Executive Officer Notice: Administration of Publicly Funded COVID-19 Vaccines in Ontario Pharmacies

Effective April 6th, 2023

Certain eligible pharmacies can administer publicly funded COVID-19 vaccines to eligible individuals (see Pharmacy Eligibility below).

The purpose of this Executive Officer (EO) Notice: Administration of Publicly Funded COVID-19 Vaccines in Ontario Pharmacies (EO Notice), and the accompanying Frequently Asked Questions (FAQs) document, is to set out the terms and conditions for a participating pharmacy's submission of claims for payment (claims) for administering injectable COVID-19 vaccines to eligible individuals. Each document is a ministry policy that pharmacy operators must comply with under section 3.2 of the Health Network System (HNS) Subscription Agreement for Pharmacy Operators. Participating pharmacies must comply with all of the terms and conditions set out in the EO Notice and FAQs.

The EO Notice and the accompanying FAQs document are not intended to describe a pharmacy operator's obligations in respect of administering injectable COVID-19 vaccines under applicable legislation, other agreements with the Province of Ontario, or policies of the Ontario College of Pharmacists (OCP). Pharmacy operators with questions about their legal obligations outside of the HNS Subscription Agreement should refer to the applicable legislation, other agreement, or OCP policy as appropriate.

This EO Notice replaces the previous two (2) EO notices (Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – **Eligibility**; Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – **Billing**) respecting the administration of publicly funded COVID-19 vaccines in Ontario pharmacies that were effective March 6th, 2023.

Pharmacy Eligibility

In order to be eligible to submit claims for administering a publicly funded COVID-19 vaccine, a pharmacy operator (also referred to in this document as a "participating

pharmacy") must be selected to participate by the ministry and meet the following requirements:

- Have a valid HNS Subscription Agreement with the ministry
- Have a valid agreement[1] with the ministry respecting COVID-19 vaccine administration and the use of the Provincial COVID-19 vaccine solution (the "COVID-19 Vaccine Agreement"); and
- Be enrolled in the current Universal Influenza Immunization Program (UIIP)[2].

This eligibility criteria may be updated from time to time. Please refer to the ministry website for the most recent version of this notice.

Individual Eligibility

The following rules apply to the interpretation of the eligibility criteria in the summary table below for any COVID-19 vaccine doses.

An individual is eligible to receive a publicly funded COVID-19 vaccine if they live, work, or study in Ontario or they are visiting Ontario from another province / territory or another country, and if they meet the applicable eligibility criteria in the table below. For all vaccine doses, when eligibility is defined by age, individuals must be the respective age of eligibility on the day of the vaccine administration.

Residents of long-term care homes, residents of retirement homes, and persons living in other congregate settings (e.g. assisted-living facilities, naturally occurring congregate retirement settings/seniors apartment buildings, congregate settings for people with developmental disabilities, mental health and addictions issues, etc.) who meet the eligibility criteria in the table below are only eligible to receive a pharmacy-administered vaccine dose when pharmacy staff administer the dose at the long-term care home, retirement home or other congregate setting. Staff, support workers, essential caregivers, volunteers and contractors who are working at the long-term care home, retirement home or other congregate settings are also eligible for pharmacy-administered vaccine doses either at the pharmacy or when the pharmacy staff visit the home / congregate setting, provided that they meet the applicable eligibility criteria in the table below. Pharmacies must

[1] A valid agreement is in respect of a particular pharmacy operator operating at a specific pharmacy location. Where a pharmacy is sold, or where a pharmacy operator relocates, a new COVID-19 Vaccine Agreement is required to reflect the new pharmacy operator or location.
[2] Enrollment in the UIIP is in respect of a particular pharmacy operator operating at a specific pharmacy location. Where a pharmacy is sold, or where a pharmacy operator relocates, new enrollment in the UIIP is required to reflect the new pharmacy operator or location. Refer to the FAQs document (question 6) for more information.

coordinate any vaccine administration at a long-term care home, retirement home or congregate setting with the local public health unit and the proprietor of the home/setting.

Informed consent is required to administer any COVID-19 vaccine to an eligible individual.

