COVID-19 Vaccine and Therapeutics FAQs

For providers administering COVID-19 vaccine, and treating COVID-19. Providers may also visit EZIZ COVID-19 Resources for information and updates.

Directions: Click on a category to be directed to related FAQs.

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New and Updated FAQs

**Q: Where can I find information about COVID-19 vaccination and pregnancy?**

A: COVID-19 vaccination is recommended for people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. For patient resources, please refer to CDPH Pregnancy and Immunizations Toolkit.

**Q: Is there a refrigerated presentation of COVID-19 vaccine?**

A: Yes. There is a new refrigerated Pfizer 12y+ COVID-19 vaccine. This new presentation comes as single-dose pre-filled syringes and must be stored between 2°C - 8°C (36°F and 46°F). For more information and resources, please refer to this CDPH communication, the updated COVID-19 Vaccine Adolescent/Adult (12Y+) fact sheet, and the updated COVID-19 Vaccine Product Guide.

COVID-19 Vaccine Access

1.1 **Q: Now that the California COVID-19 Vaccination Program has ended, are California providers required to provide COVID-19 vaccine to patients?**

A: CDPH highly recommends that providers administer COVID-19 vaccine to help protect their patients; however, California providers are no longer required to provide COVID-19 vaccine. Vaccine for Children providers are required to order COVID-19 vaccines for all VFC-eligible patients as agreed upon during initial enrollment and recertification. See here for more details.

1.2 **Q: How are COVID-19 vaccines being paid for?**

A: Refer to this CDPH COVID-19 Medical Coverage Changes resource for more information and additional resources. Also refer to the Vaccine and Clinic Eligibility Guidelines for Funding Source and How to Pay for Vaccines (CDC) for additional information.

1.3 **Q: What is the commercial COVID-19 vaccine coverage for children?**

A: Refer to this Medi-Cal alert to find out more about the updated policy in which COVID-19 vaccines are a Medi-Cal Rx pharmacy benefit for members 3 years of age and older, pursuant to the Public Readiness and Emergency Preparedness (PREP) Act.
1.4 Q: How will uninsured and underinsured adults get access to COVID-19 vaccines?

A: COVID-19 vaccines for uninsured and underinsured adult populations will be made available through the Bridge Access Program (BAP).

1.5 Q: How will uninsured and underinsured children access COVID-19 vaccines?

A: The Vaccines for Children (VFC) program helps families by providing vaccines at no cost to providers who serve eligible children from birth through 18 years of age. The COVID-19 vaccines are covered in VFC according to the Advisory Committee on Immunization Practices (ACIP) recommendations.

1.6 Q: If a provider no longer offers COVID-19 vaccine, where can they refer patients?

A: Resources for finding COVID-19 vaccination locations and/or appointments include:

- My Turn
- Vaccines.gov
- For VFC-eligible children, VFC locator

1.7 Q: Are COVID-19 vaccinations covered by insurance?

A: COVID-19 vaccines are covered for most Americans through their health insurance plans and their regular health care providers, however, there may be out-of-pocket costs. Insured Californians should reach out to their insurance providers and the California Department of Managed Health Care (DMHC) if they have questions about details of insurance coverage and networks. Also refer to the DMHC COVID-19 Tests, Vaccines & Treatment fact sheet for more information.

1.8 Q: Where can providers find information on billing and reimbursement for COVID-19 vaccine products?

A: Current Procedural Technology (CPT), National Drug Code (NDC), and CVX codes are available for the 2023-2024 COVID-19 vaccines. Refer to the COVID-19 Vaccine Related Codes (CDC) and the CDPH COVID-19 Vaccine Product Guide.

1.9 Q: Where can providers find information about Medi-Cal reimbursement?

A: For Medi-Cal reimbursement information, please contact DHCS at contactus@dhcs.ca.gov or visit the DHCS COVID-19 Response Website.
1.10 Q: **Can Providers charge patients any fees for the COVID-19 vaccine ordered through myCAvax?**

A: Providers may not charge any fees to patients for any publicly funded COVID-19 vaccine they receive. For more information refer to the Billing & Reimbursement section of the Requirements at a Glance document.

1.11 Q: **Where can providers find information on private purchase and manufacturer information?**

A: Providers can find information on the CDPH Vaccine Ordering and Manufacturer Information page on EZIZ.

1.12 Q: **What COVID-19 vaccine access programs are available for Tribal communities?**

A: Indian Health Services (IHS) sites can enroll in the Bridge Access Program (BAP) to provide vaccine for underinsured and uninsured adults in their communities.

