Administration of Drugs by Injection Supplementary Guidelines for Pharmacists

GLOSSARY OF ACRONYMS/TERMS

PAS – Pharmacy Association of Saskatchewan
PIP – Pharmaceutical Information Program
SIM – Saskatchewan Immunization Manual (accessed September 25, 2018)
SIMS – Saskatchewan Immunization Management System decommissioned in February 2015
Panorama – since February 2015 replaces SIMS
SIIP – Saskatchewan Influenza Immunization Policy

This document supplements the “Administration of Drugs by Injection and Other Routes – Guidelines for Pharmacists,” originally dated August 2015, revised November 2016 and further revised October 2018. It also updates our October 5, 2015 memo to members and others.

In that memo, the College recommended that members defer the administration of vaccines other than the publicly funded flu vaccine until the College was able to reconcile legal, policy, compensation and other issues with our Solicitor, the Ministry of Health and PAS. Most of that has occurred to the extent that SCPP is able to release this supplementary policy. It provides additional information to paragraph “7. Implementation” of the August 2015 policy document mentioned above.

This statement has been prepared in the context of our policy to collaborate with the public health system. SIM Chapter 2 states in part:

“1.3 Provision of Publicly Funded Immunizations by Community Vaccine Providers that are not Registered Nurses

Community vaccine providers may include physicians, pharmacists, licensed practical nurses and emergency medical technicians (paramedics) who work within their legislated professional scope of practice. Community vaccine providers will:

- Follow the SIM guidelines for immunization.
- Ensure that vaccines maintain their potency (optimal transportation, storage, handling, and conservation), and report any cold chain breaks to the local health unit within one (1) working day.
- Meet regional reporting requirements related to clients being immunized with publicly-funded vaccines.
- Report all adverse events following immunization to the local health unit as soon as possible. For more information, refer to SIM, Chapter 11, Adverse Events Following Immunization.”
A. IMMUNIZATION

Influenza Immunization

The Ministry provides publicly funded influenza vaccine to pharmacies at no cost under the Drug Plan IIP. When the Program’s requirements are met, the Ministry also pays pharmacies for each vaccination administered by a pharmacist with Advanced Method Certification. Payment to pharmacies under this Program is included in the Pharmacy Proprietor Agreement.

Pharmacists or pharmacies shall not require or permit patients to make any payments for the supply or administration of publicly funded influenza vaccine under the Drug Plan IIP. Such payments constitute double-billing and/or surcharges for publicly-funded health services and are not permitted under applicable laws. Further information regarding the influenza immunization can be found in the Saskatchewan Influenza Immunization Policy 2018-2019.

Other Vaccines

Immunizations which are publicly-funded either universally or under certain criteria:
Where a patient meets the eligibility criteria to obtain a vaccination paid for by the Ministry, the pharmacist must advise the patient of their eligibility for publicly funded vaccine. The pharmacist must advise the patient that the vaccination can be received free of charge from public health in a Saskatchewan Health Authority. The pharmacist must also advise the patient of the charges for the supply and administration of the vaccination, and that the patient will not be reimbursed by the Ministry for such charges.

Vaccinations which are not publicly-funded:
Pharmacists or pharmacies may charge patients for the supply and administration of vaccinations which are not funded or reimbursed by the Ministry.

Any charges for vaccinations should be in accordance with the guidance provided by PAS.

The following are some common examples which pharmacists may encounter when administering vaccinations:

1. FLUZONE® (as the vaccine available to pharmacies under the Drug Plan IIP in 2018-2019):
   a) Pharmacists must not charge the patient any fees for supplying or administering these vaccines when provided under the Drug Plan IIP. Pharmacies may collect the administration fee from the Ministry of Health for administering these vaccines under this Program.
   b) It may be possible for pharmacies to acquire private stock of Drug Plan IIP vaccine products for administration during and beyond the flu season. This vaccination would not be provided under the Drug Plan IIP, so the pharmacist or pharmacy may charge the patient for the supply and administration of the vaccine. The pharmacist must advise the patient that the patient will not be reimbursed by the Ministry should they choose to pay for the vaccination under these circumstances. The pharmacy will not be paid an administration fee by the Ministry. Care must be taken to be satisfied that these vaccines, or any other influenza vaccine for that matter, are appropriately indicated given the time of year and the patient properly informed accordingly. Members are encouraged to check with their Health Authority public health services/programs.
2. PNEUMOVAX® 23 (as a vaccine that is sometimes publicly funded when patients meet certain eligibility criteria):
   a) As stated earlier herein, where a patient meets the eligibility criteria to obtain a vaccination paid for by the Ministry, the pharmacist must advise the patient of their eligibility for publicly funded vaccine. The pharmacist must advise the patient that the vaccination can be received free of charge from public health in a Saskatchewan Health Authority. The pharmacist must also advise the patient of the charges for the supply and administration of the vaccination, and that the patient will not be reimbursed by the Ministry for such charges. Pharmacies will not receive an administration fee from the Ministry for administering the vaccination.

   b) If the patient does not meet the criteria to obtain this vaccination free of charge, the pharmacist or pharmacy may charge the patient for the vaccination. Pharmacies will not receive an administration fee from the Ministry for administering the vaccination.

