

Pharmacy Questions and Answers: Administration of Publicly Funded Influenza and COVID-19 Vaccines in Ontario Pharmacies

Effective September 28, 2026

For the 2026/2027 immunization season (September 1, 2026 to August 31, 2027).

Pharmacists participating in the Universal Influenza Immunization Program (UIIP) and the COVID-19 vaccine program receiving publicly funded influenza and/or COVID-19 vaccines must be familiar with the Health Care Provider Fact Sheets for [COVID-19](#) and influenza vaccines ([individuals 6 months to 64 years of age](#) and [≥ 65 years of age](#)).

For more information on:

- the [UIIP](#) and [COVID-19 vaccine program](#), please review the Ministry of Health (ministry) website or contact immunization@ontario.ca
- the [COVID-19 Vaccine Program](#) (for health care providers) and [COVID-19 vaccines](#) (public information)
- Health Network System (HNS) claims issues, pharmacy staff may contact the ministry's Ontario Drug Benefit (ODB) Help Desk and refer to the [Ontario Drug Programs Reference Manual](#)
- resources including patient consent forms, patient questionnaires and permanent personal immunization records, pharmacists should contact the [Ontario Pharmacists Association](#)
- injection training and scope of practice, pharmacists should contact the [Ontario College of Pharmacists](#)

These Questions and Answers (Qs & As) and the accompanying Executive Officer (EO) Notice: Administration of Influenza and COVID-19 Vaccines in Ontario Pharmacies set out the terms and conditions for a participating pharmacy's submission of claims for payment (claims) for administering publicly funded influenza and/or COVID-19 vaccines to eligible Ontarians. Each document is a ministry policy that pharmacy operators must comply with under section 3.2 of the HNS Subscription Agreement for Pharmacy Operators.

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Overview

1. What is the pharmacist's role in the administration of the publicly funded influenza and COVID-19 vaccines to Ontarians?

Currently, registered injection-trained pharmacists¹, trained pharmacy staff², registered nurses (RNs) and registered practical nurses (RPNs), as outlined in the [User Agreement for Pharmacies with a Registered Injection-Trained Pharmacist Requesting Publicly Funded Vaccines for the 2026/2027 Immunization Period \(User Agreement\)](#), may administer the publicly funded influenza and/or COVID-19 vaccines to eligible individuals³ in strict accordance with an approved User Agreement and HNS Subscription Agreement, including the ministry policies that form part of the HNS Subscription Agreement. Please refer to the EO Notice: Administration of Influenza and COVID-19 Vaccines in Ontario Pharmacies for information on eligible individuals. Please refer to the ministry website for the timelines for the immunizations of specific populations for the [UIIP](#) and [COVID-19 vaccine program](#).

2. What other health care providers (HCPs) can administer influenza and COVID-19 vaccines to eligible individuals in a participating pharmacy?

In accordance with the [User Agreement for Pharmacies with a Registered Injection-Trained Pharmacist Requesting Publicly Funded Vaccines for the 2026/2027 Immunization Period \(User Agreement\)](#), the following other HCPs can administer influenza and COVID-19 vaccines to eligible individuals:

- registered nurse (RN) who is authorized to administer vaccine independently, in accordance with their scope of practice and in compliance with their regulatory body; and/or
- RN who is not authorized to administer vaccine independently, or a registered practical nurse (RPN), who is administering vaccine under:
 - A valid delegation from a regulated health professional who is authorized to perform the controlled act of administering the vaccine and to delegate that act to others. The delegating health professional must meet all applicable

¹ Subsequent references in this document to a pharmacist who administers the publicly funded COVID-19 and/or flu vaccines refer to Part A pharmacists. Part A pharmacists include registrants of the OCP who hold a certificate of registration as a pharmacist (emergency assignment).

² See the most recent version of the EO Notice: Administration of Influenza and COVID-19 Vaccines in Ontario Pharmacies, available [here](#), for more information about the meaning of "trained pharmacy staff".

³ Additional age restrictions may apply depending on the vaccine product.

- regulatory requirements for delegation, and the RN or RPN must comply with all conditions and obligations associated with the delegation; or,
- An order from an individual listed in clause 5(1)(b) of the *Nursing Act, 1991*.

Note: The authority to administer vaccines independently is dependent on the authority to prescribe and is not part of entry-level RN competencies. RNs must successfully complete prescribing education approved by College of Nurses of Ontario (CNO) Council to prescribe medication, including vaccines.