**Bridge Access Program (BAP)**

2.1 Q: **What is the Bridge Access Program (BAP)?**

A: The Bridge Access Program (BAP) is a temporary measure created to prevent loss of access to free COVID-19 vaccines and treatment for uninsured and underinsured persons aged 19 years and older. For information on BAP eligibility, enrollment resources and more, see CDPH’s Bridge Access Program Overview page, BAP Resources page, and HHS Bridge Access Program (BAP).

2.2 Q: **Which providers are eligible to enroll in the Bridge Access Program (BAP)?**

A: The following providers are eligible to enroll in the BAP:

- Providers serving uninsured/underinsured adults through public health departments
- Federally Qualified Health Centers (FQHCs) / Rural Health Centers (RHCs)
- Indian Health Service (IHS) sites and tribal clinics
- Additional providers deemed eligible by LHDs
2.3 Q: Which providers are NOT eligible to enroll in the BAP?

A: The following providers are not eligible to enroll in the BAP:

- Providers that do not routinely serve large numbers of uninsured/underinsured patients.
- Multi-County entities (MCEs) will not typically be eligible.
- Correctional facilities - CDPH encourages correctional facilities to look at their current systems for purchasing other vaccines and include COVID-19 vaccine in that system. Local Health Department (LHD) may choose to use some of their allocation for correctional facilities.

2.4 Q: How can eligible providers enroll in the California Bridge Access Program (BAP)?

A: Interested BAP providers should complete program enrollment as soon as possible. Delaying enrollment may result in the prioritization of limited vaccine doses to other provider locations.

2.5 Q: Is there required training for Bridge Access Program (BAP) providers?

A: Any staff who store, handle, or administer COVID-19 vaccines must complete COVID-19 Vaccine Product Training, only for products your location will order, prior to receiving vaccine shipments.

Staff who conduct eligibility screening should be trained using Eligibility Based on Insurance Status and Eligibility Screening & Documentation Requirements.

2.6 Q: If BAP-eligible providers do not want to participate in the BAP, what should they do?

A: To maximize vaccine allocation and approval to interested providers, please contact your Local Health Department (LHD) and let them know you will not participate in the BAP.

2.7 Q: Where can BAP-eligible providers find support?

A: If you are a BAP-eligible provider and need help accessing myCAvax, or if you have any questions about the end of the COVID-19 Vaccine Program, the Bridge Access Program, or other provider-related topics, please contact the Provider Call Center at providercallcenter@cdph.ca.gov or call (833) 502-1245 M-F 8:00AM – 5:00PM PT.

2.8 Q: What are inventory reporting requirements for BAP providers?

A: BAP providers are required to report doses administered (including eligibility category of 317) using My Turn or their electronic health record (EHR) connected to CAIR. For more information, please review the BAP Provider Operations Manual, and the BAP Requirements at a Glance document.
2.9 Q: Are BAP providers required to display their location?

A: Yes. BAP providers are required to make their locations visible so eligible COVID-19 vaccine recipients (uninsured and underinsured patients) can find no-cost vaccines. See Display Location on Vaccines.gov p. 23 for more information. If you need support email CARS_HelpDesk@cdc.gov or call 833-748-1979.

2.10 Q: How should providers determine if someone is eligible to receive BAP doses?

A: To determine eligibility of patients for BAP doses, refer to the CDPH Eligibility Based on Insurance Status resource.

2.11 Q: Do providers that enroll in the Bridge Access Program need to have separate myCAvax accounts for each clinic site?

A: Yes. Providers will have to have separate accounts for each clinic site. CDC requires that COVID-19 vaccines be shipped directly to each clinic location so that BAP sites order and receive vaccines at the location where the doses will be administered.

2.12 Q: How will BAP affect COVID-19 Therapeutics supply?

A: The federal government has stated there is ample supply of COVID-19 therapeutics to last for the foreseeable future. When the federal supply is exhausted, uninsured patients can still have access to free Paxlovid through Pfizer’s Patient Assistance Program (PAP) and free Lagevrio through Merck’s PAP.

Pharmacies

3.1 Q: My pharmacy was approved as a BAP provider through eTrueNorth. How do I obtain BAP vaccine supply?

A: Since the pharmacy component of the BAP uses the reimbursement model, there is no separate BAP stock and commercial stock. Pharmacies will use their commercially obtained vaccines, then get reimbursed by the manufacturer for the product, and the administration costs will be covered by the CDC.

3.2 Q: Is there a limit to how many pharmacies can sign up through eTrueNorth?

A: No, there is no limit to how many pharmacies can sign up through eTrueNorth in California.
3.3 Q: Is the process of getting a COVID-19 vaccine BAP dose from Walgreens, CVS, and eTrueNorth the same?

