Ontario Health

Access to Antiviral Therapy for COVID-19 in the Community

Date: May 17, 2024

Introduction

Oral nirmatrelvir/ritonavir (Paxlovid) and intravenous remdesivir (Veklury) are Health Canada-approved treatments for mild to moderate COVID-19. This document outlines how primary care providers and other health care providers can access nirmatrelvir/ritonavir and remdesivir for COVID-19 treatment in the community.

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Who should receive antiviral therapy for COVID-19?

Antiviral therapy should be strongly considered for individuals with COVID-19 symptoms and a positive test for SARS-CoV-2 based on positive polymerase chain reaction (PCR), rapid molecular, or rapid antigen test (RAT) result who are at high risk of severe outcomes.

For these patients, nirmatrelvir/ritonavir is the preferred first-line therapy when safe and feasible. Remdesivir is indicated where nirmatrelvir/ritonavir is contraindicated (e.g., drug-drug interaction that cannot be safely managed, medical contraindication) or when patients are beyond the treatment window for nirmatrelvir/ritonavir initiation (i.e., symptom onset greater than 5 days).

Individuals with risk factors associated with more severe COVID-19 outcomes where antiviral therapy is **recommended** include those who are:

- 65 years of age or older;
- 18 years of age or older and immunocompromised

Individuals with risk factors associated with more severe COVID-19 outcomes where antiviral therapy **may be considered** include:

- Adults who have never received a COVID-19 vaccine; and/or
- Adults who have one or more medical conditions or living with health-related social needs that may confer an increased risk of disease progression

The risk of progression to severe COVID-19 depends on the quantity of underlying medical conditions and how controlled the medical conditions are. For details on identifying patients with risk factors associated with more severe COVID-19 outcomes, see Ontario Health's [Recommendations for Antiviral Therapy for Adults with Mild to Moderate COVID-19](#).

Health care providers are recommended to identify patients who are at high risk for progression to severe disease, discuss potential treatment options (i.e., nirmatrelvir/ritonavir, remdesivir) with patients and care partners, determine individual eligibility for COVID-19 therapies and develop a treatment plan in advance of potential COVID-19 infection. The plan should include working with the patient to assess and apply for antiviral drug coverage as needed (e.g., Ontario Drug Benefit, OHIP+, Trillium Drug Program, Non-Insured Health Benefits, Interim Federal Health Program, private insurance).

Antiviral therapy for solid organ transplant recipients

Solid organ transplant recipients who test positive for COVID-19 should be directed to contact their transplant care team to receive the appropriate COVID-19 treatment and follow-up care. Nirmatrelvir/ritonavir can significantly interact with some transplant medications causing serious adverse effects. Solid organ transplant recipients should not take nirmatrelvir/ritonavir without first speaking to their transplant care team.

Nirmatrelvir/ritonavir

Nirmatrelvir/ritonavir (Paxlovid) is an oral antiviral medication that can reduce the risk of hospitalization or death in people at high risk of serious illness due to COVID-19. Nirmatrelvir/ritonavir should be initiated within five days of symptom onset.

Nirmatrelvir/ritonavir is the preferred treatment for patients with mild to moderate COVID-19 who are at high risk of severe COVID-19. Patients must have a positive test for SARS-CoV-2 (based on PCR, rapid molecular, or RAT).

