

Executive Officer Notice: Prescribing and Dispensing Oral Antiviral Treatments for Respiratory Viruses in Ontario Pharmacies

Effective December 12, 2023

Overview

Pharmacies are eligible to submit claims for payment (claims) for providing a therapeutic assessment of eligible individuals resulting or not resulting in a prescription for oseltamivir and/or publicly-funded Paxlovid® - nirmatrelvir/ritonavir (“Paxlovid”). Pharmacies are also eligible to submit claims for dispensing publicly-funded Paxlovid. These publicly funded services are free for eligible individuals.

Oseltamivir is listed on the Ontario Drug Benefit (ODB) Formulary as a Limited Use benefit and is funded under the ODB program for eligible ODB program recipients who may be charged a co-payment, in accordance with ODB program rules. For non-ODB program recipients (e.g., individuals with private insurance or who pay out of pocket), regular dispensing fees and costs for oseltamivir apply.

Pharmacies are encouraged to maintain a supply of oseltamivir and Paxlovid on-hand (in stock) to minimize delays in treatment.

High-risk individuals who are symptomatic and positive for COVID-19 but who are unable to take Paxlovid (e.g., due to a contraindication, drug interaction that cannot be managed by the pharmacist, or >5 days since symptom onset) should be referred to a physician or nurse practitioner as alternate treatment options are available (e.g., intravenous remdesivir). Virtual care options are also available through Health 811 (dial 811).

Part A pharmacists are authorized to prescribe the oral antiviral treatments oseltamivir, solely for the treatment of influenza, and Paxlovid, solely for the treatment of COVID-19, in accordance with Ontario Regulation 202/94 under the *Pharmacy Act, 1991*. Part A pharmacists who prescribe oseltamivir or Paxlovid must follow the [Initiating, Adapting and Renewing Prescriptions](#) guidelines issued by the Ontario College of Pharmacists

(OCP) and possess the required clinical knowledge, skills, competency, and understanding of legislative requirements and practice standards. No other member of the OCP (i.e., Part B pharmacist, registered pharmacy student, intern, pharmacy technician, pharmacist (emergency assignment), and pharmacy technician (emergency assignment)) is authorized to prescribe oseltamivir or Paxlovid.

All pharmacies with a Health Network System (HNS) account and valid HNS Subscription Agreement with the Ministry of Health (hereinafter referred to as “pharmacy” or “pharmacies”) are eligible to submit claims for providing prescribing services related to oseltamivir or publicly funded Paxlovid and for dispensing services related to publicly funded Paxlovid for eligible individuals.

The pharmacist must make a determination as to the patient’s risk for any drug interactions¹ that cannot be properly managed or that prevent antiviral treatment(s) from being prescribed and shall not prescribe the drug if such an interaction exists. Additionally, the Part A pharmacist shall notify the patient’s primary care provider, if any, within a reasonable time that the pharmacist prescribed antiviral treatment(s) to the patient and provide details respecting the prescription.

This Executive Officer (EO) Notice and the accompanying Frequently Asked Questions (FAQs) document set out the terms and conditions for a pharmacy’s submission of claims for providing a therapeutic assessment resulting or not resulting in a prescription for oseltamivir and/or publicly funded Paxlovid as well as claims for dispensing publicly funded Paxlovid. 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 the terms and conditions set out in the EO Notice and FAQs. This EO Notice replaces the EO Notice (Prescribing and Dispensing Publicly Funded Paxlovid™ in Ontario Pharmacies) dated December 12, 2022.

