California Department of Public Health Immunization Updates for Providers

Friday, January 26, 2024

9:00AM – 10:30AM

Questions

During today's webinar, please use the Q&A panel to ask your questions so CDPH subject matter experts can respond directly.

Resource links will be dropped into, “Chat”

Housekeeping

Reminder to Panelists:

Please mute yourself when not speaking.

Please monitor the Q&A panel for questions you may be able to answer.

Reminder to Attendees:

Today's session is being recorded. For slides, webinar recordings, and other postings, see the CDPH Weekly Immunization Updates for Providers

To be added to the CDPH email messaging listserv for providers, please email your request to billiedawn.greenblatt@cdph.ca.gov

If you have post-webinar-related questions, please email leslie.amani@cdph.ca.gov

Agenda: Friday, January 26, 2024

No.	Item	Speaker(s)	Time (AM)
1	Welcome and Announcements	Leslie Amani (CDPH)	**9:00 – 9:05**
2	COVID-19 Vaccine Administration Data	Sarah Stich (CDPH)	**9:05 – 9:10**
3	Clinical Updates	Caterina Liu, MD (CDPH)	**9:10 – 9:20**
4	COVID-19 Therapeutics Coverage	Edward Salaguinto, PharmD, RPh (CDPH)	**9:20 – 9:30**
5	Vaccines for Children (VFC)	Claudia Aguiluz (CDPH)	**9:30 – 9:40**
6	Vaccine Management	Josh Pocus (My Turn) and Claudia Aguiluz (myCAvax)	**9:40 – 9:50**
7	Vaccines for Adults (VFA)	Lindsay Reynoso (CDPH)	**9:50 – 10:00**
8	Resources and Q&A	Leslie Amani (CDPH)	**10:00 – 10:30**
Thank You, California Providers!			

Announcements

Leslie Amani, CDPH

Webinar Series

Topic: Healthy Places Index (HPI) 101: A Compass for Navigating Priority Communities

When: Thursday, February 8, 2024

Time: 1PM – 2:30PM, PST

Zoom Registration Link

Explore the essentials of HPI, its core principles and new data. Learn how to identify and characterize priority communities and equip yourself with the skills to accurately interpret HPI data.

Training Series Description: You're invited to our Building Impact HPI training series – a dynamic learning journey designed for all audiences, whether you're a program specialist or a research scientist. Each session, scheduled from January to June, promises a hands-on experience with engaging activities, open discussions, and dedicated Q&A sessions. With a practical focus and clear use cases tailored to your work, feel free to register for one or join us for the entire series, where each session builds upon the last, introducing new skills and concepts to empower you in positively impacting community health across the state.

Virtual Grand Rounds Webinar

Webinar: Virtual Grand Rounds - California's Mental Health Landscape and Brief Interventions to Empower Front-Line Clinicians

Join CPDH Assistant Deputy Director of Community Wellness, Ashley Mills, M.S., as she shares the scope of mental health concerns in California and opportunities for prevention and early intervention. Director of Ambulatory Care, Mental Health and Addiction Care Tam Nguyen, Ph.D., of Sutter Health, will share the challenges front-line providers face and detail some brief interventions that clinicians can use in a variety of clinical settings. Additionally, California State Epidemiologist, Dr. Erica Pan, will present updates on COVID-19, influenza and other winter respiratory viruses.

When: Tuesday, February 13, 2024
Time: 12PM – 1PM, PST
Cost: No cost
Virtual Grand Rounds Webinar Registration Link

Look Ahead: Training Opportunities for VFA Providers

Audience: Identified Vaccines for Adults (VFA) key practice staff

Two Training Opportunities:

Thursday, February 22, 2024, 11AM, PST: VFA 101 Training for Providers

Thursday, February 29, 2024, 11AM, PST: VFA 102 Training for Providers

Eligibility for Prenatal RSV Vaccine

Suggested message:

Are you 32 to 36 weeks pregnant? If so, you're eligible to receive the RSV vaccine until January 31!

Take action today to protect your baby from Respiratory Syncytial Virus (RSV), a common respiratory virus that can be dangerous for babies. Ask your doctor or midwife about the RSV vaccine for pregnant people.

Learn more about RSV.
Get the RSV communications toolkit.

Testing and COVID-19

The Testing and COVID-19 - What You Need to Know communications toolkit was updated to reflect the latest testing and isolation guidance.

COVID-19 can feel like a common cold, flu or seasonal allergies. If you're experiencing any COVID-19 symptoms, such as runny nose, cough, sore throat, fever, or body aches, you should test for COVID-19. Free at-home COVID-19 tests are available to order. Go to Get Tested for more information.

You can test for COVID-19 two ways:

1. Test yourself with an at-home test. If negative, test again in 1–2 days. If still negative, take a 3rd test in 1–2 days.
2. Get a lab test from a health care provider. Find a testing site near you via My Turn.ca.gov.

COVID-19 Vaccine Administration Data

Sarah Stich, CDPH

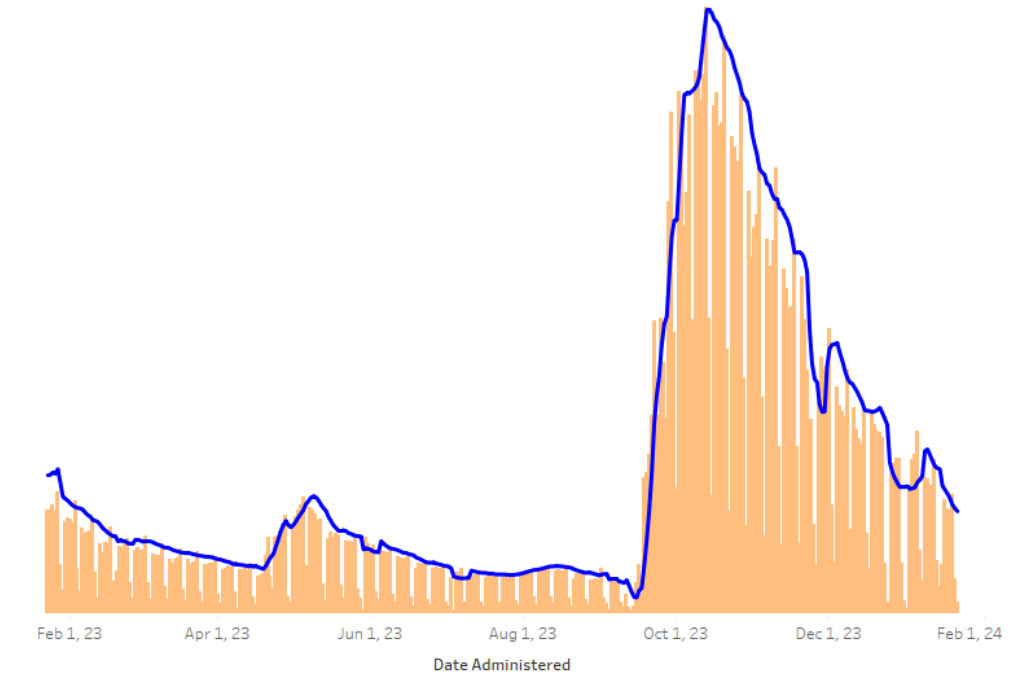
COVID-19 Vaccine Administration Summary

as of January 22, 2024

95,120,299

Total Doses Administered:

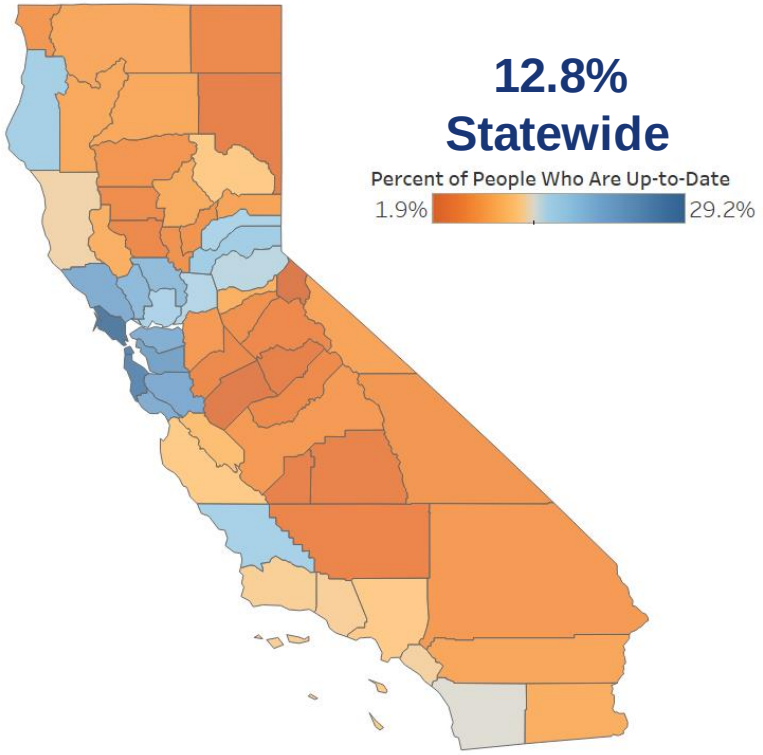
Daily Doses Administered: **Statewide**



5,118,537

Total Up-to-Date* Recipients:

Percent of Population Who Are Up-to-Date



*Has received a dose of the Updated 2023-2024 vaccine

Trends in COVID-19 Vaccine Administration

as of January 22, 2024

Most Recent Eligibility Groups

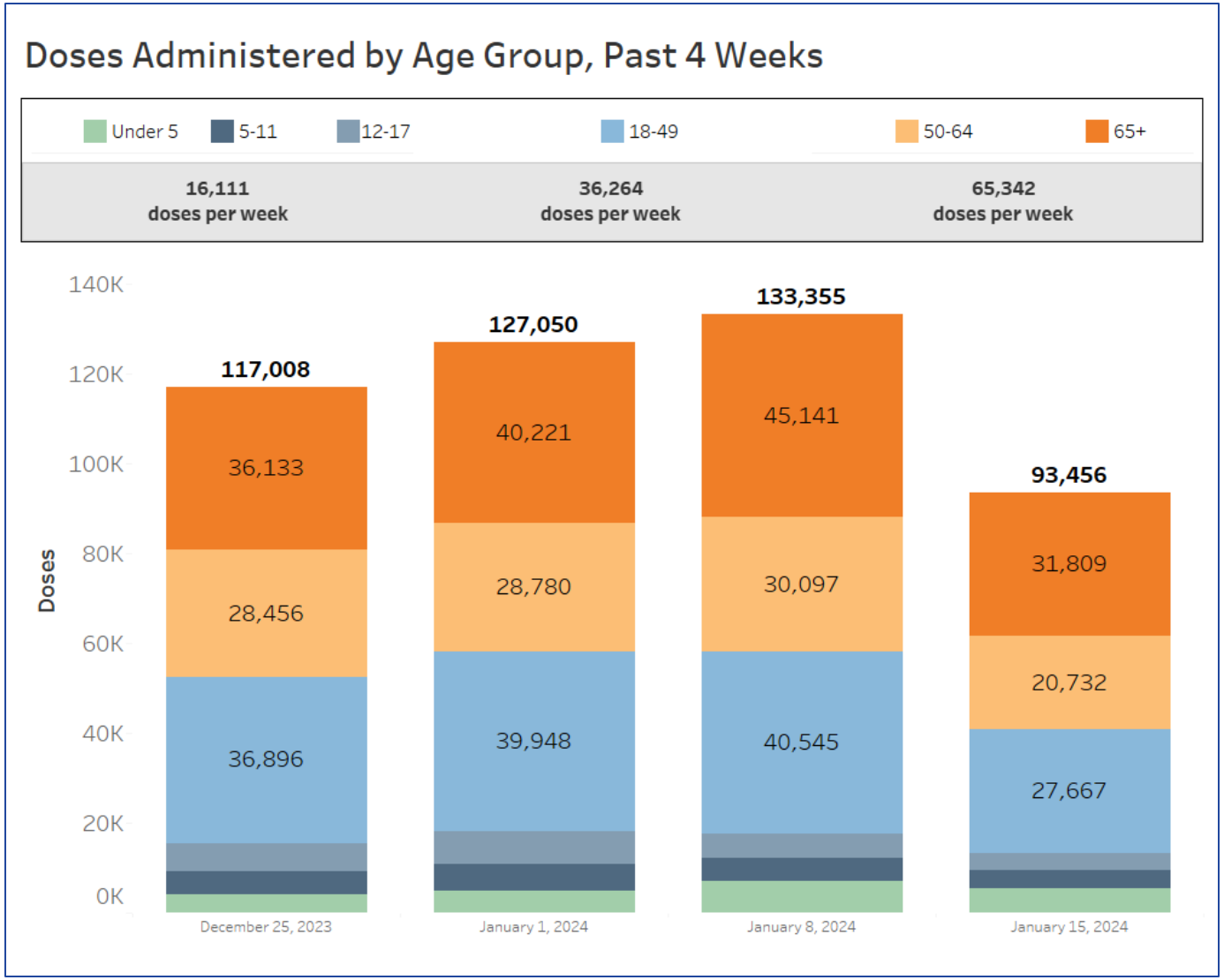
- Updated 2023-2024 vaccine for 6 months and older

