

Funding for Minor Ailment Services in Ontario Pharmacies

Supplementary FAQs



These Frequently Asked Questions (FAQs) are provided by the Ontario Pharmacists Association (OPA) to support members with understanding and implementing the publicly funded Minor Ailment Services in Ontario Pharmacies program. It is meant to supplement information provided by the Ministry and pharmacy professionals are encouraged to consult the most recent Executive Officer (EO) Notice on the Funding for Minor Ailment Services in Ontario Pharmacies in addition to the accompanying Questions and Answers documents available on the [Ministry website](#) for more information.

TOPICS COVERED

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OVERVIEW

1. Are pharmacists only allowed to assess and prescribe for minor ailments if it is performed as part of the publicly funded program?

No. As per amendments made to O. Reg. 202/94 under the *Pharmacy Act, 1991*, Part A pharmacists, registered pharmacy students and interns in Ontario are authorized to prescribe certain medications for nineteen minor ailments. This authority is part of scope of practice and is irrespective of any formal program.

For over a decade, OPA has been advocating for the expansion of pharmacists' scope of practice to include the authority to assess and, if necessary, prescribe for minor ailments. Following extensive advocacy work, which included submissions to consultations from the [Ontario College of Pharmacists](#) (OCP) and the [Ministry of Health](#), regulations authorizing pharmacist prescribing for thirteen minor ailments was approved in May 2022 and came into effect on January 1, 2023. Following a successful start to the program, six additional minor ailments were added to scope as of October 1, 2023. OPA is confident in the ability of Ontario pharmacists to practice to a similar scope as their colleagues in other provincial jurisdictions and continues to work with the College and the Ministry to align scope with other provincial jurisdictions including removal of the prescriptive drug lists from the regulations to better enable pharmacists to use their knowledge and expertise to provide patient care. Furthermore, throughout the advocacy work to support this scope expansion, OPA had stressed the importance of ensuring that scope is applicable to all pharmacists regardless of practice setting so that our health care system is centred around the patient and not the provider. OPA is pleased that the amendments enable the additional authority as part of the overall scope of practice for pharmacists, however, recognizing that there are other antiquated policies, guidelines, and legislation (e.g., the *Public Hospitals Act, 1990*) which currently prevent pharmacists from practicing to their full scope in some health care settings, OPA continues to advocate for additional work to be undertaken to modernize and align scope of practice across all practice settings.

2. How was the program established?

Following the approval of amendments to the regulations, OPA continued its advocacy efforts to ensure that when this scope came into effect on January 1, 2023, it would be coupled with a publicly funded remuneration framework to ensure equitable access for patients in addition to fair and reasonable compensation for pharmacy services. This work included but was not limited to submission of a [proposal for funding](#) to the Ministry, lobbying of politicians as well as the Premier’s Office, and multiple meetings and negotiations with Ministry and other government representatives to ensure:

- ✓ Establishment of a fair and reasonable consultation fee that was reflective of the time and professional expertise provided by the pharmacist
- ✓ Funding would be provided for the assessment of any of the minor ailment conditions (i.e., regardless of whether a prescription is issued)
- ✓ Equitable access for all Ontarians regardless of eligibility for the Ontario Drug Benefit (ODB) Program
- ✓ The ability to provide minor ailment services both in-person and through virtual means where required and appropriate

Similarly, with the expansion of scope to include the six additional minor ailment conditions as of October 1, 2023, OPA advocated to ensure that these additions were also included within the remuneration framework of the publicly funded program. OPA continues to advocate to enable pharmacists in all settings to practice to full scope in addition to expansion of the publicly funded program to provide remuneration for all minor ailment assessments provided by pharmacists regardless of where it is provided (e.g., long-term care, family health teams, etc.).

3. Which minor ailment conditions and medications are included in the publicly funded program?

OPA was able to successfully advocate for all nineteen minor ailments that are within the new scope of practice for pharmacists to be included in the publicly funded minor ailment program. The list of minor ailments and the associated drugs that can be prescribed for each condition are listed in [Schedule 4](#) of O. Reg. 202/94 under the *Pharmacy Act, 1991*:

MINOR AILMENT	SPECIFIED DRUGS
Acne (mild)	<p style="text-align: center;"><u>Skin and Mucous Membrane Agents</u></p> <p style="text-align: center;">Adapalene Azelaic acid Benzoyl peroxide Clindamycin Dapsone Erythromycin Glycolic acid Salicylic acid Tazarotene Tretinoin Trifarotene</p>

MINOR AILMENT	SPECIFIED DRUGS
<p style="text-align: center;">Allergic rhinitis</p>	<p><u>Antihistamines</u> Azelastine Bilastine Cetirizine Cyproheptadine Desloratadine Fexofenadine Loratadine Olopatadine Rupatadine</p> <p><u>Corticosteroids</u> Beclomethasone Budesonide Ciclesonide Fluticasone Mometasone Triamcinolone</p>
<p style="text-align: center;">Candidal stomatitis</p>	<p><u>Antifungals</u> Nystatin</p>
<p style="text-align: center;">Conjunctivitis (bacterial, allergic or viral)</p>	<p><u>Antiallergic Agents</u> Antazoline Bepotastine Cromolyn sodium (Sodium cromoglycate) Ketotifen Lodoxamide Olopatadine Pheniramine</p> <p><u>Antibacterials</u> Erythromycin Fusidic acid Gramicidin Polymyxin B Tobramycin Trimethoprim</p> <p><u>Vasoconstrictors</u> Naphazoline Oxymetazoline Phenylephrine Tetrahydrozoline</p>
<p style="text-align: center;">Dermatitis (atopic/eczema, allergic or contact)</p>	<p><u>Anti-inflammatory Agents</u> Beclomethasone Betamethasone valerate Clobetasone Crisaborole Desonide Fluocinolone Hydrocortisone Prednicarbate Triamcinolone</p>