Individual Eligibility – Therapeutic Assessment for Oral Antiviral Prescribing

A claim may be submitted for completing a therapeutic assessment of a patient resulting or not resulting in prescribing of oseltamivir and/or Paxlovid in accordance with this Notice for an individual who lives, works, or studies in Ontario or is visiting Ontario from another province/territory or country and meets the following criteria, as applicable:

¹ For Paxlovid, refer to [Paxlovid - What Pharmacists and Prescribers Need to Know \(with Appendix\) \(hivclinic.ca\)](https://www.hivclinic.ca)

Influenza (Oseltamivir)

- The individual has documented instructions to obtain oseltamivir for influenza prophylaxis as directed by the local Public Health Unit or institutional Infection Prevention and Control (IPAC) in response to an outbreak and requires a therapeutic assessment for a prescription; OR,
- The individual:
 - has a laboratory-confirmed influenza A or influenza B infection OR has suspicion of an influenza A or influenza B infection based on clinical judgment², which includes a negative COVID-19 test result; AND,
 - will be starting oseltamivir within two days of symptom onset (symptom onset day is considered day zero)

COVID-19 (Paxlovid)

- The individual:
 - Has received a positive COVID-19 test result AND;
 - Will be starting Paxlovid treatment within five days of symptom onset (symptom onset day is considered day zero); AND,
 - Is at high-risk for severe COVID-19³

Individual Eligibility – Dispensing of Publicly Funded Paxlovid

A pharmacy may submit a claim for dispensing publicly funded Paxlovid in accordance with this Notice for an individual who meets the following criteria:

- The individual lives, works, or studies in Ontario or is visiting Ontario from another province/territory or country; AND
- The individual has received a positive COVID-19 test result; AND
- The individual will be starting Paxlovid treatment within five days of symptom onset (symptom onset day is considered day zero); AND
- The individual has a valid prescription for Paxlovid.

² This may include a combination of: symptoms of influenza-like illness and a negative COVID-19 test result; and/or, influenza confirmed to be circulating in the Public Health Unit [see [Public Health Ontario Respiratory Virus Tool](#)]. See accompanying FAQs for information.

³ See Appendix A (page 16) for guidance.

Note regarding the Dispensing of Oseltamivir

Oseltamivir is listed on the ODB Formulary as a [Limited Use \(LU\) benefit](#) and is funded under the ODB program for eligible ODB recipients who may be charged a co-payment. For non-ODB program recipients (e.g., individuals with private insurance or who pay out of pocket), regular dispensing fees and costs will apply. Claims for dispensing oseltamivir for ODB program recipients are not subject to this EO Notice and must follow ODB program requirements (see Ontario Drug Programs Reference Manual).

General Billing Information

An eligible individual as described in the previous sections may not have a valid Ontario health number and may not be an ODB program recipient (e.g., if they are visiting Ontario from another province/territory or country). If a pharmacist provides prescribing or dispensing services related to publicly funded Paxlovid OR prescribing services related to oseltamivir for an eligible individual who does not have a valid Ontario health number, then the pharmacy must submit the claim using the Proxy ID (see billing procedures section below). **The Proxy ID cannot be used to submit a claim for dispensing oseltamivir.**

General Billing Information – Therapeutic Assessment for Prescription

- There is no cost to eligible individuals who receive a therapeutic assessment related to prescribing or not prescribing oseltamivir or Paxlovid from an eligible pharmacy.
- Table 1 lists the Product Identification Numbers (PINs) that may be claimed for a therapeutic assessment related to prescribing or not prescribing oseltamivir and Paxlovid.
- For each valid claim submitted for a therapeutic assessment using one of the PINs in Table 1, a pharmacy will receive \$19 as payment for providing the following services to eligible individuals, regardless of whether a prescription is given.