A: The process of getting a COVID-19 vaccine through the BAP is the same for CVS and Walgreens. When a patient arrives for their appointment, eligibility will be checked at the point of service.

eTrueNorth patients must first register at covidaccess.com or call 1-800-635-8611. Eligibility will be checked when the patient registers and, if eligible, a voucher will be given to the patient to bring to the pharmacy.

3.4 Q: Is there a limited number of pharmacy Bridge Access Program (BAP) COVID-19 vaccine doses?

A: The federal government estimates there will be ~3 million BAP COVID-19 doses available for the pharmacy component across the country. There is no set State allocation limit of doses for the pharmacy component of the Bridge Access Program which is currently estimated to last until December 2024.

Vaccines For Children (VFC)

4.1 Q: What is the Vaccines for Children (VFC) program?

A: The Vaccines for Children (VFC) Program helps provide vaccines to children whose parents or guardians may not be able to afford them. This helps ensure that all children have a better chance of getting their recommended vaccinations on schedule.

4.2 Q: Which vaccines are available through the VFC program?

A: Vaccines available through the VFC Program are those recommended by the Advisory Committee on Immunization Practices (ACIP).

4.3 Q: Who can be a VFC provider?

A: Any provider who has a current California license with prescription-writing privileges may enroll.

4.4 Q: What are the requirements to be a VFC provider?

A: Refer to the 2023 Program Participation Requirements at a Glance for details.
Vaccine Administration

5.1 Q: Which COVID-19 vaccines are recommended for use by the CDC?

A: Updated (2023-2024 formula) Moderna, Novavax, and Pfizer vaccines are available for use in the United States. There is no preferential recommendation for the use of any one COVID-19 vaccine over another when more than one recommended and age-appropriate vaccine is available. CDC’s Interim Clinical Considerations for the Use of COVID-19 Vaccines was recently updated to include Novavax information.

5.2 Q: What are the current recommendations on immunization practices for use of updated COVID-19 Vaccines 2023-2024?

A: The Centers for Disease Control and Prevention (CDC) recommends COVID-19 vaccination for everyone ages 6 months and older in the United States for the prevention of COVID-19. There is currently no FDA-approved or FDA-authorized COVID-19 vaccine for children younger than age 6 months.

For the most recent COVID-19 vaccine guidance, refer to the updated Advisory Committee on Immunization Practice (ACIP) Use of COVID-19 Vaccines page.

5.3 Q: What types of COVID-19 vaccines are available for use in the United States?

A: COVID-19 vaccines authorized or licensed by the U.S. Food and Drug Administration (FDA) currently include:

- Pfizer-BioNTech and Moderna COVID-19 vaccines which are mRNA vaccines.
- Novavax COVID-19 vaccine which is a protein subunit vaccine.

5.4 Q: What are the recommendations on interchangeability of COVID-19 vaccines?

A: There is increased flexibility for interchangeability of COVID-19 vaccines based on updated language from the CDC. Refer to the Interim Clinical Considerations for Use of COVID-19 Vaccines for details.

5.5 Q: What are the 2024 immunization schedules?

A: CDC released the latest U.S. Childhood/Adolescent and Adult Immunization Schedules, which you can view here.
5.6 Q: Where do providers find information about standing orders for updated COVID-19 vaccines?

A: The Centers for Disease Control and Prevention (CDC) provides information on standing orders for COVID-19 vaccines on their U.S. COVID-19 Vaccine Product Information page. (Also see EZIZ’s COVID-19 Vaccine Resources.)

5.7 Q: Can Emergency Use Authorized (EUA) products be privately purchased?

A: Yes, EUA products may be purchased on the commercial market. For information on ordering, refer to the CDPH Vaccine Ordering and Manufacturer Info page.

5.8 Q: Are providers required to provide Emergency Use Authorization (EUA) fact sheets to vaccine recipients or their caregivers?

A: Yes, currently providers are required by law to provide EUA fact sheets to vaccine recipients or their caregivers for all uses of Novavax, and when Moderna or Pfizer vaccines are given to children 6 months through 11 years of age.

For recipients who are 12 years or older receiving Pfizer or Moderna vaccine, a provider should use the COVID-19 Vaccine Information Statement (VIS).

5.9 Q: Can COVID-19 vaccines be co-administered with other vaccines?

A: Yes, COVID-19 vaccines can be co-administered with other vaccines, including flu and RSV. Please see COVID-19 Vaccine Coadministration Tips for a coadministration guide.

