

Updated: Questions and Answers for: Administration of Publicly Funded COVID-19 Vaccine in Ontario Pharmacies

This Questions and Answers document accompanies the most recent Executive Officer (EO) Notices on the Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies available on the [ministry website](#). This Questions and Answers document also replaces any previous version on the same topic on the ministry website.

Participating pharmacies administering the publicly funded COVID-19 vaccine must be familiar with their agreement with the ministry respecting COVID-19 administration and use of the provincial COVID-19 vaccine solution-COVAX_{ON} (COVID-19 Vaccine Agreement)¹. These Questions and Answers primarily relate to the public funding of pharmacy administration of the COVID-19 vaccine and are not intended to provide information about the requirements in the COVID-19 Vaccine Agreement.

For more information on:

- [COVID-19 vaccine immunization](#) in Ontario,
- Health Network System claims issues, pharmacy staff may contact the ministry's Ontario Drug Benefit (ODB) Help Desk and refer to the [Ontario Drug Programs Reference Manual](#)
- Injection training and scope of practice, pharmacy staff should contact the [Ontario College of Pharmacists \(OCP\)](#)

¹ The COVID-19 Vaccine Agreement includes requirements respecting vaccine ordering, storage and handling (such as cold chain requirements and incident management) and access to and use of the Provincial COVID-19 Vaccine Solution-COVAX_{ON} (if access to the Solution has been granted to the pharmacy).

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Overview

1. What is the pharmacist’s role in the administration of the publicly funded COVID-19 vaccine to Ontarians?

Pharmacists and other members of the Ontario College of Pharmacists (OCP) play an important role in the administration of the publicly funded COVID-19 vaccine. Part A pharmacists, registered pharmacy students, interns and pharmacy technicians who are members of the OCP, have completed the required injection training and in accordance with OCP guidance can administer the publicly funded COVID-19 vaccine to eligible individuals in participating pharmacies. Please refer to the Executive Officer Notice for more information about the criteria for participating pharmacies. Participation by pharmacies is voluntary.

2. What are the publicly funded COVID-19 vaccines that are available to pharmacies?

Please refer to the [ministry website](#) for the most recent EO Notice entitled “Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – Billing”.

Inclusion of a product in the EO Notice does not guarantee continued supply of the product through the participating pharmaceutical distributors.

3. How will the public know which pharmacies in Ontario are providing publicly funded COVID-19 vaccines?

Pharmacies that provide the COVID-19 vaccine will be listed on the ministry website at [this link](#).

4. How do pharmacies obtain the publicly funded vaccines?

Pharmacies selected by the ministry to participate in the vaccine rollout with an HNS Subscription Agreement and COVID-19 Vaccine Agreement will receive the publicly funded COVID-19 vaccines (at no cost) through a designated pharmaceutical distributor. Vaccine ancillary supplies (e.g., needles, syringes) will be provided based on the vaccine allocation to the distributors. Note that supplies may not arrive at the same time due to different delivery requirements.

5. Are vaccinations at pharmacies available by walk-in or pre-booked appointments?

COVID-19 vaccination at pharmacies are recommended to occur **by pre-booked appointment**; however, some pharmacies may choose to offer walk-in appointment. Pharmacies are able to implement a booking procedure that best suits their business’s operations.

Pharmacies that choose to offer walk-in appointments are reminded of their responsibility for informing and educating the public on COVID-19, including promoting infection prevention and control measures. See Question #27 for further details on other procedures that must be followed during the COVID-19 pandemic.

Patients will be directed to visit the ministry’s [online location finder](#) to find their local pharmacy and pre-book an appointment or inquire about the pharmacy’s procedures related to walk-in appointments.

6. Are pharmacies able to operate and administer COVID-19 vaccines 24 hours a day / 7 days a week?

There are no restrictions that limit the hours of operations and pharmacies are strongly encouraged to support the administration of the COVID-19 vaccine 24 hours a day / 7 days a week, where permissible.

Eligibility

7. Are all individuals eligible for the publicly funded COVID-19 vaccine administered at a pharmacy?

No. Appropriately trained pharmacy staff can only administer the publicly funded COVID-19 vaccine in pharmacies to eligible individuals in accordance with the manufacturer's directions and according to the province's vaccine rollout plan. Please refer to the [ministry website](#) for the most recent EO Notice entitled "Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – Eligibility".

Patient eligibility criteria at the pharmacy is expected to change as COVID-19 vaccine supply fluctuates and the pandemic situation evolves.

8. Are patients required to provide consent before pharmacists administer the COVID-19 immunization?

Yes. Completion of a [consent form](#) is required by the patient or the patient's authorized representative or substitute decision maker prior to administering the COVID-19 vaccine.

For children and youth aged 5 to 17 years, there is a specific [consent form](#).

NOTE: an [additional consent form](#), "COVID-19 Vaccine Information for Individuals who received a first dose of the AstraZeneca COVID-19 vaccine/COVISHIELD", is required prior to the administration of a second dose with any vaccine. An additional consent form is not required for individuals who received an mRNA vaccine for their first dose. However, patients must provide informed consent to receive a second or subsequent dose of an mRNA vaccine, including an mRNA vaccine that is different from the mRNA vaccine as their first dose, for any reason.

9. Can a person who does not have an Ontario health card number still receive the publicly funded COVID-19 vaccine at a pharmacy?

Yes. Appropriately trained pharmacy staff can administer the publicly funded COVID-19 vaccine to someone **without** an Ontario health card number provided they have other valid documentation.

See Question #36 for further details on the claims submission process.

10. Can a patient be an ODB recipient and not have an Ontario health card number?

Yes. There may be circumstances when a patient who is an eligible ODB recipient does **not** have an Ontario health card number, such as an individual who is issued a temporary health number by the Ministry of Children, Community and Social Services that is used until the official Health Card is issued, or an individual who is not eligible for an Ontario health card number but has a paper Drug Benefit Eligibility Card. In these cases, the temporary eligibility number must be used for the HNS claim submission.

11. Can a pharmacist still submit a claim for payment for the administration of the COVID-19 vaccine if a patient forgot to bring his/her Ontario health card number?

No. If the patient has an Ontario health card number, then the pharmacist needs the patient's Ontario health card number in order to submit the claim for payment through the HNS.

12. What forms of identification and other information are required for patients who do not have an Ontario health card number?

If a pharmacy has been granted access to the Provincial COVID-19 Vaccine Solution-COVAX_{ON}, then the COVID-19 Vaccine Agreement requires documentation of alternate forms of identification to confirm date of birth if the patient does **not** have an Ontario health card number. Pharmacy staff must document the alternate form of ID on the vaccine record. Other forms of patient identification noted in that system may include:

- Birth Certificate
- Employee ID
- First Nations ID
- Passport
- MRN (Medical Record Number)

- Out of Province ID
- Driver's Licence

13. What if a patient received their first dose (or both doses) of a vaccine outside of Ontario or Canada? Are they considered fully vaccinated?

In Ontario, an individual is considered fully vaccinated if they have received:

- The full series of a COVID-19 vaccine authorized by Health Canada, or any combination of such vaccines,
- One or two doses of a COVID-19 vaccine not authorized by Health Canada, followed by one dose of a COVID-19 mRNA vaccine authorized by Health Canada, or
- Three doses of a COVID-19 vaccine not authorized by Health Canada; and
- They received their final dose of the COVID-19 vaccine at least 14 days ago.

