# 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.**

# COVID-19 Vaccine Access

***1.1 Q: Are COVID-19 vaccinations covered by insurance?***

A: COVID-19 vaccines are covered through most health insurance plans, 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.

***1.2 Q: How do uninsured children access COVID-19 vaccines?***

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.

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

A: For Medi-Cal reimbursement information, please contact the Department of Healthcare Services (DHCS) at contactus@dhcs.ca.gov or visit the DHCS COVID-19 Response Website.

Also refer to this Medi-Cal Rx 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 and older, pursuant to the Public Readiness and Emergency Preparedness (PREP) Act.

***1.4 Q: Can Providers charge patients any fees for the COVID-19 vaccine ordered through myCAvax?***

A: Providers cannot 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 CA BAP Requirements at a Glance Document.

***1.5 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 2024 – 2025 COVID-19 vaccines. Refer to the Fall Season Respiratory Vaccine Codes and the CDPH COVID-19 Vaccine Product Guide.

***1.6 Q: If a provider does not offer 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: Where can providers find information about COVID-19 vaccines for long-term care facilities (LTCF)?***

A: Providers can find COVID-19 vaccine information for LTCFs in the CDPH LTCF COVID-19 Vaccine Toolkit and the Updated COVID-19 Vaccine FAQs for Long-Term Care Settings. These resources were developed to help ensure that Long-Term Care (LTC) residents and staff have continued access to COVID-19 vaccines.

## California Bridge Access Program (CA BAP)

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

A: The CA Bridge Access Program (CA BAP) is providing COVID-19 vaccines at no-cost to uninsured and underinsured adults ages 19 years and older during the 2024 – 2025 respiratory season.

***2.2 Q: How are participation, eligibility, and all other Bridge Access Program requirements changing with the CA Bridge Access Program (CA BAP) extension?***

A: Participation, eligibility, and all other CA BAP requirements remain unchanged.

Provider agreements are being extended with the extension of CA BAP: No action from providers is required at this time.

***2.3 Q: Where can providers find more information about the CA BAP extension?***

A: For CA BAP information on provider participation, reporting, ordering, and product information, refer to the following resources:

- EZIZ's CA BAP Overview and Resources webpages
- CA BAP Requirements at a Glance
- CA BAP Provider Operations Manual (CA BAP POM)
- COVID-19 Vaccine Product Guide
- COVID-19 Vaccine Timing Guide
- CA BAP Weekly Ordering Cadence Calendar

***2.4 Q: Are California Bridge Access Program (CA BAP) providers required to display their location?***

A: Availability of doses will be done via the current CA BAP structure. CA BAP locations are no longer required to report locations in vaccines.gov; however, are encouraged to opt-in to My Turn Vaccine Locator (public facing).

***2.5 Q: Are California pharmacies participating in and administering COVID-19 vaccine under the CA Bridge Access Program (CA BAP)?***

A: No. California pharmacies are not participating in and administering COVID-19 vaccine under CA BAP.

***2.6 Q: Where can California Bridge Access Programs (CA BAP)-eligible providers find support?***

A: If you are a CA BAP-eligible provider and need support:

- For myCAvax Help Desk inquiries: myCAvax.HD@cdph.ca.gov
- For My Turn Clinic Help Desk inquiries: MyTurn.Clinic.HD@cdph.ca.gov
- For all other inquiries contact the **Provider Call Center**:
  - providercallcenter@cdph.ca.gov
  - (833) 502-1245
  - **Hours:** Monday – Friday, 8:00 am – 5:00 pm (PT)

***2.7 Q: When does the California Bridge Access Program (CA BAP) end?***

A: CDC has indicated additional 317 funds will be made available through the CA BAP to support COVID-19 vaccine ordering for uninsured and underinsured adults during the upcoming 2024 – 2025 respiratory season.

CDC has officially closed the federal Bridge Access Program, including the Federal BAP-Pharmacy arm of BAP.

***2.8 Q: Is there required training for California Bridge Access Program (CA 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, and the BAP Provider Operations Manual (POM).

***2.9 Q: What are the reporting requirements for California COVID-19 Vaccine Bridge Access Program (CA BAP) providers?***

A: CA 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. All vaccine management reports, including Shipment Incidents, Waste, Transfers and Excursion reports must be reported through myCAvax. Providers that report in the wrong system (MyVFCVaccines) should email the Provider Call Center or call (833) 502-1245 for guidance on removing or updating the incorrect report and to ensure they make the report in myCAvax.

For more information, please review the California COVID-19 Vaccine BAP Provider Operations Manual, and the BAP Requirements at a Glance document.

***2.10 Q: How should providers determine if a patient is eligible to receive California Bridge Access Program (CA BAP) doses?***

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

***2.11 Q: Do providers that enroll in the California Bridge Access Program (CA BAP) 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 CA BAP sites order and receive vaccines at the location where the doses will be administered.