MINOR AILMENT	SPECIFIED DRUGS
<p style="text-align: center;">Dermatitis (diaper)</p>	<p style="text-align: center;"><u>Antifungals</u> Ciclopirox Clotrimazole Ketoconazole Miconazole Nystatin</p> <p style="text-align: center;"><u>Anti-inflammatory Agents</u> Desonide Hydrocortisone</p>
<p style="text-align: center;">Dysmenorrhea</p>	<p style="text-align: center;"><u>Nonsteroidal Anti-inflammatory Agents</u> Acetylsalicylic acid (ASA) Celecoxib Diclofenac Flurbiprofen Ibuprofen Ketoprofen Mefenamic acid Naproxen</p>
<p style="text-align: center;">Gastroesophageal reflux disease (GERD)</p>	<p style="text-align: center;"><u>Antacids and Adsorbents</u> Alginic acid Aluminum hydroxide Calcium carbonate Magnesium salts</p> <p style="text-align: center;"><u>Histamine H₂-Antagonists</u> Cimetidine Famotidine Nizatidine Ranitidine</p> <p style="text-align: center;"><u>Proton-Pump Inhibitors</u> Dexlansoprazole Esomeprazole Lansoprazole Omeprazole Pantoprazole Rabeprazole</p>
<p style="text-align: center;">Hemorrhoids</p>	<p style="text-align: center;"><u>Skin and Mucous Membrane Agents</u> Dibucaine (Cinchocaine) Esculin (Aesculin) Framycetin (Neomycin B) Hydrocortisone Phenylephrine Pramoxine Zinc sulfate</p>

MINOR AILMENT	SPECIFIED DRUGS
<p style="text-align: center;">Herpes labialis</p>	<p style="text-align: center;"><u>Anti-inflammatory Agents</u> Hydrocortisone</p> <p style="text-align: center;"><u>Antivirals</u> Acyclovir Docosanol Famciclovir Valacyclovir</p>
<p style="text-align: center;">Impetigo</p>	<p style="text-align: center;"><u>Antibacterials</u> Bacitracin Fusidic acid (Sodium fusidate) Gramicidin Mupirocin Ozenoxacin Polymyxin B</p>
<p style="text-align: center;">Insect bites and urticaria</p>	<p style="text-align: center;"><u>Antihistamines</u> Bilastine Cetirizine Chlorpheniramine Cyproheptadine Desloratadine Diphenhydramine Fexofenadine Hydroxyzine Loratadine Rupatadine</p> <p style="text-align: center;"><u>Antipruritics and Anti-inflammatory Agents</u> Benzocaine Calamine Camphor Desonide Hydrocortisone Lidocaine Menthol Pramoxine Zinc oxide</p>
<p style="text-align: center;">Musculoskeletal sprains and strains</p>	<p style="text-align: center;"><u>Analgesics</u> Acetaminophen</p> <p style="text-align: center;"><u>Nonsteroidal Anti-inflammatory Agents</u> Acetylsalicylic acid (ASA) Celecoxib Diclofenac Flurbiprofen Ibuprofen Ketoprofen Mefenamic acid Naproxen</p>

MINOR AILMENT	SPECIFIED DRUGS
Nausea and vomiting of pregnancy	<u>Antiemetics and Antinauseants</u> Dimenhydrinate Diphenhydramine Doxylamine Promethazine Pyridoxine
Oral aphthae	<u>Anti-inflammatory Agents</u> Triamcinolone
Pinworms/Threadworms	<u>Anthelmintics</u> Mebendazole Pyrantel pamoate
Tick bites, post-exposure prophylaxis to prevent Lyme disease	<u>Antibacterials</u> Doxycycline
Urinary tract infection (uncomplicated)	<u>Urinary Anti-infectives</u> Fosfomycin Nitrofurantoin Sulfamethoxazole Trimethoprim
Vulvovaginal Candidiasis	<u>Antifungals</u> Clotrimazole Fluconazole Miconazole Terconazole

As of October 1, 2023, the regulation has been amended to include a specific list of drugs rather than medication categories from the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification. OPA recognizes the challenges associated with a specific list of authorized drugs in regulation, e.g., the inability to provide the most appropriate treatment option for patients when new drugs are approved to market and clinical guidelines are updated. The clinical knowledge and expertise required of a pharmacist to assess and prescribe a specific drug to treat a condition should naturally extend to other drugs available to treat the same condition. As such, OPA continues to advocate for removal of prescriptive drug lists from the regulation and instead enable pharmacists to practice to their full scope and have the flexibility to prescribe medications as long as it is clinically appropriate for the associated minor ailment condition.

4. Can a pharmacist assess and treat urticaria if it is unrelated to insect bites?

The regulations do not prevent a pharmacist from treating the conditions of insect bites and urticaria independently of each other. However, the pharmacist must determine that the cause of the urticaria meets the definition of a minor ailment in order to prescribe a drug included in [Schedule 4](#) of O. Reg. 202/94 under the *Pharmacy Act, 1991*.

