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

Effective April 9, 2025– this notice reflects an update to individual eligibility based on the updated COVID Vaccine Health Care Provider Fact Sheet for 2024/2025.

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 October 7, 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 pages 3 to 7 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. References to "primary vaccine series" below refer to the primary vaccine series described on page 4.

Recommended high-risk populations for COVID-19 immunization (spring 2025)

An **additional dose** of COVID-19 vaccine is recommended for previously vaccinated individuals who have completed their primary series and are at increased risk of SARS-CoV-2 infection including:

- Adults 65 years of age and older.
    - NACI recommends that those 80 years and older **should** receive an additional dose while those 65 to 79 years of age **may** receive an additional dose.
- Adult residents of long-term care homes and other congregate living settings for seniors.
- Individuals 6 months of age and older who are moderately to severely immunocompromised due to an underlying condition or treatment (see details in section below).
- Individuals 55 years and older who identify as First Nations, Inuit, or Metis and their non-Indigenous household members who are 55 years and older.

[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.

COVID-19 immunization schedules

Based on provincial epidemiology, Ontario's 2024/2025 COVID-19 vaccine program will be implementing the following immunization schedules:

Timing of Immunization	Population	Immunization status	# of recommended doses
Fall 2024 (Sept to Jan$^{\delta}$)	All	Completed primary series	1 dose
		Primary series not completed	1 or more doses*
Spring 2025 (April to June$^{\lambda}$)	High-risk (as outlined above)	Dose(s) recommended in the fall were received	1 additional dose
		Dose(s) recommended in the fall were not received	See fall doses above$^{\alpha}$
	Individuals who are not high-risk	Dose(s) recommended in the fall were received or not received	n/a$^{\beta}$

δ Doses are recommended to be received between September and January, although doses may continue to be received until March 31.

λ Doses for high-risk populations are recommended to be received between April and June, although doses may continue to be received until August 31. For doses given after June 30 healthcare providers should use discretion to determine the benefit of receiving dose(s) at the minimum interval versus receiving dose(s) during the next annual COVID-19 vaccine program (i.e., 2025/2026) to ensure optimal protection against the circulating strains.

α The additional spring dose is not required.

β Individuals who are not high-risk are not recommended to receive dose(s) in the spring regardless of if dose(s) were received in the fall. These individuals are recommended to be vaccinated during the next annual COVID-19 vaccine program (i.e., 2025/2026) to ensure optimal protection against circulating strains.

*To determine the appropriate immunization schedule, refer to Figure 1: Immunization algorithm in the Appendices (pages 15-20 of this EO Notice). For detailed schedules refer to the following tables in the Appendices:

- Table 2: Fall immunization schedule for those not part of the high-risk populations
- Table 3: Immunization schedule for high-risk populations who are not immunocompromised
- Table 4: Immunization schedule for immunocompromised individuals (except post-HSCT/CAR T-cell therapy)
- Table 5: Immunization schedule for post-HSCT/CAR T-cell therapy

Primary series schedule for children 6 months to 4 years of age

Two (2) doses of Moderna, with an 8-week interval between doses for those who are not immunocompromised, is recommended. An additional dose is recommended for individuals who are moderately to severely immunocompromised, with an interval of 4 to 8 weeks between each dose.

If both Pfizer and Moderna were used in the same primary series, the total number of doses in the series should follow the Pfizer schedule, specifically 3 doses for those who are not immunocompromised and 4 doses for those who are immunocompromised.

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 series as follows:

- Non-immunocompromised: 1 dose of vaccine
- Immunocompromised: so that the total number of COVID-19 doses received is 3 doses for Moderna, or 4 doses for Pfizer (or a mixed schedule which includes Pfizer).

Primary series schedule for individuals 5 years of age and over

One (1) dose of COVID-19 vaccine is recommended for those not previously vaccinated who are not immunocompromised. For individuals who are moderately to severely immunocompromised, 2 doses of COVID-19 vaccine are recommended for the primary series and a third dose may also be offered, with an interval of 4 to 8 weeks between doses. Healthcare providers can use clinical discretion to determine the potential benefit of a third dose.

New hematopoietic stem cell transplantation (HSCT) recipients and recipients of chimeric antigen receptor (CAR) T cell therapy are considered immunologically naïve and should be vaccinated with 3 doses beginning at 3 to 6 months post-HSCT/CAR T-cell therapy, regardless of previous vaccination history, with 4 to 8 weeks between doses.