FDA NEWS RELEASE

FDA Takes Action on Updated mRNA COVID-19 Vaccines to Better Protect Against Currently Circulating Variants

Share | Tweet | Linkedin | Email | Print

For Immediate Release: September 11, 2023

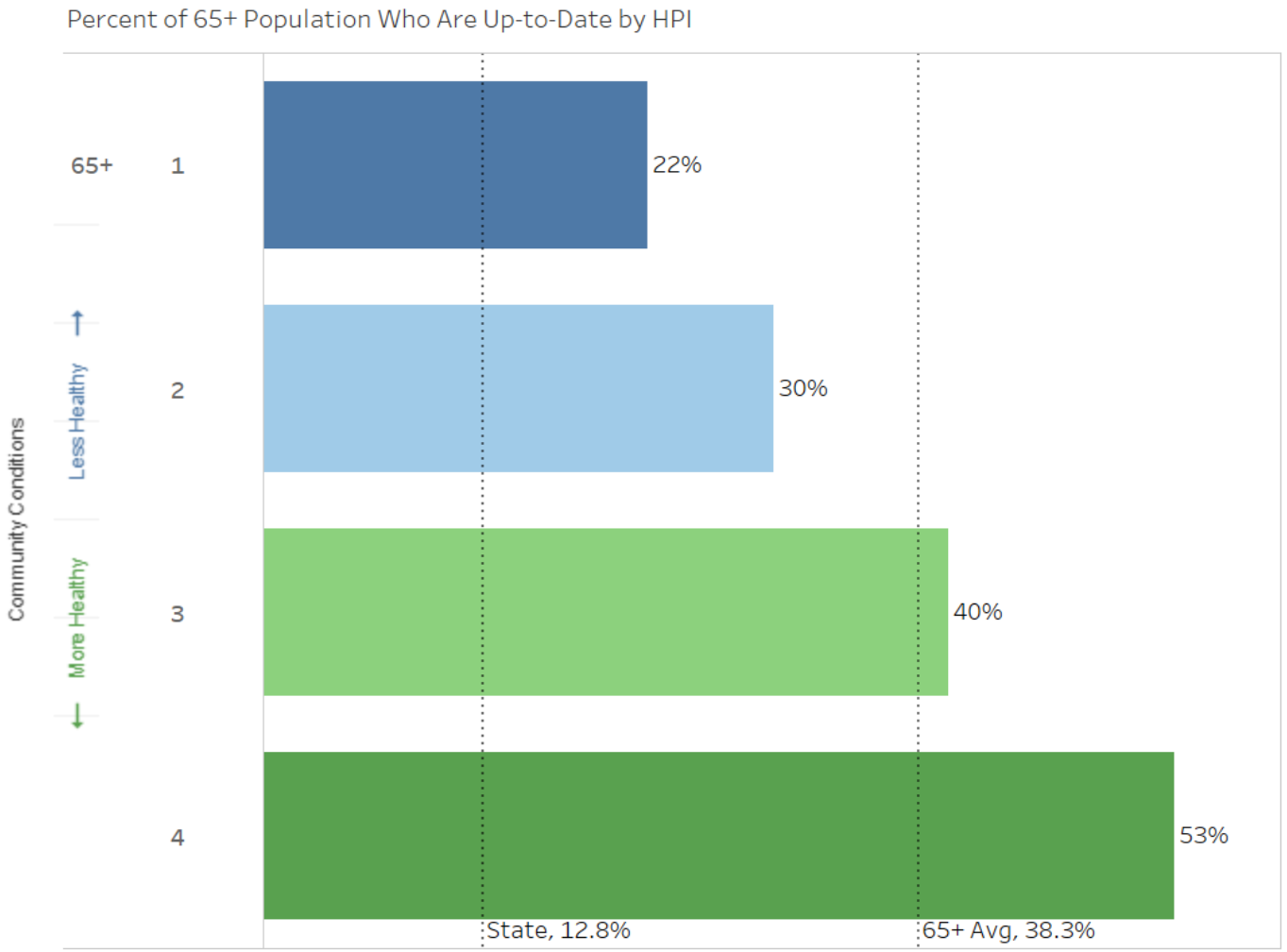


Up-to-Date COVID-19 Vaccination Status

by HPI among older adults (65+)

as of January 22, 2024

- Highest uptake among 65+ population in HPI 3&4
- Uptake is above statewide average in all 65+ HPI quartiles

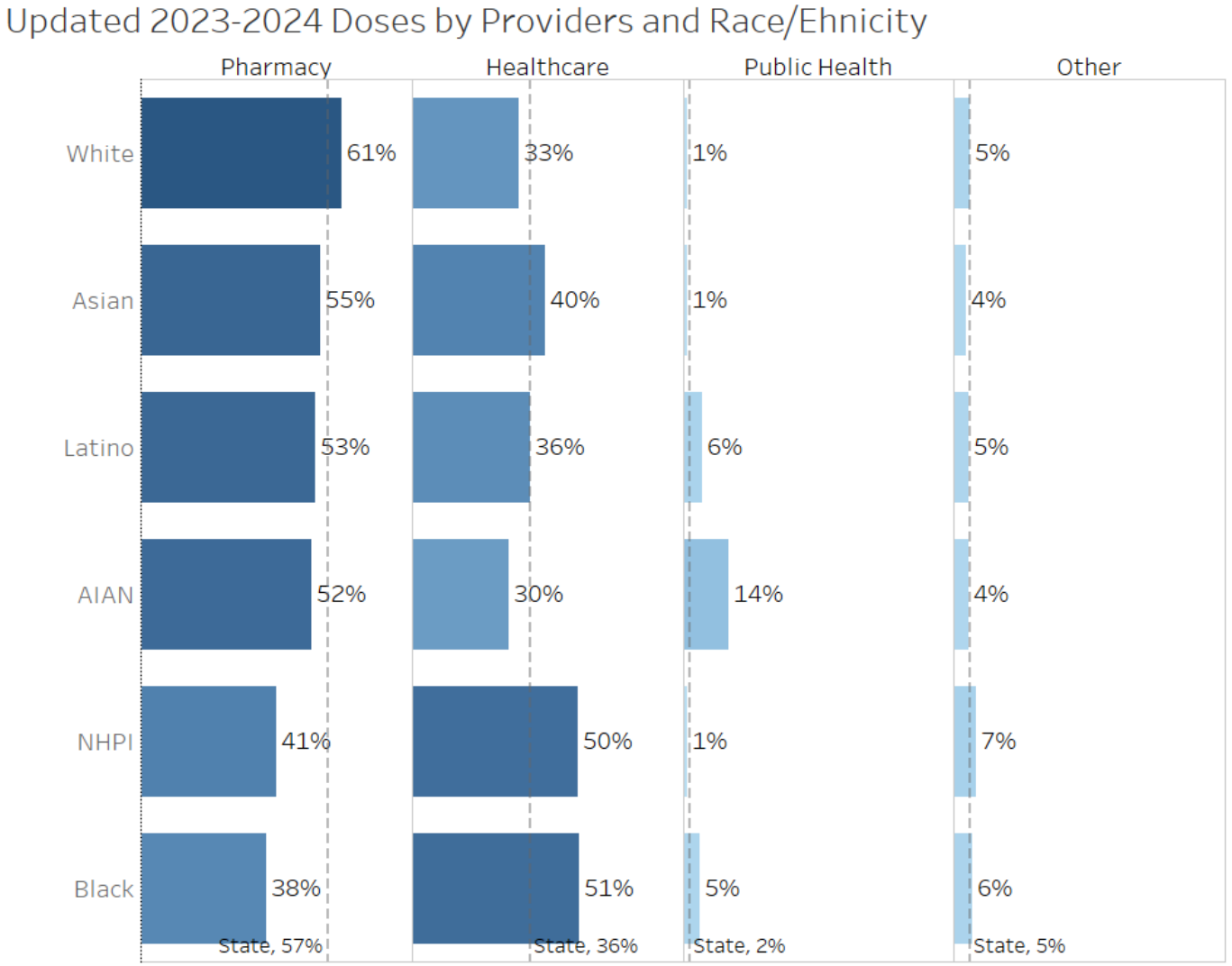


[CDC – When are you Up to Date?]

Updated 2023-2024 COVID-19 Vaccine Doses

by Provider Type and Race/Ethnicity

as of January 22, 2024



Provider type varies by Race and Ethnicity (ranked by % Pharmacy)

White, Asian, Latino, and AIAN persons received most of their doses from **Pharmacy**

NHPI and Black persons received most of their doses from **Healthcare providers**

COVID-19 Vaccine Data Summary

as of January 22, 2024

Key Metrics

95.1 million doses administered | **+93 thousand** doses administered

12.8% Statewide who are Up-to-Date | **5.1 million** Up-to-Date recipients

5.6% HPI Q1 population Up-to-Date | **527 thousand** HPI Q1 Up-to-date recipients

System Notes

- Public dashboard Up-to-Date status now **includes** the Updated 2023-2024 guidelines
  - Updated monthly
- Email cdphvaccinedatateam@cdph.ca.gov for questions and comments

Clinical

Caterina Liu, MD, CDPH

V-safe Registration for 2023-2024 Updated COVID-19 Vaccine Now Available

- V-safe registration
  - **V-safe registration is now open to anyone who gets a 2023-2024 updated COVID-19 vaccine**
  - V-safe helps CDC let others know what to expect following vaccination and increase confidence in vaccination decisions
  - V-safe also available for RSV immunization products

- Help promote V-safe:
  - Encourage vaccine recipients to enroll in V-safe
  - Ask patients to sign up for V-safe using their smartphone, tablet, or computer at vsafe.cdc.gov
  - Share V-safe factsheets with instructions on how to register and complete health check-ins
  - Hang a V-safe poster near vaccination areas

RSV Immunization Administration Errors

- CDC reports of administration errors
  - Relatively uncommon, most described no adverse events
  - Adult vaccines (Pfizer ABRYSVO™ and GSK Arexvy) being administered to children
  - GSK Arexvy being administered to pregnant people (instead of Pfizer ABRYSVO™)
- Updated CDC FAQ pages
  - Nirsevimab in Young Children
  - ABRYSVO for Pregnant People

Administration error/deviation	Interim recommendation
For infants and young children who are recommended to receive nirsevimab but received either the Pfizer (ABRYSVO™) or GSK (Arexvy) RSV vaccine in error	Administer a dose of nirsevimab
For pregnant people who have received the GSK RSV vaccine (Arexvy) in error:	Do not give a dose of the Pfizer RSV vaccine (ABRYSVO) Instead, the infant (if younger than 8 months) should receive nirsevimab during RSV season (October through March in most of the continental United States)

VAERS, VERP, and MedWatch

Report Immunization Adverse Events & Administration Errors

Reporting information to these national surveillance systems helps ensure patient safety.

Vaccine Adverse Event Reporting System (VAERS)

VAERS collects information about reactions and possible side effects that occur after vaccine is administered. Reactions may happen immediately, hours, days, or weeks after vaccination. Report a reaction even if you are not sure that it was caused by a vaccine.

Examples:

- Fever, local reactions, or other illnesses
- Rare serious reactions, hospitalizations, disability, or death

Your report can help identify and assess:

- Risk factors for particular types of adverse events
- Vaccine lots with increased numbers of reported adverse events
- Safety of new vaccines

Report adverse events to the VAERS website (vaers.hhs.gov)

Vaccine Error Reporting Program (VERP)

VERP collects information about preventable vaccine administration errors. These types of errors may make vaccines ineffective, leaving patients unprotected. Report any errors even if the vaccine was not given to a patient.

Examples:

- Incorrect dose
- Wrong or expired product
- Wrong administration site

Your report can help advocate for changes in:

- Vaccine names
- Packaging and labelling
- Other modifications that could reduce the likelihood of vaccine

Report vaccine administration errors to the Institute for Safe Medication Practices (ismp.org/form/verp-form)

VAERS, VERP, and MedWatch continued

MedWatch:

Health Professionals, consumers, and patients can voluntarily report observed or suspected adverse events for human medical products to FDA.

