

Vaccine Brand Change Request Forms



Instruction: Click to select the vaccine brand change request form by funding source.

VFC Program

- [Request to Change Vaccine Brand](#)

VFA Program

- [Request to Change Vaccine Brand](#)

LHD 317 Program

- [Request to Change Vaccine Brand](#)

Request to Change Vaccine Brand



Providers have a choice of vaccine brands and presentations. However, only one brand within the same vaccine family may be ordered to prevent administration errors.

INSTRUCTIONS: To change vaccine brands, review the following guidelines and fax the completed form with signature to 877-329-9832 or email MyVFCVaccines@cdph.ca.gov. Contact the VFC Call Center at 877-243-8832 with any questions.

Standard Guidelines When Switching Vaccine Brands

- The Provider of Record/Designee must authorize the implementation of a different vaccine brand or product.
- Carefully consider the impact on provider practices before selecting alternative vaccine brands or products.
- Ensure staff are thoroughly informed and educated on any change to vaccines and its impact on vaccine ordering, storage, administration, and documentation.
- If applicable, determine the number of corresponding single-antigen vaccines that must be ordered to complement the new combination vaccine chosen.
- Create a transition plan to deplete currently offered vaccine inventory or transfer to another active provider prior to transitioning to a new product; viable unused doses may not be returned.
- **NOTE:** Your initial request for a new product may be reduced to help minimize vaccine waste as you transition from the currently offered vaccine.
- **NOTE:** Subsequent requests for different products will not be automatically approved and require justification.

Clinic Actions

Check the following boxes to indicate all actions taken.

<input type="checkbox"/>	Product indication, dosage, administration route, ACIP-recommended immunization schedules , minimum intervals, and licensed age ranges have been reviewed with clinic staff. (See vaccine fact sheets .)
<input type="checkbox"/>	Vaccine storage and handling guidance has been reviewed with clinic staff. (See product's package insert.)
<input type="checkbox"/>	Staff responsible for ordering and inventory management have been thoroughly informed about impact on 1) vaccine ordering (corresponding single-antigen products when switching combination vaccines or number of doses indicated), 2) storage and handling, and 3) documentation of doses administered in the regional registry as well as the practice's EMR or paper-based permanent medical record following practice protocols.
<input type="checkbox"/>	Inventory of currently offered vaccine brand has been depleted/transferred to another active provider, and all vaccine transfers have been reported at myCAVax. NOTE: Unused, viable vaccines may not be returned.

Request to Change Vaccine Brand continued

Funding Source	VFC PROGRAM		
Provider PIN		Name of person completing this form	
Practice Name			
Vaccine Type	New Vaccine Brand Requested	Current Vaccine Brand	
COVID-19			
DTaP			
DTaP Combination Vaccines			
Hep A			
Hep B			
Hib			
HPV			
IPV			
Men ABCWY			
Men ACWY			
Men B			
MMR			
MMRV			
PCV 15			
PCV 20			
PPSV23			
RSV			
RV			
Td			
Tdap			
VAR			
Reason for switching vaccine brands:			
Our practice's Provider of Record/ Designee authorizes the switch to any vaccine products listed above and agrees to follow all program guidance for incorporating the requested products.			
Provider of Record or Designee Signature			
Print Name		Date	
Medical License #			

Request to Change Vaccine Brand Preference



Providers have a choice of vaccine brands and presentations. However, only one brand within the same vaccine family may be ordered to prevent administration errors.

INSTRUCTIONS: To change vaccine brands, review the following guidelines and email the completed form with signature to providercallcenter@cdph.ca.gov. Contact the Provider Call Center at (833) 502-1245 with any questions.

Standard Guidelines When Switching Vaccine Brands

- The Provider of Record/Designee must authorize the implementation of a different vaccine brand or product.
- Carefully consider the impact on provider practices before selecting alternative vaccine brands or products.
- Ensure staff are thoroughly informed and educated on any change to vaccines and its impact on vaccine ordering, storage, administration, and documentation.
- If applicable, determine the number of corresponding single-antigen vaccines that must be ordered to complement the new combination vaccine chosen.
- Create a transition plan to deplete currently offered vaccine inventory or transfer to another active provider prior to transitioning to a new product; viable unused doses may not be returned.
- **NOTE:** Your initial request for a new product may be reduced to help minimize vaccine waste as you transition from the currently offered vaccine.
- **NOTE:** Subsequent requests for different products will not be automatically approved and require justification.