For a primary series the National Advisory Committee on Immunization (NACI) preferentially recommends receipt of monovalent mRNA COVID-19 vaccines (i.e., Pfizer-BioNTech or Moderna) to complete the primary series for all individuals 6 months and older, without contraindications to the vaccine.

Individuals are recommended to receive the same mRNA vaccine product for all doses in a primary series, using the dose that is correct for the age at the time of appointment.

The recommended interval between doses in the primary series is 2 months (56 days).

Individuals who have received COVID-19 vaccines outside of Ontario or Canada should contact their local public health unit to have their COVID-19 immunization record documented in COVAX$_{ON}$. Pharmacies should refer to the most recent COVID-19 Vaccine Guidance for information on completing the primary series with different vaccine combinations.

Primary Series Recommendations for Moderately to Severely Immunocompromised Individuals

An extended primary series constitutes administration of an additional dose to complete the primary series and is recommended for certain moderately to severely immunocompromised individuals. See the COVID-19 chapter in the Canadian Immunization Guide: Immunocompromised persons for more information.

An extended primary series of mRNA COVID-19 vaccines is recommended for the following immunocompromised populations eligible for vaccination with the vaccine product authorized for their age group:

- Individuals receiving dialysis (hemodialysis or peritoneal dialysis)
- Individuals receiving active[3] treatment (e.g., chemotherapy, targeted therapies, immunotherapy) for solid tumour or hematologic malignancies
- Recipients of solid-organ transplant and taking immunosuppressive therapy

[3] Active treatment includes patients who have completed treatment within 3 months. Active treatment is defined as chemotherapy, targeted therapies, immunotherapy, and excludes individuals receiving therapy that does not suppress the immune system (e.g., solely hormonal therapy or radiation therapy). See Ontario Health/Cancer Care Ontario's Frequently Asked Questions for more information.

- Recipients of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Individuals with moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- HIV with AIDS-defining illness in last 12 months before starting vaccine series, or severe immune compromise with CD4 count <200 cells/uL or CD4 percentage <15%, or without HIV viral suppression
- Individuals receiving active treatment with the following categories of immunosuppressive therapies: anti-B cell therapies[4] (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids (refer to the Canadian Immunization Guide for suggested definition of high dose steroids), alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive.

It is recommended that re-vaccination with a repeat COVID-19 vaccine primary series be initiated post-transplantation for hematopoietic stem cell transplant (HSCT), hematopoietic cell transplants (HCT) (autologous or allogeneic), and recipients of CAR-T-cell therapy given the loss of immunity following therapy or transplant.[5]

Staying Up to Date[6]:

- For those **6 months to 4 years**, means having a completed primary series.
- For those **5 years and older,** means completion of the primary series and receipt of a booster dose (monovalent or bivalent) on or after September 1, 2022.
    - For specific high-risk populations, means completion of the primary series and receipt of a booster dose within the last six months.

At this time, the seasonality of COVID-19 is not known, and it has not yet been determined whether eligible individuals will need a COVID-19 vaccine booster dose at a set time period (e.g., every 6 months). COVID-19 clinical vaccine guidance may change as emerging evidence comes forward to inform recommendations closer to Fall 2023.

[4] Active treatment for patients receiving B-cell depleting therapy includes patients who have completed treatment within 12 months
[5] As per the Canadian Immunization Guideline, HSCT recipients should be viewed as vaccine naïve (i.e. never immunized) and require re-immunization after transplant.
[6] This definition is based on NACI recommendations for COVID-19 vaccine booster doses, however, is subject to change as the COVID-19 pandemic evolves.

Booster Dose Recommendations for High-Risk Groups

As of April 6, 2023, the following high-risk groups are recommended to receive a spring booster dose if at least six months (168 days) have passed since the last dose or confirmed COVID-19 infection[7]:

- Individuals aged 65 years and older
- Residents of long-term care homes, retirement homes, elder care lodges, and other congregate living settings for seniors
- Individuals aged 18 years and older living in congregate care settings for people with complex medical care needs
- Pregnant individuals
- Individuals aged 18 years and older with moderately to severely immunocompromising conditions
- Individuals aged 55 years and older who identify as First Nations, Inuit, or Métis and their non-Indigenous household members aged 55 years and older.