Report a reaction even if you are not sure that it was caused by a drug. Report any errors even if the drug was not given to a patient. Adverse reactions to nirsevimab/Beyfortus™ would be reported through MedWatch.

Examples of adverse reactions are:

- Unexpected side effects or adverse events can include everything from skin rashes to more serious complications.
- Product quality problems such as information if a product isn't working properly or if it has a defect.
- Product use/medication Errors that can be prevented. These can be caused by various issues, including choosing the wrong product because of labels or packaging that look alike or have similar brand or generic names.
- Mistakes also can be caused by difficulty with a device due to hard-to-read controls or displays, which may cause you to record a test result that is not correct.

Your report can help FDA by:

- Identifying unknown risk for approved medical products.
- Providing timely new safety information on human drugs, medical devices, vaccines, and other biologics.

Report nirsevimab/Beyfortus™ adverse events and immunization errors to the MedWatch reporting Form (accessdata.fda.gov/scripts/medwatch/index.cfm)

California Department of Public Health, Immunization Branch IMM-1153 (12/13/23)

Preventing RSV Immunization Administration Errors

- Healthcare providers and facilities should ensure use of the correct RSV prevention product in the correct population and take actions to prevent vaccine administration errors, including automating error prevention alerts in electronic health record systems, ensuring proper education and training on vaccine recommendations

- Healthcare providers are strongly encouraged to report vaccine administration errors to VAERS.

- For questions about vaccine administration errors, healthcare providers can submit their questions to NIPINFO@cdc.gov.

- Healthcare providers in the United States with a complex vaccine safety question may request consultation on a vaccine administration error event for a specific patient. Information on how to request a consultation is available at the Clinical Immunization Safety Assessment (CISA) Project.

YOU CALL THE SHOTS

Vaccine Administration: Preventing Vaccine Administration Errors

A vaccine administration error is any preventable event that may cause or lead to inappropriate medication use or patient harm.[1] Vaccine administration errors can have many consequences, including inadequate immunological protection, possible injury to the patient, cost, inconvenience, and reduced confidence in the health care delivery system. Take preventive actions to avoid vaccine administration errors and establish an environment that values reporting and investigating errors as part of risk management and quality improvement.

Vaccine administration errors may be due to causes such as:

- Insufficient staff training
- Distraction
- Changes in recommendations
- Lack of standardized protocols
- Patient misidentification
- Using nonstandard or error-prone abbreviations
- Easily misidentified products (e.g. DTaP, DT, Tdap, Td)

If an error occurs, determine how it occurred and take the appropriate actions to put strategies in place to prevent it from happening in the future. The following table outlines common vaccine administration errors and possible preventive actions you can take to avoid errors.

Error(s)	Possible Preventive Actions
Wrong vaccine, route, site, or dosage (amount); or improperly prepared.	Circle important information on the packaging to emphasize the difference between the vaccines.
	Include the brand name with the vaccine abbreviation whenever possible (e.g., PCV13 [Prevnar13]) in orders, medical screens, etc.
	Separate vaccines into bins or other containers according to type and formulation. Use color-coded identification labels on vaccine storage containers.
	Store look-alike vaccines in different areas of the storage unit (e.g., pediatric and adult formulations of the same vaccine on different shelves in the unit).
	Do not list vaccines with look-alike names sequentially on computer screens, order forms, or medical records, if possible.
	Consider using "name alert" or "look-alike" stickers on packaging and areas where these vaccines are stored.
	Consider purchasing products with look-alike packaging from different manufacturers, if possible.
	Establish "Do NOT Disturb" or no-interruption areas or times when vaccines are being prepared or administered.
	Prepare vaccine for one patient at a time. Once prepared, label the syringe with vaccine name.
	Do not administer vaccines prepared by someone else.
	Triple-check work before administering a vaccine and ask another staff member to check.
	Keep reference materials on recommended sites, routes, and needle lengths for each vaccine used in your facility in the medication preparation area.
	Clearly identify diluents if the manufacturer's label could mislead staff into believing the diluent is the vaccine itself.
	Integrate vaccine administration training into orientation and other appropriate education requirements.
	Provide education when new products are added to inventory or recommendations are updated.
	Use standing orders, if appropriate.

1. National Coordinating Council for Medication Error Reporting and Prevention, https://www.nccmerp.org/about-medication-errors

01/05/2021 CS 322033-A

Vaccine Administration: Preventing Vaccine Administration Errors

Error(s)	Possible Preventive Actions
Wrong patient	Verify the patient's identity before administering vaccines.
	Educate staff on the importance of avoiding unnecessary distractions or interruptions when staff is administering vaccine.
	Prepare and administer vaccines to one patient at a time. If more than one patient needs vaccines during the same clinical encounter (e.g., parent with two children), assign different providers to each patient, if possible. Alternatively, bring only one patient's vaccines into the treatment area at a time, labeled with vaccine and patient name.
Documentation errors	Do not use error-prone abbreviations to document vaccine administration (e.g., use intranasal route [NAS] to document the intranasal route—not IN, which is easily confused with IM).
	Use ACIP vaccine abbreviations.
	Change the appearance of look-alike names or generic abbreviations on computer screens, if possible.
Improperly stored and/or handled vaccine administered (e.g., expired vaccine given)	Integrate vaccine storage and handling training based on manufacturer guidance and/or requirements.
	Rotate vaccines so those with the earliest expiration dates are in the front of the storage unit. Use these first.
	Remove expired vaccines/diluents from storage units and areas where viable vaccines are stored.
	Isolate vaccines exposed to improper temperatures and contact the state or local immunization program and/or the vaccine manufacturer.
Scheduling errors (e.g., vaccine doses in a series administered too soon)	Use standing orders, if appropriate.
	Create procedures to obtain a complete vaccination history using the immunization information system (IIS), previous medical records, and personal vaccination records.
	Integrate vaccine administration training, including timing and spacing of vaccines, into orientation and other appropriate education requirements.
	For children, especially infants, schedule immunization visits after the birthday.
	Post current immunization schedules for children and adults that staff can quickly reference in clinical areas where vaccinations may be prescribed and administered.
	Post reference sheets for timing and spacing in your medication preparation area. CDC has vaccine catch-up guidance for DTaP, Tdap, Hib, PCV13, and polio vaccines to assist health care personnel in interpreting the catch-up schedule for children.
	Counsel parents and patients on how important it is for them to maintain immunization records.

Adapted with appreciation from Table 11-2, Medication Errors, 2nd ed, by Cohen, Michael. Washington D.C: American Pharmacists Association; 2007.

Healthcare providers are strongly encouraged to report vaccine administration errors to Vaccine Adverse Event Reporting System (VAERS).* To file an electronic report, please see the VAERS website at https://vaers.hhs.gov/reportevent.html

* At this time, COVID-19 vaccination has additional VAERS reporting requirements, including required reporting of vaccine administration errors. Please see https://vaers.hhs.gov/faq.html for more information.

01/05/2021 CS 322033-A

COVID-19 Therapeutics Coverage

Edward Salaguinto, PharmD, RPh, CDPH

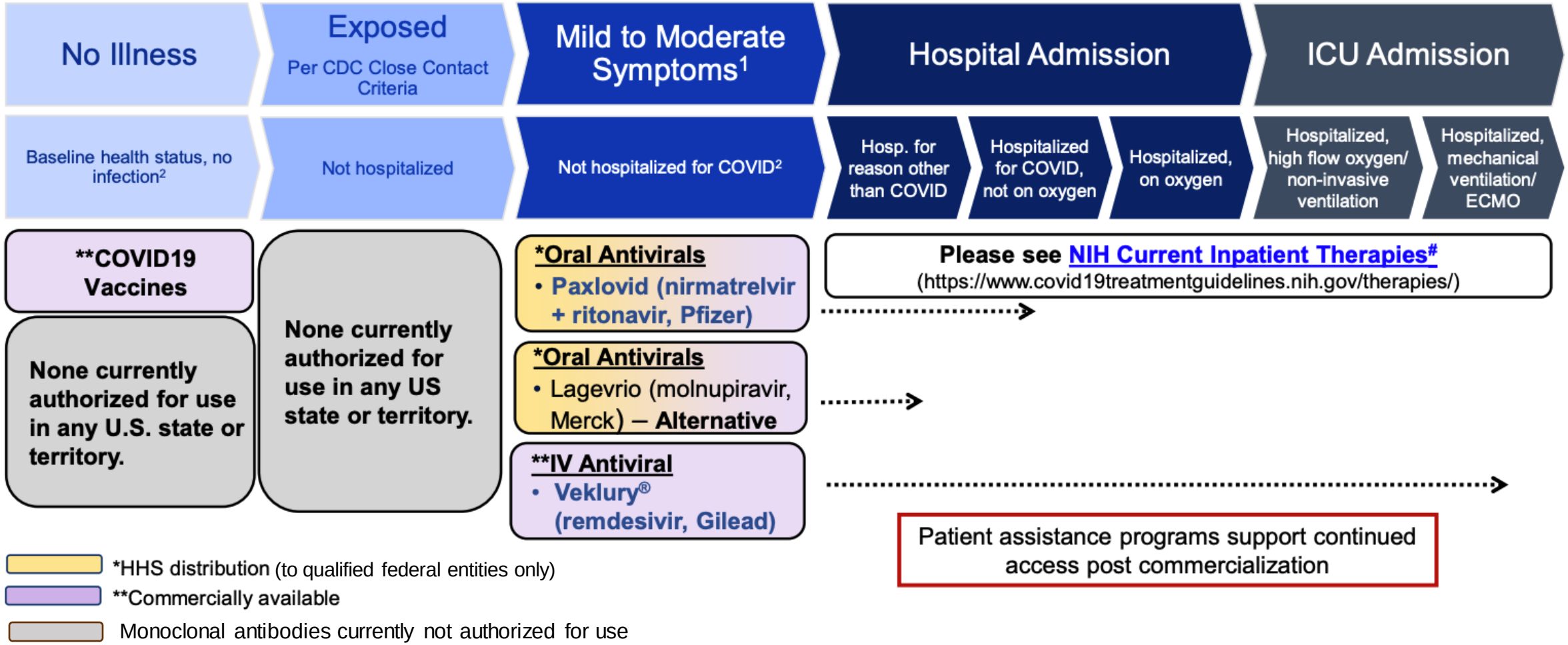
Therapeutics Activity Against Emerging Variants

What providers need to know:

- Paxlovid (nirmatrelvir co-packaged with ritonavir), Veklury (remdesivir), and Lagevrio (molnupiravir) are expected to retain activity against all circulating variants based on current data.

- Monoclonal Antibodies (mAbs) currently not authorized for use (Regen-COV, bam/ete, sotrovimab, bebtelovimab, Evusheld) are routinely tested against newly emerging variants.

