

# Access to Antiviral Therapy for COVID-19 in the Community

**Date:** October 18, 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.

## Table of contents

|                                                                           |           |
|---------------------------------------------------------------------------|-----------|
| <b>Access to antiviral therapy for COVID-19 in the community.....</b>     | <b>1</b>  |
| <b>Introduction .....</b>                                                 | <b>1</b>  |
| <b>Table of Contents .....</b>                                            | <b>1</b>  |
| <b>Who should receive antiviral therapy for COVID-19?.....</b>            | <b>2</b>  |
| <b>Antiviral therapy for solid organ transplant recipients .....</b>      | <b>2</b>  |
| <b>Nirmatrelvir/ritonavir.....</b>                                        | <b>3</b>  |
| <b>Access to nirmatrelvir/ritonavir in the community .....</b>            | <b>3</b>  |
| <b>Drug coverage information for nirmatrelvir/ritonavir.....</b>          | <b>4</b>  |
| <b>Remdesivir .....</b>                                                   | <b>7</b>  |
| <b>Access to remdesivir in the community .....</b>                        | <b>7</b>  |
| <b>Access to COVID-19 testing .....</b>                                   | <b>8</b>  |
| <b>Communication and treatment planning with high-risk patients .....</b> | <b>9</b>  |
| <b>Questions .....</b>                                                    | <b>10</b> |
| <b>Appendix .....</b>                                                     | <b>11</b> |
| <b>Appendix A. Ontario Health regional contacts.....</b>                  | <b>11</b> |



# 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, Indigenous Services Canada's Non-Insured Health Benefits Program, 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

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

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](#).

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

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

## Indigenous Services Canada's Non-Insured Health Benefits (NIHB) Program

Indigenous Services Canada's Non-Insured Health Benefits (NIHB) program is a federal program that provides eligible First Nations and Inuit clients with coverage for a range of health services including prescription drugs. Persons eligible for benefits under the NIHB program are required to access other public or private health plans or provincial or territorial programs for which they are eligible before accessing NIHB benefits.

Nirmatrelvir/ritonavir is covered as a Limited Use benefit for the treatment of mild to moderate COVID-19. Please refer to the NIHB's [Drug Benefit List](#) for the most up-to-date eligibility criteria.

For more information on NIHB, see NIHB's [Guide for Pharmacy Benefits](#).

## Interim Federal Health Program (IFHP)

The Interim Federal Health Program (IFHP) provides temporary coverage of healthcare benefits including prescription drug coverage to refugees, refugee claimants and certain other groups who are not eligible for provincial or territorial health insurance (e.g., OHIP). The IFHP provides coverage for prescription medications for medications listed on provincial/territorial public drug plans.

In Ontario, IFHP provides coverage for nirmatrelvir/ritonavir for the treatment of mild to moderate COVID-19 consistent with the clinical criteria outlined by the ODB program as a LU benefit. LU codes and clinical criteria are available on the [ODB e-Formulary](#). Prescribers must include the appropriate LU code on the prescription.

Note: If the patient has another public or private insurance plan that will cover the cost of the medication (even in part), the IFHP will not cover the cost of the claim.

Health care providers who would like to work with patients covered by IFHP (e.g., pharmacists checking drug coverage eligibility) must register to be an IFHP provider. For more information on IFHP, see IFHP's [Information for Health Care Professionals](#) webpage.

## 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 Ontario Health atHome with a prescription from a physician or nurse practitioner.

Referral forms and supporting documents for each Ontario Health atHome local branch are available from the [Ontario Health atHome 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 Ontario Health atHome branch for a nurse to administer remdesivir infusions. Prescribers must complete and submit the appropriate referral form(s) to their local branch. An Ontario Health atHome 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 Ontario Health atHome branch, pharmacies that have an agreement with Ontario Health atHome 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](mailto: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 Ontario Health atHome, 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 guidance](#).