Individuals who received a COVID-19 vaccine outside of Ontario or Canada are required to provide proof, such as a vaccination receipt or certificate, to their [public health unit](#) in order to be registered in the system.

Once that process is complete, if an additional dose is required, these individuals will be able to book their subsequent dose appointment through the provincial booking system, public health units that use their own booking system or participating pharmacies and primary care settings at an interval that aligns with Ontario's vaccine strategy.

Individuals who received a COVID-19 vaccine outside of Ontario or Canada who contact their local Public Health Unit will have their COVID-19 vaccine history verified and uploaded into the COVAX system. Depending on how many doses and which vaccines were previously administered (please refer to the [COVID-19 Guidance for Individuals Vaccinated outside of Ontario/Canada](#) located on the ministry's [website](#)), pharmacies may administer an additional dose of an mRNA vaccine if required to complete the vaccine series, in alignment with the ministry's guidance "[Who is considered to be fully vaccinated in Ontario](#)".

Ministry Payment

14. How much does the ministry pay pharmacy immunizers to administer the COVID-19 vaccine?

The ministry pays the pharmacy \$13.00 for the costs associated with services when administering an injectable publicly funded COVID-19 vaccine, when a claim for payment is submitted through the HNS. Services include:

- 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; a pharmacy may wish to issue an electronic receipt as well (see Question #30 below for more information) (Note: a written receipt can be printed from COVAX_{ON})
- Mandatory scheduling of the second dose
- Complying with any requirements to access and use the Provincial COVID-19 Vaccine Solution-COVAX_{ON} under the COVID-19 Vaccine Agreement, provided that the pharmacy has been granted access to the Solution.

15. How much does the ministry pay a pharmacy if the immunizer is required to inject epinephrine as emergency treatment for patients experiencing a serious adverse drug reaction due to the publicly funded COVID-19 vaccine?

The ministry will reimburse pharmacies the acquisition cost (no mark-up, dispensing or service fee) of approved epinephrine auto-injection products up to the total amount reimbursed (i.e., see Table 2 of the EO Notice) when used in this circumstance.

See Question #36 for further details on the claims submission process.

16. Does the ministry pay the pharmacist directly or the pharmacy?

The ministry pays the participating pharmacy.

Pharmacist Training

17. Are all Ontario pharmacists able to administer the COVID-19 vaccines to eligible Ontarians?

Only Part A pharmacists, registered pharmacy students, interns and registered pharmacy technicians who are members of the OCP and who have completed an approved training program and in accordance with OCP guidance can administer the publicly funded COVID-19 vaccine by injection in participating pharmacies. The eligible OCP members who have registered the required injection training are listed on the OCP's member registry website.

For more information on pharmacist, pharmacy student, intern, and pharmacy technician injection training please contact the [Ontario College of Pharmacists](#).

18. Can I employ other health care providers (e.g., registered nurse) to provide COVID-19 vaccines in my pharmacy?

Other health care providers (HCPs) who have the authority to administer the COVID-19 vaccine by injection under Ontario law and who have injection training may also administer the publicly funded COVID-19 vaccine in participating pharmacies. Should it be necessary that a pharmacy retain the services of other HCPs to administer the COVID-19 vaccine in the pharmacy, the pharmacy must comply with all terms and conditions in the Ministry's [Executive Officer Notices and Questions & Answers documents](#) ("Ministry Policies"), and the user agreement for the COVAX_{ON} system (the "User Agreement") in relation to the HCP's vaccine-related activities in the pharmacy. For clarity, all terms and conditions in Ministry Policies and the User Agreement respecting the vaccine-related activities of a pharmacist, intern, registered pharmacy student or pharmacy technician apply equally to the other HCP that has been retained by the pharmacy to administer the vaccine.

A Part A pharmacist must be identified in the prescriber field on the claim through the HNS for vaccines administered by other health care professionals. All respective HCPs whether pharmacist, intern, registered pharmacy student, pharmacy technician or other HCP must identify themselves as the vaccinator in the COVAX_{ON} system and on the vaccine receipt provided to the patient.

The Designated Manager should also consider the following non-exhaustive list of requirements that would be needed to comply with Ministry Policies and the User Agreement.

- Satisfaction that the HCP's has the competency to administer COVID-19 vaccine injection such as a proof of registration as such under the respective regulatory body (e.g. College of Nurses)
- List of all vaccination details administered by the other HCP including those that must be entered in the COVAX_{ON} system.
- Evidence that the other HCP has a clear understanding of [Vaccine Storage and Handling Guidelines](#), the [COVID-19: Vaccine Storage and Handling Guidance](#) document on the ministry's [website](#) and required Ministry guidance and protocols.

19. Besides injection training, is there other training involved when administering the COVID-19 vaccine to eligible Ontarians?

In addition to injection training for pharmacy vaccinators as outlined by the Ontario College of Pharmacists, pharmacy staff must also go through general training to use the Provincial COVID-19 Vaccine Solution-COVAX_{ON} database that holds all the COVID-19 vaccination information.

Resource information regarding the Provincial COVID-19 Vaccine Solution-COVAX_{ON} including support, training, forms and reference materials for pharmacies are available. Pharmacies should contact their head office or the [Ontario Pharmacists Association](#) for these resources.

Do not contact the COVAX_{ON} support channel directly.

20. Are there on-boarding resources available for pharmacies?

Yes. Pharmacies will be provided with an on-boarding resource package that outlines the overall process and descriptions of user profiles for the Provincial COVID-19 Vaccine Solution-COVAX_{ON}.

Pharmacy Participation

21. Will all Ontario pharmacies provide the publicly funded COVID-19 vaccine?

No. Only participating pharmacies that have been selected by the ministry and who meet the criteria in the most recent version of the EO Notice entitled "Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – **Eligibility**", are eligible to provide the publicly funded COVID-19 vaccine.

Pharmacy criteria included but not limited to:

- currently enrolled and in good standing in the 2021/2022 Universal Influenza Immunization Program (UIIP)
- must have the capacity and ability to accept and administer vaccine supply quickly and effectively (for example an average of 30 - 40 injections per day)
- other factors may include high risk areas, regional population distribution, pharmacy patient base and performance in the UIIP.

Please refer to the [ministry website](#) for the most recent EO Notice. For detailed information on pharmacy site selection please refer to the ONEMail notice “DDD Notice No. 21037 Posted March 22, 2021: UPDATES EO Notices and FAQs on COVID-19 Vaccine Immunization through Ontario Pharmacies”

22. What is the Provincial COVID-19 Vaccine Solution-COVAX_{ON}?

The Provincial COVID-19 Vaccine Solution-COVAX_{ON} is the database that holds all COVID-19 vaccine administration for the province. It is separate from the HNS and all pharmacies are required to enter patient vaccine administration information as well as inventory supply in this system. The fee paid to pharmacies for administering the COVID-19 vaccine includes pharmacy services relating to accessing and using the Provincial COVID-19 Vaccine Solution-COVAX_{ON}.