- Obtain informed consent from the individual or the individual's substitute decision maker to provide the services (may be given verbally or in writing);
- Collect and review all relevant information about the individual to determine whether or not to issue a prescription for oseltamivir and/or publicly funded Paxlovid, considering the individual's medical history and current medications, and to manage any potential drug interactions. This may include access to medication history and lab results. Pharmacists can use systems such as [ConnectingOntario Clinical Viewer](#) or [ClinicalConnect](#).
- Determine with the individual the appropriate care plan, including referral (to physician or nurse practitioner or Health 811), monitoring, prescribing oseltamivir and/or Paxlovid with or without modifications to other prescribed drug therapies, and recommending over-the counter and/or non-pharmacological therapy;
- Implementing the care plan, including issuing a prescription or referring the individual to a physician, nurse practitioner, or Health 811; providing the individual with related education; and maintaining a record as noted in the Pharmacy Documentation Requirements section below;
- Notifying the individual's primary care provider, if any, if oseltamivir and/or Paxlovid is prescribed;
- Following-up with the individual to establish monitoring parameters and, evaluating the safety and efficacy of the care plan;
- Ensuring care is provided within the treatment window. An individual must be able to start treatment with oseltamivir within two days of symptom onset or Paxlovid within five days of symptom onset.
- A claim may be submitted for providing the therapeutic assessment services using the applicable PIN listed in Table 1 below. A claim based on a PIN listed in Table 1 **may only be claimed after** the therapeutic assessment services have been completed.
 - A PIN cannot be claimed if an individual is not eligible for the therapeutic service relating to oseltamivir and/or Paxlovid (see Individual Eligibility – Therapeutic Assessment for Oral Antiviral Prescribing above).

- Pharmacies must use the correct PIN corresponding to the specific circumstances.
- **Only one PIN in Table 1 can be claimed per day per eligible individual.** Pharmacies are encouraged to check the provincial Clinical Viewers for professional service fee claims.
- The eligible individual must be informed that they are permitted to take the prescription to any pharmacy of their choice for dispensing. Where the eligible individual decides to have their prescription filled at another pharmacy, the pharmacy/pharmacist that provided the therapeutic assessment services must follow-up with the individual to ensure that treatment is initiated within the treatment window.
- A pharmacy cannot claim a Pharmaceutical Opinion Program (POP) fee when providing the therapeutic assessment services, or when dispensing oseltamivir and/or Paxlovid pursuant to a prescription issued by a pharmacist at the same pharmacy.

Table 1: PINs for Payment of Therapeutic Assessment for Prescription related to Oseltamivir and/or Paxlovid (nirmatrelvir/ritonavir) in Ontario Pharmacies

Refer to the points above for additional billing information related to Table 1.

Only one PIN may be claimed per eligible service.

PIN	Description
09858233 (in-person)	Paxlovid Prescription Issued by the Pharmacist (in-person or virtual care)
09858235 (virtual)	Therapeutics assessment for eligible individual resulting in a Paxlovid prescription. A maximum of one \$19 fee may be claimed per eligible individual per day, and for the duration of a COVID-19 infection and cannot be used in combination with any other PIN from Table 1.

PIN	Description
09858321 (in-person) 09858322 (virtual)	<p>Oseltamivir Prescription Issued by the Pharmacist (in-person or virtual care)</p> <p>Therapeutics assessment for eligible individual resulting in an oseltamivir prescription.</p> <p>A maximum of one \$19 fee may be claimed per eligible individual per day, and for the duration of an influenza infection and cannot be used in combination with any other PIN from Table 1.</p>
09858323 (in-person) 09858324 (virtual)	<p>Oseltamivir and Paxlovid Prescriptions Issued by the Pharmacist (in-person or virtual care)</p> <p>Therapeutic assessment for eligible individual resulting in a Paxlovid™ and an oseltamivir prescription.</p> <p>A maximum of one \$19 fee may be claimed per eligible individual per day, and for the duration of the COVID-19 and influenza infection and cannot be used in combination with any other PIN from Table 1.</p>
09858325 (in-person) 09858326 (virtual)	<p>Prescription Not Issued by the pharmacist (in-person or virtual care)</p> <p>A therapeutic assessment for an eligible individual is completed but does not result in a prescription for Paxlovid or oseltamivir (e.g, decision is made to monitor, patient receives a referral to a physician or nurse practitioner or Health 811 due to a contraindication or drug interaction that cannot be managed by the pharmacist).</p> <p>The PIN cannot be claimed if an individual is not eligible to be assessed for Paxlovid or oseltamivir (see Individual Eligibility – Prescribing Services above).</p> <p>A maximum of one \$19 fee may be claimed per day and cannot be used in combination with any other PIN from Table 1.</p>

