



# **PEI Pharmacare Memorandum**

To: Primary McKesson Distribution Community Pharmacies

Date: September 16, 2024

Subject: Administration of Publicly Funded Influenza Vaccine by Pharmacists

### Due to logistics, the influenza vaccination season for community pharmacies will begin September 25, 2024:

- McKesson will provide the first shipment of influenza vaccines using a push strategy.
- The anticipated delivery date for the push order will occur between September 23 September 25<sup>th</sup>;
- After this initial shipment, Pharmacies should order subsequent product directly from McKesson. It is anticipated that Pharmacies will be able to place orders [after the initial push order] as of September 25<sup>th</sup>.
- Delivery will be available as per wholesaler contract with pharmacy (e.g. 5 days a week, next business day).
- Influenza vaccine to be supplied will be Fluzone® QIV single dose pre-filled syringes and Fluzone® High Dose (HD) pre-filled syringes.
- It is your responsibility to ensure you are ordering the correct PEI influenza vaccine from your wholesaler.
- Per WEEK, the maximum quantity pharmacies will be permitted to order is 500 doses of Fluzone® QIV and 200 doses of Fluzone® HD.
- A percentage of the Provincial Influenza vaccine stock has been designated for pharmacy. Please order only what is
  anticipated to meet your immediate needs. Next day delivery should allow pharmacies to keep on hand stock to a
  minimum.
- McKesson customers can use item #193304 to order Fluzone® QIV and item #193303 to order Fluzone® HD.
- Pharmacies should not submit backorders or multiple same day orders for influenza vaccine.

#### Reimbursement:

- Residents with a valid Prince Edward Island Health Card Number are eligible to have the influenza vaccine administration fee billed electronically through Pharmacare.
- Pharmacies must submit claims for influenza immunization electronically through the AUTO program.
- Submit claims for reimbursement of the administration of the Fluzone® QIV vaccine using the DIN 02420643.
- Submit claims for reimbursement of the administration of the Fluzone® HD vaccine using the DIN 02500523.
- The day supply of an influenza vaccine claim should be 28 days.
- Fluzone® HD is indicated for patients 65 years of age and older.
- Please attempt to verify in the Drug Information System or immunization record portal if a patient has already received an
  influenza vaccination during this flu season prior to vaccinating. PEI Pharmacare will only reimburse one administration fee
  per PHN unless the second vaccination is required for a child under the age of 9.
- For residents without a PEI Health Card, pharmacies can bill the standard fee to CPHO using the attached manual billing form.

#### **Pharmacy Follow-Up:**

- Please do not send vaccination information regarding Out of Province patients to PEI Pharmacare. Vaccination reports are
  to be sent to the Chief Public Health Office.
- Please do not send any notification regarding store transfers of influenza vaccine to PEI Pharmacare. Contact the PEI Pharmacists Association for questions related to influenza vaccine transfer.
- Return any unused influenza vaccine to Provincial Pharmacy once expired. A process for returns will be communicated closer to the end of the influenza vaccination season.
- If at any point during the Influenza Vaccination season a pharmacy has vaccine that has been compromised due to a cold chain break please notify CPHO immediately to determine if the vaccine can be used. Do not dispose of the vaccine as it will need to be returned to Provincial Pharmacy.

PEI Pharmacare Telephone: (902) 368-4947 Toll free: 1-877-577-3737

# Manual Form for COVID-19 and Seasonal Influenza Administration for PEI residents without a PEI Personal Health Card Number

Pharmacy Name		
Pharmacy Address		

Patient Name (First and Last)	DOB (DD Month YYYY)	Civic Address (Street, City, Province/State/Country, Postal Code)	Vaccine Product Name and Lot Number	Administration Fee (\$)
		(DD Month	Patient Name (DD Month (First and Last) (DD Month Province/State/Country,	Patient Name (DD Month (First and Last) (DD Month (Province/State/Country, Name and

## Please send completed form to:

PEI Chief Public Health Office P.O. Box 2000 Charlottetown, PE C1A 7N8

Or FAX: (902) 620-3354