5. Can a pharmacist prescribe a compounded product for treatment of a minor ailment?

In general, pharmacists can prescribe a compounded product as long as all active ingredients are part of the list of specified drugs approved for the associated minor ailment condition as outlined in [Schedule 4](#) of O. Reg. 202/94 under the *Pharmacy Act, 1991*. In deciding to prescribe a compounded product, pharmacists must consider whether this is in the best interest of the patient and practice in accordance with all applicable Standards of Practice, Code of Ethics, policies, guidelines, and legislative requirements relevant to practice. Additionally, the rationale for choosing to prescribe a compounded product should be documented, e.g., if there is no commercially available product that would be suitable for the patient.

6. Can a pharmacist prescribe a combination drug product for treatment of a minor ailment?

Pharmacists can prescribe combination drug products as long as each drug in the combination drug product is part of the list of specified drugs approved for the associated minor ailment condition as outlined in [Schedule 4](#) of O. Reg. 202/94 under the *Pharmacy Act, 1991*.

EXAMPLES	
Scenario 1	Scenario 2
<p>L.M. has severe allergic rhinitis and has tried a steroid nasal spray with no relief. She does not like to take over the counter allergy pills, so she consults the pharmacist for another nasal spray to help manage her condition. After assessing L.M. and determining that she has no red flags that require immediate referral to another healthcare professional, the pharmacist and L.M. decide that the best option for her is to try an olopatadine/mometasone combination product nasal spray. Since both olopatadine and mometasone are drugs permitted to be prescribed for allergic rhinitis in accordance with Schedule 4 of O. Reg. 202/94, the pharmacist can prescribe this combination drug product.</p>	<p>R.Y. has mild acne and approaches the pharmacist for help since he has tried many over the counter products, but they have not worked for him. After assessing R.Y. and determining that he has no red flags that require immediate referral to another healthcare professional, the pharmacist and R.Y. decide that the best option for him is to try the adapalene/benzoyl peroxide topical combination product. Since both adapalene and benzoyl peroxide are drugs permitted to be prescribed for mild acne in accordance with Schedule 4 of O. Reg. 202/94, the pharmacist can prescribe this combination drug product.</p>

7. Why are pharmacists allowed to assess and if necessary, prescribe, for only nineteen minor ailment conditions?

The list of nineteen minor ailments were decided upon by the College, its experts on the Minor Ailments Advisory Group (MAAG) as well as the Ministry. However, OPA firmly believes that Ontario pharmacists are capable of practising to a similar scope as their colleagues in other provincial jurisdictions. As such, OPA remains fully committed in its ongoing advocacy to pursue an expanded scope of practice that is consistent with most other provincial jurisdictions. OPA is pleased that these advocacy efforts along with the success of the program to date have resulted in the government exploring the addition of further minor ailments to be included within scope in addition to those that may require additional scope of practice expansions to support safe and effective prescribing. The following list of minor ailments has been submitted by the Ontario College of Pharmacists to the Minister of Health for consideration:

- Acute pharyngitis (sore throat)
- Birth control
- Calluses and corns
- Emergency contraception
- Erectile dysfunction
- Headache (mild)
- Herpes zoster (shingles)
- Minor sleep disorders (insomnia, could also include disturbances in circadian rhythm)
- Onychomycosis (fungal nail infections)
- Otitis externa (swimmers' ear)
- Pediculosis (head lice)
- Rhinitis – viral (nasal congestion)
- Seborrheic dermatitis (dandruff)
- Tinea corporis (ringworm)
- Tinea cruris (jock itch)
- Verrucae (vulgaris, plantar) (warts)
- Xerophthalmia (dry eye)

Some of these minor ailments may be subject to certain conditions or restrictions that will be determined and included in the draft regulations to be proposed by OCP should the Minister decide to move forward with any or all of these minor ailments.

OPA will continue to monitor and gather information from the current program and work with the Ministry, College, and other relevant stakeholders to further expand the list of minor ailment conditions along with any associated scope of practice expansions required to support safe and effective prescribing (e.g., authority to order lab tests, therapeutic substitution). Furthermore, to ensure sustainability of the profession, OPA will continue to advocate for any new scopes of practice to be appropriately remunerated for under the publicly funded program.

FUNDING

8. How was the fee determined?

To support the expansion in scope, OPA has consistently stated that a fair and reasonable remuneration fee would be required commensurate with the time and professional expertise required for the provision of the professional service. In addition, any publicly funded program must be feasible to operationalize (e.g., not overly prescriptive, does not create a high administrative burden, etc.), remunerate for the assessment and not the act of prescribing, and support equitable access for all Ontarians. As such, OPA proposed a \$20 publicly funded consultation fee for the provision of a minor ailment service for any of the minor ailment conditions within the pharmacist's scope of practice as stipulated in amendments to O. Reg. 202/94, regardless of whether a prescription is issued. This proposed fee was in line with the remuneration provided in publicly funded minor ailment programs in other Canadian jurisdictions at the time of writing our proposal, which ranged from \$17.18 - \$21.25 per initial assessment. OPA was also adamant that remuneration be associated with the pharmacist's clinical expertise and time required to provide the minor ailment consultation and therefore should be provided regardless of whether a prescription is issued. This is in contrast to other provinces, e.g., Alberta and Saskatchewan, where funding is only provided pursuant to an issued prescription. Furthermore, it was important to ensure the fee provided for the pharmacist's assessment was similar to that provided to other healthcare providers, e.g., as part of the Schedule of Benefits for Physician Services Under the Health Insurance Act, physicians may claim a fee of \$23.75 for the provision of a minor assessment service, as the minor ailment consultation provided by a pharmacist would be comparable to that provided by a physician. Although the original fee offered for these services by the Ministry did not meet our proposed amount, based on the rationales to support the fair and reasonable proposed rate, OPA was able to successfully negotiate for the \$19 fee for each in-person assessment and a \$15 fee for each virtual assessment provided by a pharmacist for a minor ailment condition.