*** Services provided by virtual care / telephone must take place from the location of the pharmacy and be documented.**

General Billing Information – Dispensing of Publicly Funded Paxlovid

- No drug cost will be paid to pharmacies for dispensing publicly funded Paxlovid as pharmacies will receive Paxlovid free-of-charge through participating pharmaceutical distributors (McKesson or Shoppers Drug Mart).
- Pharmacies will not incur any costs to order publicly funded Paxlovid from participating pharmaceutical distributors and will not be paid a drug cost as a result.
- There is **no cost** to eligible individuals who receive publicly funded Paxlovid at a pharmacy.
- Table 2 lists the PINs for dispensing publicly funded Paxlovid in pharmacies⁴. Please use the correct PIN corresponding to the dose pack of Paxlovid™ dispensed.

Table 2: PINs for Payment of Dispensing Publicly Funded Paxlovid (nirmatrelvir/ritonavir) in Ontario Pharmacies

PIN	Description	Total Amount Paid
09858154	Paxlovid Dispensing Fee- For packages containing 300 mg nirmatrelvir and 100 mg ritonavir per dose (BL30)	\$13.25
09858162	Paxlovid Renal Dosage Dispensing Fee- For packages containing 150 mg nirmatrelvir and 100 mg ritonavir per dose for use in moderate renal impairment only (BL20)	\$13.25

⁴ 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.

Paxlovid Dispensing and Pharmaceutical Opinion Program (POP)

A professional intervention fee for a POP service may be claimed for individuals eligible to receive publicly funded Paxlovid (including for non-ODB program recipients) if the pharmacist identifies a potential drug therapy problem **during the course of dispensing Paxlovid pursuant to a prescription issued by a prescriber outside of the pharmacy.**

A POP fee **cannot** be claimed when:

- A pharmacist recommends to another prescriber that an eligible individual be prescribed Paxlovid or that their drug therapy be adjusted, if the pharmacist takes on the authority to prescribe for Paxlovid and, if applicable, adapts other prescription drug therapy as identified by the pharmacist.
- A pharmacist has submitted a claim for a Paxlovid Prescription **Not** Issued fee (see Table 1 above).

Table 3 below lists the PINs and descriptions for use. Pharmacies must use the correct PIN corresponding to the specific circumstances.

To be eligible for a POP fee in relation to **dispensing** Paxlovid, the pharmacist must document and make a recommendation to the prescriber regarding Paxlovid and one of the following individual 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 in prescription therapy.** Recommendations by the pharmacist were discussed with the prescriber and no change was made to prescription therapy.
3. **Change in prescription therapy.** Recommendations by the pharmacist were discussed with the prescriber and led to significant changes in other drug therapy.

Please refer to the [Professional Pharmacy Services Guidebook](#) “Guidebook” located on the Ministry of Health’s (“ministry”) [website](#) and [Section 7.2 \(Pharmaceutical Opinion Program\) of the Ontario Drug Programs \(ODP\) 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 an eligible individual 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 eligible individual has been informed, the prescriber has been contacted, and documentation is completed and signed by the pharmacist.

**Claims submission process for non-ODB eligible recipients and those without an Ontario health number is described in the Billing Procedures – Detailed section below.

Table 3: PINs for Payment of the POP Service for Publicly Funded Paxlovid

Note that these PINs must be used to support payment of a professional intervention fee for a POP service related to **dispensing** Paxlovid pursuant to a prescription from a prescriber outside of the pharmacy. **Do not use the existing POP PINs noted in the Guidebook or ODP Reference Manual.**

Paxlovid POP PINs are not to be used where the pharmacist is the one providing the Paxlovid Prescribing Services for a particular eligible individual.