The requirements for accessing and using the Provincial COVID-19 Vaccine Solution-COVAX_{ON} can be found in the COVID-19 Vaccine Agreement. Access to and use of the Solution is conditional on the pharmacy being granted access to the Provincial COVID-19 Vaccine Solution-COVAX_{ON} by the ministry.

It is important that pharmacies correctly document vaccine administration and inventory management in the Provincial COVID-19 Vaccine Solution-COVAX_{ON}.

While vaccine administration to the patient should occur PRIOR to completing the entry in COVAX_{ON}, pharmacy staff must be diligent in accessing COVAX_{ON} to confirm when the patient received their first dose (if applicable) including verifying which vaccine and the appropriate time interval between doses before administering the vaccine. Incorrect entries in COVAX_{ON} must be corrected immediately.

Please refer to the Job Aids in the resource information provided. regarding the Provincial COVID-19 Vaccine Solution-COVAX_{ON} including support, training, forms and reference materials for pharmacies are available. Pharmacies should contact their head office or the [Ontario Pharmacists Association](#) for these resources.

Note: When entering information in the Provincial COVID-19 Vaccine Solution-COVAX_{ON}, immunizers **must** identify their individual health professional status (i.e., they must use their own User ID).

23. What happens if there is a system failure and the pharmacy is not able to enter vaccine or inventory information in the Provincial COVID-19 Vaccine Solution-COVAX_{ON}?

In the event of system failure, pharmacies must ensure a manual contingency plan is in place for keeping track of COVID-19 vaccine administration and future logging in the Provincial COVID-19 Vaccine Solution-COVAX_{ON}.

For example, at a minimum, pharmacies should ensure there is supply of consent forms, vaccine information forms and daily patient rosters printed in the event the Provincial COVID-19 Vaccine Solution-COVAX_{ON} system is not available.

24. What type of personal protective equipment (PPE) do pharmacists need in order to administer the COVID-19 vaccine?

Resources and guidance for PPE can be found on the [Ontario College of Pharmacists](#) website.

25. Is PPE available for pharmacies that administer the COVID-19 vaccines?

Yes. The ministry has a dedicated supply of PPE that is available through the provincial stockpile for participating pharmacies that administer the publicly funded COVID-19 vaccine.

Note that there is an allocation framework in place depending on the current supply and not all orders for PPE may be filled. The ministry's supply of PPE must **ONLY** be used to support the activity of pharmacies administering the publicly funded COVID-19 vaccine.

26. How do I access the ministry supply of PPE to support the administration of the COVID-19 vaccine?

Pharmacies may order PPE by accessing the Remedy online intake² form at this link: <https://ehealthontario.on.ca/en/health-care-professionals/ppe-intake?a=ppe-intake>

Pharmacies that belong to a banner or chain corporation should work through their corporate head office, who may centrally coordinate order and facilitate distribution. Independent pharmacies may order directly from the website.

27. What other procedures must be followed during the COVID-19 pandemic?

Pharmacy professionals should continue to follow the guidelines set out by public health officials. Pharmacies have a shared responsibility for informing and educating the public on COVID-19, including promoting infection prevention and control measures. Resources can be found on the [Ontario College of Pharmacists](#) website as well as [Ministry Guidance at this website](#).

Please also refer to Vaccine and Storage Handling section at the end of the Qs & As.

28. Is it mandatory to schedule the patient's appointment for the second dose?

Yes. Pharmacy staff must schedule the appointment date and time for the second dose. The appointment date and time can be hand-written on the printed receipt-of-vaccine that is provided to the patient as per documentation requirements (Note: a written receipt can be printed from COVAX_{ON}).

Patients are strongly urged to return to the same pharmacy for the second dose.

Pharmacy staff must provide patients with information on the arrangements for the second dose scheduling including how the patient may reach the pharmacy should there be a need for rescheduling as well as potential situations that may require the pharmacy to re-schedule for reasons such as issues with vaccine supply.

In the event that a patient requests a second dose at your pharmacy – without having had their first dose at your pharmacy – pharmacies are permitted to administer the second dose. Patients should be reminded to cancel any appointments they may have booked at other pharmacy or mass clinic locations.

² Note, the access for PPE is the same as for accessing for the UIIP program. Pharmacies may use the same form / process.

29. What is the procedure if the patient does not show up for the scheduled dose or there are doses left at the end of the day?

Pharmacists may use their professional judgement in the event that a patient does not show up for their vaccine appointment. For example:

- They may contact the patient to make inquiries on their timing, situation;
- They may re-schedule the patient or move them in the queue as appropriate;
- They may reallocate the dose to another eligible or soon-to-be eligible patient with a future scheduled appointment or a patient on their waiting list if no other patient is available and document the rationale.

Pharmacists should ensure to the best of their ability that no vaccine is wasted. Priority for second doses should be given to those at highest risk of severe illness and death from COVID-19 disease after or concurrent with first doses for all remaining eligible populations.

The province has an [Ethical Framework](#) in place to guide COVID-19 vaccine prioritization and distribution. All sites administering the COVID-19 vaccine, including pharmacies, are expected to follow the eligibility criteria determined by the province in alignment with the framework.

Documentation Guidelines

30. What are pharmacists required to document when providing the COVID-19 immunization vaccine to eligible patients?

For the purpose of post-payment verification, pharmacists must keep a record of the following:

- Record of name and address of patient.
- Record of the patient's health number or alternate ID with contact information if applicable.
- In the case of patients who receive the AstraZeneca / COVISHIELD vaccine due to an allergy to an mRNA vaccine, the COVID-19 Vaccination: Allergy Form. (refer to question #40)
- In the case of immunocompromised individuals eligible to receive a third dose of the COVID-19 vaccine, a copy of the referral letter from their health care provider OR pharmacist documentation that the patient is taking an immunosuppressive medication listed [here](#), based on the pharmacist's

examination of the patient’s recent prescription label or prescription receipt or their medication profile (refer to question # 57)

- In the case of booster doses for Health Care workers, pharmacist documentation of proof of status or attestation by the patient. (Refer to #59)
- In the case of booster doses for Indigenous persons and their non-Indigenous household members, pharmacist documentation of attestation by the patient. (Refer to #59)
- In the case of booster doses for those who received a complete viral vector vaccine series, documentation that the status was confirmed with the COVAX_{ON} record.
- 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 (e.g. pharmacy or pharmacy parking lot, or within the retirement home, congregate setting or long-term care home if applicable) See Questions #46 to 48 for more information.
- Evidence of the provision of a written and electronic record (if applicable) 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.
 - Please refer to question #38 and #39 regarding reporting requirements for adverse events following immunization.
- 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.

31. How long must I keep the COVID-19 immunization and/or an epinephrine auto-injector administration record on file?

As for any HNS claim, pharmacies must keep a record of the required documentation. All pharmacy documentation records relating to the administration of the COVID-19 vaccine claim (and epinephrine auto-injector, if applicable) are part of the patient's medication record and must be maintained in a readily retrievable format for the appropriate record retention period of at least 10 years from the last recorded professional 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. Such records must also be maintained for the same period of time for the purposes of post-payment verification.

In addition, pharmacists are expected to review and adhere to the Ontario College of Pharmacists [Record Retention, Disclosure and Disposal Guidelines](#).