As of April 6, 2023, individuals outside the above groups may choose to receive another booster dose, if at least 6 months (168 days) have passed since the previous dose or confirmed COVID-19 infection. However, it should be communicated that there is no current evidence that substantiates the need for an additional dose if a booster was already received on or after September 1, 2022.

While the recommended interval is at least 6 months, vaccine administrators can use their discretion to decide on administration prior to the 6-month interval, primarily as a result of operational considerations. The closer the timing is to the optimal interval, the better; evidence shows that the antibody response is higher with longer intervals between infection and vaccination and with longer intervals between vaccination doses.

Individuals are recommended to receive a mRNA vaccine for their booster dose(s). Bivalent boosters in authorized age groups are recommended over monovalent boosters. For individuals in authorized age groups who are not able or willing to receive a bivalent Omicron-containing mRNA COVID-19 vaccine, an original monovalent mRNA COVID-19 vaccine may be offered.

For more clinical information on primary and booster doses, dosing intervals, product preferences, special populations, COVID-19 vaccines interchangeability, and adverse reactions refer to the ministry's most recent COVID-19 Vaccine Guidance.

[7] A confirmed COVID-19 infection is characterized by positive test or after having symptoms post contact with someone who had a positive test (Refer to Table 3 in the ministry's most recent COVID-19 Vaccine Guidance).

Summary Table[8] - COVID-19 Vaccines Individual Eligibility Criteria

	Age	Vaccine Product	Vaccine Dosing[9]
PRIMARY SERIES (and re-vaccination[10])	**6 months to 4 years**	** *Moderna preferred for immunocompromised*[11] ** Moderna **Spikevax 0.10mg/mL** (25mcg/0.25mL dose) blue cap / purple label (DIN 02527685) Pfizer-BioNTech **Comirnaty 3mcg/0.2mL** (3mcg/0.2mL dose) maroon cap / maroon label (DIN 02530325) **DILUTE**	Immunocompetent Moderna - 2 doses, 56 days apart Pfizer - 3 doses, 56 days apart Immunocompromised Moderna - 3 doses, 56 days apart Pfizer - 4 doses, 56 days apart
	5 years	** *Pfizer preferred* ** Pfizer-BioNTech **Comirnaty 10mcg/0.2mL** (10mcg/0.2mL dose) orange cap / orange label (DIN 02522454) * *DILUTE** Moderna **Spikevax 0.10mg/mL** (25mcg/0.25mL dose) blue cap / purple label (DIN 02527685)	Immunocompetent 2 doses, 56 days apart Immunocompromised 3 doses, 56 days apart

[8] For more information on COVID-19 vaccines refer to the ministry's most recent COVID-19 Vaccine Guidance.
[9] For more information on recommended and minimum intervals between doses refer to the ministry's most recent COVID-19 Vaccine Guidance.
[10] Re-vaccination with a new COVID-19 vaccine primary series is recommended following hematopoietic stem cell transplant (HSCT), hematopoietic cell transplant (HCT) (autologous or allogeneic), and recipients of CAR-T-cell therapy given the loss of immunity following therapy or transplant.
[11] Preference is due to feasibility of series completion rather than any safety signals observed. A 4-dose primary series with Pfizer-BioNTech (3 mcg) may have feasibility challenges, including the need to schedule 4 separate appointments and space appointments appropriately relative to other childhood vaccination appointments.

	Age	Vaccine Product	Vaccine Dosing[9]
	6 to 11 years	** *Pfizer preferred* ** Pfizer-BioNTech **Comirnaty 10mcg/0.2mL** (10mcg/0.2mL dose) orange cap / orange label (DIN 02522454) * *DILUTE**	Immunocompetent 2 doses, 56 days apart
		Moderna **Spikevax 0.20mg/mL** (50mcg/0.25mL dose) red cap / red label (DIN 02510014) Moderna **Spikevax 0.10mg/mL** (50mcg/0.5mL dose) blue cap / purple label (DIN 02527685)	Immunocompromised 3 doses, 56 days apart
	12 years and older	** *Pfizer preferred for 12 to 29 years* ** Pfizer-BioNTech **Comirnaty 30mcg/0.3mL** (30mcg/0.3mL dose) grey cap / grey label (DIN 02527863)	Immunocompetent 2 doses, 56 days apart
		Moderna **Spikevax 0.20mg/mL** (100mcg/0.5mL dose) red cap / red label (DIN 02510014)	Immunocompromised 3 doses, 56 days apart
		Novavax **Nuvaxovid** (see Note 1 below) 5 mcg/0.5mL dose (DIN 02525364)	2 doses, 56 days apart For those not able or willing to receive a Pfizer-BioNTech or Moderna vaccine.
	18 years and older	Janssen **Jcovden** (see Note 1 below) 5 x 10^{10} VP/0.5mL dose (DIN 02513153)	1 dose For those not able or willing to receive a Pfizer-BioNTech or Moderna or Novavax vaccine.[12]