3. What are the publicly funded influenza and COVID-19 vaccines that are available to pharmacies?

The names and drug identification numbers (DINs) of the publicly funded influenza and COVID-19 vaccines are listed in the EO Notice: Administration of Influenza and COVID-19 Vaccine in Ontario Pharmacies. The EO Notice is published in September at the start of each immunization season. These are the vaccines that pharmacies can order⁴ at no cost and administer to eligible individuals for that specific season, at **no** cost to patients.

4. Which publicly funded influenza vaccines should an individual age 65 years and older receive?

The high-dose trivalent vaccine (Fluzone® High-Dose) and adjuvanted trivalent vaccine (Fluad®) should be offered, when available, over the standard-dose trivalent vaccine (Flucelvax®, Fluzone®, Fluviral) for adults 65 years of age and older. If a preferred product is not available, any of the available age-appropriate influenza vaccines should be used. The most important thing is for older adults to be vaccinated. Do not delay vaccination to wait for a particular product.

Please refer to the [Health Care Provider Fact Sheet: Influenza Immunization for Individuals ≥65 years of age](#) on the ministry website.

In the case of an individual who is a resident of a long-term care home (LTCH) and is having the vaccine administered in the home, the vaccine product will be the one prescribed for the resident.

⁴ Inclusion of a product in the list of publicly-funded vaccines available for pharmacies to order does not guarantee supply of the product through participating pharmaceutical distribution companies.

5. How will the public know which pharmacies in Ontario are providing publicly funded influenza and/or COVID-19 vaccines?

The ministry's communications will continue to urge the public to contact their pharmacy or health care provider to ensure publicly funded influenza and COVID-19 vaccine supply is available. Individuals may visit the ministry's [online pharmacy vaccine locator](#) to find participating pharmacies that administer COVID-19 and/or influenza vaccines.

6. What type of identification do individuals need to provide at the pharmacy to have a publicly funded influenza and/or COVID-19 vaccine administered?

Individuals should provide a valid Ontario health card/ODB eligibility number to the pharmacy. Individuals who do not have an Ontario health card/ODB eligibility number may still receive a publicly funded influenza and/or COVID-19 vaccine and should provide an alternate identification to the pharmacy that includes the individual's date of birth and contact information.

Alternative forms of identification include:

- Birth Certificate
- Driver's License
- First Nations ID
- Out of Province ID
- MRN (Medical Record Number)
- Passport

7. How do pharmacies obtain the publicly funded influenza and COVID-19 vaccines?

All pharmacies will order publicly funded influenza and/or COVID-19 vaccines (at no cost) through a pharmaceutical Distribution Centre (DC). A DC will be assigned to each pharmacy by the ministry. There will NOT be any changes to the distributor assignments after they have been assigned. A pharmacy's assigned DC will contact pharmacies to set up logistics for vaccine ordering and delivery.

To order more vaccine, please contact your assigned DC and review the Welcome Package and other information they provide to your pharmacy.

Eligibility

8. Are eligible individuals required to provide consent before pharmacists, trained pharmacy staff, RNs and RPNs administer the immunization?

Yes. The eligible individual or their substitute decision-maker must provide informed consent prior to administering the publicly funded influenza and COVID-19 vaccines. This informed consent may be obtained through a signed consent form.

To obtain a consent form, pharmacists may contact the [Ontario Pharmacists Association \(OPA\)](#) for any questions or inquiries.

9. Can an individual who does not have an Ontario health number/ODB eligibility number⁵ still receive a publicly funded influenza and/or COVID-19 vaccine at a pharmacy?

Pharmacists, trained pharmacy staff, RNs and RPNs can administer the publicly funded influenza and COVID-19 vaccines to an individual without an Ontario health number/ODB eligibility number provided they meet the eligibility criteria set out in the accompanying EO Notice: Administration of Influenza and COVID-19 Vaccines in Ontario Pharmacies.

If a pharmacist, trained pharmacy staff, RN or RPN administers the influenza or COVID-19 vaccine to an eligible individual **without** an Ontario health number/ODB eligibility number, the pharmacist must submit the claim for payment using the ministry assigned Proxy IDs in lieu of an Ontario health number. Please refer to the [ODP Reference Manual](#) Section 6.15 for more details on claims submissions.

10. Can an eligible individual be an Ontario Drug Benefit (ODB) recipient and not have an Ontario Health Insurance Plan (OHIP) Health Card?