32. What will happen if I forget to document or misplace the documentation?

If there is no documentation, incorrect or incomplete documentation, the administration fee that is claimed may be subject to recovery by the ministry. Documentation is also important in the event of an adverse reaction following an immunization or if a patient follows up with the pharmacy for their COVID-19 vaccine record.

33. What documentation must pharmacists provide to the patient after administration of the COVID-19 vaccine?

To help patients keep track of their COVID-19 vaccine, pharmacists must provide a written record (i.e., paper based) of the COVID-19 immunization product administered, including the date and name of the pharmacy. A pharmacy may wish to also provide an electronic record containing this information.

Pharmacy staff must also schedule with the patient the day and time for the second dose at the same pharmacy. They must also give the patient instructions on how they can reach the pharmacy in the event they need to reschedule as well as let the patient know how they will reach them should there be a need to reschedule due to issues such as vaccine supply.

Patients should keep the vaccine record in a safe place, and it must also be readily available on file at the pharmacy.

Pharmacies must inform and provide written documentation to patients of after-care instructions, any potential adverse effects they may experience following the vaccination and when to contact their health care provider.

For more information on forms and resource materials pharmacies should contact their head office or the [Ontario Pharmacists Association](#).

Resources can also be found on the [Ontario College of Pharmacists](#) website as well as [Ministry Guidance at this website](#).

34. What documentation does the ministry require for an epinephrine auto-injector claims submission?

The HNS claim for the epinephrine auto-injector will follow the claim for the COVID-19 vaccine. Documentation to support the claim includes:

- Name, pharmacy address and signature of the pharmacist (or other health care provider) who administered the epinephrine auto-injector.
- Name, strength/dose (where applicable) and quantity of the epinephrine auto-injector administered.
- Name and address of the patient.
- Time and date the epinephrine auto-injector was administered.
- Cross-reference with the claim for the publicly funded COVID-19 vaccine administered to the same patient.

Pharmacies must keep a record when the epinephrine auto-injector was administered for emergency use due to a pharmacist-administered COVID-19 vaccine.

Claim for payment through the Health Network System

35. When should the pharmacist submit the claim for payment for administration of the publicly funded COVID-19 vaccine?

Date of service for the claim submitted to the HNS must reflect the date the publicly funded COVID-19 vaccine was administered³.

Registered pharmacy students, interns and pharmacy technicians that have valid injection training may administer the COVID-19 vaccine; however, the respective injection-trained supervising pharmacist must submit the claim for payment through the HNS using their Pharmacist ID. A Part A pharmacist must be identified in the

³ Note that the HNS can process online transactions for publicly funded services on any the most recent seven calendar days, including the current date. This means that a claim for the COVID-19 vaccine could be submitted today for a service date in the past (as long as it is within the past 7 days).

prescriber field on the claim through the HNS for vaccines administered by other health care providers.

Note: When entering information in the Provincial COVID-19 Vaccine Solution-COVAX_{ON}, immunizers **must** identify their individual health professional status (i.e., they must use their own User ID).

36. How are claims for COVID-19 vaccine submitted through the HNS?

Claims submission requirements for Ontario Drug Benefit (ODB)-eligible recipients and Non-ODB recipients are as follows:

For ODB-eligible recipients

The claim submission follows the usual process (See [Section 5](#) of the Ontario Drug Program Reference Manual) for submitting claims on the HNS with the following additional information:

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

For Non-ODB recipients

When submitting a claim for a person who does not have ODB coverage, pharmacists must submit the following information:

- Patient Gender: 'F' = female; 'M' = male
- Patient Date of Birth: Valid YYYYMMDD
- Patient's Ontario Health Card 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

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

When submitting a claim for any eligible person who does not have an Ontario health number, pharmacists must submit the following information:

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

Pharmacist must ensure that the patient's date of birth, Ontario health number / proxy patient ID and name (as it appears on the health card / document) are entered as part of the HNS claims submission. Failure to do so may impact the ability to submit future claims for these patients. In addition, by identifying the date of birth, pharmacists can align the appropriate vaccine to the patient's age group.

37. When submitting the claim for the epinephrine auto-injector due to an adverse reaction from the COVID-19 injection, I notice the payment appears in the "dispensing fee" field – is that correct?

Yes, the payment appears in the "dispensing fee" field of the claim submission.

Adverse Drug Reactions

38. What are the reporting requirements for an adverse event following immunizations?

All adverse events following immunization must be reported to the local Medical Officer of Health within seven business days, per section 38 of the *Health Protection and Promotion Act*.

Written record of any adverse events following immunization (AEFIs) that may or may not result in the administration of epinephrine, and the circumstances relating to the administration of the substance should be reported using the [Ontario Adverse Events Following Immunization Reporting Form](#) and sent to the local [public health unit](#)⁴.

In addition, it is mandatory for pharmacies to document the adverse event due to the vaccine administration in the Provincial COVID-19 Vaccine Solution-COVAX_{ON}.

For additional information, please contact your local public health unit. Refer to the ministry website for a list of [Ontario public health units](#).

39. If a patient has an adverse reaction to the COVID-19 vaccine, who is responsible for administering the epinephrine auto-injector?

Should the adverse reaction occur after the administration of the COVID-19 vaccine, the pharmacist (or the other health care provider) who administered the COVID-19 vaccine must administer the epinephrine auto-injector.

Under the *Regulated Health Professions Act, 1991*, the administration of a substance by injection is a controlled act which unauthorized persons are prohibited from performing.

Where the administration of a substance by injection is done for the purposes of rendering first aid or temporary assistance in an emergency, individuals are exempted from the prohibition of performing this activity. However, it is advisable to speak with the Ontario College of Pharmacists if you have any additional questions about your responsibilities and/or accountabilities in this regard.

For claims submission purposes, the ministry requires the patient's Ontario health number (or proxy patient ID) and pharmacist identification for the use of an epinephrine auto-injector after an adverse reaction to the administered COVID-19 vaccine.

⁴ For complete reporting requirements, please refer to the pharmacy's *COVID-19 Vaccine Agreement* for adverse events. For additional information, please contact your local public health unit. Refer to the ministry website for a list of [Ontario public health units](#).

40. Can an individual get the AstraZeneca vaccine if they are allergic to the mRNA vaccines?

At this time the Province has a limited supply of viral vector vaccines (for example, the AstraZeneca/COVISHIELD). Pharmacies should work with their public health unit to determine how eligible individuals can receive the vaccine.

Pharmacists should direct individuals with known or suspected allergies to components of the mRNA vaccines or AEFI with a COVID-19 vaccine to their primary care provider or local public health unit (PHU) for a [referral to an allergist/immunologist](#) (or a relevant specialist related to the AEFI that occurred).

The allergist/immunologist will complete an assessment and [Allergy Form](#) to develop a vaccination care plan with the individual which will determine the method for possible (re)administration of a COVID-19 vaccine, such as a viral vector vaccine. The assessment will also determine whether vaccine administration can be safely provided in a general PHU vaccine clinic, pharmacy, or primary care office. The Province has distributed a list of designated allergists/immunologists to all PHUs and Primary Care Providers dedicated to assessing individuals with known or suspected reactions to COVID-19 vaccines.