9. How were the claim maximums for each minor ailment condition determined?

The maximum number of claims per year allowable for each minor ailment under the publicly funded program were determined by the Ministry. The red flags are reflected in the claim maximums established for each PIN. The claim maximums are intended to identify situations where an individual may not have a minor ailment or has signs or symptoms that may not be solely attributed to a minor ailment, based on the frequency in which the individual is self-reporting a minor ailment and receiving minor ailment services from a pharmacy in a year. OPA will continue to monitor and provide feedback to the Ministry regarding the claim maximums as required.

10. Why is the remuneration provided for assessments completed virtually different compared to when it is completed in-person?

OPA firmly supports permitting pharmacists to assess and treat minor ailments through the provision of virtual care if determined to be appropriate by the clinical and professional judgement of the pharmacist, using secure enabling technology. The government has recognized the value of virtual care to ensure Ontarians have access to the care they need, when they need it, with virtual care intended to complement in-person care. The

difference in fee supports virtual care services while encouraging face-to-face interaction between patients and healthcare providers. Recognizing the importance of virtual care in situations where a face-to-face visit is not possible or practical for the patient, and the expectations that are required of pharmacists when providing virtual care as laid out in OCP's [Virtual Care Policy](#), OPA will continue to monitor and evaluate the situation and advocate for changes to the remuneration framework as required.

11. Can a higher fee, i.e., above \$19 for in-person or \$15 for virtual assessments, be charged to a patient who is eligible for the publicly funded minor ailment program and/or to their private insurance plan?

No. A patient who is eligible for the publicly funded minor ailment program cannot be charged, nor can their private insurance plan be charged, a fee for the minor ailment assessment. Claims for minor ailment assessments can only be submitted through the Health Network System (HNS) using the appropriate PIN associated with the specific minor ailment condition.

12. Can a fee be charged to patients for providing a minor ailment assessment if they are not eligible for the publicly funded program (e.g., patients visiting from out-of-province)?

The authority to assess and, if necessary, prescribe certain medications for nineteen minor ailments is part of the scope of practice of Part A pharmacists, registered pharmacy students and interns in Ontario, and is irrespective of any formal program. In situations where, in the professional judgment of the pharmacy professional, a minor ailment service at the pharmacy is appropriate but the patient is not eligible for the publicly funded program, the pharmacy professional should explain to the patient their options, including the choice to receive a minor ailment service at the pharmacy for a fee, if applicable. Patient consent must be received prior to providing the service.

OPA is in the process of developing a guide to assist pharmacy professionals in determining a fair value for minor ailment services provided to patients who are not eligible for the publicly funded program, which will include a suggested rate and associated rationale. OPA will notify members when this resource is available. However, pharmacy professionals may decide to charge whatever they deem to be fair, reasonable and appropriate in their individual settings and are encouraged to work individually with patients to design a program or selection of pharmacy services that best meets their needs, and to help ensure fair compensation for the services provided.

PHARMACY/PHARMACIST ELIGIBILITY

13. Can pharmacists not affiliated with a community pharmacy participate in the publicly funded minor ailment program?

Although assessing and prescribing for minor ailments is within the scope of practice for all Part A pharmacists, registered pharmacy students and interns in Ontario, currently, only eligible pharmacies with a valid HNS Subscription Agreement with the Ministry are eligible to submit claims for providing minor ailment services for eligible individuals under the publicly funded program. Furthermore, as part of the program, pharmacists providing the minor ailment assessment must be physically at the pharmacy location regardless of whether the consultation is provided in-person or virtually. Pharmacists not affiliated with an eligible community pharmacy may still provide minor ailment services if there are no other restrictions to their practice (e.g., in hospital settings), however, should they wish to charge the patient a fee-for-service, they must inform patients of their option to have the service provided free of charge through an eligible pharmacy prior to providing the service at a charge. OPA has and continues to advocate for additional work to be undertaken to modernize and align scope of practice across all practice settings so that all pharmacists are enabled to work to their full potential across the entire health care system. Additionally, OPA continues to explore the interest in and need for

alternative non-traditional pathways of remuneration to reflect the evolving practices of service delivery and will continue to engage and update members on these efforts.

EXAMPLES			
Scenario 1	Scenario 2	Scenario 3	Scenario 4
W.B. is a pharmacist for ABC Pharmacy, a community pharmacy with a valid HNS Subscription Agreement. She provides minor ailments assessments for eligible patients during her shift at the pharmacy. W.B. can submit claims on behalf of ABC Pharmacy for completed assessments to the Ministry through the HNS.	J.L. is a pharmacist who wants to set up his own business offering in-home visits to patients with minor ailments. As there is a publicly funded minor ailment program for pharmacies, J.L. must inform patients that they have the option to obtain this service free of charge through an eligible pharmacy and obtain their consent to proceed with the uninsured service prior to providing the minor ailment assessment service to patients at a charge.	G.G. is a pharmacist for XYZ Pharmacy, a community pharmacy with a valid HNS Subscription Agreement. Her patient requests for her to come to their home to complete a minor ailment assessment since they are immobile. G.G. informs the patient that she can complete a virtual/phone consultation which is covered under the publicly funded program. Claims for minor ailment services are only eligible if provided in-person at an eligible pharmacy or virtually (including by phone) from the location of the pharmacy.	S.V. is a pharmacist at a family health team (FHT) that has decided to provide minor ailment services to rostered patients at no additional charge. S.V. can provide minor ailment assessments for their patients at the FHT as the authority to do so is under the scope of practice of pharmacists and is irrespective of the publicly funded program. However, since the FHT is not an eligible pharmacy under the publicly funded program, claims for payment cannot be submitted to the Ministry.