Yes. There may be circumstances when an eligible individual who is an ODB program recipient is issued a temporary ODB eligibility number by the Ministry of Children, Community and Social Services or by a Home and Community Care Support Services organization that is used until an OHIP card is issued or is not eligible for an Ontario health number but has a paper Drug Benefit Eligibility Card. For such eligible

⁵ In these Qs and As, "Ontario health number" means the 10 digit number that identifies a recipient of health care benefits provided by the Ministry of Health (note: in some cases, a one or two-character Version Code forms part of the health number) and "Ontario Drug Benefit (ODB) eligibility number" means:

- i. an Ontario health number;
- ii. or another number issued by the Ministry of Children, Community and Social Services or by a Home and Community Care Support Services organization for some ODB program recipients that identifies a recipient of ODB program benefits.

individuals, the pharmacist will use the temporary health number or eligibility number to submit the claim for payment through the HNS.

11. Can a pharmacist still submit a claim for payment for the administration of the vaccine if an eligible individual has an Ontario health number/ODB eligibility number but does not provide it?

No. If the eligible individual has an Ontario health number/ODB eligibility number, then the pharmacist needs the individual's Ontario health number/ODB eligibility number in order to submit the claim for payment through the HNS.

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

The COVID-19 vaccines may be given at the same time with other vaccines, or at any time before or after other non-COVID-19 vaccines (live or non-live vaccines), including influenza vaccine, respiratory syncytial virus (RSV) vaccine and/or the RSV monoclonal antibody.

If multiple injections are to be given at the same visit, 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.

13. How many COVID-19 vaccine doses can an individual receive and how often?

The minimum interval between doses is 3 months. The [COVID-19 Vaccine Program](#) outlines current recommendations, based on age and health status. For more information on dosing intervals, refer to the [COVID-19 Vaccine Program](#).

Ministry Payment

14. How much does the ministry pay pharmacies to administer a publicly funded influenza or COVID-19 vaccine?

The ministry pays pharmacies **\$10.50** for the costs and services associated with administering an influenza vaccine and **\$13.00** for the costs and services associated with administering a COVID-19 vaccine, when a claim for the vaccine is submitted through the HNS.

Date of service for the claim submitted to HNS must reflect the date that the publicly funded influenza and/or COVID-19 vaccine was administered. A trained pharmacist must be identified in the prescriber field on the claim through the HNS for vaccines administered by other HCPs, with one exception. **Exception:** in the case of an eligible individual who is a resident in a LTCH and is receiving the vaccine in the LTCH, the prescriber field on the claim submitted through HNS must identify the

prescriber who directed the administration of the vaccine to the resident.

These same administrative fees will also apply to the administration of publicly funded influenza and/or COVID-19 vaccines to residents of LTCHs by pharmacies that service LTCHs. To further clarify, the administration of the publicly-funded vaccine by participating pharmacies to residents of LTCH is **outside of** the current capitation payment model used to pay pharmacy service providers for providing professional pharmacy services to LTCH residents.

Pharmacies will not receive payment under the UIIP and/or COVID-19 vaccine program if administering a non-publicly funded influenza and/or COVID-19 vaccine.

15. How much does the ministry pay a pharmacy if required to administer an epinephrine auto-injection as emergency treatment for eligible individual's experiencing a serious adverse drug reaction due to a publicly funded influenza and/or 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.

Pharmacists may submit claims for payment using the ministry's HNS for epinephrine auto-injection of individuals with a valid Ontario health number/ODB eligibility number. For those without an Ontario health number/ODB eligibility number, pharmacists can submit claims using the Proxy ID. Please refer to the [ODP Reference Manual Section 6.15](#) for details on the approved epinephrine auto-injection products, the total amount of each auto-injection product that will be reimbursed when used in this circumstance and claims submission information.

Note that a prescription for the epinephrine auto-injector product would be required to administer it to a LTCH resident within a LTCH.

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

The ministry pays the pharmacy.

Pharmacy Participation

17. How does a pharmacy get approved to administer the publicly funded flu and COVID-19 vaccines in Ontario?

To get approved, pharmacy managers must complete the ministry's [User Agreement for Pharmacies with a Registered Injection-Trained Pharmacist Requesting Publicly Funded Vaccines for the 2026/2027 Immunization Period](#) and the pharmacy must pass a cold chain inspection conducted by the local public health unit (PHU) each year as part of the UIIP and COVID-19 vaccine program annual enrollment process.

For more information on the User Agreement, please email the ministry at immunization@ontario.ca.

18. Does a pharmacy have to administer the influenza and/or COVID-19 vaccine within the walls of the pharmacy?

Participating pharmacies must administer publicly funded influenza and/or COVID-19 vaccine within the pharmacy premises, unless otherwise permitted as follows:

- in a nearby location (e.g., pharmacy parking lot) within their PHU as long as they adhere to public safety and relevant ministry policy/direction (including infection prevention and control measures), the User Agreement, and any OCP standards, policies or guidelines.
- for home-bound patients in their private home.
- as a mobile clinic in other locations (e.g., community centers, apartment complexes, etc.).
- in retirement homes, congregate settings and LTCHs under the direction and in collaboration with the local PHU and the home.