Summary of COVID-19 Preventative Agents & Treatments



COVID-19 Medical Coverage Changes

Following End of Federal Public Health Emergency (PHE)

	Vaccines	Treatment	Testing
Medi-Cal Fee-for-Service	**Free** COVID-19 vaccines.[1]	**Free** COVID-19 treatment and related doctor visits is guaranteed at least until September 30, 2024.[2]	**Free** COVID-19 testing if ordered by a doctor. Eight **free** at-home test kits per month are guaranteed at least until September 30, 2024.[2]
Medi-Cal Managed Care	**Free** COVID-19 vaccines.[3]	**Free** COVID-19 treatment and related doctor appointments.[3]	**Free** COVID-19 testing, including eight free at-home test kits per month.
Medicare	**Free** COVID-19 vaccines with in-network providers.[4]	**Free** COVID-19 oral medications. COVID-19 hospital visits and doctor visits with in-network providers are covered, but cost-sharing varies by plan.[5]	**Free** COVID-19 testing if ordered by a doctor. The cost of at-home test kits for people with Medicare Advantage will vary by plan and might be free in some plans. Some Medicare Advantage plans may still provide free at-home COVID-19 tests.[4] Medicare – Dual coverage also known as Medi-Medi where Medicare does not provide coverage for over-the-counter (OTC) COVID tests, Medi-Cal will provide coverage for the OTC COVID antigen tests through the Medi-Cal Rx benefit.
California Regulated Private Plans	**Free** COVID-19 vaccines, treatment, and testing with in-network providers,[3] including eight at-home test kits per month via SB510. Using out-of-network providers may result in costs such as co-pays.		
Uninsured	**Until December 31, 2024 through the Bridge Access Program (BAP)**[6]: Low-cost or free COVID-19 health care provider visits at FQHCs and free clinics. Free COVID-19 vaccines at BAP pharmacies, community organizations, clinics and FQHCs. See more resources at the CDC Bridge Access program and Vaccines for Children.[5] COVID-19 oral antivirals (OAV) will remain no cost until the government procured product is depleted. Once government procured product is no longer available, uninsured patients will have access to free OAV through the manufacturer's patient assistance programs. Learn more: testinglocator.cdc.gov.[7]		

COVID-19_Coverage_Change_Table_(ca.gov)

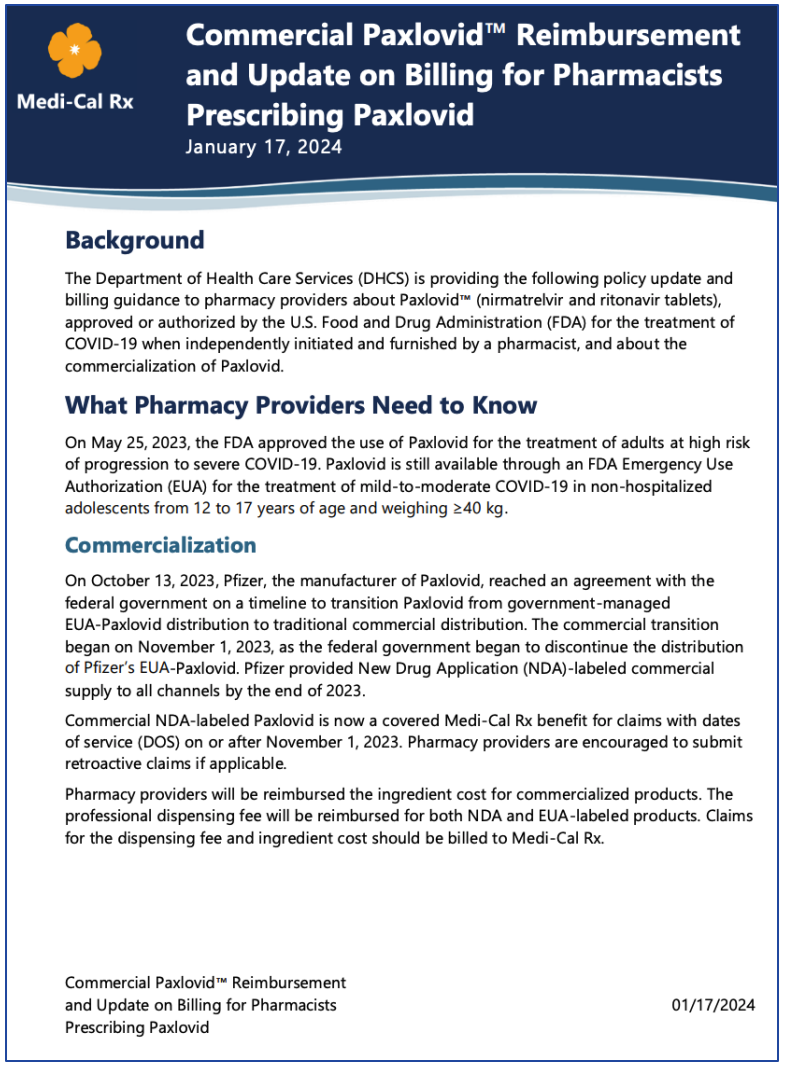
Medi-Cal Rx Coverage (Contract Drug List)

Both COVID-19 oral antivirals are covered on the Medi-Cal contract drug list and should have **$0 copay**.

Molnupiravir *	Capsules	200 mg	ea	QL	* Restricted to a maximum quantity of 40 capsules per dispensing.
Nirmatrelvir/ Ritonavir *	Tablets	150 mg/100 mg	ea	QL	* Restricted to a maximum quantity of 30 tablets per dispensing.

Update on Billing for Pharmacists Prescribing Paxlovid

- Business and Professions Code 4052.04 states a pharmacist may furnish COVID-19 oral therapeutics following a positive test for SARS-CoV-2.
- Department of Healthcare Services (DHCS) will reimburse pharmacists for the prescribing (consultation and assessment of need for treatment) of all Paxlovid products.
- DHCS is extending the temporary allowance to allow billing with these CPT codes from the end of the PHE (May 11, 2023) through September 30, 2024.



Medi-Cal Rx

Commercial Paxlovid™ Reimbursement and Update on Billing for Pharmacists Prescribing Paxlovid

January 17, 2024

Background

The Department of Health Care Services (DHCS) is providing the following policy update and billing guidance to pharmacy providers about Paxlovid™ (nirmatrelvir and ritonavir tablets), approved or authorized by the U.S. Food and Drug Administration (FDA) for the treatment of COVID-19 when independently initiated and furnished by a pharmacist, and about the commercialization of Paxlovid.

What Pharmacy Providers Need to Know

On May 25, 2023, the FDA approved the use of Paxlovid for the treatment of adults at high risk of progression to severe COVID-19. Paxlovid is still available through an FDA Emergency Use Authorization (EUA) for the treatment of mild-to-moderate COVID-19 in non-hospitalized adolescents from 12 to 17 years of age and weighing ≥40 kg.

Commercialization

On October 13, 2023, Pfizer, the manufacturer of Paxlovid, reached an agreement with the federal government on a timeline to transition Paxlovid from government-managed EUA-Paxlovid distribution to traditional commercial distribution. The commercial transition began on November 1, 2023, as the federal government began to discontinue the distribution of Pfizer's EUA-Paxlovid. Pfizer provided New Drug Application (NDA)-labeled commercial supply to all channels by the end of 2023.

Commercial NDA-labeled Paxlovid is now a covered Medi-Cal Rx benefit for claims with dates of service (DOS) on or after November 1, 2023. Pharmacy providers are encouraged to submit retroactive claims if applicable.

Pharmacy providers will be reimbursed the ingredient cost for commercialized products. The professional dispensing fee will be reimbursed for both NDA and EUA-labeled products. Claims for the dispensing fee and ingredient cost should be billed to Medi-Cal Rx.

[Commercial Paxlovid™ Reimbursement and Update on Billing for Pharmacists Prescribing Paxlovid (ca.gov)]

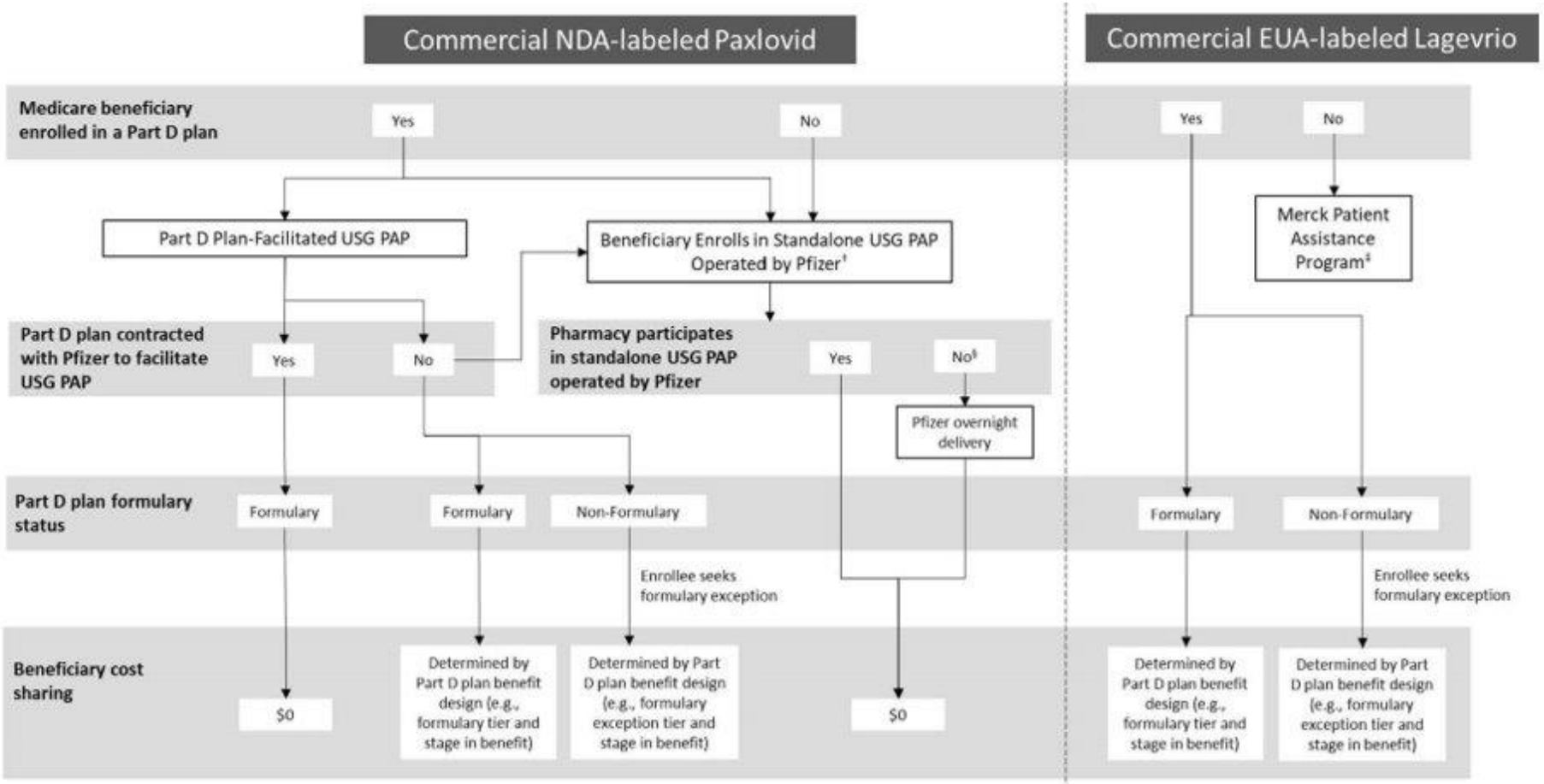
CMS Guidance for Oral Antivirals

- Oral antivirals for COVID-19 that meet the statutory requirements at section 1860D-2(e) of the Social Security Act and are not otherwise excluded from coverage **must be covered by Part D plans**, either as a formulary product or through the formulary exception process consistent with 42 CFR § 423.578(b).

- Consistent with the November 4, 2022, memorandum CMS continues to encourage Part D sponsors to add at least one oral antiviral for COVID-19 that meets the definition of a Part D drug to their Contract Year (CY) 2024 formulary on a preferred or $0 cost-sharing tier, as available in the plan benefit structure.

CMS Guidance for Oral Antivirals (cont.)

