

# Updated Questions and Answers for Funding for Minor Ailment Services in Ontario Pharmacies

Effective January 1, 2023 (Updated July 1, 2026)

This Questions and Answers document accompanies the most recent Executive Officer (EO) Notice on the Funding for Minor Ailment Services in Ontario Pharmacies available on the [ministry website](#). Please refer to the EO Notice for information about pharmacy eligibility, eligible persons, documentation requirements, and claim submission process, including restrictions and exclusions.

For more information, pharmacy staff may:

- refer to the Ontario College of Pharmacists (OCP)'s webpage on [Minor Ailments](#)
- refer to the ministry's Ontario Drug Benefit (ODB) Help Desk and the [Ontario Drug Programs Reference Manual](#) for Health Network System (HNS) claims issues.

## Eligibility

1. **Can an individual who does not have an Ontario health number still receive these services at a pharmacy?**

No. Only Ontarians with a valid Ontario health number are eligible to receive publicly funded minor ailment services from an eligible pharmacy. In these Qs and As and the accompanying Executive Officer Notice, "Ontario health number" means Ontario Health Insurance Plan (OHIP) Card Number or Ontario Drug Benefit (ODB) eligibility number issued by the Ministry of Children, Community and Social Services or by a Home and Community Care Support Service organization for some ODB eligible recipients.

Visitors to Ontario or those without a valid Ontario health number can pay out-of-pocket for minor ailment services in accordance with OCP's [Fees for Professional Pharmacy Services Policy](#). See the OCP's [website](#) for details.

**2. Can an individual be an ODB recipient and not have an OHIP card number?**

Yes. There may be circumstances where an individual who is an eligible Ontario Drug Benefit (ODB) recipient does **not** have an OHIP card number. For these individuals, the eligibility number (e.g., issued by the Ministry of Children, Community and Social Services or by a Home and Community Care Support Services organization) must be used for the HNS claim submission.

## Pharmacist Training

**3. Are all Ontario pharmacists able to provide these services?**

Part A pharmacists registered with the OCP and pharmacists practising under the [As of Right legislation](#) are able to provide minor ailment services under this publicly funded program. Publicly funded minor ailment services may also be provided by pharmacy interns who are complying with the terms, conditions and limitations set out in Ontario Regulation 256/24 under the *Pharmacy Act, 1991*, as well as pharmacy students who are in the course of fulfilling the educational requirements to become a member of the OCP and who are authorized to engage in any of the controlled acts needed to provide minor ailment services 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. Please refer to this legislation for more information.

Pharmacy operators participating in the publicly funded program for minor ailment services in Ontario pharmacies must ensure that their pharmacists carrying out the minor ailment services have the required knowledge, clinical skills and judgement to provide minor ailment services and safely prescribe for minor ailments including consulting appropriate resources if required. The pharmacy operators must also ensure that their pharmacists carrying out the minor ailment services follow OCP's Standards of Practice to use evidence from relevant sources to inform their activities and to critically evaluate medication and related information. Pharmacy operators must ensure information provided by pharmacists carrying out the minor ailment services to eligible persons is current and consistent with the best available evidence.

**4. What other resources related to minor ailments are available to pharmacists?**

Please check the OCP [website](#) for additional information including clinical guidance and resources regarding prescribing for minor ailments. The [Ontario Pharmacists Association](#) may also have additional resources and tools to assist pharmacists in the expanded scope of practice for minor ailment prescribing.

## Documentation Guidelines

### 5. What will happen if I forget to document or misplace the documentation?

A claim for payment for a minor ailment service must not be submitted if a pharmacy fails to maintain documentation, or if there is incorrect or incomplete documentation. Overpayments due to inappropriate claim submissions are subject to recovery.

## Claim for payment through the Health Network System

### 6. Which PIN should be used if a minor ailment service results in a prescription being issued for a non-prescription medication?

If a prescription is issued to an individual for an over-the-counter (OTC) medication because the individual has an insurance plan that covers it, the PINs for “Rx Issued (In-Person or Virtual)” must be used to submit the claim for the minor ailment service. If an OTC product is recommended but no prescription for it is issued, then the PINs for “Rx Not Issued (In-Person or Virtual)” must be used.