Note: Pharmacist and trained pharmacy staff administration of publicly funded influenza and/or COVID-19 vaccine to hospital in-patients is not eligible for payment.

Note: The general rule under clause 7.1(c)(iv) of the HNS Subscription Agreement for Pharmacy Operators is that a pharmacy operator must not submit a claim to the EO that is in respect of a professional service that was not provided at the pharmacy. Despite this provision in the HNS Subscription Agreement, the ministry is allowing pharmacies to submit claims for administering publicly funded influenza and/or COVID-19 vaccines outside of the pharmacy in the circumstances described above.

19. What is the process for pharmacies when administering the influenza and/or COVID-19 vaccine doses for residents of retirement homes, residents living in other congregate settings or residents of long-term care homes within these settings?

Pharmacies are required to work with their local PHU and the retirement home, LTCH or congregate setting for administering influenza and/or COVID-19 vaccines to residents of these places. In addition, before the influenza and/or COVID-19 vaccine can be administered in a LTCH to a resident of the LTCH, the pharmacy must have a prescription directing the administration of the vaccine to the resident.

Note: Pharmacists, trained pharmacy staff, RNs and RPNs may administer and submit claims for influenza and/or COVID-19 vaccine doses to residents in LTCHs, retirement homes and other congregate settings under the direction of PHU. In addition, pharmacists, trained pharmacy staff, RNs and RPNs may administer and submit claims for influenza and/or COVID-19 vaccine doses for staff, support workers, essential caregivers, volunteers, and contractors who are working within congregate settings when the pharmacist and trained pharmacy staff visits the home/ congregate setting to administer vaccines to residents. All individuals receiving the vaccine must be eligible for their dose as per the requirements noted in the most recent EO Notice: Administration of Publicly Funded Influenza and COVID-19 Vaccines in Ontario Pharmacies.

COVID-19 Vaccine Inventory Management

20. What is the purpose of the Panorama Guided Workflow system?

In efforts to make it easier for individuals and families to access their COVID-19 records and to improve the province's preparedness for future events (for example for pandemic preparedness), the ministry is working to improve provincial health record and immunization systems. A part of this work includes discontinuing the use of the COVaxON vaccination data system as of March 13, 2026, and shifting to integrate data on COVID-19 vaccination into another vaccination data system: Panorama.

Panorama has been used in Ontario since 2013 and is currently used by PHUs for vaccine inventory management and for recording immunizations specified in the *Immunization for School Pupils Act* and other immunizations such as school-based vaccines (e.g., hepatitis B).

The ministry developed Panorama Guided Workflow (PGW), which is a simplified access point and workflow that enables health care providers to manage inventory,

report COVID-19 immunizations and support clinical decision-making and patient care. PGW is separate from the HNS and all pharmacies are required to enter patient vaccine administration details and maintain up to date inventory information in this system. The fee paid to pharmacies for administering the COVID-19 vaccine includes pharmacy services relating to access and use of PGW.

The requirements for accessing and using PGW can be found in the Panorama Guided Workflow Interface System and Services Agreement. Access to and use of the system is conditional on the pharmacy being accepted into the 2026/2027 COVID-19 vaccine program and being granted access to PGW by the ministry.

Pharmacists and trained pharmacy staff must complete training to use PGW. For questions related to PGW onboarding, please email PanoramaGuidedWorkflow@ontario.ca.

For PGW technical questions or ONE ID support, please email the Ontario Health Service Desk at oh-servicedesk@ontariohealth.ca.

It is important that pharmacies accurately and regularly document vaccine inventory and administration data in Panorama.

Inventory Data:

- It is important for pharmacies to maintain real-time data entry in PGW to avoid vaccine order cancellations/reductions.
- Before placing a vaccine order, pharmacies should verify that their physical on-hand inventory aligns with the inventory recorded in PGW.
- Pharmacies should regularly reconcile physical inventory with PGW inventory records and investigate and resolve any discrepancies to maintain accurate inventory levels.

Administration Data:

- Prior to administering the COVID-19 vaccine, pharmacists and trained pharmacy staff must be diligent in accessing PGW to confirm when the patient received the last vaccine dose (if applicable) including verifying the appropriate time interval between doses before administering the vaccine. Vaccine administration to the individual should occur prior to completing the entry in PGW.
- Users must log into PGW using their own user login information. Login accounts should not be shared.

Please also ensure that the information in PGW is accurate and up-to-date based on the patient's Ontario health card or other identifying document. For example, a patient may choose to change their name after getting married or if they are trans or non-binary.