Pathway for Medicare Beneficiaries



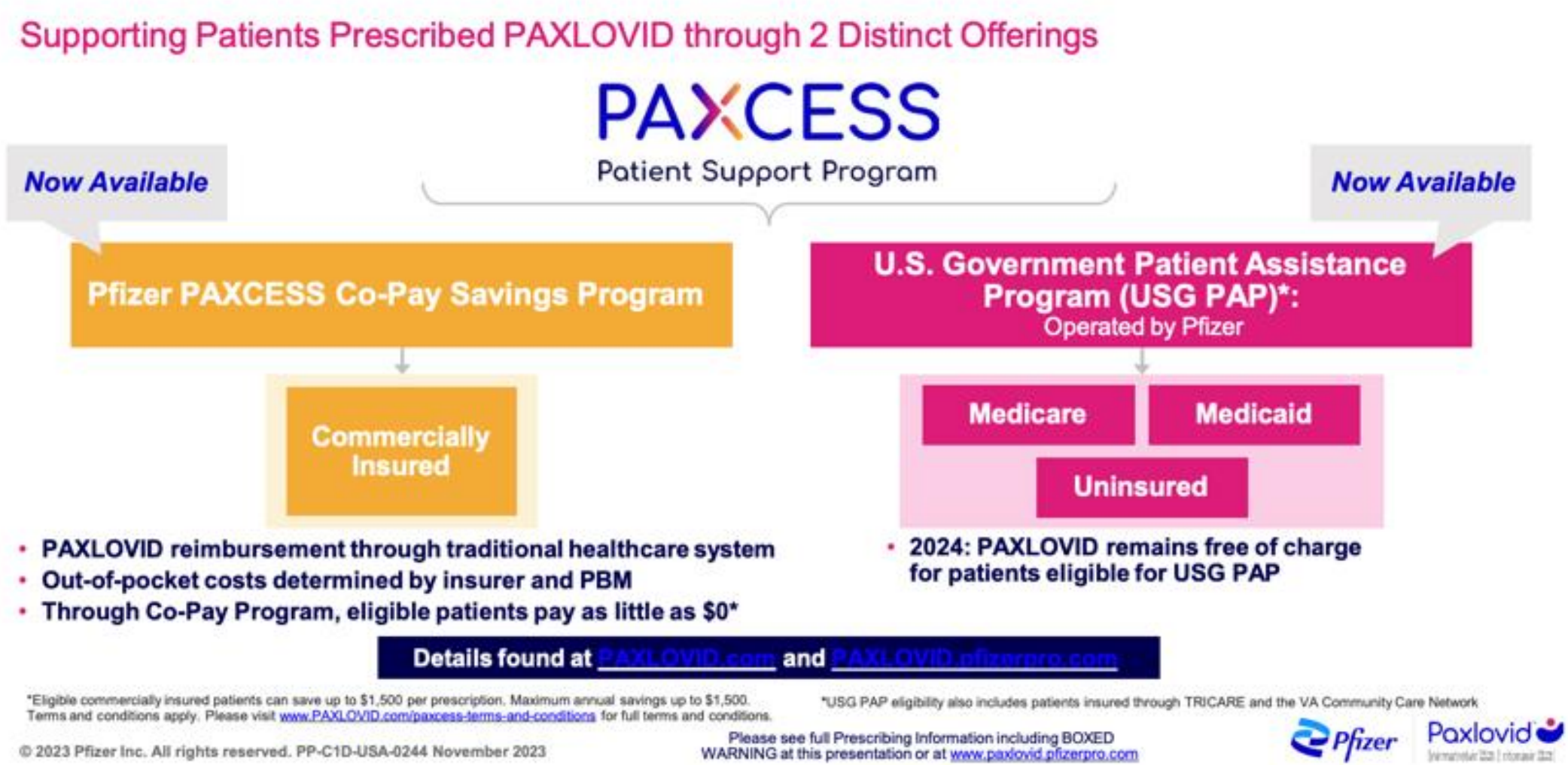
†Beneficiaries who decline to enroll in the standalone USG PAP operated by Pfizer must obtain coverage for Paxlovid through their Part D plan, if enrolled in one, or pay the full cost of Paxlovid.
§Beneficiaries who enroll in the standalone USG PAP operated by Pfizer but cannot locate a pharmacy participating in the standalone USG PAP operated by Pfizer and cannot wait for overnight delivery, must obtain coverage through their Part D plan, if enrolled in one, or pay the full cost of Paxlovid.
‡ Merck patient assistance program is generally for the uninsured, but individuals with insurance may qualify if they have special circumstances of financial and medical hardship and their income meets program criteria. See https://www.merckhelps.com/LAGEVRIO.

Commercial_COVID-19_Oral Antivirals_Memo_(cms.gov)

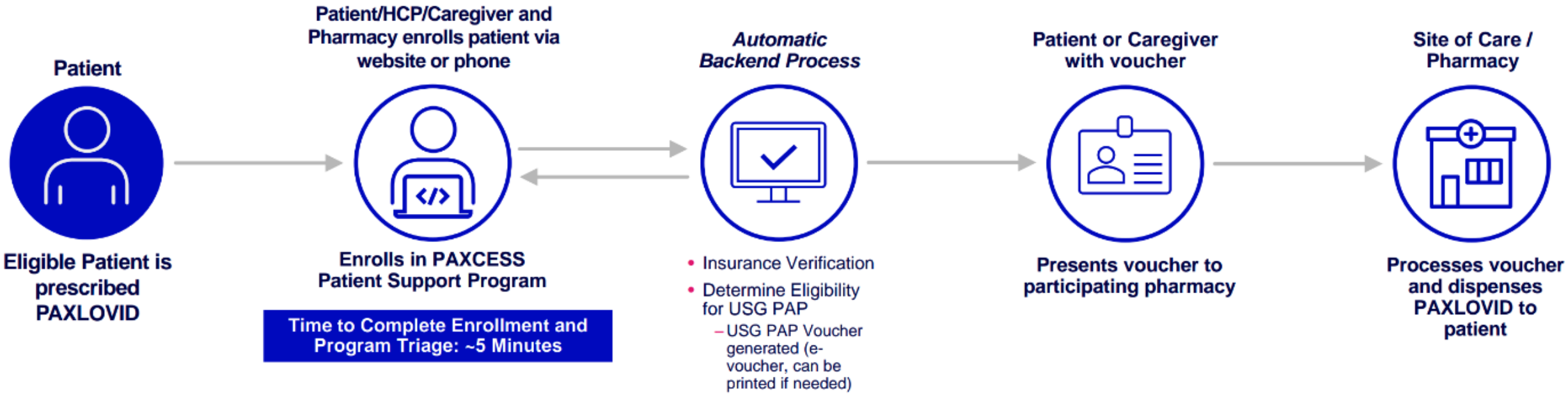
Programs for Uninsured and Underinsured Individuals

Product	Programs	Description and Additional Information
Lagevrio	Patient Assistance Program	**Website**: Merck Programs to Help Those in Need - Product (merckhelps.com) **Tel**: **888-727-8180**
Paxlovid	Co-Pay Savings Program	Co-Pay Savings Program will be available for eligible **commercially insured patients**
Paxlovid	US Government Patient Assistance Program operated by Pfizer (USG PAP)	**Website:** PAXCESS™ | PAXLOVID™ (nirmatrelvir tablets; ritonavir tablets) **Tel**: **1-877-219-7225** (1-877-C19-PACK) Through December 31, 2024: Anyone uninsured or covered by federal programs, such as Medicare or Medicaid, can receive USG-procured, NDA-labeled Paxlovid at no cost through the USG PAP operated by Pfizer. Through this program, participating PAP dispensing sites will be reimbursed for any product dispensed, along with a dispensing fee. For retail pharmacies that would like to learn more about participating in the U.S. Government PAP, please contact the program vendor at **PharmacyNetworkContract102101@assistrx.com**. Starting January 1, 2025: Eligible uninsured and underinsured patients can receive USG procured, NDA-labeled Paxlovid at no cost. Through this program, participating PAP dispensing sites will be reimbursed for any product dispensed, along with a dispensing fee.

Overview: PAXCESS Patient Support

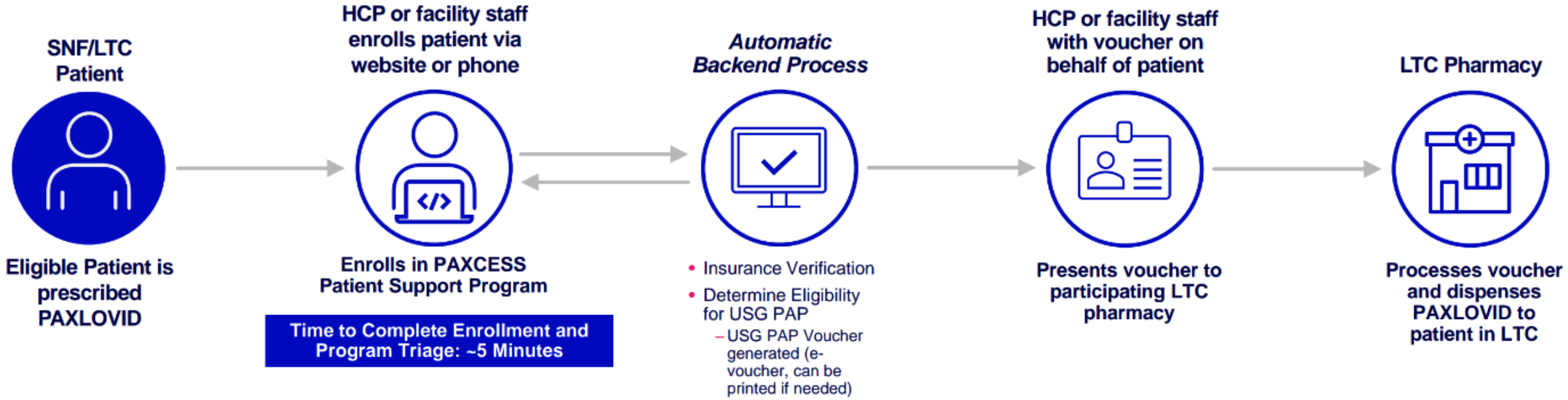


Retail Pharmacy Participating in USG Patient Assistance Program (PAP)
(operated by Pfizer)



Pharmacies can participate by sending email to:
PharmacyNetworkContract102101@assistrx.com

LTC Pharmacy Participating in USG PAP
(operated by Pfizer)



Pharmacies can participate by sending email to:
PharmacyNetworkContract102101@assistrx.com

Continued Access for Lagevrio

- The **Merck Patient Assistance Program (a 501c3 non-profit organization)** provides Lagevrio free of charge to patients who meet its eligibility criteria and who, without assistance, could not otherwise afford the product.
  - This product is ONLY available through an URGENT NEED request. Your Health Care Provider must call 800-727-5400 and tell the program representative that they are making an Urgent Need Request for LAGEVRIO. The program representative will provide necessary instructions. Your Health Care Provider must follow the program representative's instructions to make your request. You may also check your eligibility on MerckHelps.

- In addition, USG-procured Lagevrio will continue to be distributed to certain federal entities, including HRSA-supported health centers, Indian Health Service, and others until USG supply is depleted.

So…How do providers know which pharmacies are participating in the PAP program?

Currently:

- Combining T2T* locator + therapeutics locator + participating PAP locator in one site, but it is not available yet.

- Most Walgreens are participating, CVS pending, independent pharmacies—it depends

- The only way to find out which pharmacies are participating is to
  a) call pharmacy to ask
  b) call number on Paxcess website
  c) patient to go ahead and enroll on Pfizer site for Paxcess program

*Test-to-Treat

Links to Resources

For questions, please email: cdphtherapeutics@cdph.ca.gov

Resources:

- Therapies | COVID-19 Treatment Guidelines (nih.gov)
- COVID-19 Coverage Change Table (ca.gov)
- Medi-Cal Rx Contract Drugs List - DHCS
- Commercial Paxlovid™ Reimbursement and Update on Billing for Pharmacists Prescribing Paxlovid (ca.gov) - DHCS
- Commercial COVID-19 Oral Antivirals Memo (cms.gov)
- PAXCESS™ | PAXLOVID™ (nirmatrelvir tablets; ritonavir tablets)
- Merck Programs to Help Those in Need - Product (merckhelps.com)

Vaccines for Children (VFC)

Claudia Aguiluz, CDPH

ABRYSVO™ Now Available for VFC Ordering

- RSV vaccine ABRYSVO™ (NDC: 00069-0344-01) is provided through the VFC Program in a 1-pack, 1-dose vial.
  - The minimum order quantity is 1 dose.
- ABRYSVO™ is recommended for pregnant people during 32 through 36 weeks gestation, using seasonal administration (Sept – January), to prevent RSV lower respiratory tract infection in infants.
- Given the small size of the eligible population and the recommended window for vaccination, the amount of vaccine available within the VFC program is modest. As a result, CDC has allocated doses to each state.
- ABRYSVO™ orders are being processed as urgent for next day delivery (based on provider's availability)

5 Days Remain! Submit your 2024 VFC Recertification!

- VFC Recertification Launched December 20, 2023, and is due **Wednesday, January 31, 2024**
- Annual 2024 Recertification is completed through MyVFCvaccines

Q: Why should I get recertified?

A: Annual Recertification and Training **is a federal requirement** to maintain active status in the VFC Program and receive publicly purchased vaccines.

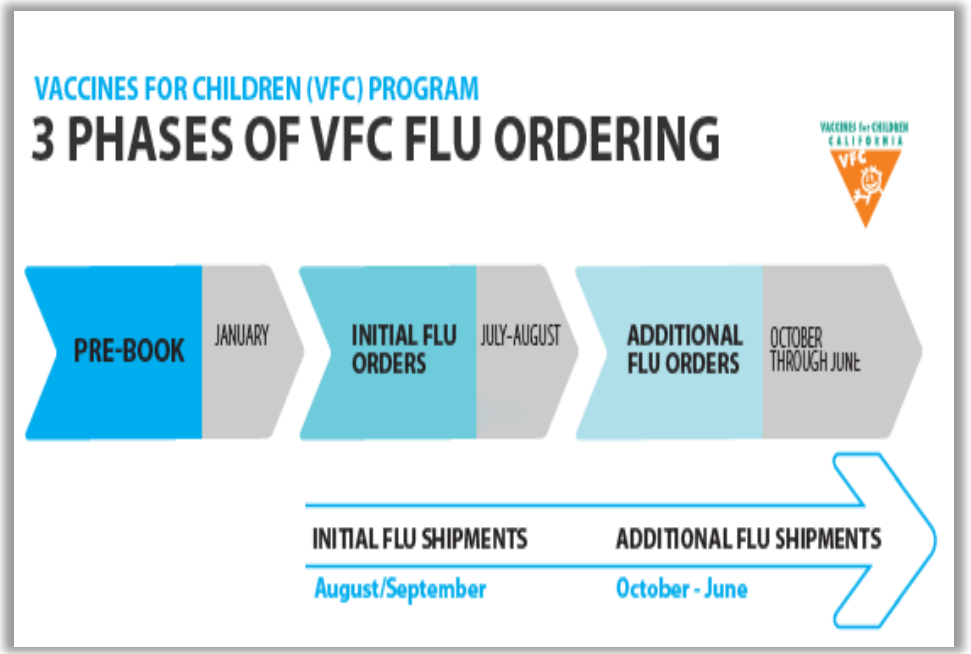
A: Recertification maintains your account's active status in the VFC Program (even if only receiving LHD 317 vaccine for outbreak or SGF vaccine)

Share your feedback!