PIN	Description
93899994	Prescription for Paxlovid not filled
93899995	Change in prescription therapy
93899996	No change in prescription therapy

Billing Procedures (Therapeutic Assessment for Prescription and Dispensing) – Summary

- Claims for providing therapeutic assessment services related to the prescribing or non-prescribing of Paxlovid and/or oseltamivir, as well as claims for the dispensing of publicly funded 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 one of the PINs noted in Table 1 and/or Table 2 above, the Eligible Individual's date of birth, Ontario health number (if available) and name (as it appears on the health card, if available). Failure to do so – especially for non-ODB program recipients – may impact the ability to submit future claims for these individuals.
 - **For eligible individuals without an Ontario health number, pharmacies must use the proxy patient ID: 79999 999 93 (see below for further details). The Proxy ID cannot be used to submit a claim for dispensing oseltamivir.**

Pharmacy Documentation Requirements

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 OCP or the ministry.

For purposes of post-payment verification, pharmacy records related to claims 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 eligible individual, or until 10 years after the day on which the eligible individual reached or would have reached the age of 18 years, whichever is longer.

Overpayments due to inappropriate claim submissions are subject to recovery.

Documentation for Therapeutic Assessment for Prescription: The following pharmacy documentation must be maintained in a readily retrievable format for the purposes of post-payment verification when providing therapeutic assessment services related to the prescribing or non-prescribing of Paxlovid and/or oseltamivir:

- All relevant information that was reviewed to determine to issue a prescription for oseltamivir and/or Paxlovid

- A written record by the pharmacist providing the services that follows relevant OCP guidelines⁵ and includes, but is not limited to, the following:
 - eligible individual's name, address, date of birth, Ontario health number or alternate identification;
 - how the informed consent of the eligible individual or their substitute decision-maker was received for the services (e.g., verbal consent from the eligible individual or the eligible individual's substitute decision maker);
 - how the eligible individual meets the eligibility criteria for the services;
 - the date and result of the eligible individual's COVID-19 test as applicable (e.g., verbal confirmation from individual, test result obtained from the Ontario Laboratories Information System (OLIS), test conducted in the pharmacy);
 - the date of onset for the eligible individual's COVID-19 and/or influenza symptoms;
 - a care plan for the eligible individual based on a review of the eligible individual's medical history, lab results, and current medications and how any potential drug interactions will be managed, follow-up/monitoring, and notification to the primary care provider, if applicable.
- A copy of the prescription that was issued, if applicable, to the eligible individual for oseltamivir or Paxlovid and a record of information as per the OCP guidelines for [Initiating, Adapting and Renewing Prescriptions](#), such as:
 - Date prescribed
 - Eligible individual's name, address and date of birth
 - Drug name, directions for use, quantity prescribed
 - Pharmacist's signature / authorization

⁵ OCP guidelines may include [Initiating, Adapting and Renewing Prescriptions and the OCP Virtual Care Policy](#)

Documentation for Dispensing of Publicly Funded Paxlovid: The following pharmacy documentation must be maintained in a readily retrievable format for the purposes of post-payment verification when submitting claims for dispensing publicly funded Paxlovid for an eligible individual:

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

Other Exclusions and Restrictions

- Paxlovid cannot be prescribed by a Part A pharmacist for off-label use (e.g., travel) or for individuals who do not meet the eligibility criteria. Fees paid for such invalid claims will be subject to recovery.
- A maximum of one \$19 fee for therapeutic assessment for prescription services may be claimed per eligible individual per day for either COVID-19 or influenza (or both). A maximum of one \$19 fee for therapeutic assessment for prescription services may be claimed for the duration of the infection related to the assessment. Pharmacies are encouraged to check the provincial Clinical Viewers for professional service fee claims.

- A fee for a MedsCheck Follow-Up **cannot** be claimed in combination with therapeutic assessment for prescription services related to oseltamivir or Paxlovid.
- A POP fee may be claimed in conjunction with a dispensing fee for oseltamivir or Paxlovid, but only where the dispensing was pursuant to a prescription issued by a prescriber outside of the pharmacy. POP fees cannot be claimed where the pharmacist is the prescriber and has claimed a fee for therapeutic assessment services for prescription.
- Professional services, including therapeutic assessment for prescription and/or dispensing services and POPs are considered under the LTC capitation funding model and must be provided by the LTC home's contracted primary pharmacy service provider. Pharmacies must submit claims for therapeutic assessment for prescription or dispensing services with a zero-dollar fee. In emergency situations, secondary pharmacy service providers (i.e., those that do not have a contract with a LTC home) may be reimbursed an applicable fee for therapeutic assessment for prescription and/or dispensing services to LTC home residents, in accordance with this Notice.