Interval for individuals with a completed primary series

For previously vaccinated individuals who have completed their primary series, the recommended interval is 6 months from the last COVID-19 vaccine dose, or a minimum of 3 months from the last dose may be used.

Intervals for individuals previously infected with COVID-19

The following intervals should be observed after an infection with COVID-19:

- For those who have not started or completed a primary series, the next dose should be given 8 weeks following the previous dose or test-confirmed infection for those who are not immunocompromised or 4 to 8 weeks for those who are immunocompromised. A dose can be given as soon as possible (please see individuals with symptoms of COVID-19 section below) for those who have not received any doses and did not test positive for infection.

- For those who are previously vaccinated and have completed their primary series, the next dose is recommended at an interval of 6 months following the previous dose or test-confirmed infection (minimum of 3 months).

Publicly funded COVID-19 testing is limited to individuals who are eligible for antiviral treatment or those who are living in congregate living settings.

Individuals with symptoms of COVID-19 or other infectious agents

In accordance with provincial guidance, individuals who have symptoms of COVID-19 or other infectious agents should self-isolate, including attending a location from COVID-19 vaccination, until the following criteria are met:

- Symptoms have been improving for at least 24 hours (or 48 hours if nausea, vomiting and/or diarrhea were present)
- No fever
- There has not been development of additional symptoms

These suggested waiting times are intended to minimize the risk of transmission of COVID-19 and other respiratory or gastrointestinal pathogens at an immunization venue and to enable monitoring for COVID-19 vaccine adverse events following immunization (AEFI) without potential confounding from symptoms of COVID-19 or other illnesses.

Interchangeability of vaccines

The Moderna and Pfizer vaccines can be used interchangeably, provided that the vaccine is authorized for the individual's age, to:

1. complete a primary series started with another product, and
2. as a subsequent dose in previously vaccinated individuals.

A mixture of COVID-19 vaccine formulations (e.g., KP.2, JN.1, XBB) can be used to complete a primary series using the appropriate schedule outlined above. The previous dose(s) should be counted, and the series does not need to be restarted.

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Co-administration

The COVID-19 vaccines may be given at the same time with other vaccines, or at any time before or after other non-COVID-19 vaccines (live or non-live vaccines), including influenza and respiratory syncytial virus (RSV) vaccines and/or the RSV monoclonal antibody, Beyfortus.

If multiple injections are to be given at the same visit, separate limbs should be used if possible. Alternatively, the injections may be administered into the same muscle separated by at least 2.5 cm (1"). Different immunization equipment (needle and syringe) must be used for each vaccine.

Contraindications, precautions & population-specific considerations

See the COVID-19 Vaccine: Canadian Immunization Guide's section on Contraindications and Precautions for recommendations for individuals with several conditions including allergies, bleeding disorders, myocarditis and/or pericarditis following vaccination, Guillain-Barré syndrome (GBS), multisystem inflammatory syndrome in children or adults (MIS-C or MIS-A), and Bell's palsy.

Pregnant or breastfeeding

Pregnant or breastfeeding women should receive COVID-19 vaccine during the 2024/2025 vaccine program to provide protection during pregnancy and to lower the risk of hospitalization for their newborn. COVID-19 vaccine may be offered at any stage of the pregnancy (i.e., in any trimester) and while breastfeeding. There have been no safety concerns with receiving a COVID-19 dose during pregnancy or lactation. Compared to non-pregnant individuals, SARS-CoV-2 infection in pregnancy is associated with increased risk of hospitalization. SARS-CoV-2 infection during pregnancy is also associated with an increased risk in the neonate of preterm birth and low birth weight. In addition, the benefits of immunization during pregnancy for the fetus and infants have also been well-documented. Protective antibodies are transferred to the fetus transplacentally, resulting in increased protection for the infant during the early postnatal period when they are not yet eligible for vaccination.

Additional information can be accessed at the Provincial Council for Maternal and Child Health's decision making tool, the Society of Obstetricians and Gynaecologists of Canada Statement on COVID-19 Vaccination in Pregnancy, and Canadian Immunization Guide (CIG).