14. Can a pharmacist who works for a long-term care (LTC) pharmacy participate in the publicly funded program?

Contracted primary LTC pharmacy service providers with a valid HNS Subscription Agreement with the Ministry are eligible to submit claims for providing minor ailment services for eligible individuals under the publicly funded program, however, as all professional services for eligible residents of LTC homes are paid under the LTC capitation funding model, a separate fee is not paid for these services, i.e., a claim is submitted with a zero-dollar fee. If a dollar amount is submitted as a professional fee on the claim, it will be rejected with the response code “68 – Professional Fee Error.” Note: the intervention code “LT – LTCH Dispensing Fee Payment for Emergency Rx” cannot be used by primary LTC pharmacy service providers to override the rejected claim. This intervention code is only allowed to be used by secondary pharmacy service providers (i.e., those that do not have a contract with an LTC home) who provide minor ailment services for LTC home residents in emergency situations.

OPA has and continues to advocate for remuneration for minor ailment services provided by pharmacists in LTC settings to be separate from the capitation funding model for primary pharmacy service providers as this expanded scope was not in place at the time when the policy for Pharmacy Payments under the Long-Term Care Home Capitation Funding Model was implemented in January 2020 and appropriate funding is essential to supporting the economic feasibility and sustainability of the service in LTC. OPA continues to engage with members and the Ministry on this front and will provide updates as they become available.

It is important to note that should an LTC pharmacy wish to process a claim through the HNS under the publicly funded program, all conditions as outlined in the Executive Officer Notice must be followed, including the requirement that the pharmacist providing the assessment be conducting it from the location of the pharmacy. Alternatively, as the authority to assess, and if required, prescribe for minor ailments is part of the scope of practice of pharmacists, working in collaboration with homes to determine the appropriate process and policies,

LTC pharmacy service providers may also choose to provide this service to residents at the LTC home outside of the publicly funded program (i.e., a claim for the service would not be submitted through the HNS).

PATIENT ELIGIBILITY

15. Do patients need to be ODB recipients to be eligible for the publicly funded minor ailment program?

No. All Ontarians with a valid Ontario health number (i.e., Ontario Health Insurance Plan (OHIP) Card Number or 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) who present with one of the eligible minor ailments within the pharmacist’s scope of practice are eligible to receive a publicly funded minor ailment service. Exceptions include but are not limited to patients who have reached the claim maximum for a particular minor ailment, situations where a “red flag” is identified, or if the patient has already been assessed by the same pharmacy that day for the same minor ailment condition.

EXAMPLES		
Scenario 1	Scenario 2	Scenario 3
R.W. has herpes labialis and consults the pharmacist for something to treat it. They are 42 years old and have an Ontario health card but only have drug coverage through their employer. After assessing R.W. and determining they have no red flags that require immediate referral to another healthcare professional, the pharmacist offers to provide a minor ailment assessment for R.W. and a claim for payment is submitted under the publicly funded program.	J.O. asks the pharmacist for something he can use on an insect bite he got earlier in the morning. He does not have a valid Ontario health card but is a recipient of social assistance and presents with a paper drug card. After assessing the patient and determining he has no red flags that require immediate referral to another healthcare professional, the pharmacist offers to provide a minor ailment assessment for J.O. and a claim for payment is submitted under the publicly funded program.	P.T. is visiting Ontario from another country and presents to the pharmacist with an uncomplicated urinary tract infection. After assessing P.T. and determining she has no red flags that require immediate referral to another healthcare professional, the pharmacist may offer to provide a minor ailment assessment for P.T. and charge a fee-for-service since she is not eligible for the publicly funded program.

CLAIM SUBMISSION

16. What is included in the minor ailment service?

A minor ailment service should include the following:

- Obtaining informed consent from the eligible person or the eligible person’s substitute decision maker to provide the minor ailment service (consent may be given verbally or in writing).
- Collecting and reviewing all relevant information about the eligible person to evaluate them and the situation (e.g., history of presenting complaint, person’s health and medication history, etc.).
- Assessing the eligible person to verify the person’s self-diagnosis and identifying the best course of action.
- Determining through a shared decision-making process the appropriate care plan.
- Implementing the care plan which may include issuing a prescription (if applicable) or referring the eligible person to their primary care provider, providing education for the eligible person, documentation, and notification of the eligible person’s primary care provider (if any) if an allowable medication is prescribed.
- Following-up with the eligible person (or their substitute decision-maker) to establish monitoring parameters, evaluate safety and efficacy of the care plan, and additional next steps as required.

It is important to note that if a prescription for an allowable medication is issued, the eligible person must be informed that they are permitted to take the prescription to any pharmacy of their choice for dispensing. Where the eligible person decides to have their prescription filled at another pharmacy, the pharmacy/pharmacist that provided the minor ailment service must still follow-up with the eligible person as part of the care plan.

17. Is the maximum number of claims per year inclusive of whether the consultation is provided in-person or virtually and whether a prescription is issued or not?

Yes. The maximum number of claims per year is specific for each minor ailment condition and is based on the patient’s claim history in the last 365-day period regardless of how the care is provided (i.e., in-person or virtual) and whether a prescription resulted from the assessment. The claim maximums are intended to identify situations where an individual may not have a minor ailment or has signs or symptoms that may not be solely attributed to a minor ailment, based on the frequency in which the individual is self-reporting a minor ailment and receiving minor ailment services from a pharmacy in a year. Where the claim maximum has been met, the pharmacy cannot bill for a minor ailment service for that condition for that patient and the pharmacist must exercise their professional judgment in deciding whether to refer the individual to another healthcare provider, such as a physician or nurse practitioner. Note: Although a patient may have reached the claim maximum for a particular minor ailment, they may continue to be eligible for assessments for other minor ailment conditions if they have not reached the corresponding claim maximum for the other conditions.