The Allergy Form and patient vaccine administration care plan completed by the allergist/immunologist must be provided to the identified vaccine clinic for inclusion in the individual's medical record. The vaccination care plan must also include the parameters a clinic should meet to provide the safe administration of vaccine, including: availability of advanced medical care; details/severity of the previous allergic episode(s); confirmation that appropriate counselling on the safe administration of vaccine was provided; date, clinician's name, signature and contact information; and the individual's name and date of birth. A copy of the Allergy Form and patient vaccine care plan must be maintained by the administering clinic. PHUs may coordinate with participating pharmacies and/or primary care offices to assist in vaccine administration, including transferring a viral vector vaccine to the site, as required

Please refer to the [ministry website](#) for the most recent EO Notice entitled "Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – **Eligibility**" for further information, including dosing intervals for second doses.

Restrictions

41. Can pharmacy immunizers submit claims for providing the publicly funded COVID-19 vaccine to residents of long-term care homes or hospital in-patients?

With respect to hospitals, the answer is no. Pharmacy staff administration of the publicly funded COVID-19 vaccine to hospital in-patients is **not** eligible for payment under this initiative.

With respect to long-term care home residents, effective September 17, 2021, pharmacies can submit claims for providing booster doses of the publicly funded COVID-19 vaccine to residents of long-term care homes, if certain conditions are met. See Questions #57 and 58 for more information.

In addition, effective November 25, 2021, eligible residents of long-term care homes may also receive their first and second COVID-19 doses (if applicable) administered by trained community pharmacy staff at the long-term care home in collaboration with the public health unit.

42. Can pharmacists submit claims for COVID-19 vaccine administration manually to the ministry, using a paper claim?

No. The ministry does not accept paper claims for the publicly funded COVID-19 vaccine unless 3 intervention codes are required in order to process the claim. All claims must be submitted electronically using the HNS.

43. Can pharmacists submit a claim for the epinephrine auto-injector when it is provided to the patient to take home after the COVID-19 vaccine was administered?

No. Claims submitted for epinephrine auto-injector that are associated with the publicly funded COVID-19 vaccine emergency use are **only** reimbursed when the injection is given by the pharmacist (or other regulated health care provider) as emergency first aid or temporary assistance as needed right after administering the COVID-19 vaccine to a patient.

44. Can pharmacists submit a claim for epinephrine auto-injector for a patient without a valid Ontario health card number?

Yes. Pharmacists may submit claims for payment using the ministry's HNS for epinephrine auto-injectors administered to individuals without a valid Ontario health

card number for emergency use after administering the COVID-19 vaccine by using the proxy patient ID.

45. If the pharmacist recommends to a physician that a patient should get their COVID-19 vaccine, is the recommendation billable under the Pharmaceutical Opinion Program?

No. All eligible individuals are encouraged to receive the COVID-19 vaccine. In addition, because its administration is within the pharmacist's scope of practice (when administered in accordance with this initiative) and requires no permission from a primary care provider, such a recommendation does not meet the criteria of the Pharmaceutical Opinion Program.

46. Do I have to administer the COVID-19 vaccine within the walls of the pharmacy?

There is an expectation that pharmacies are administering the COVID-19 vaccine within the pharmacy premises. The pharmacy is permitted to administer publicly funded vaccines in a nearby location (e.g., pharmacy parking lot) as long as they adhere to public safety and relevant Ministry policy / direction (including infection prevention and control measures) and any Ontario College of Pharmacist (OCP) standards, policies or guidelines.

* See Question #48 for information regarding pharmacy participation in mobile clinics in other locations (e.g., community centres, apartment complexes, etc.).

See also Questions #57-61 regarding administration of doses in retirement homes, congregate settings and long-term care homes under the direction of Public Health Units. Note: Effective November 25, 2021 trained community pharmacy staff may administer first, second and booster doses in long-term care homes, retirement homes and other congregate settings under the direction of Public Health Units.

Reference information:

- Ontario College of Pharmacists [guidelines](#) including appropriate infection control measures to ensure patients remain safe.
- Ontario Pharmacists' Association [Playbook](#) and [FAQs](#) as a reference for much of the overall operational aspects of providing COVID-19 vaccines to your patients.
- Ministry Guidance documents provided to clinicians available [here](#).

47. Am I allowed to administer the COVID-19 vaccine to a patient in their private home if they are not physically mobile?

There is an expectation that pharmacies are administering the COVID-19 vaccine within the pharmacy premise where vaccine storage requirements can be maintained.

However, an exception may be allowed for the pharmacist to visit the patient's private home (i.e. one-on-one; not a congregate setting) to administer the COVID-19 vaccine provided the patient has requested a home visit by the pharmacist due to the patient being immobile, and this request and rationale is documented by the pharmacy in writing. In exceptional circumstances, a single dose of Pfizer (12+ formulation or pediatric formulation) or Moderna vaccine may be transported in a syringe whilst adhering to the [storage and handling guidelines](#) regarding transport of vaccines. In addition, effective November 25, 2021 trained community pharmacy staff may administer first, second and booster doses in long-term care homes, retirement homes and other congregate settings under the direction of Public Health Units. See Questions #57-61 below for more information.

The pharmacy must also ensure public safety, vaccine handling and storage requirements (e.g. [specific references](#) to transferring vaccines and vaccine specific references at this [link](#)) as well as adhere to relevant Ministry policy / direction and any Ontario College of Pharmacist (OCP) standards, policies or guidelines. In addition, the pharmacist documentation must include the geographical location of the vaccine administration if not conducted within the pharmacy.

This documentation must be retained in a readily retrievable location for a period of at least 10 years from the last recorded pharmacy service provided to the patient, or 10 years after the day on which the patient reached or would have reached the age of 18 years, whichever is longer.

48. How can my pharmacy participate in delivery of COVID-19 vaccines via mobile clinics? What are the requirements / parameters?

At this time, pharmacies are not part of the province's mobile clinic activity with the exception of administering doses for residents of long-term care homes, retirement homes, and elderly living in other congregate settings under the direction of Public Health Units. (See Questions # 57 – 61). The ministry will keep pharmacies / pharmacy operators current if / when mobile clinic operations apply to the pharmacy vaccine rollout clinic model.

However, individual pharmacists, interns, pharmacy students and pharmacy technicians with injection training may participate in administering COVID-19 vaccine in an alternate clinic setting (e.g., PHU-led mass immunization clinic). In these instances, as it falls outside the parameters of the Executive Officer Notices and Qs and As, they should refer to the applicable legislation, other agreements, or OCP policy as appropriate.

49. Can the COVID-19 vaccines be mixed / switched – one vaccine used for the first dose and the other for the second dose?

The National Advisory Committee on Immunization ([NACI](#)) guidelines now recommend interchangeability of vaccines (or vaccine mixing) which means a patient could receive one vaccine product for the first dose and a different vaccine product for the second dose to complete the two-dose vaccine series.

Persons who received a first dose of the AstraZeneca/COVISHIELD vaccine should receive an mRNA vaccine (Pfizer-BioNTech (12+ formulation) or Moderna) for their second dose, unless contraindicated. According to NACI, an mRNA vaccine is now preferred as the second dose for individuals who received a first dose of the AstraZeneca/COVISHIELD vaccine, based on emerging evidence of a potentially better immune response from this mixed vaccine schedule and to mitigate the potential risk of VITT associated with viral vector vaccines.

