



Prime Pharmacy

Address: **64 Rainier Ave S Unit H**

Renton, WA 98057

Phone: **206-829-4908**

Fax: **206-829-4906**

Email: info@theprimepharmacy.com

Website: theprimepharmacy.com

If you are interested in Prime Pharmacy administering flu/pneumonia vaccines at your facility, please return this letter with the attached informed consent completed for each client via fax within 2 weeks. Flu/Pneumonia shots are available through Original Medicare at no charge. We can bill private insurances or Medicare Advantage Plans but there may be an applicable co-pay. Please check with your client’s pharmacy insurance carrier if you have any questions on his or her copy.

If your client does not have insurance or his/her insurance does not cover flu vaccination, our prices are as followed:

- Flu shots are \$35.00
- High Dose flu shots are \$70.00
- Pneumonia shots are \$130.00
- Prevnar shots are \$220.00.

We have a limited amount of High Dose flu shots available this year, please inquire about availability. High Dose flu shots are first come, first serve.

Our Suppliers do carry “Preservative Free” shots.

We cannot bill Original Medicare or Medicare Advantages plans for Hospice patients. All our claims for hospice patients last year were denied. If you have a hospice patient, the only form of payment we can accept is cash.

CDC currently recommends people 65 and over get both Pneumovax 23 and Prevnar 13 vaccines. Some patients under 65 with certain medical conditions may qualify. Please inquire with the pharmacy. Please only check one pneumonia box as both vaccines cannot be given at the same time. If your clients are 65 and over and have ever received either of these pneumonia vaccines, they no longer need the pneumonia shots per CDC recommendations.

Please have payment ready on the day of your flu shot visitation. You may also prepay by calling our pharmacy up to 1 day prior to your visitation. We are not able to include the cost of vaccination on your client’s AR account with the pharmacy.

Because of the high volume of requests we get from our adult family homes, we will only be able to visit each home once this flu season. We will try our best to schedule your visitation on a day where all your clients are present. If for any reason one or more of your clients are not available on your visitation date, they will need to find another way to get their vaccine. We are sorry for any inconvenience this may cause you.

Name of Adult Family Home or Facility

Address: _____

Phone Number: _____ Contact Name : _____



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Date: _____

- Flu Shot
 High Dose Flu
 Prevnar 13
 Pneumovax 23
 Medicare #
 Other Insurance (provide copy of card)
 Private Pay (have cash/check ready)

Name: _____ DOB: _____ Sex: M F

Address: _____ Phone # _____

Allergies: _____ Weight (if less than 110lbs): _____

Medical Conditions: _____

Your Primary Physician (and Phone# if known): _____

The following questions will help us determine which vaccines you may be given today. If you answer "YES" to any questions, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

		YES	NO	DON'T KNOW
1	Are you sick today?			
2	Do you have allergies to medications, food or any vaccine?			
3	Have you ever had a serious reaction after receiving a vaccination?			
4	Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g. diabetes), anemia, or other blood disorder?			
5	Do you have cancer, leukemia, AIDS, or any other immune system problem?			
6	Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?			
7	Have you had a seizure, brain, or other nervous system problem?			
8	During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?			
9	For women: Are you pregnant or is there a chance you could become pregnant during the next month?			
10	Have you received any vaccinations in the past 4 weeks?			

Please read the following statements and sign below on the signature line.

I have read or have had explained the information provided about the vaccine I am about to receive. I have received and read a vaccine information statement. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of vaccination and ask that the vaccine be given to me or to the person named above for whom I am authorized to make this request. Medicare, I do hereby authorize Prime Pharmacy to release information and request payment. I certify that the information given by me in applying for payment under Medicare is correct. I authorize release of all records to act on this request. I request that payment of authorized benefits be made on my behalf.

Date: _____

Signature of person to receive vaccine or person authorized to make request (parent or guardian)

For office use only		
Vaccine	Vaccine	Vaccine
Lot: #	Lot: #	Lot: #
Mfr.	Mfr.	Mfr.
Date on VIS	Date on VIS	Date on VIS
Site	Site	Site
Date given	Date given	Date given

Date: _____

Signature of Administrator



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Risk Group	Underlying Medical Condition	PCV13	PPSV23	
		Recommended	Recommended	Revaccination at 5 years after first dose
Immunocompetent persons	Chronic Heart disease		✓	
	Chronic Lung disease		✓	
	Diabetes mellitus		✓	
	CSF leaks	✓	✓	
	Cochlear implants	✓	✓	
	Alcoholism		✓	
	Chronic liver disease		✓	
	Cigarette smoking		✓	
Persons with functional or anatomic asplenia	Sickle cell disease/other hemoglobinopathies	✓	✓	✓
	Congenital or acquired asplenia	✓	✓	✓
Immunocompromised Persons	Congenital or acquired immunodeficiencies	✓	✓	✓
	HIV infection	✓	✓	✓
	Chronic renal failure	✓	✓	✓
	Nephrotic syndrome	✓	✓	✓
	Leukemia	✓	✓	✓
	Lymphoma	✓	✓	✓
	Hodgkin disease	✓	✓	✓
	Generalized malignancy	✓	✓	✓
	Solid organ transplant	✓	✓	✓
	Multiple myeloma	✓	✓	✓

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine

(Inactivated or Recombinant):

What you need to know

1. Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2. Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

Many Vaccine Information Statements are available in Spanish and other languages. See

www.immunize.org/vis Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

There is no live flu virus in flu shots. **They cannot cause the flu.**

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3. Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**

If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.

- **If you ever had Guillain-Barré Syndrome (also called GBS).**

Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- **If you are not feeling well.**

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4. Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible. Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety

5. What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7. How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement
Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26