EXAMPLES	
Scenario 1	Scenario 2
In the last year, T.N. has seen the pharmacist for three virtual visits for allergic rhinitis where a prescription was issued one out of the three times. She presents again today with signs and symptoms of allergic rhinitis. The pharmacist assesses T.N. and decides to offer T.N. another minor ailment assessment as she is still eligible for one more assessment for allergic rhinitis in-person or virtually under the publicly funded program. A claim for a minor ailment service is submitted through the HNS.	D.C. presents to the pharmacy with signs and symptoms consistent with dysmenorrhea. Upon checking the provincial clinical viewer, the pharmacist sees that D.C. has received one virtual and one in-person assessment for dysmenorrhea within the last 365 days through pharmacies. D.C. has tried nonpharmacologic measures as well as the NSAID she was prescribed during her last consultation for 3 cycles with no relief. Since D.C. has reached the maximum claim limit for dysmenorrhea and may require further assessment for secondary dysmenorrhea, the pharmacist decides to refer her to her family physician. A claim for a minor ailment service cannot be submitted through the HNS.

18. How will the pharmacist know if a patient has reached their annual claim maximum for any of the minor ailment conditions?

OPA is pleased to inform members that after highlighting to the Ministry the need for the HNS to enforce claim maximums rather than continuing with the original verification process, which required pharmacists to access a patient’s professional service history through one of the provincial clinical viewers, the Ministry has now enabled this function through the HNS which will look back 365 days from a claim’s date of service to determine whether the maximum number of claims for a particular minor ailment has been exceeded. The HNS changes and look back rule is retroactive to the Funding of Minor Ailment Services Policy effective date of January 1, 2023. For more information, please refer to the updated [Executive Officer Notice](#).

19. Can more than one minor ailment claim be submitted for a person per day?

Only one claim for a particular minor ailment can be claimed per patient per day per pharmacy. If a second claim is submitted for the same patient, on the same day, from the same pharmacy, for the same 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. Of note, there may be scenarios where more than one minor ailment claim is made for different conditions at the same pharmacy, e.g., if the patient presents with two different minor ailment

conditions, however, the PINs for insect bites and the PINs for tick bites are not allowed to be submitted on the same day for the same patient from the same pharmacy.

Pharmacists can confirm whether a minor ailment service has already been provided by another pharmacy by checking with the patient and/or on one of the provincial clinical viewers. If the patient has already received an assessment for the same minor ailment from another pharmacy on the same day or in recent days, the pharmacist should use their professional judgement to determine whether another assessment for the same minor ailment condition is necessary. If deemed necessary, a minor ailment consultation can be provided but must be accompanied with proper documentation that includes the rationale as to why the service was provided so soon after the previous one. Of note, when a second claim is submitted for the same patient, on the same day, from a different pharmacy, for the same minor ailment, the claim will be accepted with the warning response code “NU – Too Soon After Previous Therapy.”

EXAMPLES			
Scenario 1	Scenario 2	Scenario 3	Scenario 4
B.N. receives a minor ailment service from the pharmacist at ABC Pharmacy for dermatitis that results in non-prescription therapy to be recommended. ABC Pharmacy bills the claim through the HNS. B.N. is ineligible for another minor ailment service for dermatitis that same day from the same pharmacy even if it is conducted by another pharmacist, by another means (i.e., virtually), and/or results in a different outcome (i.e., a prescription drug is prescribed).	K.T. receives a minor ailment service from the pharmacist at ABC Pharmacy for dermatitis in the morning that results in non-prescription therapy to be recommended. ABC Pharmacy bills the claim through the HNS. K.T. presents to XYZ Pharmacy at night for a minor ailment assessment for dermatitis. The pharmacist at XYZ Pharmacy determines that it is clinically appropriate to conduct another assessment and provides a minor ailment consultation for K.T. which results in prescription therapy. Since the assessment was done at two different pharmacies, XYZ Pharmacy also submits a claim for payment through the HNS and ensures that documentation includes the rationale for providing the minor ailment service so close to the previous one.	F.Z. presents to the pharmacist with nasal congestion; rhinorrhea; and itchy, red, watery eyes due to allergies. Based on the symptoms, the pharmacist provides an allergic rhinitis minor ailment service and prescribes an intranasal corticosteroid. F.Z. also wants an eye drop for her eyes so the pharmacist conducts an allergic conjunctivitis minor ailment assessment. Since two assessments were conducted for two different minor ailment conditions, the pharmacist submits two claims (one for allergic rhinitis and one for allergic conjunctivitis) to the HNS.	C.V. presents to the pharmacy with signs and symptoms consistent with GERD and hemorrhoids. The pharmacist conducts a minor ailment assessment for each of the conditions which results in non-pharmacological strategies recommended for GERD and prescription therapy for treatment of hemorrhoids. The pharmacist can submit two separate claims, one for GERD and one for hemorrhoids, to the HNS for payment.

20. During the follow-up consultation with the patient, if a change in therapy or addition of new therapy is required, can a new minor ailment service be claimed?

A claim for a minor ailment service can only be submitted to the HNS for payment if the full minor ailment assessment is provided. Pharmacists are encouraged to use their professional judgement to determine if a full patient work-up is required in order to change and/or add therapy to the patient’s treatment plan and to document their decision and rationale appropriately to support the claim for service as applicable.