## Vaccines For Children (VFC) Program

***3.1 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.

***3.2 Q: Which vaccines are available through the Vaccines for Children (VFC) program?***

A: VFC providers can order most routine childhood vaccines that protect against serious diseases. New vaccines, including combination vaccines approved by the FDA and recommended by the Advisory Committee on Immunization Practices (ACIP), are also supplied to enrolled providers through the VFC Program.

***3.3 Q: Who can be a Vaccines for Children (VFC) provider?***

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

***3.4 Q: What are the requirements to be a Vaccines for Children (VFC) provider?***

A: Refer to the 2025 Program Participation Requirements at a Glance for details.

## Vaccine Administration

***4.1 Q: What is the 2024 – 2025 formulation for COVID-19 vaccines?***

A: Updated 2024 – 2025 COVID-19 vaccines have been approved and authorized by the FDA. The 2024 – 2025 mRNA COVID-19 vaccines have been updated to a monovalent vaccine based on the Omicron JN.1-lineage of SARS-CoV-2, KP.2, and the 2024 – 2025 Novavax COVID-19 vaccine has been updated to a monovalent vaccine based on the Omicron variant JN.1 strain of SARS-CoV-2.

The Advisory Committee on Immunization Practices (ACIP) CDC recommends 2024 – 2025 COVID-19 vaccines as approved and authorized by FDA. Please refer to CDC guidance for additional details.

***4.2 Q: What are the current recommendations on immunization practices for use of updated COVID-19 Vaccines 2024 – 2025?***

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.

***4.3 Q: Are there recommendations for a second dose of 2024 – 2025 COVID-19 vaccine?***

A: On October 23, 2024, the Advisory Committee on Immunization Practices (ACIP) recommended a second dose of the 2024 – 2025 COVID-19 vaccine 6 months after the first dose to people:

- 65 years and older
- 6 months – 64 years who are moderately or severely immunocompromised
    a. additional doses (i.e., 3 or more) of 2024 – 2025 COVID-29 vaccine may be given to immunocompromised people 6 months – 64 years under shared clinical decision making.

Please note the **minimum interval between COVID-19 vaccine doses is 2 months**. Refer to the following CDC resources for more information: ACIP Recommendations, and Clinical Guidance for COVID-19 Vaccination.

***4.4 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.

***4.5 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.)

***4.6* 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).

***4.7 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.

***4.8 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). People who recently had SARS-CoV-2 infection **may consider** delaying a COVID-19 vaccine 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.

***4.9 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.

***4.10 Q: Where can providers find the latest COVID-19 Vaccine Timing Guide?***

A: Providers can find a CDPH updated COVID-19 Vaccine Timing Guide (Spanish) that aligns with FDA authorization and CDC recommendations for the updated 2024 – 2025 COVID-19 vaccines.

***4.11 Q: Where can providers find the latest 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.

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

A: COVID-19 Vaccination Recommendations are available 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.

***4.13 Q: Are there resources that providers can use to help patients with COVID-19 vaccine hesitancy?***

A: Providers can find resources that address vaccine hesitancy from CDPH and CDC.
CDPH vaccine hesitancy resources:

- COVID-19 Vaccine Confidence: Communication Tools and Materials
- Crucial Conversations Webinar Series (Archive)

CDC vaccine hesitancy resources:

- How to Address COVID-19 Vaccine Misinformation
- Vaccinate with Confidence

***4.14 Q: Do providers need a minor's parental consent to administer COVID-19 vaccine?***

A: Generally, a parent or guardian's consent is required for the provision of healthcare, including vaccinations, to minors in California, except under limited circumstances and if the minor is consenting to sexual health services. For more information refer to the following resources:

- California Family Code § 6922
- Emancipated minors
- California Family Code § 6926(a)
- Consent to Immunization
- Vaccine Information Statement
- CA Minor Consent and Confidentiality Laws
- ACLU, Knowing Your Student Health Rights
- CA Consent Law - VaxTeen

## Vaccine Storage & Handling

***5.1 Q: How can providers report and return nonviable vaccines?***

A: Providers can access information on how to report and return nonviable vaccines on the CDPH Reporting & Return of Nonviable Vaccines Page, where topics include eligible returns by funding source, return labels, packaging vaccines for return, and frequently asked questions and other resources.

***5.2 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 Vaccine Management Job Aids.

For more information and resources, please refer to the COVID-19 Vaccine Adolescent/Adult (12Y+) Fact Sheet, and the COVID-19 Vaccine Product Guide.

***5.3 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 Information page.

***5.4 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. Pfizer will supply diluent in a 25-pack. Please note: One vial of diluent is required to reconstitute one multidose vial of vaccine for individuals 6 months through 4 years of age.

***5.5 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.

***5.6 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

***6.1 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

### *6.2 Q: How do providers report California Bridge Access Program (CA BAP) doses administered?*

A: Within 24 hours of administering a dose of COVID-19 vaccine to a CA 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 CA BAP Requirements at a Glance.

