



**VFA Program  
Webinar Q&A Session  
Wednesday, November 15, 2023**

I. **Program Updates: VFA Eligibility, IIS Data Reports, and Ordering Data**

1. **Q: Will there be an opportunity to order single-dose syringes on some or all vaccines? We would like to keep vaccines in stock but don't want to waste doses in situations when a ten pack is the minimum purchase.**

**A:** Most vaccines offered through VFA on the CDC contracts have a minimum order of either 5 or 10 doses. Unfortunately, we do not have single-dose syringes available for ordering. However, the products shipped have fairly long expiration dates, so hopefully you can administer those minimum amounts in time, prior to expiration.

2. **Q: Will the information on this webinar be shared?**

**A:** Yes, the slides are available on the [VFA Resources page](#) and can be viewed with this link here: <https://eziz.org/assets/docs/VFAWebinarNov152023.pdf>

3. **Q: Will enrollment to VFA Program open later in the year?**

**A:** No. We are not planning on opening enrollment the rest of this year; however, once we anticipate opening enrollment again, we will promote that to all our VFA contacts. If you have more questions, please contact us at [my317vaccines@cdph.ca.gov](mailto:my317vaccines@cdph.ca.gov).

4. **Q: Can you please provide clarification on Medicare coverage for RSV vaccines for those without Part D?**

**A:** Medicare Part D should cover RSV vaccines. Medicare Part B does not cover RSV vaccines.

5. **Q: Can you please provide clarification on coverage for RSV vaccines for those with Medi-Cal?**

**A:** Medi-Cal patients are considered insured and would not qualify for VFA vaccines.

6. **Q: If a patient's insurance has a co-pay, are they eligible for COVID-19 vaccine through the Bridge Access Program?**

**A:** If a patient's insurance requires a copayment, they are eligible for a BAP COVID-19 vaccine.

7. **Q: Are patients with insurance that have a co-pay considered underinsured?**

**A:** This would only apply for the COVID-19 vaccine. For patients who are privately insured that requires a co-pay for all other vaccines, they would not qualify for VFA vaccines.

8. **Q: When BAP first rolled out, it was stated that even a high copay still meant that the patient had insurance and did not qualify for BAP. Did this change recently?**

**A:** This is specific for the BAP program and the guidance we received from CDC. Please see the [eligibility resource](#) for clarification of eligibility between all IZ Programs.

9. **Q: Do all pregnant patients without insurance qualify for Medi-Cal for pregnancy?**

**A:** They can qualify for emergency Medi-Cal for pregnancy. With that, they should be eligible for vaccine benefits through Medi-Cal.

10. **Q: Can you show us a guide on how to pull a report of the 317 doses administered in CAIR?**

**A:** You can confirm 317 doses are correctly submitted via data exchange by running a “doses administered” report from CAIR and select "317" as your inventory type. See the following for additional guidance:

- Watch this [VFA webinar](#) (at 30 mins. 54 sec)
- Consult this [guide](#), page 42
- You can read more details at: <https://eziz.org/vfa-317/cair/>

### ***VFC-specific Questions:***

1. **Q: If there is a pregnant patient  $\leq$  18 years old, would they be eligible for Abrysvo through VFC or through VFA? Do you know if/when Abysvo will be available through either program?**

**A:** If the patient is under 19 years, they would be eligible through VFC, once this vaccine is available through the VFC Program. Timing is TBD.

2. **Q: Any update as to when we’ll have increased supply of nirsevimab?**

**A:** The CA VFC Program's allocation of nirsevimab is very limited, and this supply limitation is expected to remain for the rest of the 2023-2024 RSV season. More will be communicated out IF AND WHEN there will be an opportunity for VFC Providers to place additional orders if a provider's initial order was already approved. However, subsequent requests may be reduced or denied depending on available supply.

3. **Q: According to the updated prioritization guidance due to the nirsevimab (Beyfortus) shortage, palivizumab is an option for some patients. Will that product be available through VFC or any other government program while there is a Beyfortus shortage?**

**A:** No. Palivizumab is not available through VFC.

4. **Q: If I need to order more VFC COVID-19 vaccines, do I need to report my inventory?**

**A:** If it's been more than 30 days since your last routine VFC order, you will need to report your full VFC vaccine inventory to prevent any accountability issues.

## II. MyCAvax Program Transition

1. **Q: Are there any dates or times for myCAvax training?**

**A:** Training dates are still TBD. We are currently working on a training plan and will let providers know as soon as we have more information.

2. **Q: The current myCAvax programs (SGF Flu and BAP) are managed through a partnership between the LHJs and CDPH -- will that also be the case with the VFA program? In other words: how involved will the LHJs be with the transition of VFA to myCAvax and after once everything is migrated to myCAvax after February?**

**A:** The VFA program will be managed by the Immunization Branch. We are figuring out the role of LHJs, but it is nowhere as involved as you have been with the other programs in myCAVax.

3. **Q: Are there plans to put VFC ordering in the myCAvax website?**

**A:** That is the plan. The transition will take place sometime next year following the transition of VFA.

4. **Q: Once the change is made to myCAvax, will the LHJ be responsible for approving orders?**

**A:** No, CDPH will be approving VFA orders.

## III. ACIP/Clinical Updates

1. **Q: For Polio vaccine, do we go based on the expiration date for vaccine or is it to be discarded 28 days after initial open date?**

**A:** Vaccines are exempt from the 28-day requirement. The CDC Immunization Program states that vaccines are to be discarded per the manufacturer's expiration date.

2. **Q: I have a premature 15-month-old baby who received RSV last season and was on oxygen, is the patient considered high-risk and should receive another dose?**

**A:** This patient would be considered high-risk if they met these [CDC criteria](#). If they are eligible for palivizumab, current CDC guidance recommends providing them palivizumab this season (and not nirsevimab). See additional [CDC guidance](#).