Clinic Actions

Check the following boxes to indicate all actions taken.

<input type="checkbox"/>	Product indication, dosage, administration route, ACIP-recommended immunization schedules , minimum intervals, and licensed age ranges have been reviewed with clinic staff. (See vaccine fact sheets .)
<input type="checkbox"/>	Vaccine storage and handling guidance has been reviewed with clinic staff. (See product's package insert.)
<input type="checkbox"/>	Staff responsible for ordering and inventory management have been thoroughly informed about impact on 1) vaccine ordering (corresponding single-antigen products when switching combination vaccines or number of doses indicated), 2) storage and handling, and 3) documentation of doses administered in the regional registry as well as the practice's EMR or paper-based permanent medical record following practice protocols.
<input type="checkbox"/>	Inventory of currently offered vaccine brand has been depleted/transferred to another active provider, and all vaccine transfers have been reported at myCAVax. NOTE: Unused, viable vaccines may not be returned.

Request to Change Vaccine Brand continued

Funding Source	VFA PROGRAM		
Provider PIN		Name of person completing this form	
Practice Name			
Vaccine Type	New Vaccine Brand Requested		Current Vaccine Brand
Hep A			
Hep B			
HPV			
MenACWY			
MMR			
PCV			
PPSV23			
RSV			
RZV			
Td			
Tdap			
VAR			
Reason for switching vaccine brands:			
Our practice's Provider of Record/ Designee authorizes the switch to any vaccine products listed above and agrees to follow all program guidance for incorporating the requested products.			
Provider of Record or Designee Signature			
Print Name		Date	
Medical License #			

Request to Change Vaccine Brand Preference

Providers have a choice of vaccine brands and presentations. However, only one brand within the same vaccine family may be ordered to prevent administration errors.

INSTRUCTIONS: To change vaccine brands, review the following guidelines and email the completed form with signature to providercallcenter@cdph.ca.gov. Contact the Provider Call Center at (833) 502-1245 with any questions.

Standard Guidelines When Switching Vaccine Brands

- The Provider of Record/Designee must authorize the implementation of a different vaccine brand or product.
- Carefully consider the impact on provider practices before selecting alternative vaccine brands or products.
- Ensure staff are thoroughly informed and educated on any change to vaccines and its impact on vaccine ordering, storage, administration, and documentation.
- If applicable, determine the number of corresponding single-antigen vaccines that must be ordered to complement the new combination vaccine chosen.
- Create a transition plan to deplete currently offered vaccine inventory or transfer to another active provider prior to transitioning to a new product; viable unused doses may not be returned.
- **NOTE:** Your initial request for a new product may be reduced to help minimize vaccine waste as you transition from the currently offered vaccine.
- **NOTE:** Subsequent requests for different products will not be automatically approved and require justification.

Clinic Actions

Check the following boxes to indicate all actions taken.

<input type="checkbox"/>	Product indication, dosage, administration route, ACIP-recommended immunization schedules , minimum intervals, and licensed age ranges have been reviewed with clinic staff. (See vaccine fact sheets .)
<input type="checkbox"/>	Vaccine storage and handling guidance has been reviewed with clinic staff. (See product's package insert.)
<input type="checkbox"/>	Staff responsible for ordering and inventory management have been thoroughly informed about impact on 1) vaccine ordering (corresponding single-antigen products when switching combination vaccines or number of doses indicated), 2) storage and handling, and 3) documentation of doses administered in the regional registry as well as the practice's EMR or paper-based permanent medical record following practice protocols.
<input type="checkbox"/>	Inventory of currently offered vaccine brand has been depleted/transferred to another active provider, and all vaccine transfers have been reported at myCAVax. NOTE: Unused, viable vaccines may not be returned.

Request to Change Vaccine Brand continued

Funding Source	LHD 317 PROGRAM		
Provider PIN		Name of person completing this form	
Practice Name			
Vaccine Type	New Vaccine Brand Requested		Current Vaccine Brand
Hep A			
Hep B			
HPV			
MenACWY			
MMR			
PCV			
PPSV23			
RSV			
RZV			
Td			
Tdap			
VAR			
Reason for switching vaccine brands:			
Our practice's Provider of Record/ Designee authorizes the switch to any vaccine products listed above and agrees to follow all program guidance for incorporating the requested products.			
Provider of Record or Designee Signature			
Print Name		Date	
Medical License #			