VFC 2024 Provider Satisfaction Survey

VFC 2024 – 2025 Flu Vaccine Pre-Book

- Launch: January 19, 2024
- VFC Provider Deadline: **Friday, February 2, 2024**
- CDC Pre-Book due date: **Friday, February 9, 2024**
- Final individual pre-book confirmation emails will be sent to providers after we receive CDC's approval of our CA pre-book.
- Prebooking is the first of three phases of the 2024-2025 VFC flu vaccine order process and will be providers' **ONLY** chance to provide Flu Product brand preference AND the number of doses needed next season.



Completing your VFC Flu Vaccine Pre-Book for the Upcoming 2024-2025 Influenza Season

2024 – 2025 PRE-BOOK PROCESS

Step 1 - Review your current seasonal influenza data to determine your flu vaccine need for the entire season

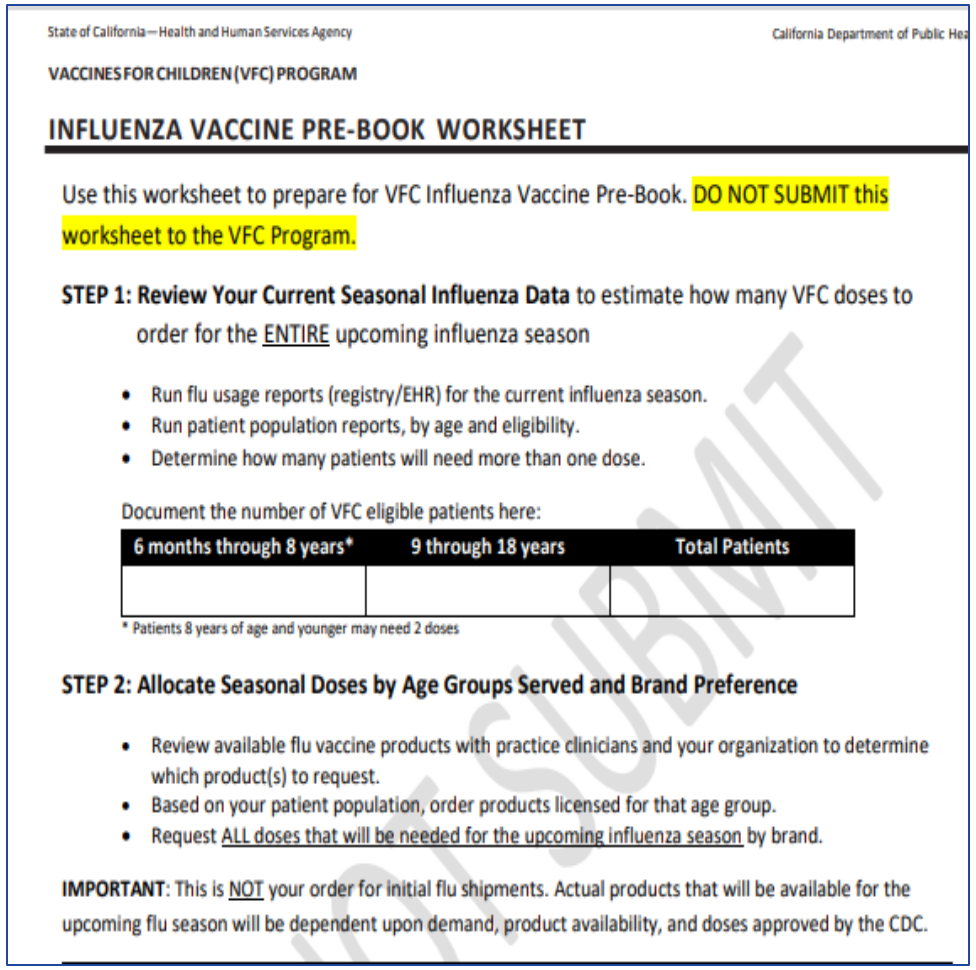
Step 2 - Utilize the **VFC Flu Vaccine Pre-Book Worksheet (IMM 1454)** to prepare your request prior to accessing the online pre-book form.

Step 3 – Log-in to your MyVFCvaccines account and click on the "Pre-book Flu Vaccine for 2024-2025" button.

Pre-book Flu Vaccine for 2024-2025

Step 4 – Allocate Seasonal Doses by Age Groups Served and Brand Preference

Step 5 – Submit your 2024-2025 VFC flu vaccine pre-book by **Friday, February 2, 2024.** Deadline



State of California — Health and Human Services Agency

California Department of Public Hea

VACCINES FOR CHILDREN (VFC) PROGRAM

INFLUENZA VACCINE PRE-BOOK WORKSHEET

Use this worksheet to prepare for VFC Influenza Vaccine Pre-Book. DO NOT SUBMIT this worksheet to the VFC Program.

STEP 1: Review Your Current Seasonal Influenza Data to estimate how many VFC doses to order for the ENTIRE upcoming influenza season

- Run flu usage reports (registry/EHR) for the current influenza season.
- Run patient population reports, by age and eligibility.
- Determine how many patients will need more than one dose.

Document the number of VFC eligible patients here:

6 months through 8 years*	9 through 18 years	Total Patients

* Patients 8 years of age and younger may need 2 doses

STEP 2: Allocate Seasonal Doses by Age Groups Served and Brand Preference

- Review available flu vaccine products with practice clinicians and your organization to determine which product(s) to request.
- Based on your patient population, order products licensed for that age group.
- Request ALL doses that will be needed for the upcoming influenza season by brand.

IMPORTANT: This is NOT your order for initial flu shipments. Actual products that will be available for the upcoming flu season will be dependent upon demand, product availability, and doses approved by the CDC.

Expected 2024 – 2025 Flu Vaccine Products

- Actual products that will be available for 2024 – 2025 VFC Flu Ordering will be dependent upon demand, product availability, and doses approved by the CDC.
- Changes for next season:
  - GSK: Fluarix will ***not*** be offered as part of VFC flu products; FluLaval® will be the only GSK product.

Age Group	Product	Presentation	Manufacturer
6 months – 18 years	**Flucelvax®**	Inactivated, No Preservative, 0.5mL single-dose syringe, 10 pack*	Seqirus
	FluLaval®	Inactivated, No Preservative, 0.5mL single-dose syringe, 10 pack*	GSK
	Fluzone®	Inactivated, No Preservative, 0.5mL single-dose syringe, 10 pack*	Sanofi
2 years – 18 years	**FluMist®**	Live Attenuated, 0.2mL nasal sprayer	AstraZeneca

Flu Vaccine Formulation for the 2024-2025 Season
Transition to Trivalent Vaccine & Your VFC Pre-book

Background

- Global influenza surveillance has detected *zero* confirmed influenza B/Yamagata viruses since March 2020.
- Following the October 5, 2023, Vaccines and Related Biological Products Advisory Committee (VRBPAC) Meeting, FDA provided direction for manufacturers to plan for a transition to trivalent flu vaccine.
- As a result, flu vaccines available for the 2024-2025 season may reflect a mixture of trivalent and quadrivalent vaccines.
  - The quadrivalent vaccines contain 2 influenza A strains and 2 influenza B strains.
  - The trivalent vaccine will contain 2 influenza A strains and 1 influenza B strain.

VFC Pre-books

- The descriptions for flu vaccines in the pre-book do not reference the valency (i.e., trivalent or quadrivalent composition). When CDC confirms the valency after the pre-book, there may be updated National Drug Codes (NDCs).
- If changes occur, the VFC Program will notify providers of any updates to the NDCs, upon final confirmation of approved pre-books.
- Changes will **not** be made to the brands, presentations, or quantities.

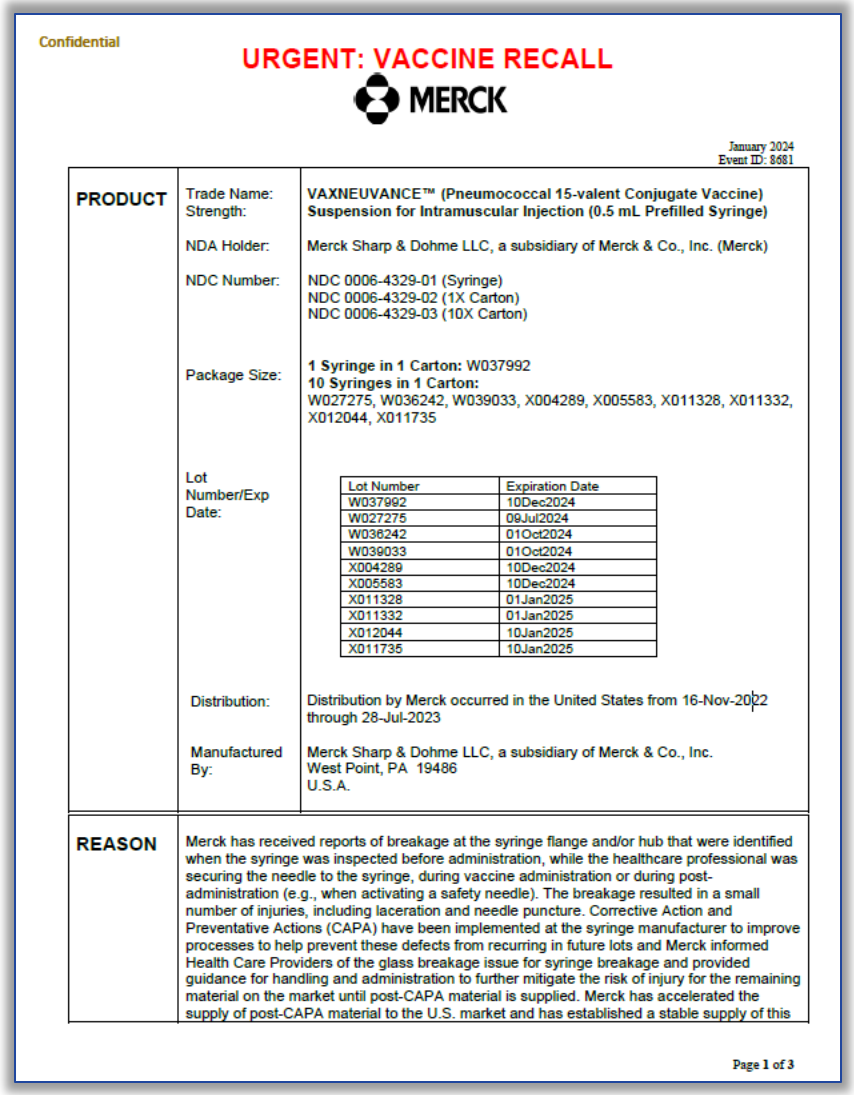
2023 – 2024 Influenza Vaccine Supply Update

- FluMist® is no longer available to order for the remainder of the 2023-2024 influenza season.
- FluMist® doses are only available through the FluMist® Replacement Program.
  - Please return unused, expiring FluMist® doses for replacement no later than January 31st.
  - Detailed instructions can be found in the FluMist® Replacement Program letter.
- VFC continues to remind providers to order the remaining balance of influenza vaccine your practice prebooked or were allocated for the 2023-2024 season.