Moderately to severely immunocompromised individuals

As per the Canadian Immunization Guide, individuals with the following characteristics are considered to be moderately to severely immunocompromised and are recommended to receive an additional dose(s) of COVID-19 vaccine:

- Solid tumour or hematologic malignancies or treatments for these conditions.
- Solid-organ transplant and taking immunosuppressive therapy.
- Hematopoietic stem cell transplant (HSCT) (within 2 years of transplantation or taking immunosuppression therapy).
- Immunocompromised due to chimeric antigen receptor (CAR) T cell therapy targeting lymphocytes.
- Moderate to severe primary immunodeficiency with associated humoral and/or cell-mediated immunodeficiency or immune dysregulation.
- HIV with AIDS-defining illness or TB diagnosis in last 12 months before starting vaccine series, or severe immune compromise with CD4 <200 cells/μL or CD4 <15%, or without HIV viral suppression.
- Recent treatment with the following categories of immunosuppressive therapies: anti-B

cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids, alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive.

- Chronic kidney disease on dialysis.

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 $13.00 as payment for providing the following services:
    - Providing the patient with details of the process and answering any questions related to the vaccination;
    - Obtaining the consent of the patient or their substitute decision-maker prior to vaccine administration;
    - Administering the COVID-19 vaccine;
    - Providing the patient with proper monitoring and written vaccine information as well as after-care instructions following vaccine administration;
    - Providing the patient with a written or electronic receipt of the vaccination with the pharmacy contact information **after** the vaccine is administered (Note: a written receipt can be printed from COVax$_{ON}$); and
    - Complying with any requirements to access and use the Provincial COVID-19 Vaccine Solution- COVax$_{ON}$ 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.
- The Appendix 1 on page 14 of this EO Notice 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 pharmacist[3] or trained pharmacy staff[4] can still administer the publicly funded COVID-19 vaccine, provided that the patient provides an alternate identification confirming their name and date of

[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, 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 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.

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), in a patient's home (for home-bound individuals), 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 there pharmacy is located, the COVID-19 Vaccine Agreement, and any Ontario College of Pharmacist (OCP) standards, polices 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.

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 Appendix 1).
    - **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 Appendix 1)
- 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 2025				
April 9				
EO Notices in 2024				
March 25	April 11	September 30	October 7	
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

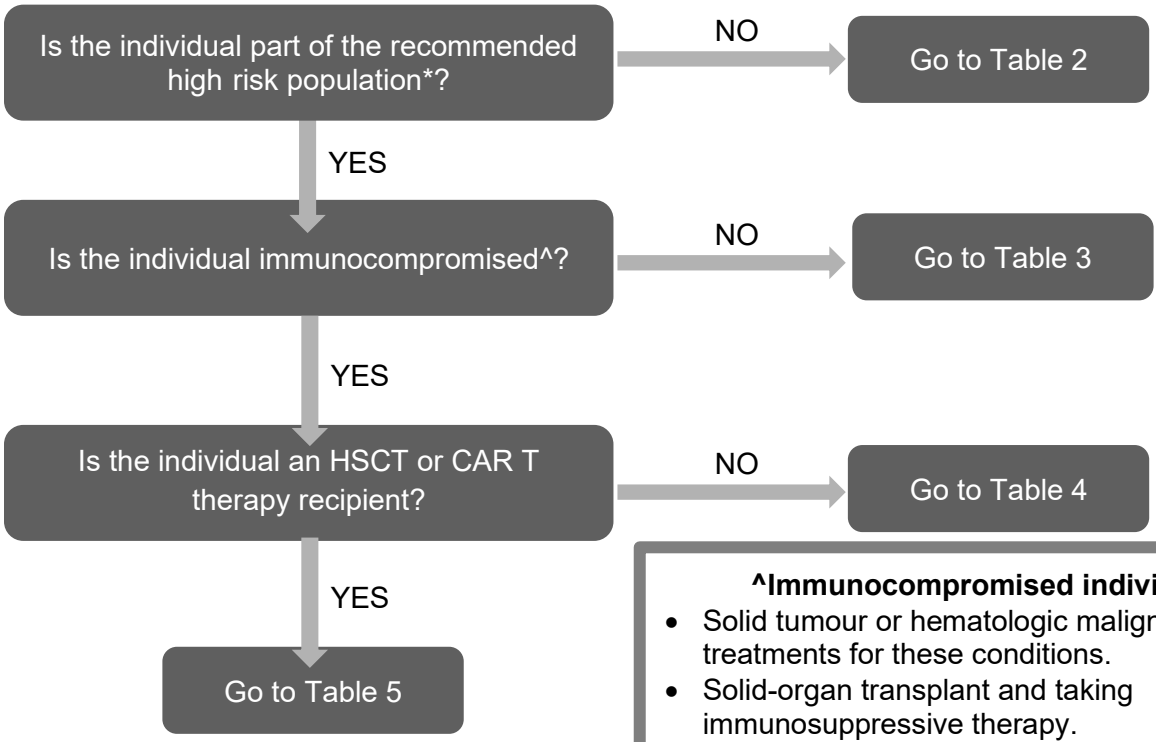
Appendices

Table 1: COVID-19 vaccines available for Spring 2025

	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)

