	1 dose XBB or KP.2	1 dose¥	4-8 weeks
		1 dose non-XBB/non-KP.2	2 doses¥	4-8 weeks
		2 doses with ≥1 doses non-XBB/non-KP.2	1 dose¥	4-8 weeks
		2 doses, XBB	1 dose	6 months°
		≥3 doses, any product	1 dose	6 months°
	IC: HSCT recipient or CAR T cell therapy	1 dose XBB or KP.2	2 doses	4-8 weeks
		2 doses XBB and/or KP.2	1 dose	4-8 weeks
		≥3 doses XBB	1 dose	6 months°

** KP.2, XBB and/or non-XBB/non-KP.2; IC - Immunocompromised

¥ An additional dose may also be offered. Healthcare providers can use clinical discretion to

determine the potential benefit of an additional dose.

^ Children who started the primary series at less than 5 years of age and turn 5 years of age before completing the series, should complete the primary series as follows:

- Not IC: 1 additional dose, 8-week interval between doses.
- IC: continue the primary series schedule that was initiated (i.e., continue schedule as if child is under 5 years of age).

° **For previously vaccinated individuals the recommended interval is 6 months from the last COVID-19 vaccine dose, and a minimum of 3 months from the last dose may be used. This minimum interval of 3 months will ensure that those who received a spring 2024 dose (which includes those who are most at risk for severe disease) will be eligible for an updated fall 2024 dose.** Individuals/immunizers may consider delaying COVID-19 immunization by 3 to 6 months in circumstances where recent test-confirmed SARS-CoV-2 infection is known for previously vaccinated individuals.