[12] Informed consent is required to ensure appropriate communication about the risk of thrombosis with thrombocytopenia syndrome (TTS) which may be life-threatening. Informed consent is always required for vaccines under the Health Care Consent Act and express consent is required when a vaccine is being offered as an alternative to the recommended one.

	Age	Vaccine Product	Vaccine Dosing[9]
BOOSTER DOSES[13]	**6 months to 4 years**	Not eligible for booster doses	
	5 years	Pfizer-BioNTech **Comirnaty Bivalent 10mcg/0.2mL** (10mcg/0.2mL dose) orange cap / orange label (DIN 02533197) **DILUTE** Pfizer-BioNTech **Comirnaty 10mcg/0.2mL** (monovalent) (10mcg/0.2mL dose) orange cap / orange label (DIN 02522454) **DILUTE**	Immunocompetent 1 dose, six months (168 days)[14] after last dose or confirmed SARS-CoV-2 infection
			Immunocompromised 1 dose, six months (168 days)[14] after last dose or confirmed SARS-CoV-2 infection
	6 to 11 years	** *Pfizer bivalent preferred* ** Pfizer-BioNTech **Comirnaty Bivalent 10mcg/0.2mL** (10mcg/0.2mL dose) orange cap / orange label (DIN 02533197) **DILUTE** Pfizer-BioNTech **Comirnaty 10mcg/0.2mL** (monovalent) (10mcg/0.2mL dose) orange cap / orange label (DIN 02522454) **DILUTE** Moderna **Spikevax Bivalent** (BA.1) **0.10mg/mL** (see Note 2 below) (25mcg/0.25mL dose) blue cap / green label (DIN 02530252)	Immunocompetent 1 dose, six months (168 days)[14] after last dose or confirmed SARS-CoV-2 infection
			Immunocompromised 1 dose, six months (168 days)[14] after last dose or confirmed SARS-CoV-2 infection

[13] While bivalent booster doses are preferred, an individual may receive a monovalent booster with informed consent.
[14] While the recommended interval is at least 6 months, vaccine administrators can use their discretion to decide on administration prior to the 6-month interval, evidence shows that the antibody response is higher with longer intervals between vaccination doses.

	Age	Vaccine Product	Vaccine Dosing[9]
	12 years and older	** *Pfizer bivalent preferred for 12 to 17 years; Bivalent preferred for 18 &older* ** Pfizer-BioNTech **Comirnaty Bivalent 30mcg/0.3mL** (30mcg/0.3mL dose) grey cap / grey label (DIN 02531461) Pfizer-BioNTech **Comirnaty 30mcg/0.3mL** (monovalent) (30mcg/0.3mL dose) grey cap / grey label (DIN 02527863) Moderna **Spikevax Bivalent** (BA.1) **0.10mg/mL** (see Note 2 below) (50mcg/0.5mL dose) blue cap / green label (DIN 02530252) Moderna **Spikevax 0.20mg/mL** (monovalent) (50mcg/0.25mL dose) red cap / red label (DIN 02510014) Moderna **Spikevax 0.10mg/mL** (monovalent) (50mcg/0.5mL dose) blue cap / purple label (DIN 02527685)	Immunocompetent 1 dose, six months (168 days)[15] after last dose or confirmed SARS-CoV-2 infection Immunocompromised 1 dose, six months (168 days)[15] after last dose or confirmed SARS-CoV-2 infection
	18 years and older	** *Bivalent preferred* ** Moderna **Spikevax Bivalent** (BA.4/5) **0.10mg/mL** (50mcg/0.5mL dose) blue cap / grey label (DIN 02532352)	Immunocompetent 1 dose, six months (168 days)[15] after last dose or confirmed SARS-CoV-2 infection Immunocompromised 1 dose, six months (168 days)[15] after last dose or confirmed SARS-CoV-2 infection

[15] While the recommended interval is at least 6 months, vaccine administrators can use their discretion to decide on administration prior to the 6-month interval, evidence shows that the antibody response is higher with longer intervals between vaccination doses.