Nirmatrelvir/ritonavir is not appropriate for every patient. In some cases, patients may have a medical contraindication. Dose adjustments for patients with renal impairment may be required. Nirmatrelvir/ritonavir may have drug-drug interactions with many commonly used medications and natural health products as well. Health care providers should consult with specialists (e.g., oncology, transplant, infectious diseases) and pharmacists, as required, to determine if the drug interaction(s) can be safely mitigated. Review the following resources for prescribing:

- [University of Liverpool COVID-19 Drug Interactions Checker](#)
- University of Waterloo and University of Toronto:
  [Nirmatrelvir/Ritonavir (Paxlovid) – What Prescribers and Pharmacists Need to Know](#)
- University of Waterloo and University of Toronto:
  [Paxlovid for a Patient on a Direct Oral Anticoagulant](#)
- University Health Network and Kingston Health Sciences Centre:
  [Management of Nirmatrelvir/Ritonavir (Paxlovid) Drug-Drug Interactions in Oncology](#)

Access to nirmatrelvir/ritonavir in the community

Nirmatrelvir/ritonavir is available in the community through multiple pathways:

- Prescribers (e.g., family doctors, specialists, nurse practitioners) can provide patients with a prescription to be dispensed at a community pharmacy
- Some pharmacists at community pharmacies can prescribe and/or dispense nirmatrelvir/ritonavir directly to patients

Drug coverage information for nirmatrelvir/ritonavir

Since 2022, nirmatrelvir/ritonavir has been supplied by the federal government as a temporary, extraordinary measure at no cost to patients who met established criteria in Ontario. Federal procurement has ended and the remaining federal supply of nirmatrelvir/ritonavir will expire on May 31, 2024. In March, the Ministry of Health advised pharmacies that this supply should be dispensed only until May 26, 2024 (for the 5-day treatment course).

Nirmatrelvir/ritonavir is commercially available and pharmacies can order and dispense through their usual processes for prescription medications. The approximate cost for a 5-day treatment course of nirmatrelvir/ritonavir is $1,300. This is an estimate because nirmatrelvir/ritonavir may be funded by select government drug programs, private insurance or paid for directly by the patient. The out-of-pocket cost to patients will depend on their drug coverage. To avoid delays in starting nirmatrelvir/ritonavir in high-risk patients, prescribers should develop a treatment plan with the patient in advance of potential COVID-19 infection that includes a proactive assessment of drug coverage and applying for drug coverage as needed.

Ontario Drug Benefit (ODB) Program

Effective May 17, 2024, nirmatrelvir/ritonavir is covered by the Ontario Drug Benefit (ODB) program as a Limited Use (LU) benefit for the treatment of mild to moderate COVID-19. The clinical criteria for the LU benefit are aligned with Ontario Health's [Recommendations for Antiviral Therapy for Adults with Mild to Moderate COVID-19](). LU codes and clinical criteria are available on the [ODB e-Formulary](). Prescribers must include the appropriate LU code on the prescription.

Prescribers and health care providers can check that the patient qualifies for the [ODB]() program. For patients who do not already qualify for ODB, they may need to register for the Trillium Drug Program (TDP). Eligible people who live in Ontario with Ontario Health Insurance Plan (OHIP) can apply for the TDP if they do not have private insurance or their private insurance does not cover 100% of their prescription drug costs. For more information about the program and eligibility, see the [TDP]() webpage.

This includes First Nations, Inuit, Métis and urban Indigenous people who live in Ontario, if drug coverage is required. A valid Ontario health card is needed. Please visit the Ministry of Health's OHIP application webpage for [instructions on how to apply](). Other public drug programs offer prescription drug coverage for Indigenous people. This document will be updated once additional information is available.

For questions related to the ODB coverage of nirmatrelvir/ritonavir, health care providers can contact the ministry at [OPDPInfoBox@ontario.ca]().

For questions related to pharmacy billing, health care providers can call the ODB Pharmacy Help Desk at 1-800-668-6641.

Private insurance

Patients with private insurance may be able to obtain full or partial coverage of nirmatrelvir/ritonavir depending on their plan and should confirm with their plan directly.

The Drug Identification Numbers (DIN) for nirmatrelvir/ritonavir products in Canada are:

- nirmatrelvir 150 mg and ritonavir 100 mg dose packs (DIN 02524031)
- nirmatrelvir 300 mg and ritonavir 100 mg dose packs (DIN 02527804)

No drug coverage

Individuals who do not have private insurance or do not qualify for the publicly funded nirmatrelvir/ritonavir programs outlined above will have to pay for the drug. They can contact their local community pharmacy for a price estimate.