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 PGW (e.g., at a minimum, pharmacies should ensure there is supply of consent forms, vaccine information forms and daily patient rosters printed).

21. What is the shelf-life for COVID-19 vaccines, once shipped to the pharmacy?

COVID-19 vaccines are always shipped to pharmacies in a thawed state and must be stored in a refrigerator (+2°C to +8°C) upon receiving. DO NOT freeze COVID-19 vaccines.

There are three dates that may apply to a vaccine vial: the manufacturer's expiry date printed on the label, the beyond-use date (BUD), and the discard date/time after first puncture. Each serves a distinct purpose and should not be used interchangeably. When determining whether a vaccine may be used, the earliest applicable date must always be followed. For example, an unpunctured vial of Spikevax may have a BUD of 60 days. However, once the vial is first punctured, it must be discarded within 24 hours of the initial puncture. If the first puncture occurs before the 60-day BUD, the 24-hour post-puncture discard timeframe takes precedence over the BUD.

Multi-dose vials:

- **Unpunctured vials** that are thawed (refrigerated) may be stored until the product-specific beyond use date [BUD] or the manufacturer's expiry date, whichever occurs first.
 - Spikevax (Moderna): refrigerated BUD of 60 days
 - Comirnaty (Pfizer): refrigerated BUD of 10 weeks
- **Punctured vials** have the following post-puncture shelf lives:
 - Spikevax (Moderna): 24 hours at +2°C to +8°C after first puncture
 - Comirnaty (Pfizer): 12 hours at +2°C to +25°C after first puncture

Pre-filled syringes:

- Comirnaty (Pfizer) pre-filled syringes are fridge stable (+2°C to +8°C) until the expiry date printed on the product.
 - After removing the tip cap and attaching an appropriate needle, the pre-filled syringe should be used immediately. If not used immediately, it must be used within 4 hours.
- Spikevax (Moderna) pre-filled syringes that are thawed (refrigerated in +2°C to +8°C) have a BUD of 60 days once received from the distributor and placed in the refrigerator by the pharmacy, or until the expiry date printed on the carton, whichever comes first.
 - Once removed from the fridge and placed in room temperature (+8°C to +25°C) do not return to the fridge. Discard if not used within 12 hours after

- removal from the fridge (+2°C to +8°C).
- Nuvaxovid pre-filled syringes are fridge stable (+2°C to +8°C) until the expiry date printed on the product.

For more information see, [Confusion between Vaccine Expiry and Beyond-Use Dates Leads to Multi-Patient Incident - ISMP Canada](#) and refer to the [COVID-19 Health Care Provider Fact Sheet](#).

Documentation Guidelines

22. What are pharmacies required to document when providing the publicly funded influenza and COVID-19 vaccines to eligible patients?

In accordance with the UIIP and COVID-19 vaccine program requirements and the *Pharmacy Act, 1991*, the pharmacist must keep a record of every dose of publicly funded influenza and/or COVID-19 vaccine administered and must:

- Document the name of vaccine administered, strength/dose (where applicable), quantity, lot number, expiry date as well as route and site of administration
- Document the time of administration, date and location – i.e., where the vaccine was administered
- Document the name, date of birth and the address of the eligible individual
- Record of patient's Ontario health number/ODB eligibility number or alternate ID with contact information if applicable
- Keep a copy of the prescription for the vaccine, in the case of an eligible individual who is a resident of a LTCH and is receiving the vaccine in the LTCH
- Document the informed consent of the eligible individual or their substitute decision-maker, such as through the use of a signed consent form
- Document the name, pharmacy address and signature of the trained pharmacist, trained pharmacy staff, RN or RPN who administered the vaccine
- Provide a written or electronic record of immunization to the eligible individual
- For COVID-19 vaccines:** Document required information in Panorama Guided Workflow (PGW), in accordance with the [COVID-19 Vaccination Reporting Act \(CVRA\), 2021](#).
 - Note:** All respective health care providers whether pharmacist, trained pharmacy staff or other health care provider must identify themselves as the vaccinator in the PGW system. ~~and on the vaccine receipt provided to the patient.~~

- Record any serious adverse events following immunization that may or may not result in the administration of epinephrine, and the circumstances relating to the administration of the substance. Keep a copy of the prescription for epinephrine, in the case of an eligible individual who is a resident of a LTCH and receives epinephrine in the LTCH. Pharmacies must also meet the OCP policies and guidelines, such as the OCP's [Record Retention, Disclosure and Disposal Guidelines](#) and [Documentation Guidelines](#).