EXAMPLES	
Scenario 1	Scenario 2
E.P. received a minor ailment assessment for allergic rhinitis with the pharmacist last week where allergen avoidance and use of an over the counter (OTC) oral antihistamine daily was recommended. Upon follow-up today, E.P. says that her symptoms have improved a bit, but she doesn't like taking a pill everyday and is wondering if she can use a spray instead. Since the symptoms have been improving and there are no new symptoms, the pharmacist reviews the notes from the original assessment and decides to prescribe an intranasal corticosteroid in place of the oral antihistamine. Since a full assessment was not required, the pharmacist does not bill for a new minor ailment service through the HNS.	I.N. received a minor ailment assessment for allergic rhinitis from the pharmacist last week. The pharmacist follows-up with I.N. today who reports that their runny nose and sneezing have improved, but they now have new symptoms of itchy, watery eyes despite using the oral antihistamine. The pharmacist completes the follow-up documentation for allergic rhinitis and conducts a new minor ailment assessment for I.N. for allergic conjunctivitis and submits a claim to the HNS for payment.

21. If a patient is referred to another healthcare professional for further evaluation, can the pharmacist still bill for a minor ailment assessment under the category of “No Rx Issued”?

Pharmacies cannot claim a fee for a minor ailment service if the patient does not qualify and/or where they should automatically be referred to another healthcare provider due to identified red flags. The category “No Rx Issued” is meant to be used in situations where a complete minor ailment service is provided by the pharmacist, but the most appropriate treatment care plan for the patient does not require a prescription to be issued, e.g., wait and see approach, non-pharmacologic therapy, non-prescription therapy.

EXAMPLES			
Scenario 1	Scenario 2	Scenario 3	Scenario 4
V.S. presents to the pharmacist with signs and symptoms that are not consistent with any of the minor ailments that are within the scope of practice for pharmacists to assess and prescribe for. The pharmacist refers V.S. to the walk-in clinic for an assessment as V.S. is not eligible for the publicly funded minor ailment program through pharmacies. A claim for a minor ailment service cannot be submitted to the HNS.	X.D. calls the pharmacist and asks for a minor ailment assessment for a UTI. Upon discussion, X.D. informs the pharmacist she also has a fever and is feeling nauseous. The pharmacist informs X.D. that what she is describing is not consistent with an uncomplicated UTI and refers her to a primary care provider for further evaluation. A claim for a minor ailment service cannot be submitted to the HNS.	M.W. presents to the pharmacist with a minor muscle sprain. The pharmacist conducts a minor ailment assessment and together with M.W. decides that the best course of action is non-pharmacologic therapy combined with the use of OTC oral analgesics. The PIN associated with a claim for musculoskeletal sprains and strains with no Rx issued can be submitted to the HNS for remuneration.	K.Y. presents to the pharmacist with allergic rhinitis. He is asthmatic and currently on an oral antihistamine, but it doesn't work that well, especially for his nighttime symptoms. When going through the available options, K.Y. indicates he doesn't like nose sprays and prefers oral medication. The pharmacist, together with K.Y., decides that the best option is a leukotriene receptor antagonist. Since prescribing of that medication is not within the scope of the pharmacist, K.Y. is referred back to his primary care provider. The PIN associated with a claim for allergic rhinitis with no Rx issued can be submitted to the HNS for remuneration.

22. In the process of dispensing a prescription for a minor ailment condition issued by another pharmacist, can a professional intervention fee for the Pharmaceutical Opinion Program (POP) be claimed if a drug therapy problem is identified?

A pharmacy cannot claim a POP fee when dispensing a drug for a minor ailment pursuant to a prescription issued by a pharmacist at the same pharmacy. However, a pharmacist can submit a claim for a POP fee for ODB-eligible patients if the original pharmacist prescriber is from a different pharmacy, the outcome of the drug therapy problem is within the prescribing authority of the other pharmacist, and all other requirements of the [Pharmaceutical Opinion Program](#) are satisfied. It is important to note that regardless of whether the prescription was from a different pharmacy or not, adjustments to therapy that are within a pharmacist’s scope of practice would not be valid POP claims.

EXAMPLES	
Scenario 1	Scenario 2
C.P. is a pharmacist at ABC Pharmacy. Her colleague at the same pharmacy, A.Z., has issued a minor ailment prescription for one of their ODB-eligible patients. Upon filling the prescription, C.P. identifies a drug therapy problem and consults A.Z. to resolve it. As the prescribing and dispensing of the minor ailment prescription is at the same pharmacy, a claim for a POP fee cannot be submitted.	K.N. is a pharmacist at ABC Pharmacy who identifies a drug therapy problem while filling a prescription for an ODB-eligible patient issued by a pharmacist at XYZ Pharmacy. K.N. contacts the pharmacist prescriber at XYZ pharmacy to discuss the problem and provide her recommendation to resolve it. Since the prescribing and dispensing of the prescription occurred at two different pharmacies, K.N. can submit a claim for a POP fee using one of the associated outcome-based PINs.

23. Can a MedsCheck service be provided on the same day as a minor ailment service?

The MedsCheck and minor ailment programs are two separate publicly funded programs, therefore, patients are eligible for both if they meet the requirements of each program, e.g., providing consent for each service, completion of the MedsCheck Patient Acknowledgement of Professional Pharmacy Services form prior to a MedsCheck review, etc. Sufficient time to provide each service must also be available. It is important to note that the addition of the minor ailment prescription following a minor ailment assessment cannot be considered a significant change made to an existing medication profile, therefore, a fee for a MedsCheck Follow-Up service cannot be claimed in combination with a minor ailment assessment and the associated prescription. Pharmacists should check with the patient or the clinical viewers to see which professional pharmacy services have been completed recently to determine if the patient is eligible to receive another professional service.