5.10 Q: How long after COVID-19 illness can people receive COVID-19 vaccination?

A: People with known current SARS-CoV-2 infection should defer any COVID-19 vaccination at least until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met. People who recently had SARS-CoV-2 infection may consider delaying a primary series dose or booster dose by 3 months from symptom onset or positive test (if infection was asymptomatic). For further information, please see CDC Interim Clinical Considerations for Use of COVID-19 Vaccines.

5.11 Q: Where can COVID-19 vaccine providers find information on anaphylaxis management after COVID-19 vaccination?

A: COVID-19 vaccine providers can find information on anaphylaxis management at Recognizing and Responding to Anaphylaxis and Interim Clinical Considerations for Use of COVID-19 Vaccines: Anaphylaxis.
5.12 Q: Who is licensed to administer COVID-19 vaccines in California?

A: A listing of licensees authorized to administer COVID-19 vaccines in California is located on the California Department of Public Health (CDPH) Immunization Branch webpage here.

5.13 Q: Where can providers find an updated COVID-19 Vaccine Timing Guide?

A: Providers can find a CDPH updated COVID-19 Vaccine Timing Guide that aligns with FDA authorization and CDC recommendations for the updated 2023-2024 COVID-19 vaccines.

5.14 Q: Where can providers find an updated COVID-19 Vaccine Product Guide?

A: Providers can find a CDPH updated COVID-19 Vaccine Product Guide that aligns with the FDA authorization and CDC recommendations for the updated 2023-2024 COVID-19 vaccines.

Vaccine Storage & Handling

6.1 Q: What should providers do with deauthorized (original) Novavax vaccine?

A: Providers should:

- Quarantine deauthorized (original) Novavax vaccine to prevent administration errors.
- Report doses as “Waste” in myCAvax and use “Other” to add comment “deauthorized”.
- Dispose of vaccines following practice protocols; vaccines may be disposed of in pharmaceutical waste container, or a comingles pharmaceutical/Sharps waste container.

6.2 Q: When will I receive my return shipping label for returning Spoiled and/or Expired vaccines?

A: After a provider submits a return for Spoiled and/or Expired vaccines in myCAvax, they will receive the shipping return label the day after the reports are processed into CDC's Vaccine Tracking System (VTrckS). Bridge Access Program (BAP) returns will be processed on Wednesdays after order processing.

6.3 Q: What do providers need to know about storage and handling of COVID-19 vaccines?

A: For details on vaccine management, refrigerator and freezer setup, monitoring temperatures, transporting vaccines, and inventory management, refer to these CDPH job aids.
6.4 Q: How will COVID-19 vaccine products ship?

A: To find out how the vaccine products will ship, refer to the Vaccine Ordering and Manufacturer Info page.

6.5 Q: Does diluent for Pfizer COVID-19 vaccine for patients 6 months – 4 years of age need to be ordered separately or does it come with the vaccine?

A: Pfizer will provide diluent with their commercial and VFC vaccines indicated for patients 6 months - 4 years of age. Refer to the COVID-19 Product Information Guide for details.

6.6 Q: Can providers use expired items in COVID-19 vaccine ancillary kits?

A: Providers should not use expired needles, syringes, and diluent. Please check the printed expiration dates of the individual items.

Providers may use expired surgical masks if their clinic's policies allow and there is no apparent deterioration of the masks. Please note: Expiration for these items pertain mainly to the deterioration of the masks’ straps.Expiration dates for surgical masks can be found printed on the outside of the kit or on boxes within.

6.7 Q: What is the difference between an expiration date and a beyond-use date?

A: An expiration date is determined by the manufacturer as to when the COVID-19 vaccine is no longer acceptable to administer to patients, regardless of storage conditions.

A beyond-use date is the last day/time that the COVID-19 vaccine can be safely used after it has been transitioned between storage states (e.g., thawed, refrigerated) or altered (diluted, drawn up for administration, etc.) for patient use. The beyond-use date replaces the manufacturer’s expiration date but never extends it. Providers should properly dispose of the vaccine on whichever date/time comes first.

Reporting

7.1 Q: As a provider, what are my reporting requirements related to COVID-19 vaccine?

A: Providers are required by law to report all vaccine doses administered, including COVID-19 vaccines into an immunization registry. AB 1797 requires that providers enter:

- Immunization information into the California Immunization Registry (CAIR) OR Healthy Futures/RIDE
- Race and ethnicity information for each patient in the immunization registry to support assessment of health disparities in immunization coverage
- TB test results
7.2 Q: How do providers report Bridge Access Program (BAP) doses administered?