Please refer to questions #23 and #24 (below) in regard to reporting requirements for adverse events following immunization.

Please note that for the purpose of billing, pharmacists must enter the eligible individual's date of birth, and Ontario health number/ODB eligibility number or Proxy ID into the claim submission to the HNS. In addition, by identifying the date of birth, pharmacists can ensure the patient receives the appropriate vaccine for their age group.

Documentation forms are not standardized; however, the OPA provides a comprehensive form that may assist pharmacies with their record keeping obligations. Refer to the OPA [Influenza Immunization Resources](#).

23. How long must I keep the 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 publicly funded influenza and/or COVID-19 vaccine claim (and epinephrine auto-injector, if applicable) are part of the patient's medication record.

Pharmacies, pharmacists and trained pharmacy staff shall keep records in accordance with their obligations under the *Pharmacy Act, 1991*, the *Drug and Pharmacies Regulation Act*, as applicable, and any instructions or guidelines provided by the OCP or the ministry.

For purposes of post-payment verification, pharmacy records related to claims for payment for administering a publicly funded influenza and/or COVID-19 vaccine (or epinephrine auto-injector) 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 eligible individual, or until 10 years after the day on which the eligible individual reached or would have reached the age of 18 years, whichever is longer.

Overpayments due to inappropriate claim submissions are subject to recovery.

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

24. What documentation must pharmacies provide to the patient after administration of the publicly funded influenza and/or COVID-19 vaccine?

To help eligible individuals keep track of their vaccine, pharmacies must provide a written record (electronic or paper) of the immunization product administered, including the date.

Pharmacies may choose to provide the eligible individual with a permanent personal immunization record. Eligible individuals should keep this record in a safe place, and it must also be readily available on file at the pharmacy.

For more information on forms, pharmacies can refer to the OPA [Influenza Immunization Resources](#), which includes resources such as a template for patient consent forms, patient questionnaires and permanent personal immunization records.

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

Please refer to the [ODP Reference Manual Section 6.15](#) for details on documentation for claim validation.

In addition to the reporting requirements for adverse events following immunization, pharmacies must also document when they administer the epinephrine auto-injector for inspection purposes.

The HNS claim for the epinephrine auto-injector will follow the claim for the vaccine.

Documentation includes:

- Name, pharmacy address and signature of the pharmacist, trained pharmacy staff, RN or RPN who administered the epinephrine auto-injector
- Name, strength/dose (where applicable) and quantity of the epinephrine auto-injector administered
- Name, date of birth and the address of the eligible individual
- Time and date the epinephrine auto-injector was administered, place of administration if not at the pharmacy
- Cross-reference with the claim for the publicly funded influenza and/or COVID-19 vaccine administered to the same eligible individual

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

Pharmacists, trained pharmacy staff and pharmacies shall keep records in accordance with their obligations under the *Pharmacy Act, 1991*, the *Drug and Pharmacies Regulation Act*, as applicable, 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 influenza and/or COVID-19 vaccine (or epinephrine auto-injector) 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 eligible individual, or until 10 years after the day on which the eligible individual reached or would have reached the age of 18 years, whichever is longer.

Overpayments due to inappropriate claim submissions are subject to recovery.

Claim for payment through the Health Network System

26. When should the pharmacist submit the claim for payment for administration of the publicly funded influenza and/or COVID-19 vaccine?

Pharmacists must submit the claim through the HNS on the same day they administer the publicly funded influenza and/or COVID-19 vaccine, except for vaccines administered off-site.

If a publicly funded influenza and/or COVID-19 vaccine was administered off-site within the geographic boundaries of the PHU where the pharmacy is located and in compliance with terms and conditions for the UIIP or COVID-19 vaccine program, pharmacists can submit the claim up to one business day after administration.

Trained pharmacy staff who have valid injection training, RNs and RPNs may administer the vaccines; however, the respective injection-trained supervising pharmacist must submit the claim for payment through the HNS.

27. How are claims for vaccines submitted through the HNS?

Pharmacists must ensure that the eligible individual's date of birth, Ontario health number/ODB eligibility number and name (as it appears on their Ontario health card/other identifying document) are entered as part of the HNS claims submission. In addition, by identifying the date of birth, pharmacists can ensure the eligible individual receives the appropriate vaccine for their age group.

Note: For eligible individuals **without** an Ontario health number/ODB eligibility number, pharmacists may use the Proxy ID instead.

Please refer to the [ODP Reference Manual Section. 6.15](#) for details on claims submission for this program.