EXAMPLES			
Scenario 1	Scenario 2	Scenario 3	Scenario 4
T.C. is a pharmacist who is providing a minor ailment assessment for one of her patients. During the assessment, T.C. determines that her patient is eligible and would benefit from a MedsCheck Annual review. T.C. completes the minor ailment assessment and also provides a MedsCheck review as per the program requirements. Two claims, one for the minor ailment service and one for the MedsCheck Annual review, are submitted to the HNS for payment.	G.H. is a pharmacist who is providing a minor ailment assessment for their regular patient which results in prescription therapy. Although a new prescription medication has been added to the patient's medication regimen, this is not a significant change for the patient and therefore, does not qualify nor does the patient require a MedsCheck Follow-Up. A claim for only the minor ailment assessment is submitted to the HNS.	P.C., a pharmacist, is conducting a MedsCheck Follow-Up consultation for a patient following documented evidence of the patient's non-compliance to therapy. During the discussion, the patient also asks for help with managing his GERD. In addition to the MedsCheck Follow-Up, P.C. spends additional time to provide the patient with a minor ailment assessment for GERD. As these two services are unrelated to each other, P.C. submits a claim for each service to the HNS for payment.	C.I. is a pharmacist who provides a MedsCheck Follow-Up consultation for a patient who has been referred to the pharmacy for a review by their family physician. Later that day, the patient returns to see C.I. for UTI symptoms that just developed. C.I. provides a minor ailment assessment for the patient and prescribes her an antibiotic. As the patient meets the eligibility criteria for both services, which were unrelated to each other, a claim for each service is submitted to the HNS.

24. Can a pharmacist provide the Reason for Use (RFU) code for a Limited Use (LU) product that is prescribed for an ODB-eligible patient?

Yes. If the pharmacist is prescribing a drug therapy that is an LU product under the ODB program for an ODB-eligible patient in accordance with their scope of practice, the pharmacist can provide the appropriate RFU code upon determination that the patient meets the LU criteria. This also includes a prescription that is adapted or extended. All other documentation requirements remain applicable.

EXAMPLES	
Scenario 1	Scenario 2
K.K. is a pharmacist who has completed a minor ailment assessment for an ODB-eligible patient and has decided to issue a prescription for a drug therapy that is an LU product. K.K. reviews the LU criteria and determines that the patient meets the criteria. K.K. documents their decision and issues the prescription along with the corresponding RFU code.	Z.W. is a pharmacist at ABC Pharmacy who is dispensing a prescription issued by a pharmacist from XYZ Pharmacy for an ODB-eligible patient. The prescription does not have a RFU code, but the drug is an LU product. Z.W. must contact the prescribing pharmacist to discuss whether the patient meets the LU criteria for coverage and if yes, the prescribing pharmacist must authorize the appropriate RFU code for this prescription prior to Z.W. submitting a dispensing claim to the HNS.

25. Can a pharmacist write a prescription with “No Substitution” or “No Sub” when prescribing under the minor ailments program?

OPA has confirmed with the Ministry that the same ODB program rules for medically necessary “No Substitution” claims apply to prescriptions that are issued by pharmacists for minor ailments for ODB-eligible recipients. This question has subsequently been addressed in the Ministry’s updated [Questions and Answers for Funding for Minor Ailment Services in Ontario Pharmacies](#) and pharmacy professionals are encouraged to consult that resource for further information.

ADDITIONAL SUPPORTS

26. What other additional resources are available to support pharmacy professionals with implementing minor ailment services in their practice?

In addition to these supplementary FAQs (which will be updated with additional questions and answers as needed), OPA is working on developing additional tools and resources to support the profession with adopting this new scope into practice. As these become available, OPA will notify members through our email communications and will update our [Minor Ailments](#) page accordingly. Pharmacy professionals are encouraged to consult OCP's page on [Minor Ailments](#) for additional resources as well.

OPA has also partnered with MAPflow, a web-based clinical decision support tool designed specifically for the Ontario pharmacy practice environment by Dr. Nardine Nakhla. Pharmacists using MAPflow will appreciate the intuitive interface that efficiently guides them through the entire minor ailments assessment, prescribing, documentation and follow-up process required for this new scope of practice. MAPflow subscriptions are fully portable across multiple sites, enabling pharmacists to use the tool in any practice environment where they perform minor ailments assessments. Click [here](#) for more information and/or to access the subscription discount for OPA members.

Members with additional questions and comments about the regulations or publicly funded program can also access OPA's Practice Support Network at info@opatoday.com.

Disclaimer

This tool was developed by the Ontario Pharmacists Association (OPA) and is provided to pharmacy professionals for informational purposes only. It is intended to assist pharmacy professionals with understanding and implementing the publicly funded minor ailment program in Ontario pharmacies but does not replace professional judgment and responsibilities. It is provided without warranty of any kind by OPA and OPA assumes no responsibility for any errors, omissions or inaccuracies therein. The decision for use and application of this document is the responsibility of the user. OPA assumes no liability for such use and application or any resulting outcomes. It is the responsibility of the pharmacy professional to use professional judgment in evaluating this material in light of any relevant clinical or situational data. It is intended to supplement materials provided by regulatory authorities, and should there be any discrepancies, municipal, provincial, and federal laws, policies and guidelines shall prevail. This information is up to date as at the date of publication. Pharmacy professionals are encouraged to confirm information with additional resources.

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