



To:	Passport Health Plan/ Passport Advantage Pharmacies	From:	PerformRx
Date:	September 3, 2009	Pages:	2
Re:	2009 Seasonal Flu Vaccine reimbursement		

NOTE: The following information pertains only to the seasonal flu vaccine. Information regarding the novel influenza A (H1N1) vaccine will follow as it becomes available.

Please see page 2 of this fax for further details regarding referrals and contact information.

Passport Health Plan (PHP) instructions:

Effective September 1, 2009, Passport Health Plan (PHP) will reimburse pharmacies for administration of the injectable seasonal flu vaccine to all members between the ages of 19-65, and Flumist* to all members between the ages of 19-49.

Flu vaccines for children are provided through the Vaccines for Children (VFC) Program. **Pharmacies may not administer or bill for children under the VFC program.**

Contracted pharmacies that process and administer the vaccines on page 2 will be reimbursed a dispensing fee of **\$14.06**.

Passport Advantage (PAD) instructions:

Effective September 1, 2009, Passport Advantage (PAD) will reimburse pharmacies for administration of the seasonal flu vaccine and Flumist* to all PAD members. **Please remember PAD members have a \$0 copay for the flu vaccine.**

Pharmacies that process and administer the vaccines on page 2 will be reimbursed an administration incentive fee of **\$18.40**.

In order to be reimbursed the Vaccine Administration Fee for PAD, the pharmacist must:

- Submit the administration amount in the Incentive Amount Submitted Field (NCPDP field number 438-E3); and
- Submit "MA" for Medication Administered in the Professional Service Field in the DUR/PPS segment (NCPDP field number 440-E5)

Confidentiality Statement: The documents accompanying this transmission contain confidential health information that is legally protected. This information is intended only for the use of the individuals or entities listed above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Seasonal Flu Vaccines	
BRAND NAME	NDC
FLUMIST	66019010701
FLUVIRIN	66521011210
FLUVIRIN	66521011202
FLUZONE	49281038415
FLUZONE	49281000925
FLUZONE	49281000910
FLUZONE	49281000950
FLUARIX	58160087646
AFLURIA	33332000901

*Package insert states Flumist is only indicated for healthy persons between the ages of 2 and 49.

Referring Members:

Pharmacies not administering the flu vaccine should refer PHP & PAD members to their provider or local health department for the flu vaccine and Flumist.

Contact Us

Pharmacies experiencing any difficulties in processing flu related claims MUST call the PerformRx Pharmacy HelpDesk for assistance at **(800) 578-0898 [PHP] or (866) 533-5490 [PAD]**.

Confidentiality Statement: The documents accompanying this transmission contain confidential health information that is legally protected. This information is intended only for the use of the individuals or entities listed above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.