A: Within 24 hours of administering a dose of COVID-19 vaccine to a BAP-eligible patient, administration data will be recorded in the recipient’s permanent medical record and submitted to the State’s Immunization information System (CAIR2 or Healthy Futures/RIDE) no later than 72 hours; providers must ensure that the proper vaccine eligibility category of “317” is applied. For more information refer to the BAP Requirements at a Glance.

7.3 Q: How do I report Vaccines for Children (VFC) eligibility of BAP or VFC doses?

A: For VFC eligibility, providers must document the results of the eligibility screening in the child’s permanent medical record using any of these VFC-compliant record keeping systems:
- Electronic Medical Record (EMR) / Electronic Health Record (EHR) system
- Electronic immunization registry
- VFC “Patient Eligibility Screening Record” or other paper chart

By federal law, the child’s permanent medical record (electronic or paper) must reflect the following VFC eligibility data:
- Screening date
- VFC eligibility (Y/N)
- Eligibility criterion (or criteria) that was met

Important

If the electronic system does not store the federally required VFC eligibility data, providers must supplement the permanent record (e.g., by using the VFC “Patient Eligibility Screening Record” or equivalent) to store the required data.

For more information, please see the VFC Provider Office Manual.

7.4 Q: What is a Digital Vaccine Record (DVR)?

A: A DVR is an electronic vaccination record from the California Immunization Registry (CAIR). For more information refer to the Digital Vaccine Record General Frequently Asked Questions.
7.5 Q: What is the benefit of using a Digital Vaccine Record?
A: A California Digital Vaccine Record (DVR) allows patients to access their vaccine records at any time without having to visit a healthcare provider. To access a DVR, patients should visit the Digital Vaccine Record (DVR) portal.

7.6 Q: How can a provider share information with patients about the Digital Vaccine Record (DVR)?
A: Providers can utilize CDPH’s DVR Fact Sheets (available in English, Spanish, Arabic, Simplified Chinese and Traditional Chinese, Korean, Tagalog and Vietnamese).

7.7 Q: How long must COVID-19 vaccine providers keep COVID-19 and flu vaccine administration records?
A: COVID-19 vaccine providers must maintain COVID-19 and flu vaccine administration records for a minimum of three years, or longer if it is required by local law. It is each clinic’s responsibility to appropriately maintain these records for the required duration.

7.8 Q: How do providers report an adverse event to the COVID-19 vaccine?
A: Adverse reactions should be reported through the Vaccine Adverse Event Reporting System (VAERS) by Reporting an Adverse Event to VAERS.

Therapeutics

8.1 Q: When will the US Government sunset distribution of USG purchased COVID-19 Therapeutics?
A: Distribution of US Government purchased Paxlovid and Lagevrio was sunsetted on December 15, 2023. Please see the HHS COVID-19 Sunsetting of US COVID-19 Distribution Program site for further details.

8.2 Q: Where can underinsured or uninsured patients find payor assistance programs for Pfizer (Paxlovid) and Merck (Lagevrio) COVID-19 treatments?
A: Underinsured or Uninsured Patients can find payor assistance for Pfizer (Paxlovid) here and for Merck (Lagevrio) here.
8.3 Q: Where can providers find COVID-19 medical coverage changes following the end of the public health emergency (PHE)?

A: COVID-19 Vaccine and Therapeutics coverage for Medi-Cal Fee for-Service, Medi-Cal Managed Care, Medicare, California Regulated Private Health Plans, and the uninsured can be found [here](#).

8.4 Q: Where do providers return USG distributed, EUA Labeled product for credit?

A: Providers with excess USG-distributed, EUA-labeled Paxlovid are encouraged to return product through the Pfizer returns process to facilitate a credit to USG. All returns should be initiated by January 15, 2024 to ensure the product is received by January 31, 2024.

Communication Resources

9.1 Q: Where can providers find support with administering and managing COVID-19 vaccine?

A: For myCAvax Help Desk inquiries, providers can email myCAvax.hd@cdph.ca.gov. For My Turn Clinic Help Desk inquiries, providers can email MyTurn.Clinic.HD@cdph.ca.gov. For all other COVID-19 vaccine inquiries, providers can email the Provider Call Center at providercallcenter@cdph.ca.gov or call at (833) 502-1245 (Monday through Friday from 8AM–5PM).

9.2 Q: Where can I access COVID-19 vaccination data dashboards to share with patients?

A: COVID-19 vaccination data dashboards are available at [CDC COVID Data Tracker](#) and California Vaccination Progress Data.

9.3 Q: Where can providers access COVID-19 vaccine information to build public confidence in the vaccine?

A: To build public confidence in the COVID-19 vaccine, providers can visit [COVID-19 Crucial Conversations Campaign](#), [Vaccinate with Confidence](#), and [Patient Communication Resources](#).