



Pharmacy Programs
Administrator

PORTAL USER GUIDE – COVID-19 VACCINATION IN COMMUNITY PHARMACY PROGRAM

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PHARMACY PROGRAMS ADMINISTRATOR PORTAL USER GUIDE – COVID-19 VACCINATION IN COMMUNITY PHARMACY PROGRAM

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INTRODUCTION

This Pharmacy Programs Administrator Portal User Guide provides a step-by-step process for the COVID-19 Vaccination in Community Pharmacy (CVCP) Program. It describes the following processes:

CVCP – Program Registration

CVCP – Service Claim

For best performance, we recommend the most recent version of the **Chrome** browser is used. Whilst you can successfully submit your registration and make claims using other browsers, they may not have all the features required to provide you with the best user experience.

If you require further assistance with using the Pharmacy Programs Administrator Portal, please do not hesitate to contact the Pharmacy Programs Administrator Support Centre on 1800 951 285 or email support@ppaonline.com.au.

CVCP – PROGRAM REGISTRATION

This section details how to submit a CVCP Program Registration through the Pharmacy Programs Administrator Portal.

Users are reminded that you should only be registering for the CVCP Program if you have been onboarded by the Department of Health, Disability and Ageing and have been provided with the CVCP Onboarding Pack.

- 1) Open the **Home** page to display a list of your approved Service Provider(s)
- 2) Find the Service Provider you are trying to register for the CVCP Program
- 3) To register for the CVCP Program, click the **Register for New Program** link underneath the Service Provider’s name. Please note only the Main Authorised Person for the Service Provider can register for new programs



COVID-19 VACCINATION PHARMACY Service Provider Status: Granted ▾

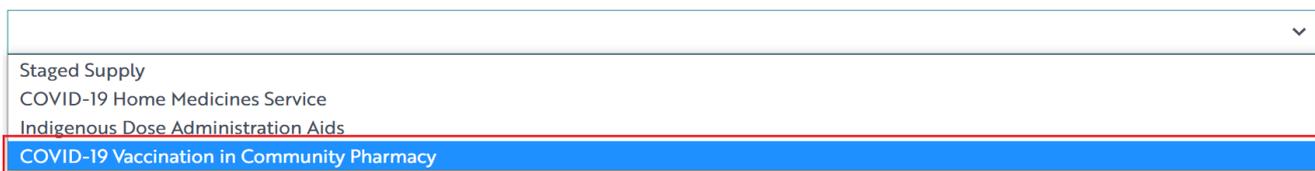
[View Remittance Advices](#)
[+ Register for New Program](#)
[Update Details](#)
[View Summary Reports](#)

PROGRAM NAME	STATUS	ACTION
MedsCheck and Diabetes MedsCheck	Granted	View 
Home Medicines Review	Granted	View 

- 4) The Program Registration screen will display a list of all programs a Service Provider may register for. Use the drop-down list to select **COVID-19 Vaccination in Community Pharmacy**

COVID-19 VACCINATION PHARMACY

Program Registration



▾

- Staged Supply
- COVID-19 Home Medicines Service
- Indigenous Dose Administration Aids
- COVID-19 Vaccination in Community Pharmacy**

- 5) You will be prompted to enter your CVCP Program Approval Code. Pharmacies that have been Onboarded to the CVCP Program will receive an email from the PPA containing your pharmacy’s CVCP Program Approval Code.

CVCP Program Approval Code

Information about this code will be emailed to you by the PPA.

- 6) You will now need to upload a PDF copy of your EOI Response Summary. This is the PDF you were asked to download upon submission of your Pharmacy’s EOI Online Form.

- i. Click the **Browse** button and then choose a file to be uploaded

Pharmacy Programs Administrator Portal User Guide – CVCP

CVCP Program Approval Code

Information about this code will be emailed to you by the PPA.

Upload the EOI Reponse Summary (PDF)

Please select a file...

- ii. Once a file is chosen, click **Upload File**

CVCP Program Approval Code

Information about this code will be emailed to you by the PPA.

Upload the EOI Reponse Summary (PDF)

COVID-19 Vaccination Pharmacy - EOI Response Summary.pdf

- iii. The uploaded file can be viewed by clicking **Download Document** or removed by clicking the **rubbish bin icon**

CVCP Program Approval Code

Information about this code will be emailed to you by the PPA.

Upload the EOI Reponse Summary (PDF)

Document Uploaded: COVID-19 Vaccination Pharmacy - EOI Response Summary.pdf

- 7) To be eligible to become an Approved CVCP Service Provider and participate in the Program, a pharmacy must agree to the Program Declaration

Declaration

THE FOLLOWING IS A LEGALLY BINDING DECLARATION, PLEASE THEREFORE ENSURE YOU HAVE PROPERLY READ AND AGREED BEFORE CLICKING SUBMIT.