### 7. When is the Special Service Code “4” (Referral by Pharmacist) used?

Effective November 18, 2024, this code must be used if, after completing the assessment component of the minor ailment service for an eligible person as defined in the EO Notice, the pharmacist determines that a referral to another health care provider is warranted. When submitting the claim with one of the PINs from Table 1 in the EO Notice: Update to Funding for Minor Ailment Services in Ontario Pharmacies, enter “4” in the Special Service Code (SSC) field of the claim.

For example, the SSC “4” must be used when submitting the claim in the following scenarios:

- If one of the PINs for “No Rx Issued” is used because the eligible individual is referred to a physician or nurse practitioner after completing the assessment.
- If one of the PINs for “Rx Issued” is used because a prescription for the minor ailment is issued AND the eligible individual still requires a referral to another health care provider.

However, the SSC “4” should not be used:

- If the individual is not eligible for a minor ailment service (e.g., due to a “red flag” situation) and should be automatically referred to another health care provider. A

minor ailment assessment fee cannot be claimed in these situations (see Question 13).

- If one of the PINs for “Rx Issued” is used when submitting the claim and as part of the care plan, the pharmacist suggests the individual see another health care provider if the symptoms don’t improve while taking the medication.

## Restrictions and Other Information

### 8. Can pharmacists submit claims for other professional services like a Pharmaceutical Opinion Program fee or a fee for a MedsCheck medication review when providing minor ailment services?

No. A pharmacy **cannot** claim a Pharmaceutical Opinion Program (POP) fee when providing minor ailment services, or when dispensing a drug for a minor ailment pursuant to a prescription issued by a pharmacist at the same pharmacy. In addition, a fee for a MedsCheck Follow-Up **cannot** be claimed in combination with a minor ailment service. See additional information and exceptions in Q16 and Q17 below.

### 9. How does a pharmacy know if an eligible person has reached their annual maximum number of claims for a particular minor ailment service?

When a claim for a minor ailment service fee is submitted, the HNS will look back 365 days from the claim’s date of service to determine whether the maximum number of claims for that particular minor ailment has been exceeded. If the maximum has been exceeded, the claim will be rejected with the response code “LO – Benefit Maximum Exceeded”. No intervention code can be used to override the claim.

Pharmacies are strongly encouraged to check the [clinical viewers](#) to ensure that the maximum number of claims for the minor ailment has not been reached before submitting a claim.

### 10. Can a pharmacy submit a claim for an in-person minor ailment service and a virtual one for the same minor ailment?

No. Only one claim for minor ailment services can be submitted by a pharmacy per day per eligible person for a particular minor ailment. For example, if a minor ailment service is provided and claimed for UTIs by one pharmacy that does not result in a prescription, another minor ailment service for UTI that results in a prescription by the same pharmacy or a different pharmacy cannot be conducted and claimed on the same day.

If a second claim is submitted for the same patient, on the same day, from the *same* pharmacy, for the same\* minor ailment (using any one of the 4 PINs for that minor ailment), the claim will be rejected with the response code “A3 – Identical Claim Processed”. No intervention code can be used to override the claim.

If a second claim is submitted for the same patient, on the same day, from a *different* pharmacy, for the same\* minor ailment (using any one of the 4 PINs for that minor ailment), the claim will be rejected with the response code “NU – Too Soon After Previous Therapy”. No intervention code can be used to override the claim. A DUR message line with the following information will display:

**Reject Response Code NU**

- The transaction date of the conflicting minor ailment assessment
- The pharmacy phone number that submitted the conflicting assessment
- The minor ailment assessment PIN

The pharmacist must take steps to check with the patient, other pharmacy and/or clinical viewers to determine whether they have already had an assessment for the same minor ailment that day or in recent days. If the pharmacist chooses to provide another minor ailment service for the same condition when a recent assessment has already been completed, there must be proper documentation and rationale as to why it was provided so soon after the previous minor ailment service. Overpayments due to inappropriate claim submissions, including instances where the date of claim submission does not match the date the service was performed, may be subject to recovery.

\*Note that the PINs for insect bites and the PINs for tick bites are also not allowed to be submitted on the same day for the same eligible person from any pharmacy.