28. How are claims for epinephrine auto-injectors submitted through the HNS?

Pharmacists must refer to the [EO Notice](#): Administration of Publicly Funded Influenza and COVID-19 vaccines in Ontario Pharmacies, which includes a section regarding the administration of the epinephrine auto-injectors under the UIIP and/or COVID-19 vaccine program.

If administering for emergency use, the epinephrine auto-injector PIN must be billed as a second claim following the vaccine claim on the same day of service. The cost of the epinephrine auto-injector for this transaction will appear in the Dispensing Fee field of the claim.

Pharmacists must use their Pharmacist ID as the Prescriber ID when submitting a claim for epinephrine auto-injectors, subject to one exception. The exception is, in the case of a claim for administration of epinephrine to an eligible individual who is a resident in a LTCH within the LTCH, the prescriber field on the claim submitted through HNS must identify the prescriber who directed the administration of the epinephrine auto-injector product to the resident.

Claims must be submitted using the PIN associated with the epinephrine product. Only the Acquisition Cost of the drug is eligible for reimbursement. Do not enter the DIN or a mark-up or a dispensing fee.

Please refer to the [ODP Reference Manual Section. 6.15](#) for details on claims submission for this program.

29. What if a pharmacy administers a publicly funded influenza and/or COVID-19 vaccine OR privately funded/sourced influenza and/or COVID-19 vaccine (that has a publicly funded DIN) to an eligible individual, and they are charged for the cost of the vaccine?

Participating pharmacies are required to ensure that the eligible individual is not charged for the vaccine (i.e., through refunds/reimbursement).

Refunds/reimbursement must be provided to the eligible individual immediately. If the error is discovered after the eligible individual has left the pharmacy, the pharmacy must make efforts to contact and notify the individual that they are entitled to a refund.

Participating pharmacies are required to ensure that all publicly funded influenza and/or COVID-19 vaccines ordered and received through provincial supply channels are stored separately from any privately purchased vaccine stock. Publicly funded influenza and/or COVID-19 vaccines must be clearly identified, physically segregated, and managed in a manner that prevents mixing, substitution, or inadvertent use of

publicly funded products for privately purchased vaccine services. For more information, please refer to the [User Agreement](#).

Once the participating pharmacy has reimbursed the patient the cost of the vaccine, the pharmacy may submit a manual **paper claim** to receive the professional fee for administering the publicly funded influenza and/or COVID-19 vaccine. Pharmacies submitting a manual paper claim for this scenario should select the field “Ministry Authorized Submission” on the ministry form.

The participating pharmacy must maintain records of the refund transaction and records from the original transaction for monitoring and post payment verification purposes. These records must be maintained in a readily available format for a minimum of 10 years from the last recorded pharmacy service provided to the eligible individual, or until 10 years after the day on which the eligible individual reached or would have reached the age of 18 years, whichever is longer.

30. When submitting the claim for the epinephrine auto-injector due to an adverse reaction from the 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

31. 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*. A copy of the [Reporting Form](#) sent to the PHU must be retained by the pharmacy.

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 PHU. For additional information, contact your local PHU and refer to the [COVID-19 vaccine program](#) and [UIIP](#) ministry webpages. In addition, it is mandatory for pharmacies to document the adverse event due to the vaccine administration in Panorama for COVID-19 vaccines.

For additional information, please contact your PHU. Refer to the ministry website for a list of [Ontario PHUs](#).

LTCH licensees also have recordkeeping and reporting requirements in the event of adverse drug reactions, and should refer to Ontario Regulation 246/22 (under the *Fixing Long-Term Care Act, 2021*) for more information.

32. If an eligible individual has an adverse reaction to a vaccine, who is responsible for administering the epinephrine auto-injector?

If an adverse reaction occurs after the administration of a vaccine, the pharmacist, trained pharmacy staff, RN or RPN who administered a vaccine should also 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 OCP if you have any additional questions about your responsibilities and/or accountabilities in this regard.

A prescription for the epinephrine auto-injector product would be required to administer it to a LTCH resident within a LTCH.

For claims submission purposes, the ministry requires the eligible individual's Ontario health number/ODB eligibility number (or Proxy ID if the individual does not have an Ontario health number/ODB eligibility number) and pharmacist identification for the use of an epinephrine auto-injector after an adverse reaction to the administered vaccine.

33. What course of action should be followed when the pharmacy has administered an incorrect dose or vaccine to an individual?

For guidance on managing COVID-19 vaccine administration errors and deviations, please see the Government of Canada's [Planning guidance for immunization clinics for COVID-19 vaccines: Managing vaccine administration errors or deviations](#). For inadvertent immunization errors and deviations that are not addressed in the document linked above and/or that involve multiple errors or have additional complexity, HCPs are encouraged to contact their local PHU or Public Health Ontario (at ivpd@oahpp.ca) for further advice.