Persons who received a first dose of an mRNA vaccine (Pfizer-BioNTech (12+ formulation) or Moderna) should be offered the same mRNA vaccine for their second dose. If the same mRNA vaccine is not readily available* or unknown, another mRNA vaccine can be considered interchangeable and should be offered to complete the vaccine series. This is consistent with recommendations recently provided by the [NACI](#) and the practices of many jurisdictions. Provision of a second dose of vaccine should not be significantly delayed in order to complete a vaccine series using the same mRNA product, unless clinically indicated. Note: An mRNA vaccine followed by a second AstraZeneca vaccine is not an acceptable interchangeable vaccine series unless the individual has a contraindication to the mRNA vaccines. *Note, readily available means easily available at the time of vaccination without delay or vaccine wastage⁵

Note: Ontario recommends the Pfizer-BioNTech vaccine (12+ formulation) for youth ages 12-17 (including those turning 12 in 2021) despite Health Canada authorizing the use of the Moderna COVID-19 vaccine for ages 12 and over. This preferential recommendation stems from the fact that there is more experience to date with this

⁵ [Q&A for Health Care Providers on Mixed COVID-19 mRNA Vaccine Schedules](#)

vaccine in this age group, and there is the possibility of a lower rate of myocarditis and/or pericarditis with Pfizer-BioNTech (12+ formulation) in this age group.

According to Ontario's Vaccine Clinical Advisory Group, the preferential recommendation is for the use of Pfizer-BioNTech vaccine (12+ formulation) in 18-24 year olds, as the Pfizer BioNTech vaccine (12+ formulation) appears to be associated with a lower rate of myocarditis/pericarditis in this age group compared to Moderna vaccine.

Note: While individuals age 12 to 24 are eligible to receive the Moderna COVID-19 vaccine, Ontario recommends using the Pfizer-BioNTech vaccine (12+ formulation) for ages 12-24 (including those turning 12 in 2021). Informed consent is required for those age 12 to 24 who wish to receive the Moderna vaccine, as it is whenever administering a vaccine.

Children who are 11 years of age and received the Pfizer vaccine (12+ formulation) (30mcg dose) as their first dose under Ontario's extended eligibility (2009 birth year) are recommended to complete the vaccine series with the product authorized for their age at the time of the second dose. (i.e. Pediatric Pfizer 10mcg if 11 years of age; Pfizer 30mcg if 12 years of age).

Please refer to the [ministry website](#) for the most recent EO Notice entitled "Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – **Eligibility**" for further information about eligibility criteria for second doses, including vaccine mixing.

50. Question intentionally deleted as of November 3rd, 2021 update.

51. How do individuals with health conditions who may require a second dose sooner book their second dose appointment or change the date of their appointment?

Anyone, including individuals with health conditions are eligible to receive a second dose at an accelerated interval with informed consent instead of the current recommended 8 week interval. Please refer to the ministry website for the most recent EO Notice entitled "Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – Eligibility" for further information.

Assistance with bookings are outlined on the ministry website (see links below):

- COVID-19 vaccine, getting your second dose: <https://covid-19.ontario.ca/covid-19-vaccines-getting-your-second-dose>

52. Question intentionally deleted as of November 3rd, 2021 update.

53. Why has the province paused the use of the AstraZeneca vaccine for first dose administration?

As of May 11, 2021, following the advice of Ontario's Chief Medical Officer of Health Dr. David Williams, the province has paused the rollout and administration of first doses of the AstraZeneca vaccine.

This decision was made out of an abundance of caution due an observed increase of vaccine-induced immune thrombotic thrombocytopenia (VITT) linked to the AstraZeneca vaccine.

As of May 12, 2021, the Public Health Agency of Canada (PHAC) has estimated the rate of VITT in Canada to be 1 in 83,000 doses administered (of the first dose of AstraZeneca/COVISHIELD vaccine). However, as investigations continue, the rate could be as high as 1 in 55,000. The rate of VITT in the UK, after the second dose of AstraZeneca vaccine, is estimated to be approximately 1 in 600,000 (17 cases out of 10.7 million second doses administered). It should be noted that with increased observation times, VITT rates have generally increased.⁶ (Refer to Q#40 for information regarding administration of AstraZeneca/COVISHIELD vaccine)

Please refer to the Executive Officer Notice: Administration of Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – Eligibility for more information.

54. What is the recommended scheduling for second doses of mRNA vaccines in Ontario for individuals who received an mRNA vaccine for their first dose?

The recommended dosing interval is 8 weeks for mRNA vaccines. For more information please refer to the [ministry website](#) for the most recent EO Notice

⁶ NACI rapid response: [Interchangeability of authorized COVID-19 vaccines](#)

entitled “Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – **Eligibility**”.

55. What is the recommended scheduling of second doses for individuals who received the AstraZeneca/COVISHIELD vaccine for their first dose?

Refer to Q#40 for more information regarding administration of AstraZeneca / COVISHIELD vaccine for a second dose.

The recommended dosing interval for individuals who received their first dose of the AstraZeneca/COVISHIELD vaccine and who are receiving an mRNA vaccine (Pfizer-BioNTech (12+ formulation) or Moderna) for their second dose (if not contraindicated) is at least 8 weeks.

For more information please refer to the [ministry website](#) for the most recent EO Notice entitled “Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – **Eligibility**”.

56. Which of the Pfizer vaccines (adult strength or pediatric strength) is recommended for children who are 11 years of age and turning 12 by the time they are eligible for their second dose?

Children who receive the Pediatric Pfizer vaccine for their first dose and who have turned 12 by the time the second dose is due may receive for their second dose the Pfizer vaccine (12+ formulation) that is authorized for individuals age 12 and over to complete their primary series.

Children who are 11 years of age and received the Pfizer vaccine (12+ formulation) (30mcg dose) as their first dose under Ontario’s extended eligibility (2009 birth year) are recommended to complete the vaccine series with the product authorized for their age at the time of the second dose (i.e. Pediatric Pfizer 10mcg if 11 years of age; Pfizer 30mcg if 12 years of age).

57. When is a third or booster dose recommended?

The COVID-19 vaccines provide strong protection against illness and severe outcomes, and at this time third or booster doses of vaccine are not recommended for the general population.

Certain populations may demonstrate a suboptimal immune response to a two-dose COVID-19 vaccine series due to underlying health conditions. There is also some evidence to indicate that the vulnerable elderly population develop less of an initial immune response and exhibit more rapid waning of antibody levels. In these populations, a third or booster dose of the current mRNA COVID-19 vaccines is recommended for certain populations as described in the ministry guidance document, [COVID-19 Vaccine 3rd Dose Recommendations](#).

The use of third or booster doses of mRNA COVID-19 vaccines is based on evidence and recommendations from the NACI located at this [website](#), and Ontario's Vaccine Clinical Advisory Group.

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 the recommended dosing. Ontario is funding third doses or booster doses for select vulnerable populations, based on recommendations of the Chief Medical Officer of Health, Ontario's Vaccine Clinical Advisory Group and NACI.