	Age	Vaccine Product	Vaccine Dosing[9]
		Novavax **Nuvaxovid** (see Note 1 below) 5 mcg/0.5mL dose (DIN 02525364)	1 dose, six months (168 days)[16] after last dose or confirmed SARS-CoV-2 infection For those not able or willing to receive a Pfizer-BioNTech or Moderna vaccine.
		Janssen **Jcovden** (see Note 1 below) 5 x 10^{10} VP/0.5mL dose (DIN 02513153)	1 dose, six months (168 days)[16] after last dose or confirmed SARS-CoV-2 infection For those not able or willing to receive a Pfizer-BioNTech or Moderna or Novavax vaccine.[17]

Note 1:
There is limited supply of Novavax and Janssen vaccines. Contact your local public health unit to determine how eligible individuals may receive these vaccines. The safety and efficacy of Novavax and Janssen vaccines have not been established in individuals who are immunocompromised due to disease or treatment. As such, eligible individuals who choose to be immunized with Novavax or Janssen vaccines should be informed that there is currently limited evidence of these vaccines in this population. Clinicians should use clinical discretion to offer an additional dose for an extended primary series with either Novavax or Janssen to immunocompromised individuals. For additional information, refer to the COVID-19 Vaccine Guidance.

Note 2:
As of March 6, 2023, bivalent Moderna supply is being switched over to the bivalent Moderna BA.4/5 product and the bivalent Moderna BA.1 product will begin to be phased out. Although the indication for use of bivalent Moderna BA.1 as a booster was expanded to those 6 – 17 years on February 17, 2023, Ontario will not order more supply once the current supply has been depleted.

[16] While the recommended interval is at least 6 months, vaccine administrators can use their discretion to decide on administration prior to the 6-month interval; evidence shows that the antibody response is higher with longer intervals between vaccination doses.
[17] Informed consent is required to ensure appropriate communication about the risk of thrombosis with thrombocytopenia syndrome (TTS) which may be life-threatening. Informed consent is always required for vaccines under the Health Care Consent Act and express consent is required when a vaccine is being offered as an alternative to the recommended one.

Pharmacies should be informed and stay current with the vaccine's official indications in accordance with Health Canada's approved product monograph, including information regarding recommended dosing as per the product monograph. Ontario is funding vaccine doses, based on recommendations of NACI, the Chief Medical Officer of Health and other health experts as noted in the COVID-19 Vaccine Guidance and guidance from NACI and the OIAC.

This eligibility criteria may be updated from time to time. Please refer to the ministry website for the most recent version of this notice and for details of the provincial rollout plan, please visit the ministry's website.

Claims for Payment

- There is no cost to eligible patients who receive the COVID-19 vaccine when administered at a pharmacy.
- For each valid claim submitted, a pharmacy will receive $13.00 as payment for providing the following services:
    - Providing the patient with details of the process and answering any questions related to the vaccination.
    - Obtaining the consent of the patient or their substitute decision-maker prior to vaccine administration
    - Administering the COVID-19 vaccine.
    - Providing the patient with proper monitoring and written vaccine information as well as after-care instructions following vaccine administration.
    - Providing the patient with a written receipt of the vaccination with the pharmacy contact information **after** the vaccine is administered (see Pharmacy Documentation Requirements section below); a pharmacy may wish to issue an electronic receipt as well. (Note: a written receipt can be printed from COVAX$_{ON}$).
    - Complying with any requirements to access and use the Provincial COVID-19 Vaccine Solution-COVAX$_{ON}$ under the COVID-19 Vaccine Agreement.
- Pharmacies may access personal protective equipment (PPE) from the ministry's dedicated supply, if needed, to administer the COVID-19 vaccine. The ministry's supply of PPE must ONLY be used to support the activity of pharmacies administering the publicly funded COVID-19 vaccine.
- The table above lists the publicly funded COVID-19 vaccines that are available to pharmacies and are billable, including any restrictions on administering the vaccine (e.g., age groups).