[Eligible individuals](#) 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 (RAT) administered by either the patient or a health care provider
- A lab-based PCR test or rapid molecular test

Eligible individuals can access PCR testing or rapid molecular testing at [participating test locations](#) (participating pharmacies and select primary care settings). Authorized providers may order publicly funded PCR tests for eligible patients using the Public Health Ontario COVID-19 and Respiratory Virus Test Requisition form (access the [form](#) and [instructions](#)).

Eligible individuals can access rapid antigen tests through participating health sector partners (including participating pharmacies and other health care providers). Distribution of rapid antigen tests by participating pharmacies and health care providers to patients is voluntary and is not reimbursable by the Government of Ontario (no billing codes).

Long-term care homes and some congregate living settings that require testing can also order free rapid antigen tests to support outbreak prevention and management, consistent with [provincial guidance](#) or at the discretion of the [public health unit](#) staff.

The ordering pathway for eligible health system partners already enrolled in the Provincial Antigen Screening Program (PASP) will continue through the [PPE Supply Portal](#). New eligible participants (not previously enrolled in the PASP) must first enroll in the [Provincial Antigen Testing Program](#) (PATP). Once the application is approved, an automated email will be sent to the registrant to grant them access to the [PPE Supply Portal](#). Health system partners already enrolled in the PASP do not need to re-register to the PATP. Health system partners enrolled in PASP or PATP who have issues with accessing their account or placing an order for rapid antigen tests may contact [SCO.supplies@supplyontario.ca](mailto:SCO.supplies@supplyontario.ca). Some pharmacies may be required to order rapid antigen tests through their own distribution centre. Please follow the local process pathways.

### Additional Resources:

- [Executive Officer Notice](#): Publicly Funded COVID-19 PCR Testing Services in Ontario Pharmacies
- [Questions and Answers for Pharmacists](#): Publicly Funded COVID-19 PCR Testing Services in Ontario Pharmacies



## 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 access COVID-19 testing at [participating test locations](#)
- 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.

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 testing and 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](mailto:OH-CCO_InfoPDRP@ontariohealth.ca).

# Appendix

## Appendix A. Ontario Health regional contacts

| Ontario Health Region     | Name and E-mail Address                                                                                                                                                                                                                                                                                                                                  |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Central                   | <a href="mailto:OH-Central_PrimaryCareAdvancement@ontariohealth.ca">OH-Central PrimaryCareAdvancement@ontariohealth.ca</a>                                                                                                                                                                                                                               |
| East                      | Farrah Hirji ( <a href="mailto:Farrah.Hirji@ontariohealth.ca">Farrah.Hirji@ontariohealth.ca</a> )<br>Leah Bartlett ( <a href="mailto:Leah.Bartlett@ontariohealth.ca">Leah.Bartlett@ontariohealth.ca</a> )                                                                                                                                                |
| Toronto                   | <a href="mailto:TOTherapeutics@ontariohealth.ca">TOTherapeutics@ontariohealth.ca</a>                                                                                                                                                                                                                                                                     |
| West                      | Karen M. Bell ( <a href="mailto:Karen.M.Bell@ontariohealth.ca">Karen.M.Bell@ontariohealth.ca</a> )<br>Jennifer Mills Beaton ( <a href="mailto:Jennifer.MillsBeaton@ontariohealth.ca">Jennifer.MillsBeaton@ontariohealth.ca</a> )<br>Tammy Meads ( <a href="mailto:Tammy.Meads@ontariohealth.ca">Tammy.Meads@ontariohealth.ca</a> )                       |
| North East and North West | Christopher Spooner ( <a href="mailto:Christopher.Spooner@ontariohealth.ca">Christopher.Spooner@ontariohealth.ca</a> )<br>Robert Barnett ( <a href="mailto:Robert.Barnett@ontariohealth.ca">Robert.Barnett@ontariohealth.ca</a> )<br>Jennifer MacKinnon ( <a href="mailto:Jennifer.MacKinnon@ontariohealth.ca">Jennifer.MacKinnon@ontariohealth.ca</a> ) |

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, [info@ontariohealth.ca](mailto:info@ontariohealth.ca).  
Document disponible en français en contactant [info@ontariohealth.ca](mailto:info@ontariohealth.ca)