Figure 1: Immunization algorithm (copied from Health Care Provider Fact Sheet)



***Recommended high-risk populations**

- Adults 65 years of age and older.
- Adult residents of long-term care homes and other congregate living settings for seniors.
- Individuals 6 months of age and older who are moderately to severely immunocompromised (due to an underlying condition or treatment) (see next box for detailed list).
- Individuals 55 years and older who identify as First Nations, Inuit, or Metis and their non-Indigenous household members who are 55 years and older.

^Immunocompromised individuals

- Solid tumour or hematologic malignancies or treatments for these conditions.
- Solid-organ transplant and taking immunosuppressive therapy.
- HSCT (within 2 years of transplantation or taking immunosuppression therapy).
- Immunocompromised due to CAR T cell therapy targeting lymphocytes.
- Moderate to severe primary immunodeficiency with associated humoral and/or cell-mediated immunodeficiency or immune dysregulation.
- HIV with AIDS-defining illness or TB diagnosis in last 12 months before starting vaccine series, or severe immune compromise with CD4 <200 cells/μL or CD4 <15%, or without HIV viral suppression.
- Recent treatment with the following categories of immunosuppressive therapies: anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids, alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive.
- Chronic kidney disease on dialysis.

Table 2: Fall Immunization schedule for those not part of the high-risk populations

The immunization schedule reflects the recommended dose(s) that should be received in the fall. Regardless of whether the fall dose(s) (i.e., primary series or the 1 dose) are given, no doses are recommended in the spring. Individuals are recommended to be vaccinated during the next annual COVID-19 vaccine program (i.e., 2025/2026) to ensure optimal protection against circulating strains.

Current Age	Doses received prior to fall 2024	# of doses recommended for the 2024/2025 vaccine program	Intervals between doses
6 months to 4 years	0 doses	2 doses*	8 weeks
	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, Pfizer and/or Moderna	1 dose	6 months°
≥5 years	0 doses	1 dose*	N/A
	1 dose at ≥5 years	1 dose	6 months°
	1 dose at <5 years	1 dose*	8 weeks
	≥2 doses	1 dose	6 months°

* Dose(s) required to complete the primary series
° The recommended interval is 6 months, and the minimum interval is 3 months

Table 3: Immunization schedule for high-risk populations who are not immunocompromised

The immunization schedule reflects the recommended dose(s) that should be received in the fall and the additional dose which is given in the spring. If the dose(s) (i.e., primary series or the 1 dose) are not given in the fall then the dose(s) can be given in the spring, however the additional dose would not be required.

Current Age	Doses received prior to fall 2024	# of doses recommended for 2024/2025 vaccine program	Intervals between doses
6 months to 4 years	0 doses	2 doses* and 1 additional dose	8 weeks 6 months°
	1 dose Moderna	1 dose* and 1 additional dose	8 weeks 6 months°
	1 dose Pfizer	2 doses* and 1 additional dose	8 weeks 6 months°
	2 doses with ≥1 doses Pfizer	1 dose* and 1 additional dose	8 weeks 6 months°
	2 doses both Moderna	1 dose and 1 additional dose	6 months°
	≥3 doses, Pfizer and/or Moderna	1 dose and 1 additional dose	6 months°
≥5 years	0 doses	1 dose* and 1 additional dose	6 months°
	1 dose at ≥5 years	1 dose and 1 additional dose	6 months°
	1 dose at <5 years	1 dose* and 1 additional dose	8 weeks 6 months°
	≥2 doses	1 dose and 1 additional dose	6 months°

* Dose(s) required to complete the primary series
° The recommended interval is 6 months, and the minimum interval is 3 months
Note: High-risk populations are recommended to receive spring dose(s) between April and June, although doses may continue to be received until August 31. For doses given after June 30, health care provider should use discretion to determine the benefit of receiving the dose(s) at the minimum interval versus receiving dose(s) during the next annual COVID-19 vaccine program (i.e., 2025/2026) to ensure optimal protection against the circulating strains.