**11. Is renewing a prescription considered eligible for billing for a minor ailment service?**

No. Renewing a prescription is not eligible for payment under this policy. For example, if a patient presents in early summer for an insect bite and then again later in the summer, another minor ailment service may not be necessary. The same prescription may be appropriate and therefore the pharmacist may decide to renew/extend the original as per OCP [Guidelines](#) for Initiating, Adapting and Renewing Prescriptions. In this case, the pharmacist will **not** be eligible for a professional service fee for providing minor ailment services the second time.

For clarity, pharmacies cannot claim a fee for a minor ailment service if the eligible person:

- Has an existing prescription for a drug that treats the same minor ailment that could otherwise be filled, adapted, or extended according to the pharmacist's scope (e.g., dose is incorrect, no refills remain, etc.), if doing so would be appropriate based on the professional judgement of the pharmacist. For example, if a patient has a standing prescription for a certain condition (e.g., PPI for GERD, corticosteroid nasal spray for allergic rhinitis, etc.) and has run out of refills, then it may be more appropriate to extend their prescription and a minor ailment assessment may not be necessary. However, a patient with a prescription for a UTI from 7 months ago may benefit from a minor ailment assessment; OR
- Has a prescription written by another prescriber that requires further verification and/or consultation (e.g., drug shortage), and a resolution with the prescriber can be obtained in a timely manner (e.g., that wouldn't result in a significant delay in therapy or other unintended consequences).

If, in the professional judgement of the pharmacist, a new minor ailment assessment is necessary despite an existing prescription for the same minor ailment or a prescription written by another prescriber that requires verification and/or consultation, proper documentation and rationale for that decision is required to support the claim.

### **12. If an individual has reached their limit per year on the number of claims for a particular minor ailment, what should the pharmacist do?**

Where a claim maximum has been met, the pharmacy cannot submit a claim to the HNS for payment for minor ailment services under the publicly funded program. As with other services that are not covered by a publicly funded program and which are over and above the services included in the [usual and customary dispensing fee](#), pharmacists may perform a minor ailment service and possibly charge fees for professional pharmacy services in accordance with the College's [Fees for Professional Pharmacy Services Policy](#). For example, it should be clear to the patient what the fee is for, and the charge should be reasonable for the service provided.

Pharmacists should use their professional judgement in determining whether it is appropriate to refer the individual to their primary care provider if available, or to a walk-in clinic, etc. Some minor ailments may recur and pharmacists may be able to do multiple assessments. However, some that recur may also be a red flag that may warrant a referral. Note that there is an expectation for monitoring/follow-up as part of providing minor ailment services.

**13. Are there any “red flag” situations where a pharmacist can submit a claim for a minor ailment service fee?**

The OCP provides information for pharmacists including algorithms and continuing education resources for minor ailments. If there is a “red flag” according to the minor ailment algorithm that results in a referral (e.g., pregnancy or male gender for UTI; or age < 2 years for allergic rhinitis), then a fee cannot be claimed. Each minor ailment will have different “red flags” and there are numerous scenarios that can occur.

If there are no “red flags” AND after completing the assessment for appropriate drug therapy for a minor ailment, it is in the pharmacist’s professional judgement that the patient still requires a referral, a minor ailment fee may be claimed as long as all documentation including proper clinical rationale is provided and the claim is within the maximum number of claims. When submitting the claim with one of the PINs from Table 1 in the EO Notice: Update to Funding for Minor Ailment Services in Ontario Pharmacies, enter “4” in the SSC field of the claim when the eligible person is referred to another health care provider.

Overpayments due to inappropriate claim submissions and/or improper documentation may be subject to recovery.

**14. Can a pharmacist prescribe a medication for an ODB-eligible recipient if the medication requires a Limited Use/Reason For Use (LU/RFU) code?**

Pharmacists can prescribe a medication for minor ailments according to their scope of practice that is a LU benefit and indicate the appropriate LU/RFU code on the prescription, if the ODB-eligible patient meets the requirements specified in the LU criteria. This may include a prescription that is adapted or extended. As the dispenser of the medication, pharmacists must ensure that for post-payment verification purposes, appropriate documentation is in place to support that the LU criteria have been met, which includes having a prescription with the applicable LU/RFU code.