Table 1 (page 5) provides further details on commonly encountered vaccines in community pharmacy practice along with their public funding status.

**Reporting**

It is important for pharmacists to be able to report vaccines administered in order to keep the patient’s immunization record in Panorama up to date. The Saskatchewan Immunization Manual (SIM) Chapter 4 states in part:

“1.2…..All regional/jurisdictional health authorities in Saskatchewan document infant, childhood, adolescent, and adult immunization in SIMS…..

2.2 Agency-Held Immunization records
   1. All immunization providers or their respective agencies must maintain permanent immunization records (paper or electronic) for all clients…..
   2. All immunization services must be immediately and accurately documented…..”

As specified in the bylaw record keeping requirements, the pharmacist must document the vaccination. The College is working with Ministry and public health officials to develop protocols, tools and other resources to meet patient immunization record reporting requirements in Panorama. Until then and except for influenza vaccinations, SCPP advises pharmacists to retain such records in a readily retrievable format to be used when the College provides further direction on these reporting protocols.

When prescribed, provision of the vaccine must also be transmitted to PIP as this represents a supply of a drug that the law requires be transmitted to this database. PIP is not intended to be a substitute for a patient’s immunization record.
B. DRUGS OTHER THAN VACCINES

Upon Advanced Method Certification, pharmacists may administer drugs other than vaccines as patient needs determine and according to the drug’s official product monograph. The pharmacist may charge the patient for the supply and administration, and may not collect an administration fee from the Ministry of Health.

As above, any charges for administering such drugs should be in accordance with the guidance provided by PAS. Also, when prescribed, provision of the drug must also be transmitted to PIP as this represents a supply of a drug that the law requires be transmitted to this database.

This document is not intended to be an exhaustive review of all requirements of applicable legislation, the Pharmacy Proprietor Agreement, the SIM or of all situations pharmacists may encounter. Members with further questions are encouraged to contact SCPP at 306-584-2292.
# Table 1
Commonly Encountered Vaccines in a Community Pharmacy and Current Saskatchewan Public Funding Status*

<table>
<thead>
<tr>
<th>Disease Coverage</th>
<th>Vaccine</th>
<th>Abbreviation</th>
<th>Publically Funded*</th>
<th>Drug Schedule¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera, E. coli</td>
<td>Dukoral (oral)</td>
<td>Chol-Ecol-O</td>
<td>No</td>
<td>II</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Avaxim</td>
<td>HA</td>
<td>Sometimes*</td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>Avaxim-Pediatric</td>
<td></td>
<td>Sometimes*</td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>Havrix</td>
<td></td>
<td>Sometimes*</td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>Havrix Jr</td>
<td></td>
<td>Sometimes*</td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>Vaqta</td>
<td></td>
<td>Sometimes*</td>
<td>I</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Engerix-B</td>
<td>HB</td>
<td>Sometimes*</td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>Recombivax HB</td>
<td></td>
<td>Sometimes*</td>
<td>I</td>
</tr>
<tr>
<td>Hepatitis A &amp; B</td>
<td>Twinrix</td>
<td>HAHB</td>
<td>Sometimes*</td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>Twinrix Jr</td>
<td></td>
<td>Sometimes*</td>
<td>I</td>
</tr>
<tr>
<td>Herpes Zoster</td>
<td>Zostavax II</td>
<td>Zos</td>
<td>No</td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>Shingrix</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus</td>
<td>Cervarix</td>
<td>HPV-2</td>
<td>No</td>
<td>II</td>
</tr>
<tr>
<td></td>
<td>Gardasil</td>
<td>HPV-4</td>
<td>Sometimes*</td>
<td>II</td>
</tr>
<tr>
<td></td>
<td>Gardasil 9</td>
<td>HPV-9</td>
<td>No</td>
<td>II</td>
</tr>
<tr>
<td>Pneumococcal Disease</td>
<td>Pneumovax 23</td>
<td>Pneu-P-23</td>
<td>Sometimes*</td>
<td>II</td>
</tr>
<tr>
<td></td>
<td>Prevnar 13</td>
<td>Pneu-C-13</td>
<td>Sometimes*</td>
<td>II</td>
</tr>
<tr>
<td></td>
<td>Synflorix</td>
<td>Pneu-C-10</td>
<td>No</td>
<td>II</td>
</tr>
<tr>
<td>Typhoid</td>
<td>Typhim Vi</td>
<td>Typh-I</td>
<td>No</td>
<td>I</td>
</tr>
<tr>
<td>Typhoid</td>
<td>Vivotif (oral)</td>
<td>Typh-O</td>
<td>No</td>
<td>I</td>
</tr>
</tbody>
</table>


This chart is not meant to be exhaustive. For more information refer to the SIM at [http://www.ehealthsask.ca/services/manuals/Pages/SIM.aspx](http://www.ehealthsask.ca/services/manuals/Pages/SIM.aspx).

Questions?
info@saskpharm.ca

Created: May 2016
Revised: June 2016, Jan 2017, Dec 2017, Oct 2018