Table 4: Immunization schedule for immunocompromised individuals (except post-HSCT/CAR T-cell therapy - see Table 5)

The immunization schedule reflects the recommended dose(s) that should be received in the fall and the additional dose which is given in the spring. If the dose(s) (i.e., primary series or the 1 dose) are not given in the fall then the dose(s) can be given in the spring, however the additional dose would not be required.

Current Age	Doses received prior to fall 2024	# of doses recommended for 2024/2025 vaccine program	Intervals between doses
6 months to 4 years	0 doses	3 doses* and 1 additional dose	4-8 weeks 6 months°
	1 dose Moderna	2 doses* and 1 additional dose	4-8 weeks 6 months°
	1 dose Pfizer	3 doses* and 1 additional dose	4-8 weeks 6 months°
	2 doses Moderna	1 dose* and 1 additional dose	4-8 weeks 6 months°
	2 doses with ≥1 doses Pfizer	2 doses* and 1 additional dose	4-8 weeks 6 months°
	3 doses with ≥1 doses Pfizer	1 dose* and 1 additional dose	4-8 weeks 6 months°
	3 doses all Moderna	1 dose and 1 additional dose	6 months°
	≥4 doses Pfizer and/or Moderna	1 dose and 1 additional dose	6 months°
≥5 years	0 doses	2 doses*^ and 1 additional dose	4-8 weeks 6 months°
	1 dose at ≥5 years	1 dose*^ and 1 additional dose	4-8 weeks 6 months°
	1 dose Moderna at <5 years	2 doses* and 1 additional dose	4-8 weeks 6 months°
	1 dose Pfizer at <5 years	3 doses* and 1 additional dose	4-8 weeks 6 months°
	2 doses Moderna with ≥1 dose at <5 years	1 dose* and 1 additional dose	4-8 weeks 6 months°
	2 doses with ≥1 doses Pfizer at <5 years	2 doses* and 1 additional dose	4-8 weeks 6 months°
	≥2 doses at ≥5 years	1 dose and 1 additional dose	6 months°
	3 doses with ≥1 doses Pfizer at <5 years	1 dose* and 1 additional dose	4-8 week 6 months°
	≥3 doses Moderna with ≥1 dose at <5 years	1 dose and 1 additional dose	6 months°
	≥4 doses with ≥1 doses Pfizer at <5 years	1 dose and 1 additional dose	6 months°

Table 4: Immunization schedule for immunocompromised individuals (except post-HSCT/CAR T-cell therapy - see Table 5) – *continued*

* Dose(s) required to complete the primary series

° The recommended interval is 6 months, and the minimum interval is 3 months

^ A 3rd dose (for the primary series) may be offered 4 to 8 weeks after the previous dose. Healthcare providers can use discretion to determine the potential benefit of a 3rd dose.
Note: High-risk populations are recommended to receive spring dose(s) between April and June, although doses may continue to be received until August 31. For doses given after June 30, health care provider should use discretion to determine the benefit of receiving the dose(s) at the minimum interval versus receiving dose(s) during the next annual COVID-19 vaccine program (i.e., 2025/2026) to ensure optimal protection against the circulating strains.

Table 5: Immunization schedule for post-HSCT/CAR T-cell therapy

The immunization schedule reflects the recommended dose(s) that should be received in the fall and the additional dose which is given in the spring. If the dose(s) (i.e., primary series or the 1 dose) are not given in the fall then the dose(s) can be given in the spring, however the additional dose would not be required.

Current Age	Doses received prior to fall 2024	# of doses recommended for 2024/2025 vaccine program	Intervals between doses
≥5 years	0 doses	3 doses* and 1 additional dose	4-8 weeks 6 months°
	1 dose	2 doses* and 1 additional dose	4-8 weeks 6 months°
	2 doses	1 dose* and 1 additional dose	4-8 weeks 6 months°
	≥3 doses	1 dose and 1 additional dose	6 months°

* Dose(s) required to complete the primary series

° The recommended interval is 6 months, and the minimum interval is 3 months

Note: High-risk populations are recommended to receive spring dose(s) between April and June, although doses may continue to be received until August 31. For doses given after June 30, health care provider should use discretion to determine the benefit of receiving the dose(s) at the minimum interval versus receiving dose(s) during the next annual COVID-19 vaccine program (i.e., 2025/2026) to ensure optimal protection against the circulating strains.