The local PHU should be notified, and vaccine administration errors or deviations should be handled and reported in accordance with both the site (if non-PHU) and PHU procedures. If an inadvertent vaccine administration error or deviation results in an AEFI, complete [Ontario's AEFI reporting form](#), including details of the error or

deviation. See the guidance on reporting AEFI section above for additional information. This response provides basic information only. This response is not intended to take the place of medical advice, diagnosis or treatment, or legal advice.

34. How does a pharmacy make sure a long-term care home (LTCH) resident who is receiving a vaccine or epinephrine injection in the LTCH has the required prescription?

Pharmacies should work with LTCH licensees to ensure prescription requirements are met.

Restrictions

35. Can pharmacies provide the publicly funded COVID-19 and/or influenza vaccines to hospital in-patients?

No. Pharmacy administration of the publicly funded COVID-19 and/or influenza vaccines to hospital in-patients is **not** permitted or eligible for reimbursement through the HNS.

36. Can pharmacies provide the publicly funded COVID-19 and/or influenza vaccines to residents of LTCHs?

Yes. Pharmacy administration of the publicly funded COVID-19 and/or influenza vaccines to LTCH residents is permitted and eligible for reimbursement through the HNS within their PHU. Doses can only be administered **within** the pharmacy's PHU boundaries.

To further clarify, vaccine administration by participating pharmacies for LTCH residents is **not paid** through the current capitation model that is used to pay pharmacy service providers that provide professional pharmacy services to LTCHs.

Also note – if the vaccine is administered to a LTCH resident in the home, then the vaccine **must** be prescribed for the resident. Additionally, if an epinephrine autoinjector product is administered to a LTCH resident, the epinephrine product must be prescribed for the resident.

37. Can pharmacies submit claims for COVID-19 and/or influenza vaccines administration manually to the ministry, using a paper claim?

The ministry does not accept paper claims for the publicly funded influenza and/or COVID-19 vaccines unless there is a need to use 3 intervention codes. However, an exception to this rule is outlined in Question #29.

38. Can pharmacies submit a claim for the epinephrine auto-injector when it is provided to the eligible individual to take home after the vaccine was administered?

No. Claims submitted for epinephrine auto-injector that are associated with the publicly funded COVID-19 and influenza vaccine emergency use are **only** reimbursed when the injection is given by the pharmacist, trained pharmacy staff, RN or RPN as emergency first aid or temporary assistance as needed immediately after administering the vaccine to an eligible individual at the pharmacy or other immunization location (see location restrictions).

39. Can pharmacies submit a claim for epinephrine auto-injector for an eligible individual without a valid Ontario health number/ODB eligibility number?

Yes. Using the Proxy ID, pharmacists may submit claims for payment using the ministry's HNS for epinephrine auto-injectors administered to eligible individuals without a valid Ontario health number/ODB eligibility number for emergency use after administering the influenza and/or COVID-19 vaccine.

40. If the pharmacist recommends to a physician that an eligible individual should get a COVID-19 and/or influenza vaccine, is the recommendation billable under the Pharmaceutical Opinion Program?

No, this is not eligible for a POP. All Ontarians are encouraged to receive the COVID-19 and flu vaccines. In addition, because its administration is within the pharmacist's scope of practice and requires no permission from a primary care provider (except in the case of LTCH residents receiving the vaccine in the home), such a recommendation does not meet the criteria of the Pharmaceutical Opinion Program.

41. Can I transfer publicly funded influenza and/or COVID-19 vaccines to another pharmacy?

No. Publicly funded influenza and/or COVID-19 vaccines that are ordered and received by a pharmacy from a ministry designated distributor can only be used by that pharmacy and cannot be transferred (including leased, loaned, shared or otherwise provided) to any other pharmacy, health care provider and/or organization, including any affiliated or commonly-owned pharmacy. Pharmacies are still permitted to transport COVID-19 vaccines within their PHU when administering off-site, in

compliance with [Vaccine Storage and Handling Guidelines](#). Refer to COVID-19 and influenza Health Care Provider Fact Sheets for specific product storage and handling information. Pharmacies may only accept transfers-in from their local PHU in exceptional circumstances.

Additional Information:

If your pharmacy has an ownership change, relocation, closure, or name change during the 2026/2027 Immunization season, please notify the ministry at OPDPInfobox@ontario.ca and include the following information (provide previous details if available):

- Status change of your pharmacy and date, if known
- Pharmacy name, full address, and ON#.

For pharmacies:

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

For any other questions please contact OPDPInfobox@ontario.ca.