Some individuals may qualify for financial help with drug costs through the ODB program depending on their household income and the cost of their household medications. For more information about the program, see the TDP webpage.

Remdesivir

Remdesivir is an intravenous (IV) antiviral medication that can reduce the risk of hospitalization or need for supplemental oxygen in people at high risk of serious illness due to COVID-19. Remdesivir should be initiated within seven days of symptom onset.

Patients with mild to moderate COVID-19 who are at high risk of progression to severe disease should be considered for remdesivir if they cannot take nirmatrelvir/ritonavir due to a medical contraindication or have significant drug-drug interaction(s) that cannot be mitigated. Patients must have a positive test for SARS-CoV-2 (based on PCR, rapid molecular, or RAT test).

Access to remdesivir in the community

Remdesivir is available to patients in the community through Home and Community Care Support Services (HCCSS) with a prescription from a physician or nurse practitioner.

Referral forms and supporting documents for each HCCSS region are available from the HCCSS document library. There is no cost for patients who have an Ontario health number (e.g., OHIP).

Prescribers in hospitals or in the community can refer a patient to their local HCCSS branch for a nurse to administer remdesivir infusions. Prescribers must complete and submit the appropriate referral form(s) to their local HCCSS branch. A HCCSS care coordinator will follow up with the patient.

In most cases, patients will receive infusions at a community nursing clinic; at-home service may be provided for patients who are not eligible for nursing clinics. For patients who are receiving remdesivir at their local HCCSS branch, pharmacies that have an agreement with HCCSS can dispense the medication.

Pharmacies can also dispense publicly-funded remdesivir to eligible patients in long-term care (LTC) homes and other health service providers in the community that have resources to provide IV administration.   Pharmacies can contact OPDPinfobox@ontario.ca to register to dispense publicly-funded Remdesivir. Prescribers can also contact their Ontario Health regional contact for questions on regional pathways (see *Appendix A*).

Patients require OHIP coverage to receive professional nursing services through HCCSS, including administration of remdesivir. For patients who require remdesivir treatment who do not have provincial insurance (including visitors from another province), prescribers should make arrangements with a local hospital or emergency department or may contact a community nursing clinic directly (there may be a cost to patients). Prescribers should contact their Ontario Health regional contact for questions on regional pathways (see *Appendix A*).

Access to COVID-19 testing

COVID-19 testing is available to eligible individuals based on provincial testing guidance.

Patients must have COVID-19 symptoms and a positive COVID-19 test to receive nirmatrelvir/ritonavir or remdesivir.

A positive result on any of the following test types are sufficient to confirm COVID-19:

- A rapid antigen test administered by either the patient (at home) or a health care provider (Note: A negative rapid antigen test is not sufficient to rule out COVID-19. Patients at high risk with a negative rapid antigen test should be considered for confirmatory PCR.)
- ID NOW or other rapid molecular test
- A lab-based PCR test

Patients at high risk of severe COVID-19 outcomes are [eligible for PCR or rapid molecular testing](#) at participating pharmacies, select primary care settings (visit the [COVID-19 testing locations](#) website to identify local testing sites) and hospitals. Authorized providers may order publicly funded PCR testing for eligible patients using the Public Health Ontario COVID-19 and Respiratory Virus Test Requisition form (access the [form](#) and [instructions](#)).

The public can continue to access rapid antigen tests through their local [public health units](#) (local processes will vary) and participating health sector partners (including participating pharmacies, physicians, hospitals, and other health care providers). The distribution of rapid antigen tests by health care providers to patients is voluntary and is not reimbursable by the Government of Ontario (no billing codes). Patients at high risk of severe outcomes of COVID-19 should be encouraged to keep rapid antigen tests at home and consider testing as soon as symptoms appear.