To be eligible to register for and participate in the CVCP Program, a Pharmacy must:

- a. *Have received notification from the Australian Government Department of Health and Aged Care (or delegate) of their selection to participate in the COVID-19 national vaccine rollout; OR*
- b. *Where there has been a full ownership change and the previous owners were registered for the CVCP Program, the new pharmacy agrees that, it will meet the Australian Technical Advisory Group on Immunisation (ATAGI) site requirements for COVID-19 vaccination in community pharmacies*

By checking the following boxes and clicking Submit Registration you declare that:

- The pharmacy will deliver the CVCP Program in accordance with the Pharmacy Programs Administrator General Terms and Conditions, the CVCP Program Rules and any relevant Professional Standards and Pharmacy Board Guidelines

- 8) Once all boxes in the CVCP Program Declaration have been reviewed and checked, click **Submit Registration** to continue. If you have trouble, contact the Support Centre on 1800 951 285 for assistance
- 9) Once submitted, the Program Registration will be in a pending status. It will then be reviewed by an Operator and the Main Authorised Person will be notified via email once the Program Registration has been actioned.

CVCP – SERVICE CLAIM

This section details how to submit a CVCP Service Claim through the Pharmacy Programs Administrator Portal.

- 1) In order to submit a CVCP Service Claim you must first register for the Program and be approved
- 2) Once logged into the Pharmacy Programs Administrator portal, click on the **Home** icon to access a list of approved program registrations against one or more Service Providers
- 3) Click on the **View** button to make a claim against a program under the relevant Service Provider

COVID-19 VACCINATION PHARMACY		Service Provider Status: Granted ▾
View Remittance Advices + Register for New Program Update Details View Summary Reports		
PROGRAM NAME	STATUS	ACTION
MedsCheck and Diabetes MedsCheck	Granted	View 
Home Medicines Review	Granted	View 
Residential Medication Management Review	Granted	View 
Regional Pharmacy Maintenance Allowance	Granted	View 
COVID-19 Vaccination in Community Pharmacy	Granted	View 

- 4) Once you have clicked on **View**, the following screen will display. Click on the **Service Claim** tab

COVID-19 VACCINATION IN COMMUNITY PHARMACY - COVID-19 VACCINATION PHARMACY

Service Claim	View Claims
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- 5) The **CVCP Service Claim** screen will display (part of form shown below)

COVID-19 VACCINATION IN COMMUNITY PHARMACY - COVID-19 VACCINATION PHARMACY	
Service Claim	View Claims
COVID-19 VACCINATION IN COMMUNITY PHARMACY	
Patient Medicare/DVA Number	<input type="text"/>
Patient Given Name(s)	<input type="text"/>

- 6) Complete/edit the fields in the CVCP Service Claim. See Appendix A below the fields you will need to fill in. If you need to return to the claim at another time, scroll down and click the **Save** button. You can then continue the saved claim by clicking the **View Claims** tab and then the **Continue Submission** button.

Please note: you will not need to specify the type of Covid-19 vaccine (i.e Pfizer, Moderna, etc) provided to the patient in the **Service Claim Form**.

Pharmacy Programs Administrator Portal User Guide – CVCP

- 7) Once you have finished completing all fields on the screen and corrected any errors (if required) click on the **Submit** button. An approval message will then appear
- 8) To see a list of all submitted and/or saved claims, click on the **View Claims** tab.

APPENDIX A – CLAIMING FIELDS

Field Name	Description
Patient Medicare/DVA Number	<p>Please enter the Patient’s Medicare or DVA Number.</p> <p>Patients must be eligible for Medicare to receive their COVID-19 vaccinations in a pharmacy. Patients who are not eligible for Medicare should instead be referred to a Commonwealth Vaccination Clinic (CVC) or at a state or territory vaccination clinic to receive their vaccinations</p>
Patient Given Name(s)	Please enter the Patient’s Given Name(s)
Patient Family Name	Please enter the Patient’s Family Name
Patient Date of Birth	Please enter the Patient’s Date of Birth
Patient Consent Obtained?	Written or Verbal informed patient consent must have been obtained prior to each vaccination dose for the administration of the vaccination and to allow for the provision of the Patient’s details to Australian Immunisation Register, the PPA and the Department
Date of Vaccination	<p>Please enter the date the vaccination was administered to the Patient.</p> <p>CVCP Services must be claimed by the end of the calendar month after the service was administered i.e vaccinations administered in June must be claimed by the end of July</p>
Vaccination Dose	<p>Please select one of the following options:</p> <ul style="list-style-type: none"> • 1st Dose • 2nd Dose (where the patient’s 1st dose was also provided at this pharmacy) • 2nd Dose (where the patient’s 1st dose was provided elsewhere) • Additional Dose (booster dose or third dose for immunocompromised individuals)

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Vaccinator Given Name(s)	Please enter the Given Name(s) of the Appropriately Qualified Person who administered the vaccination to the Patient
Vaccinator Family Name(s)	Please enter the Family Name of the Appropriately Qualified Person who administered the vaccination to the Patient
Vaccinator AHPRA Number	Please enter the AHPRA Number of the Appropriately Qualified Person who administered the vaccination to the Patient.