Billing Procedures – Detailed

Claims submission requirements are as follows:

For ODB program 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 or Table 2 or Table 3 above for list of PINs
- Valid Pharmacist ID

For Non-ODB program recipients

When submitting a claim for an eligible individual who is not an ODB program recipient, pharmacists must submit the following 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'
- PIN: see Table 1 or Table 2 or Table 3 above for list of PINs
- Valid Pharmacist ID

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

When submitting a claim for any eligible person who does not have an Ontario health 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 ID provided
- Valid Pharmacist ID

Additional Information:

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

For COVID-19 related issues or questions 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.

Appendix A

Guidance for Identifying Patients at High Risk for Severe COVID-19 (Adapted from [Ontario Health Guidance on Antiviral Treatment](#))

Defining a high-risk population is challenged by the evolving nature of the SARS-CoV-2 virus. Evidence continues to emerge to inform risk assessments. In general, older age is the strongest risk factor for severe outcomes due to COVID-19. Other risk factors include being immunocompromised, unvaccinated or under vaccinated, or having one or more underlying medical conditions. Patients with multiple risk factors have a higher risk of severe COVID-19, and are most appropriate for antiviral therapy.

1. Adults \geq 60 years of age, regardless of vaccination status, with no other risk factors.

2. Adults who are immunocompromised, regardless of age, vaccine status, or prior infections.

- e.g., active hematological malignancy or post stem cell transplant or CAR T-cell therapy in last 6 months, solid organ transplant, hypogammaglobulinemia, taking prednisone >20 mg/day (or equivalent) for more than 14 days, or other moderately or severely immunosuppressive therapies (e.g., anti-CD20 agents, alkylating agents, cancer chemotherapy),

3. Adults with inadequate immunity, i.e.,

- Unvaccinated or under-vaccinated (e.g., completed primary series AND last COVID-19 vaccine dose was more than 6 months ago AND last SARS-CoV-2 infection was more than 6 months ago)
- See the most recent immunization guidance from [National Advisory Committee on Immunization](#) to determine if your patient is under-vaccinated

4. Adults with one or more underlying conditions that puts them at high risk for severe COVID-19 outcomes. Underlying medical conditions currently associated with severe COVID-19 include:

- Cancer
- Cerebrovascular disease
- Chronic kidney disease – including people receiving dialysis

- Chronic lung diseases limited to: Asthma, Bronchiectasis, COPD (Chronic obstructive pulmonary disease), Interstitial lung disease, Pulmonary embolism, Pulmonary hypertension
- Chronic liver diseases limited to: Cirrhosis, Non-alcoholic fatty liver disease, Alcoholic liver disease, Autoimmune hepatitis
- Cystic fibrosis
- Diabetes mellitus (type 1 and 2)
- Disabilities and developmental delay, including Down syndrome
- Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
- HIV infection
- Mental health conditions limited to: Mood disorders (including depression), Schizophrenia spectrum disorders
- Neurologic conditions that cause an inability to control respiratory secretions or to communicate disease progression. e.g., cognitive disorders such as Alzheimer's type dementia
- Obesity (BMI >30 kg/m² or >95th percentile in children)
- Pregnancy and recent pregnancy (42 days post-partum/end of pregnancy)
- Smoking, current and former
- Tuberculosis

Note: Individuals who are at a higher risk of poor outcomes from COVID-19 based on social determinants of health should be considered priority populations for access to antivirals. Individuals with certain medical or social vulnerabilities may experience challenges in recognizing, communicating or acting on progressing COVID-19 symptoms. Individuals at higher risk include Indigenous people, Black people, other members of racialized communities, people who are underhoused, individuals with intellectual, developmental, or cognitive disability, people who use substances regularly (e.g., alcohol) and/or live with mental health conditions.