### *6.3 Q: How do providers report Vaccines for Children (VFC) eligibility of California Bridge Access Program (CA 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 note:*** 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" 2 or equivalent) to store the required data.

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

### *6.4 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 Questions and Answers.

### *6.5 Q: What is the benefit of using a Digital Vaccine Record (DVR)?*

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.

***6.6 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.

***6.7 Q: How long must 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.

***6.8 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.

## COVID-19 Therapeutics

***7.1 Q: Where can providers find information on COVID-19 treatment?***

A: Information on COVID-19 treatment including who qualifies, treatment options, patient assistance programs, and related resources can be found on the CDC COVID-19 Treatment Clinical Care for Outpatients page.

***7.3 Q: How will Medicare patients get access to Paxlovid through the U.S. Government Patient Assistance Program (USG PAP) program?***

A: Paxlovid might be covered under your Medicare Part D plan. Please check with your plan for details. Starting on March 1, 2025, Medicare patients who are under-insured and those who do not have prescription coverage and cannot afford Paxlovid ***may*** be eligible to access Paxlovid at no cost. Patients, caregivers, physicians and pharmacists can directly enroll patients in the USG PAP to see if they qualify.

***7.4 Q: Where can patients and providers find COVID-19 therapeutics?***

A: The new COVID-19 Treatment Locator (hhs.gov) is now live which combines the Test to Treat locator & therapeutics locator. It also has U.S. Government (USG) Patient Assistance Program (PAP) participating sites.

***7.5 Q: Is there a preventative COVID-19 treatment for people at high risk of severe illness?***

A: PEMGARDA (pemivibart) is a monoclonal antibody that has **not** been approved, but PEMGARDA (pemivibart) has been authorized for emergency use by the Food and Drug

Administration (FDA) as a pre-exposure prophylaxis of COVID-19 in certain adults and adolescent individuals (12 years of age and older weighing at least 40 kg) who:

- are not currently infected with SARS-CoV-2, and who have not been known to be exposed to someone who is infected with SARS-CoV-2,
- have moderate-to-severe immune compromise because of a medical condition or because they receive medicines or treatments that suppress the immune system, and they are unlikely to have an adequate response to COVID-19 vaccination.

To view all updates, please visit CDC's Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States. For further information, refer to the FDA Frequently Asked Questions on the Emergency Use Authorization (EUA) for PEMGARDA (pemivibart) for Pre-exposure Prophylaxis (PrEP) of COVID-19, and the Fact Sheet: Emergency Use Authorization of PEMGARDA (pemivibart).

***7.6 Q: Are uninsured patients who cannot afford Paxlovid™ eligible for free treatment?***

A: Uninsured patients who cannot afford Paxlovid™ may be eligible for free treatment. The program remains active until the U.S. government supply is depleted, or December 31, 2028, whichever comes first.

Federal agencies like the Department of Defense, the Department of State, Department of Veteran Affairs (VA), Indian Health Services (IHS), and Health Resources and Services Administration (HRSA)-supported health centers can continue using HHS-procured Paxlovid™ at no cost to patients.

## Pharmacy

**8.1 Q: When does coverage end for COVID-19 vaccines for pharmacy providers under the Public Readiness Emergency Preparedness (PREP) Act?**

A: Coverage for pharmacy providers for COVID-19 vaccines under the PREP Act has been extended through December 31, 2029. For more information refer to the Medi-Cal Rx Extension of Post-PREP COVID-19 Vaccine Policy.

***8.2 Q: Is the COVID-19 treatment Lagevrio™ still available through the HHS Administration for Strategic Preparedness and Response (ASPR) program?***

A: On **January 22, 2025,** the U.S. Department of Health and Human Services Administration for Strategic Preparedness and Response (HHS ASPR) closed ordering for federal entities from the ASPR-procured supply of the COVID-19 treatment Lagevrio™ (molnupiravir). **ALL ASPR-distributed Lagevrio™ expired on or before Thursday, February 27, 2025**. **All sites should dispose of expired Lagevrio™ to avoid dispensing errors.** Ordering of ASPR-procured Paxlovid™ remains open for our federal entity partners through 2028 or until supply is depleted.

Lagevrio™ and Paxlovid™ will continue their Co-Pay Savings Program & Patient Assistance Programs. Lagevrio™, Paxlovid™, and Veklury® are available commercially and are expected to retain activity against all circulating COVID-19 variants based on current data and are available for purchase from traditional suppliers.

Savings coupon for LAGEVRIO™ (molnupiravir)

Patient Support Program for PAXLOVID™ (nirmatrelvir tablets; ritonavir tablets)

## Support & Resources

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

A: For information about routine schedules, minimum intervals, approved for use age ranges, administration routes, billing codes, storage, and more refer to the COVID-19 Fact Sheets.

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 (833) 502-1245 (Monday through Friday from 8:00 am – 5:00 pm, PT).

***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, which also includes information on other vaccines.