Exclusions and Restrictions

- If a patient does not have a valid Ontario health card number, pharmacy staff can still administer the publicly funded COVID-19 vaccine, provided that the patient provides an alternate identification confirming their name and date of birth. In such cases, pharmacies must use the proxy patient ID: 79999 999 93.
- Administration of non-publicly funded COVID-19 vaccines that are privately purchased by the pharmacy does not qualify for payment.
- Vaccine administration must occur at the location of the participating pharmacy premises, unless otherwise indicated. The pharmacy is permitted to administer publicly funded vaccines supplied by their distributor in a nearby location (e.g., an adjacent pharmacy parking lot) and retirement homes, elderly congregate settings, long-term care homes, or mobile clinic locations as long as they are able to ensure adherence to public safety and relevant Ministry policy / direction (including infection prevention and control measures), the COVID-19 Vaccine Agreement, and any Ontario College of Pharmacist (OCP) standards, polices or guidelines. See the most recent version of the accompanying FAQs for more information.
- The role of pharmacists, pharmacy students, interns or pharmacy technicians administering the COVID-19 vaccine in initiatives led by other authorized organizations that have entered into COVID-19 Vaccine Agreements with the Ministry (e.g., public health units or hospitals that organize mass immunization clinics) that are not billed through the HNS is excluded from this notice.
- A pharmacist's recommendation to a prescriber that a patient should receive a COVID-19 vaccine is not a billable service under the Pharmaceutical Opinion Program.

Billing Procedures – Summary

- Claims for administering the publicly funded COVID-19 vaccine can only be submitted electronically using the HNS (see "Billing Procedures - Detailed" below). No manual paper claims will be accepted unless 3 intervention codes are required in order to process the claim.
- The Part A pharmacist who administers the vaccine or who is overseeing other pharmacy staff administering the vaccine must be identified in the prescriber field on the claim. Each claim must include the Drug Identification Number (DIN)

corresponding to the publicly funded COVID-19 vaccine that was administered to the eligible individual (see Summary Table).

- The person submitting the claim must ensure that the eligible individual's date of birth, Ontario health number and name (as it appears on the health card / document) are included in the claim. Failure to do so – especially for non-Ontario Drug Benefit (ODB) Program recipients – may impact the ability to submit future claims for these individuals.
    - **For eligible individuals without an Ontario health number, pharmacies must use the proxy patient ID: 79999 999 93 (see below for further details).**

Billing Procedures – Detailed

The claim submission follows the usual process (See Section 5.1 of the Ontario Drug Program Reference Manual) for submitting claims in the HNS with the following additional information:

Fields required for all claims for pharmacist administered COVID-19 vaccines

ODB recipients and non-ODB recipients

- Intervention code 'PS': (Professional Care Services)
- Drug Identification Number (DIN): as per the publicly funded COVID-19 vaccine administered (see table above)
- Valid Pharmacist ID
- Professional fee: $13.00

Additional fields required for non-ODB recipients with an Ontario health number

When submitting a claim for an eligible individual who does not have ODB coverage, submit the following additional information:

- Patient Gender: 'F' = female; 'M' = male
- Patient Date of Birth: Valid YYYYMMDD
- Patient's Ontario Health number
- Intervention codes:
    - PS: Professional Care Services

  - ML: Established eligibility coverage (i.e., 1 day of the Plan ‘S’ coverage)
- Carrier ID: ‘S’
- Drug Identification Number (DIN): as per the publicly funded COVID-19 vaccine administered
- Valid Pharmacist ID

Additional fields required for non-ODB recipients without an Ontario health number

When submitting a claim for an eligible individual who does not have an Ontario health number, submit the following additional information:

- First Name: Patient’s first name
- Last Name: Patient’s last name
- Patient Gender: ‘F’ = female; ‘M’ = male
- Patient Date of Birth: Valid YYYYMMDD
- Proxy patient ID: 79999 999 93
- Intervention codes:
  - PS: Professional Care Services
  - PB: Name entered is consistent with card
- Valid Pharmacist ID

Payment for epinephrine auto-injector for emergency treatment after administration of the COVID-19 vaccine

If there is an adverse event resulting immediately after pharmacy staff administers a publicly funded COVID-19 vaccine, the ministry will reimburse pharmacies for the acquisition cost of the epinephrine auto-injector up to the total amount reimbursed.