Flu vaccine usage and inventory are required with every VFC vaccine order (both flu and non-flu vaccine orders). This must be reported even if you do not plan on requesting additional influenza vaccine doses

Alert: Expanded Vaccine Recall of Certain Lots of Merck's VAXNEUVANCE™

- Merck is expanding the voluntary recall for VAXNEUVANCE™ due to customer reports of breakage at the syringe flange and/or hub and is not related to a quality or safety concern with the vaccine.
- Details about this recall are included in the notification packet that Merck is sending to all providers who received vaccine from one or more of the recalled lots, with specific instructions on returning remaining products via Sedgwick.
- VFC has sent out general and targeted communications about the recall to providers.
- If a VFC Provider received one of the recalled lots:
  - **Submit a Wastage Form** through your MyVFCvaccines account to report these doses as non-usable but cannot be returned to the VFC Program.
  - **Place a supplemental vaccine order** on MyVFCvaccines to request more VAXNEUVANCE® vaccine.



Confidential

URGENT: VACCINE RECALL

MERCK

January 2024
Event ID: 8681

PRODUCT	Trade Name: Strength:	**VAXNEUVANCE™ (Pneumococcal 15-valent Conjugate Vaccine)** **Suspension for Intramuscular Injection (0.5 mL Prefilled Syringe)**
	NDA Holder:	Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc. (Merck)
	NDC Number:	NDC 0006-4329-01 (Syringe) NDC 0006-4329-02 (1X Carton) NDC 0006-4329-03 (10X Carton)
	Package Size:	**1 Syringe in 1 Carton:** W037992 **10 Syringes in 1 Carton:** W027275, W036242, W039033, X004289, X005583, X011328, X011332, X012044, X011735
	Lot Number/Exp Date:	Lot Number / Expiration Date W037992 / 10Dec2024 W027275 / 09Jul2024 W036242 / 01Oct2024 W039033 / 01Oct2024 X004289 / 10Dec2024 X005583 / 10Dec2024 X011328 / 01Jan2025 X011332 / 01Jan2025 X012044 / 10Jan2025 X011735 / 10Jan2025
	Distribution:	Distribution by Merck occurred in the United States from 16-Nov-2022 through 28-Jul-2023
	Manufactured By:	Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc. West Point, PA 19486 U.S.A.
REASON	Merck has received reports of breakage at the syringe flange and/or hub that were identified when the syringe was inspected before administration, while the healthcare professional was securing the needle to the syringe, during vaccine administration or during post-administration (e.g., when activating a safety needle). The breakage resulted in a small number of injuries, including laceration and needle puncture. Corrective Action and Preventative Actions (CAPA) have been implemented at the syringe manufacturer to improve processes to help prevent these defects from recurring in future lots and Merck informed Health Care Providers of the glass breakage issue for syringe breakage and provided guidance for handling and administration to further mitigate the risk of injury for the remaining material on the market until post-CAPA material is supplied. Merck has accelerated the supply of post-CAPA material to the U.S. market and has established a stable supply of this	

Page 1 of 3

Vaccine Management

Josh Pocus, My Turn, and Claudia Aguiluz, myCAvax

What's New in My Turn? – Release 47 *(1 of 2)*

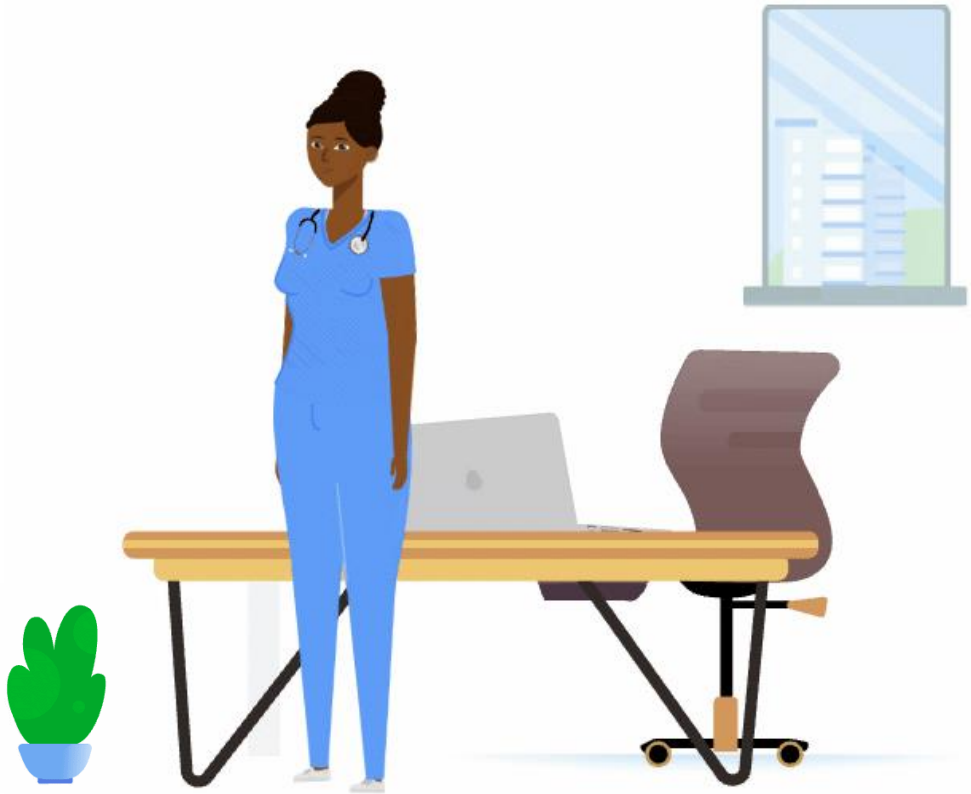
New updates for Patients launched on
Tuesday, January 16, 2024!

My Turn Public

Release Highlights

Patients will be able to view:

- ✓ The 'Single dose' and 'Both doses' options for the question 'Which appointment would you like to schedule for the mpox vaccine?' on the 'Walk-in' page
- ✓ An updated copy for the question 'Which appointment would you like to schedule for the mpox vaccine?'
- ✓ An updated copy on mpox tags on clinic cards on the 'Walk-in' page



What's New in My Turn? – Release 47 *(2 of 2)*

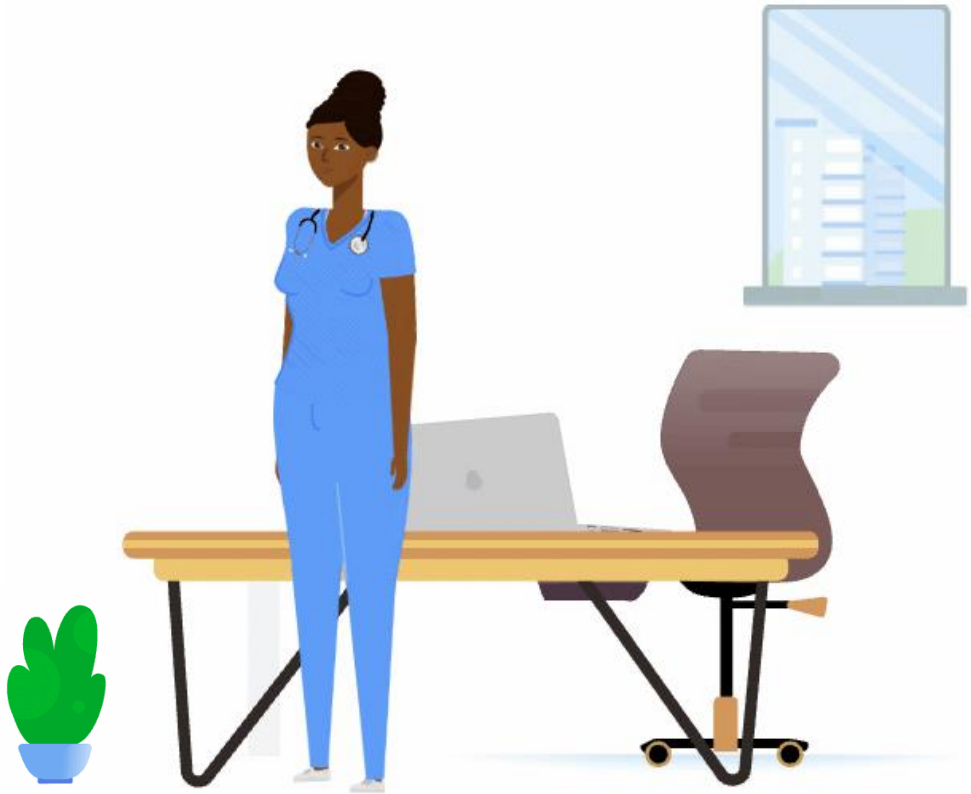
New updates for Clinic Managers and Vaccine Administrators launched on **Tuesday, January 9, 2024!**

My Turn Clinic

Release Highlights

Clinic Managers and Vaccine Administrators will be able to:

- ✓ CQE: Edit previously submitted records when the populated data is incorrect
- ✓ CQE: View all new records uploaded by other users from the same provider location but can only edit the records they have created
- ✓ CQE: View new dropdown options added to the 'Vaccine,' 'Vaccine Family,' 'Manufacturers,' and 'Package Information' fields on the CSV template
- ✓ My Turn Clinic: View new help text added to the 'Date of Birth,' 'Ethnicity,' 'Specify Race / Nationality,' 'Date Administered,' and 'Parent or Guardian's First Name' fields
- ✓ My Turn Clinic: Update and resubmit the appointment with the new products if the product selected during the appointment is an old flu product and was created on or after July 1, 2023



My Turn – Known Issues and Workarounds

Known Issues

Date Administered Discrepancy: Backend vs. Clinic Portal

- ✓ We fixed an issue where the Date Administered information on the backend did not match the date presented on the clinic portal.

Funding Source is Showing Up as 'Unknown' on the CAIR2 Side

- ✓ We have addressed an issue where the vaccines were documented in My Turn with a funding source as 'State General Funding.' However, CAIR2 read the funding source as 'Unknown.'

Workaround / Next Steps

- ✓ Fixed: **Tuesday, January 9, 2024**

- ✓ Fixed: **Tuesday, January 9, 2024**

My Turn accurately transmits 'State General Funding.' However, the term 'Unknown' in the CAIR2 portal was not sourced from My Turn and instead, linked to a particular lot number in the site's existing inventory, and the funding source information was not preserved when the lot inventory reached zero.

Vaccines for Adults (VFA) / LHD 317 Program Timeline and Next Steps

October 2023

- Final myCAvax Release until February
- VFA / LHD 317 Ordering in the VFC system
- Development for the VFA / LHD 317 program begins
- Data migration activities begin

November 2023

- LHD 317 Ordering in the VFC system
- VFA off-cycle for Orders
- Development for the VFA / LHD 317 program continues
- First round of User Acceptance Testing (UAT) for the VFA / LHD 317 program
- Data migration activities continue

December 2023

- Recertification opens for the VFA / LHD 317 program in the VFC system
- LHD 317 Ordering in the VFC system
- VFA off-cycle for Orders
- Development for the VFA / LHD 317 program continues
- Second round of UAT for the VFA / LHD 317 program
- Data migration activities continue

January 2024

- Recertification closes for the VFA / LHD 317 program in the VFC system
- VFA / LHD 317 Ordering in the VFC system – closes by the end of January
- Training for CDPH
- Development for the VFA / LHD 317 program continues
- Third round of UAT for the VFA / LHD 317 program
- Data migration activities continue

February 2024+

- Development for the VFA / LHD 317 program completes
- Final round of UAT for VFA / LHD 317
- Data migration activities complete
- Recertification for the VFA / LHD 317 program in the myCAvax system
- Training for providers
- VFC system shut-down for the VFA / LHD 317 program
- LHD 317 Ordering in the myCAvax system
- VFA Ordering in April in the myCAvax system

VFA Upcoming Actions for Providers

January 25, 2024

Vaccine Orders
- Last day to submit vaccine orders and transfers (if applicable) in MyVFCvaccines.

NOTE: Ordering will be closed until next VFA quarterly cycle (April 2024).

January 31, 2024

Account Management
- Complete recertification part 1 in MyVFCvaccines.
- Review and update your site's VFA contact.

Vaccine Orders
- Submit order corrections if needed.

Training
- Identified VFA key practice staff should register and attend the training on February 22 and 29, 2024.

By February 9, 2024

Ensure all VFA program transactions have been recorded in MyVFCvaccines by EOD.

Last day in MyVFCvaccines for:
- Recording shipment incidents, temperature excursions, waste and transfers.

February 10 - 19, 2024

Transition Week
- VFA program data will be migrated to myCAvax.