58. What is the difference between a third dose and a booster dose?

Historically in other vaccine programs, it takes years of post-marketing surveillance to determine the optimal interval between doses and dose number to complete a primary series to sustain long-term protection. Per [NACI's interim guidance](#) on booster COVID-19 vaccine doses in Canada, the intent of a **booster dose** is to restore protection that may have decreased over time to a level that is no longer deemed sufficient in individuals who initially responded adequately to a complete primary vaccine series. This is distinguished from the intent of a **third dose** which might be added to the standard primary vaccine series with the aim of enhancing the immune response and establishing an adequate level of protection for individuals who developed no or sub-optimal immune response to a 2-dose primary series. See [NACI interim guidance](#) for more information.

59. Are pharmacies permitted to administer third or booster doses of the COVID-19 vaccine?

Pharmacies may only submit claims for third or booster doses of the COVID-19 vaccine using a mRNA vaccine (i.e., Moderna or Pfizer-BioNTech [12+ formulation]) unless contraindicated (see Q#40), to the HNS that are administered to:

- Residents of retirement homes at the resident's retirement home as per arrangements with the home and under the direction of the local public health unit and the retirement home, if at least 6 months (168 days) have passed since the resident received their second dose.
- Residents of long-term care (LTC) homes at the resident's respective home as per arrangements with the LTC home and under the direction of the local public health unit and the respective home, if at least 6 months (168 days) have passed since the resident received their second dose.
- Elderly, (those 65 years of age and older) 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.), as per arrangements with the congregate setting and under the direction of the local public health unit and the congregate setting if at least 6 months (168 days) have passed since receiving their second dose.

Note: Effective November 25, 2021 pharmacies may administer and submit claims for first, second and booster doses in long-term care homes, retirement homes and other congregate settings under the direction of Public Health Units.

- Elderly (those 70 years of age and older, born in 1951 or earlier) living in the community if at least 6 months (168 days) have passed since receiving their second dose.
- Health Care Workers who received their second dose of the COVID-19 vaccine if at least 6 months (168 days) have passed since receiving their second dose. Health Care Workers⁷ include:
 - Any [regulated health professionals](#) and any staff member, contract worker, student/trainee, registered volunteer, or other designated essential caregiver currently working in-person in a health care

⁷ Refer to the complete list of Healthcare workers in the COVID-19 3rd Dose Recommendations [Guidance Document](#)

- organization, including workers that are not providing direct patient care and are frequently in the patient environment (i.e. cleaning staff, research staff, other administrative staff).
 - Workers providing healthcare service or direct patient service in a congregate, residential or community setting outside of a health care organization
- All First Nations, Inuit and Métis individuals and non-Indigenous individuals who share a household with a First Nations, Inuit, or Métis individual, if at least 6 months (168 days) have passed since receiving their second dose.
- Individuals who received two doses of either of the AstraZeneca or COVISHIELD COVID-19 vaccine (i.e. a Viral Vector Vaccine Series) if at least 6 months (168 days) have passed since receiving their second dose.
- Individuals who received one dose of the Janssen / Johnson & Johnson COVID-19 vaccine (i.e. a Viral Vector Vaccine Series), if at least 6 months (168 days) have passed since receiving their first dose.
- Individuals 12 years of age and older from the following moderately to severely immunocompromised population groups that provide a referral letter from their health care provider or are taking an immunosuppressant medication listed [here](#), as verified by the pharmacy, at a minimum of **2 months or 56 days** following their second dose or at an interval of at least 28 days if directed in writing by their health care provider:
 - Individuals receiving active⁸ treatment (e.g., chemotherapy, targeted therapies, immunotherapy) for solid tumour or hematologic malignancies
 - Recipients of solid-organ transplant and taking immunosuppressive therapy
 - Recipients of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy).

⁸ 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.

- Individuals with moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome).
- Individuals with stage 3 or advanced untreated HIV infection and those with acquired immunodeficiency syndrome.
- Individuals receiving active treatment with the following categories of immunosuppressive therapies: anti-B cell therapies⁹ (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.

A copy of the referral letter from the health care provider is required as part of the documentation for administration of the third vaccine dose in the pharmacy to the immunocompromised groups above, except where a pharmacist assessed an individual's eligibility in accordance with the following note:

Note: Pharmacists may verify whether a patient is eligible for a third dose of a COVID-19 vaccine based on the patient's use of an immunosuppressant medication listed [here](#) by referring to a patient's recent prescription label or prescription receipt or their medication profile. If an individual presents a prescription of a medication that is not listed [here](#), they should be directed to their health care provider to receive a referral form/letter for a third dose of the COVID-19 vaccine.

60. What additional documentation requirements apply to administering a COVID-19 booster dose to Indigenous persons, non-Indigenous persons who share a household with an Indigenous person, and Health Care workers?

Pharmacy staff must document evidence of eligibility for booster dose administration in the pharmacy profile / record, as follows.

- Individuals who are First Nations, Inuit or Métis, or who share a household with an individual who is First Nations, Inuit or Métis, may provide a self-attestation that they are eligible for the booster dose.

⁹ Active treatment for patients receiving B-cell depleting therapy includes patients who have completed treatment within 12 months

- Individuals who are health care workers may show their employment badge or provide a self-attestation.

Note: Pharmacy staff should carefully check COVAX_{ON} records to determine whether the individual meets the eligibility requirement of 6 month intervals for their booster dose.

61. Should individuals receiving a third or booster dose receive the full dose?

Ontario recommends that residents of long-term care homes, residents of retirement homes, elderly (65 years of age and older) living in other congregate living settings and immunocompromised individuals receive the full dose of either Moderna (100 mcg) or Pfizer-BioNTech (30 mcg) for a third or booster dose.

For individuals in all other population groups eligible for a booster dose as set out in the Notice entitled “Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – **Eligibility**”, the following dosages are recommended for the booster dose:

- Moderna: the full dose (100 mcg) is recommended for adults 70 years of age and older, while a half dose (50 mcg) is recommended for those less than 70 years of age.
- Pfizer-BioNTech: the full dose (30 mcg) is recommended for all booster doses.¹⁰

62. What is the process for pharmacies when administering doses for residents of retirement homes, elderly living in other congregate settings or residents of LTC homes within these settings?

Pharmacies are required to work with their local Public Health Unit and the retirement home, LTC home or congregate setting for administering COVID-19 vaccines to residents of these places. Pharmacies will be contacted by their local PHU or the retirement home, LTC home or congregate setting if their services are required. The list of retirement homes is available for pharmacies through their ONEMail account for verification purposes only.

¹⁰ See [NACI's recommendation](#) and the Ministry 3rd Dose Recommendation [Guidance](#) for more details

Note: Effective November 25, 2021 trained community pharmacy staff may administer and submit claims for first, second and booster doses in LTC homes, retirement homes and other congregate settings under the direction of Public Health Units.