The ordering pathway for health care providers already enrolled in the Provincial Antigen Screening Program (PASP) who intend to distribute rapid antigen tests to employees and/or patients will continue through the [PPE Supply Portal](#). Health care providers that are not currently enrolled in PASP can enroll in the program via the [Ontario Together Portal](#) and order through the PPE Supply Portal. For assistance in creating an account or accessing an existing account, or for any questions about orders and shipment, please contact [sco.supplies@supplyontario.ca.](#)

Communication and treatment planning with high-risk patients

Antiviral therapy for COVID-19 can prevent serious illness if taken soon after symptoms appear. Health care providers are encouraged to discuss treatment options with high-risk patients and care partners to determine individual eligibility for COVID-19 therapies and to develop a treatment plan in advance of potential COVID-19 infection to ensure patients can start the appropriate treatment as quickly as possible.

The plan should include:

- Patient goals of care
- Where to obtain COVID-19 rapid antigen tests to have on hand at home or where to access COVID-19 testing at a local COVID-19 testing centre
- Signs and symptoms to prompt COVID-19 testing and when to seek medical attention
- How to contact a health care provider for further evaluation and/or treatment initiation if a COVID-19 test is positive
- Up-to-date renal function tests and other relevant workup as appropriate (e.g., eGFR, ALT)
- A best possible medication history (including prescription, non-prescription, over the counter medications, vitamins, minerals and supplements)
- Proactive assessment for potential drug-drug interactions to determine whether any contraindications to the COVID-19 drug therapies exist, to develop possible mitigation strategies or to assess for therapeutic alternatives as appropriate
- How to access COVID-19 therapies (i.e., nirmatrelvir/ritonavir, remdesivir) via local pathways so patients can start treatment as quickly as possible, including proactive assessment of drug funding options and applying for drug coverage programs as needed

COVID-19 vaccination remains the most effective way to prevent serious outcomes and deaths and should be considered the first line of prevention. Up-to-date COVID-19 vaccination is recommended for everyone who is eligible, including those who are moderately or severely immunocompromised.

Consider engaging with high-risk patients:

- During appointments
- Via email or telephone (after identifying patients at high risk for severe disease via EMR search)
- By updating the practice's website or online booking portal
- By working with community ambassadors and other partners to support outreach to equity-deserving populations

Electronic communications may also be distributed broadly to all patients where feasible.

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Certain medical conditions or social determinants of health may confer an increased risk of disease progression because affected individuals may experience challenges in recognizing, communicating or acting on progressive COVID-19 symptoms. People who are at a high risk of poor outcomes from COVID-19 based on social determinants of health should be considered priority populations for access to antivirals. Individuals at high risk include First Nations, Inuit, Métis and urban Indigenous people, Black people, other members of racialized communities; people experiencing intellectual, developmental, or cognitive disabilities; people who use substances regularly (e.g., alcohol); people who live with mental health conditions; and people who are underhoused.

The Ministry of Health's [COVID-19 antiviral treatment](#) webpage provides information for the public.

Questions

For any questions on the contents of this document, please contact the Provincial Drug Reimbursement Programs (PDRP) at OH-CCO_InfoPDRP@ontariohealth.ca.

Appendix

Appendix A. Ontario Health regional contacts

Ontario Health Region	Name and E-mail Address
Central	OH-Central_PrimaryCareAdvancement@ontariohealth.ca
East	Farrah Hirji (Farrah.Hirji@ontariohealth.ca) Leah Bartlett (Leah.Bartlett@ontariohealth.ca)
Toronto	TOTherapeutics@ontariohealth.ca
West	Karen M. Bell (Karen.M.Bell@ontariohealth.ca) Jennifer Mills Beaton (Jennifer.MillsBeaton@ontariohealth.ca) Tammy Meads (Tammy.Meads@ontariohealth.ca)
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Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.

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