Emergency treatment must take place in the pharmacy or where the vaccine was administered, for example an adjacent pharmacy parking lot, retirement home, long-term care home, other congregate setting, or mobile clinic location, if applicable.

The claim submission process is the same as the one followed for the publicly funded UIIP. Refer to Section 6.15 of the Ontario Drug Program Reference Manual for billing information.

Pharmacy Documentation Requirements

Pharmacies must keep a record of every dose of publicly funded COVID-19 vaccine administered.

Pharmacists shall keep records consistent with their obligations under the *Pharmacy Act, 1991*, the *Drug and Pharmacies Regulation Act*, the COVID-19 Vaccine Agreement, and any instructions or guidelines provided by the OCP or the ministry.

For purposes of post-payment verification, pharmacy records related to claims for administering a publicly funded COVID-19 vaccine must be maintained in a readily available format for the purpose of ministry inspection for a minimum of 10 years from the last recorded pharmacy service provided to the patient, or until 10 years after the day on which the patient reached or would have reached the age of 18 years, whichever is longer.

Overpayments due to inappropriate claim submissions are subject to recovery.

Pharmacy documentation must be maintained in a readily retrievable format and record requirements are:

- Record of name and address of patient.
- Record of patient's Ontario health number or alternate ID with contact information if applicable.
- Record of name of vaccine administered, dose (including half-dosing if applicable), lot number, expiry date, time, date, route and site of administration.
- Record of pharmacy name, pharmacy address and name and signature of individual who administered the vaccine.
- Record of location of administration (inside pharmacy, pharmacy parking lot or within the retirement home, elderly congregate setting, long-term care home or location of a mobile clinic if applicable)
- Evidence of the provision of a written and electronic (if applicable) record (post administration) of the COVID-19 immunization record to the patient, which includes the pharmacy's contact information and date and time for the second scheduled dose at the same pharmacy location. Note: date and time of the second dose may be hand-written on the written record provided to the patient.
- Record of any serious adverse events following immunization that result in the administration of epinephrine, and the circumstances relating to the administration of the substance.
- Records documenting compliance with any requirements to access and use the Provincial COVID-19 Vaccine Solution-COVAX$_{ON}$ under the COVID-19 Vaccine Agreement. Note: All respective health care providers whether pharmacist, intern, registered pharmacy student, pharmacy technician or other health care provider

must identify themselves as the vaccinator in the COVAX$_{ON}$ system and on the vaccine receipt provided to the patient.

Prior EO Notices

Updates relating to this Executive Officer Notice have been communicated previously as two (2) separate EO Notices (Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – **Eligibility**; Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – **Billing**) on the effective dates listed below.

EO Notices in 2023				
March 6				
EO Notices in 2022				
January 13	April 7	July 28	September 12	November 8
February 18	May 2	August 8	September 26	December 21
March 25	July 14	September 1	October 17	
EO Notices in 2021				
March 10	May 11	June 4	September 1	December 2
March 22	May 13	June 14	September 8	December 17
April 1	May 18	June 17	October 1	December 20
April 19	May 21	June 25	October 8	
April 30	May 23	July 5	November 3	
May 6	May 31	August 18	November 25	

Additional Information:

For pharmacy billing:

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

For COVID-19 vaccine rollout in pharmacy:

Please email the ministry at: OPDPInfoBox@ontario.ca

For Ministry COVID-19 Vaccine-Relevant Information and Planning Resources

Please access this website

For all other Health Care Providers and the Public:

Please call ServiceOntario, Infoline at 1-866-532-3161 TTY 1-800-387-5559. In Toronto, TTY 416-327-4282.