The roles of each entity are outlined below:

Public Health Unit	Retirement Home, Congregate Setting or LTC Home	Pharmacy
<ul style="list-style-type: none"> • Identifies retirement homes, congregate settings or LTC home that have residents who are eligible for a booster dose (or first or second dose if applicable) that will be administered by a pharmacy • Provides pharmacy with ‘Clinic in a Box’ (IPAD for accessing COVAX_{ON} on site at the retirement home, congregate setting or LTC home) if required 	<ul style="list-style-type: none"> • Works with the public health unit to determine best method of vaccine administration • Establishes a partnership with a local pharmacy if needed • Works with the pharmacy to provide guidance on the number of doses needed and support for scheduling dose administration / clinic days including which mRNA vaccine to be administered • For congregate settings, determine number of elderly residents (i.e., those 65 years of age and older) that require a booster dose (or first or second dose if applicable) 	<ul style="list-style-type: none"> • Administers mRNA COVID-19 as per arrangements between PHU and retirement home, congregate setting or LTC home • Pharmacy administers COVID-19 vaccine from own supply and transports doses to the retirement home, congregate setting or LTC home as per storage and handling guidelines • Pharmacy accesses COVAX_{ON} on site using ‘Clinic in a Box’ for required documentation and issuing of patient receipts if needed • Upon return to pharmacy, submits claim through the HNS as soon as possible within one business day • Comply with applicable law, including with respect to waste

63. Can pharmacies administer the COVID-19 vaccine at or around the same time as the flu vaccine?

The COVID-19 vaccines may be given with, or at any time before or after, other vaccines, including the influenza vaccine with the exception of children aged 5 – 11.

For children who are 5 – 11 years of age, including those turning 5 at anytime during 2021, it is recommended to wait for a period of at least 14 days BEFORE or AFTER the administration of another vaccine before administering a COVID-19 vaccine to prevent erroneous attribution of an AEFI to one particular vaccine or the other. However, this suggested minimum waiting period between vaccines is precautionary and therefore concomitant administration or a shortened interval between COVID-19 vaccines and other vaccines may be warranted on an individual basis in some circumstances.

These include:

- when there is a risk of the individual being unable to complete an immunization series due to the limited access to health services or being unlikely to return at a later date;
- when an individual may not return to receive a seasonal influenza vaccine;
- when another vaccine is required for post-exposure prophylaxis;
- when individuals require accelerated vaccination schedules prior to immunosuppressive therapy or transplant; and
- at the clinical discretion of the healthcare provider

For those individuals who are eligible for co-administration, if given by injection at the same time, separate limbs should be used if possible. Alternatively, the injections may be administered into the same muscle separated by at least 2.5 cm (1"). Different immunization equipment (needle and syringe) must be used for each vaccine.

Please see COVID-19 Vaccine Administration [guidance](#) for more information.

Vaccine Storage and Handling**64. What are the some of the requirements for pharmacies around vaccine storage and handling?**

Pharmacies must continue to follow the requirements outlined in the [Vaccine Storage and Handling Guidelines](#) (with the exception of the process for ‘returning vaccine’ noted on page 21 – refer to Q #60) regarding temperature log monitoring and managing cold-chain incidents. For example, pharmacies must:

- reach out to their public health unit about temperature logging and reporting. The frequency of temperature log monitoring / submissions will vary across public health units.
- notify their [public health unit](#) immediately should they experience any cold chain incidents in which the publicly funded vaccine is exposed to temperatures outside the +2 degrees C and +8 degrees C.
- contact their public health unit when adding new equipment (refrigerator) so that it can be inspected.

This includes any wasted product as a result of an investigated temperature excursion, if applicable.

Pharmacies should also be aware of the different storage guidelines (before/after dilution, before/after vial puncture, etc.) of each vaccine and be mindful when booking appointments to ensure there is no wastage. Note that there are different storage and handling guidelines specific to the Pediatric Pfizer vaccine.

65. How do I dispose of expired or wasted COVID-19 vaccines?

For wastage and disposal of COVID-19 vaccine, pharmacies must document wastage, extra doses from vaccine vials and temperature excursions in the Provincial COVID-19 Vaccine Solution-COVAX_{ON}.

Once wastage is documented in the Provincial COVID-19 Vaccine Solution-COVAX_{ON}, pharmacies must follow disposal practice protocols including:

- referral to the [COVID-19: Vaccine Storage and Handling Guidance](#) document on the ministry’s [website](#) for information on how to dispose of expired or wasted vaccine (specifically Appendix G). **Note that pharmacies are NOT to return expired or unused COVID-19 vaccines to their local public health unit as they currently do with the influenza vaccine;** and
- adherence to Ontario College of Pharmacist (OCP) Policy and Guidance for example, the OCP [Policy on Medication Procurement and Inventory Management](#) to ensure there is a “method for identifying products that are

outdated, deteriorated, recalled, obsolete, or hazardous, and that such products are disposed of in a safe, legal, and environmentally sound manner”.

- This would include how to properly dispose of expired or wasted vaccine. Pharmacies may wish to contact the OCP for further advice as destruction of vaccine and drug wastage is included as part of the pharmacy’s usual disposal practice protocols.

66. Does the COVID-19 vaccine require reconstitution?

Currently, the PFIZER-BIONTECH COVID-19 VACCINE (both formulations) require reconstitution using a diluent that is supplied with the vaccine. For more information on the vaccines please refer to the product monograph and the resource information on the [ministry website](#).

Pharmacies should ensure that they have adequate space for preparing the injection for administration while adhering to proper infection prevention and control measures.

67. What is the process if my pharmacy needs to transfer COVID-19 vaccine supply to another participating pharmacy?

As noted in the COVAX_{ON} Agreement, pharmacies that need to transfer COVID-19 vaccine stock to another participating pharmacy require an authorization from the ministry. Stores are not allowed to transfer their vaccine supply to another store (even if the stores have the same owners) without authorization from the ministry and will only be allowed in exceptional circumstances (i.e., where there is risk of unused vaccine wastage).

NOTE: The Pfizer-BioNTech COVID-19 vaccine (both formulations) and the Moderna COVID-19 vaccine can only be transferred in exceptional circumstances and MUST be ministry approved prior to any transfer.

Pharmacies that need to transfer vaccine to another participating pharmacy must adhere to the [COVID-19: Vaccine Storage and Handling Guidance](#) that includes specific information on individual COVID-19 vaccine requirements. Only unused vials (i.e., not punctured) can be transferred. Doses can only be transferred within their local public health region and the transferring pharmacy must notify the ministry by sending an email that includes:

- the pharmacy contact information (including ON Provider #) of the site transferring the doses,
- pharmacy contact information of the site (including ON Provider #) receiving the transfer
- number of doses to be transferred,
- vaccine name, lot # and expiry date, and
- reason for the transfer

Emails are sent to OPDPInfoBox@ontario.ca.

Doses that are transferred must also be logged into the COVAX_{ON} system for proper system-wide inventory management.

Pharmacies transferring vaccine must ensure that they include needles and syringes with the shipments.

Typically, pharmacy transfers are between pharmacies; however, if a public health unit (PHU) has confirmed that they will accept or supply vaccines, this information can apply to transferring vaccine to or from a PHU as well.

Pharmacies arranging to transfer / or accept transfers of vaccine from primary care providers or their local public health units must also follow this process and await ministry approval.

68. Question intentionally deleted as of November 3rd, 2021 update.

Additional Information:

For pharmacy billing:

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

For Support for Provincial COVID-19 Vaccine Solution-COVAX_{ON}

Please contact your pharmacy head office or the [Ontario Pharmacists Association](#) or the [Neighbourhood Pharmacy Association of Canada](#)

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.