**15. Are pharmacists allowed to issue prescriptions with “No Substitution” or “No Sub” when prescribing under the minor ailments program?**

Yes. The ODB program rules for medically necessary “No Substitution” claims apply to prescriptions issued by pharmacists for drugs that treat minor ailments for ODB-eligible recipients.

The pharmacist must ensure that the patient has experienced a significant adverse reaction to two (2) lower-cost interchangeable drug products (where available) and all documentation including Health Canada’s Side Effect Report Forms have been completed

by the prescriber and copies are retained in the pharmacy for the applicable record retention period.

In order for a higher-cost interchangeable product to be reimbursed under the ODB program, the conditions in Section 19 of [O. Reg. 201/96](#) under the Ontario Drug Benefit Act as well as the requirements set out in Section 6.2 of the [Ontario Drug Programs \(ODP\) Reference Manual](#) must be met.

**16. In the process of dispensing a drug pursuant to a prescription for a minor ailment condition that was prescribed by another pharmacist at a *different* pharmacy, can a professional intervention fee under the Pharmaceutical Opinion Program (POP) be claimed if a drug therapy problem is identified?**

A Pharmaceutical Opinion Program (POP) may be conducted if the prescription issued by a pharmacist at one pharmacy is presented by the patient at a *different* pharmacy as long as all the requirements of the POP are met. Please refer to Section 7.2 of the ODP Reference Manual for details.

- A pharmacy cannot claim a POP fee when providing minor ailment services, or when dispensing a drug for a minor ailment pursuant to a prescription issued by a pharmacist at the *same* pharmacy.
- A pharmacy may claim a POP fee **ONLY** when dispensing a drug for a minor ailment pursuant to a prescription issued by a pharmacist at a *different* pharmacy provided the outcome of the drug therapy problem is within the prescribing authority of the other pharmacist and where the pharmacist has complied with all other applicable requirements of the POP as noted in the ODP Reference Manual. Note that recommendations for OTCs are not eligible for a POP.

Note that adjustments to therapy (i.e., adapting a prescription) within a pharmacist's scope of practice would not be valid POP claims.

**17. If a pharmacist is providing a minor ailment service and wanted to conduct a MedsCheck (Annual or Follow-Up) to verify that the patient's medication list is up-to-date before prescribing, would they be allowed to bill for the MedsCheck?**

As stated in the EO Notice: Update to Funding for Minor Ailment Services in Ontario Pharmacies, a fee for a MedsCheck Follow-Up cannot be claimed in combination with a minor ailment service that results in a prescription for an allowable medication. The addition of the minor ailment prescription cannot be considered one of the criteria for a MedsCheck

Follow-Up (i.e., a pharmacist's decision due to a significant change made to an existing medication profile). The activity of simple verification of a patient's medication list is not considered providing a MedsCheck medication review. The process of conducting a minor ailment service would include reviewing the medications that a patient is currently taking.

If a pharmacist identifies that a patient meets the eligibility requirements of a MedsCheck medication review while providing a minor ailments service, they may consider a MedsCheck Annual review if the patient agrees and all program criteria and documentation under the MedsCheck program is complete. Please note that MedsCheck professional services are **separate** services and patients who meet the program requirements of a MedsChecks service, as part of agreeing to the service, must complete the MedsCheck Patient Acknowledgement of Professional Pharmacy Services form each year that ensures an understanding of the program and an awareness that the MedsCheck will be shared with the patient's primary prescriber. Ideally, pharmacists should schedule an in-person appointment for the MedsCheck service allowing sufficient time to talk one-on-one with the patient uninterrupted. The pharmacist conducting the MedsCheck should be a pharmacist that regularly dispenses most of the medications for the patient's chronic condition(s).

Please refer to Section 7.1 of the ODP Reference Manual, the [Professional Pharmacy Services Guidebook 3.0](#) and the [Professional Pharmacy Services Questions and Answers for Pharmacists](#) for details on the MedsCheck program.

Pharmacists should take steps to check with the patient on recent professional pharmacy services and should be referring to the clinical viewers to ensure that the patient is eligible to receive another professional service.

**Concurrent claims for MedsCheck, Pharmaceutical Opinion and minor ailment services will be monitored by the ministry and inappropriate claim submissions may be subject to recovery.**