



VFC Provider Request Form to Update Vaccine Brand Products Administered

INSTRUCTIONS:

The California Vaccines for Children (VFC) Program offers a choice of vaccine brands and presentations. Selection is at the discretion of providers, however only one vaccine brand within the same product family should be ordered to prevent any vaccine administration errors. If you are planning to order a vaccine brand that is different from a product your practice is currently using, review the following guidelines and submit this completed form to the VFC Program.

VFC PROGRAM’S STANDARD GUIDELINES WHEN INCORPORATING A DIFFERENT VACCINE BRAND¹:

- Careful consideration should be given when selecting alternative brands or products in order to minimize the impact on provider practices.
- Implementation of a different vaccine brand or product should be routinely approved by your practice’s medical director or Provider of Record.
- Staff should be thoroughly informed and educated on changes to vaccines and its impact on vaccine ordering, storage, administration, and documentation.
- If applicable, determine appropriate number of corresponding single-antigen vaccine doses to compliment the new combination vaccine chosen.
- As your practice transitions to a new product, managing on-hand inventory appropriately is a key factor in preventing unnecessary vaccine wastage. Your initial request for a new vaccine product may be reduced to help minimize vaccine waste as you transition from the product currently being used by your practice.
- A plan to deplete excess inventory must be in place prior to transitioning to a new product. It is the provider’s responsibility to ensure all VFC-supplied vaccines are used prior to its expiration date or transferred to another VFC Provider who can use them. Viable unused doses of these individual vaccines cannot be returned to the VFC Program.

CLINIC ACTIONS:

Check the following boxes to indicate the clinic actions taken:

<input type="checkbox"/>	Product indication, dosage, routes of administration, ACIP-recommended immunization schedules , as well as minimum intervals and licensed age ranges (refer to VFC vaccine fact sheets) have been reviewed with clinic staff.
<input type="checkbox"/>	Vaccine storage and handling guidance, included in the product’s package insert (PI), has been reviewed with relevant clinic staff.
<input type="checkbox"/>	Staff responsible for vaccine ordering and vaccine management have been thoroughly informed about 1) vaccine ordering impact (corresponding single antigens when switching combination vaccines, or number of doses indicated); 2) storage and handling; and 3) documentation of administration of a new product in the practice’s EMR, Registry, or paper-based permanent medical record.
<input type="checkbox"/>	Inventory levels of currently used vaccine brand have been depleted/transferred to another VFC provider. If doses were transferred, a vaccine Return/Transfer form has been submitted to MYVFCVaccines. NOTE: Unused, viable vaccines cannot be returned to the VFC Program.

Once your practice has completed the following actions, please fax this form with your practice’s Provider of Record’s signature to 877-329-9832, or scan and email to MyVFCVaccines@cdph.ca.gov. **NOTE:** Subsequent vaccine requests for a different vaccine product will not be automatically approved and justification may be required.

Should you have additional questions, please contact the VFC Call Center at 877-243-8832.

¹[California VFC Program’s Operation Manual, Vaccine Orders: Submitting Routine Vaccine Orders.](#)



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VFC PIN		Name of person completing this form	
Practice Name			
Please indicate the vaccine brand you are currently using and the brand you would like to start using instead by selecting the appropriate checkboxes.			
Vaccine	Brand	Currently using	Would like to start using
DTaP	Daptacel	<input type="checkbox"/>	<input type="checkbox"/>
	Infanrix	<input type="checkbox"/>	<input type="checkbox"/>
DTaP/IPV	Kinrix	<input type="checkbox"/>	<input type="checkbox"/>
	Quadracel	<input type="checkbox"/>	<input type="checkbox"/>
DTaP/Hepatitis B/IPV	Pediarix	<input type="checkbox"/>	<input type="checkbox"/>
DTaP/IPV/Hib	Pentacel	<input type="checkbox"/>	<input type="checkbox"/>
DTaP/IPV/Hib/Hepatitis B	Vaxelis	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	Havrix	<input type="checkbox"/>	<input type="checkbox"/>
	Vaqta	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	Engerix-B	<input type="checkbox"/>	<input type="checkbox"/>
	Recombivax	<input type="checkbox"/>	<input type="checkbox"/>
	Hepelisav-B	<input type="checkbox"/>	<input type="checkbox"/>
Hib	PedvaxHib	<input type="checkbox"/>	<input type="checkbox"/>
	ActHIB	<input type="checkbox"/>	<input type="checkbox"/>
	Hiberix	<input type="checkbox"/>	<input type="checkbox"/>
HPV	Gardasil 9	<input type="checkbox"/>	<input type="checkbox"/>
IPV	IPOL	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal Conjugate	Menactra	<input type="checkbox"/>	<input type="checkbox"/>
	Menveo	<input type="checkbox"/>	<input type="checkbox"/>
	MenQuadfi	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal B	Trumenba	<input type="checkbox"/>	<input type="checkbox"/>
	Bexsero	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal Conjugate	Prevnar	<input type="checkbox"/>	<input type="checkbox"/>
Rotavirus	RotaTeq	<input type="checkbox"/>	<input type="checkbox"/>
	Rotarix	<input type="checkbox"/>	<input type="checkbox"/>
Tdap	Boostrix	<input type="checkbox"/>	<input type="checkbox"/>
	Adacel	<input type="checkbox"/>	<input type="checkbox"/>
Varicella	Varivax	<input type="checkbox"/>	<input type="checkbox"/>
MMR	MMR-II	<input type="checkbox"/>	<input type="checkbox"/>
MMRV	Proquad	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal Polysaccharide	Pneumovax	<input type="checkbox"/>	<input type="checkbox"/>
Td	Tenivac	<input type="checkbox"/>	<input type="checkbox"/>
	TdVax	<input type="checkbox"/>	<input type="checkbox"/>
Please explain the reason for switching vaccine brands:			
Our practice's Provider of Record (or Provider of Record Designee), has agreed to switch to the product(s) listed above, as well as follow VFC guidance for incorporating a different vaccine brand.			
Provider of Record (or Provider of Record Designee) Signature:			
Print Name		Date	
Medical License Number			