February 20, 2024

Go Live
First day in myCAvax for:
- Completing recertification part 2 by verifying clinic information and updating key practice staff managing the adult population
- Completing all required training (lesson details forthcoming)
- Signing the VFA agreement and addendum via Docusign

After Submitting Recertification Part 2
In myCAvax, you can:
- View shipping history
- Record shipment incidents, temperature excursions, transfers, and waste
- Return spoiled, expired, or wasted vaccines
- Prepare to order vaccine when the next VFA ordering cycle opens in April 2024

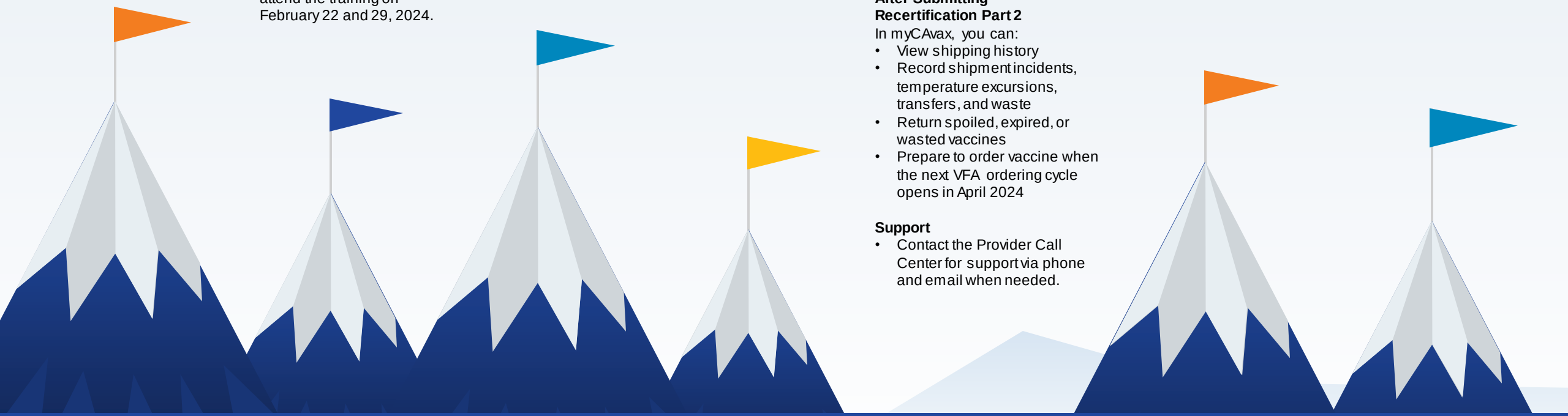
Support
- Contact the Provider Call Center for support via phone and email when needed.

February 22, 2024

CDPH Training
- Register and attend the *VFA 101 Training for Providers* at **11:00 AM PT.**
- **NOTE:** Your identified VFA key practice staff should register for the above training and will receive email in early February regarding training reminders and next steps.

February 29, 2024

CDPH Training
- Register and attend the *VFA 102 Training for Providers* training at **11:00 AM PT.**
- **NOTE:** Your identified VFA key practice staff should register for the above training and will receive email in early February regarding training reminders and next steps.



NOTE: While we transition the VFA program into myCAvax, continue to manage VFC vaccines in MyVFCvaccines.

VFA / LHD 317 Recertification Deadline / Reminder

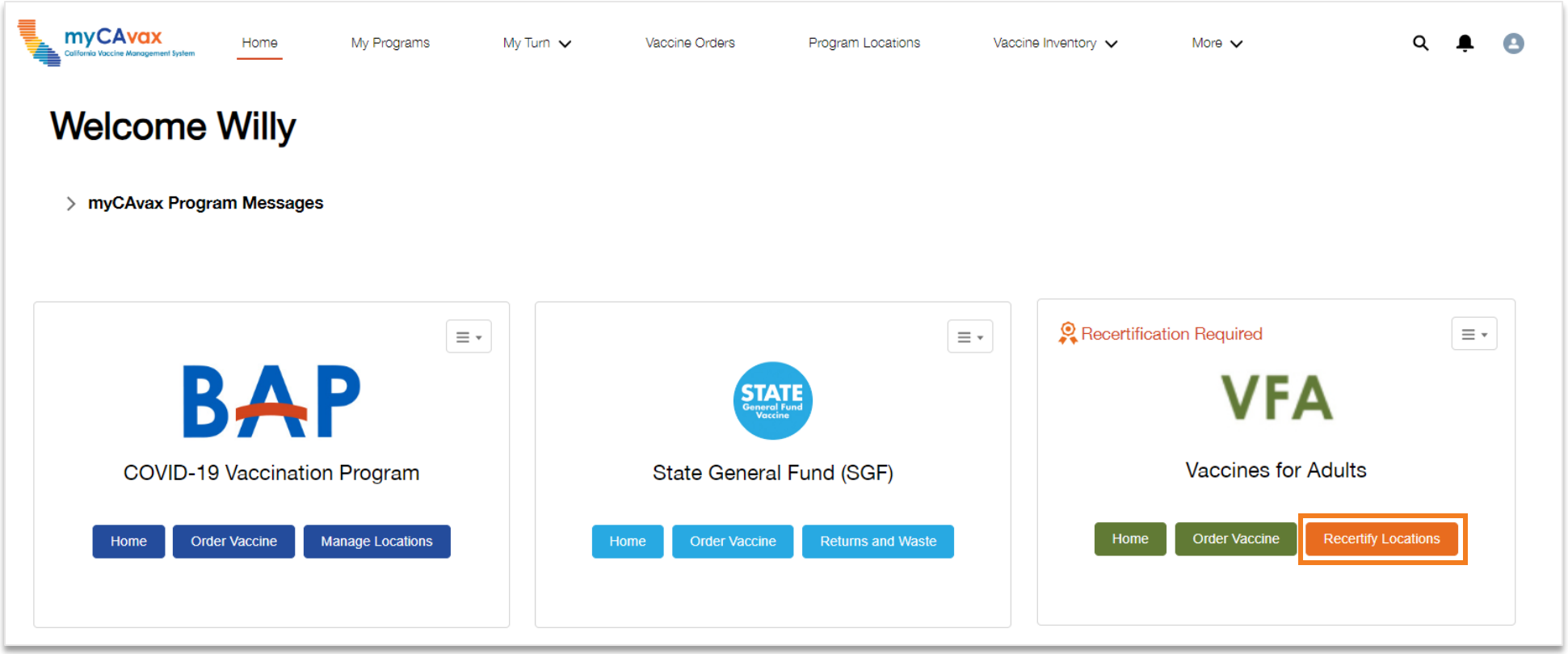
With the VFA / LHD 317 program being released in myCAvax on **Tuesday, February 20, 2024**, all the VFA / LHD 317 providers must complete the recertification process.

During the VFC recertification process, all the VFA and LHDs providers must:

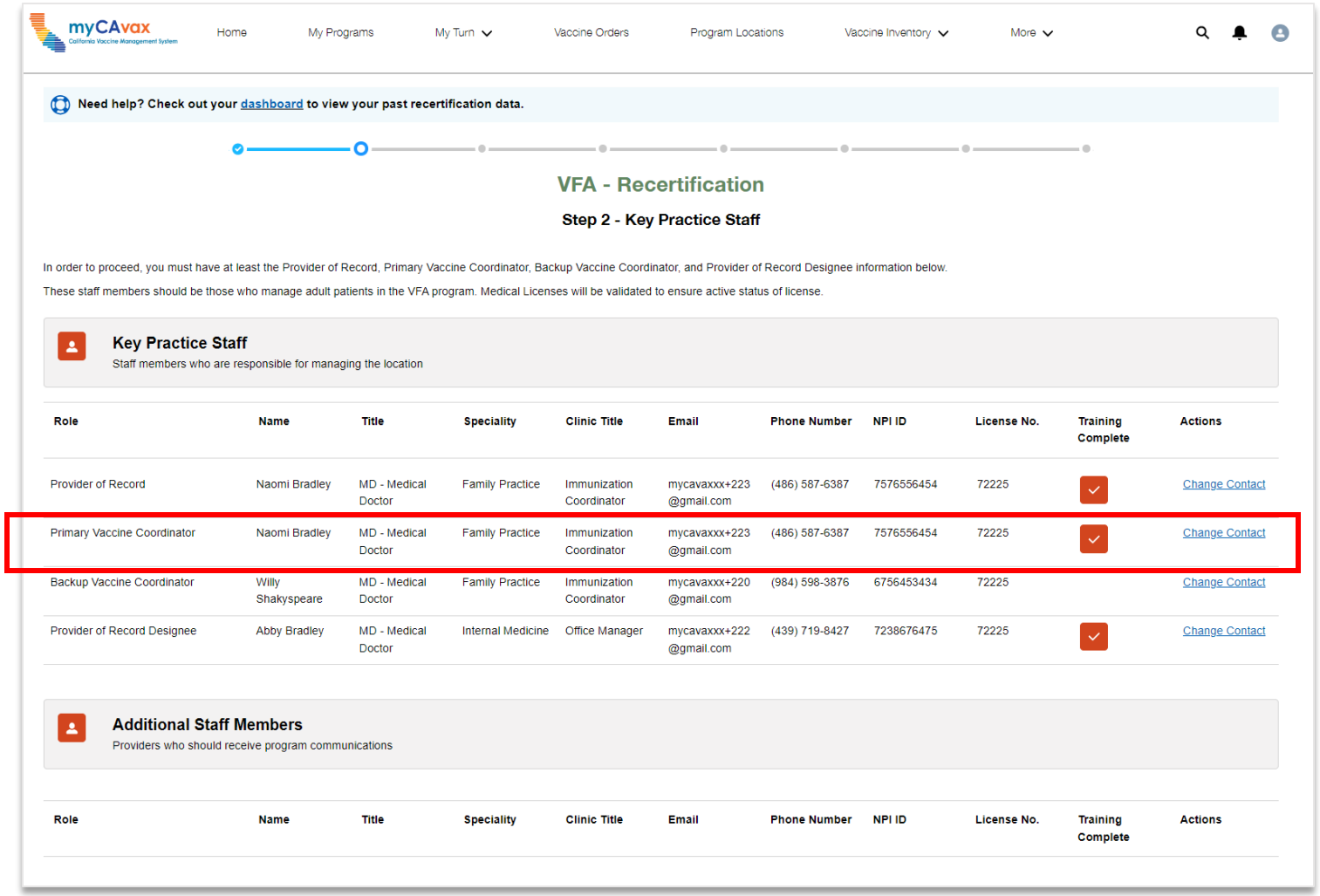
- Enter / update clinic information in myVFCvaccines by **Wednesday, January 31, 2024**; this information will be migrated and pre-populated in the myCAvax recertification form
- Review and update their site's VFA contact on myVFCvaccines. This will be the only key practice staff information migrated to myCAvax. The VFA contact will be designated as the Primary Vaccine Coordinator in myCAvax.

Vaccines for Adult Program in myCAvax

Beginning **February 20, 2024,** if you participate in the VFA program, you will see an added tile for the VFA Program! You will be prompted to recertify in myCAvax upon logging into the Provider Community.



Recertifying in myCAvax: Updating Contacts



After VFA / LHD 317 release in myCAvax on **Tuesday, February 20, 2024,** you will be asked to complete the recertification process in myCAvax, which includes:

- Providing the information verification process in myCAvax
- Updating the key practice staff managing the adult population on myCAvax. **Note:** your primary VFA contact provided during initial recertification will populate here.
- Completing all required EZIZ training (Lesson details forthcoming)
- The Provider of Record must review and sign program participation Agreements and Addendums to complete the recertification process.

Upcoming VFA Vaccine Ordering 101 & 102 Webinars

You are invited to join CDPH for a one-hour 'VFA Vaccine Ordering 101 for Providers' session on **Thursday, February 22, 2024,** from **11:00 AM – 12:00 PM PT** focused on basic navigation of myCAvax and placing vaccine order requests. Please register here to attend.

You are also invited to join a follow-up to the 'VFA Vaccine Ordering 101 for Providers' session on **Thursday, February 29, 2024,** from **11:00 AM – 12:00 PM PT**. The one-hour 'VFA Vaccine Ordering 102 for Providers' session will be focused on vaccine management tasks, like reporting waste, excursions, and shipping incidents in myCAvax. Please register here to attend.

There will be an opportunity for Q&A with CDPH in both sessions and they will be recorded / uploaded to the Knowledge Center.

Slide Icon Key

Icon	Meaning
	This is to label slides that are referencing upcoming or existing functionality and how to use it in the system.
	This is to label slides that include important system reminders.
	This is to label slides that include tips and best practices to improve your system experience.

myCAvax – Known Issues and Workarounds

Known Issues

Transfer and Order Related List Views Tied Together

- ✓ We will be correcting a visibility issue in which Sending Transfers are only visible on a Vaccine Order's related list views when looking at an Account or Program Location. While Receiving Transfers have their own unique related list view, Sending Transfers should also have their own unique related list view.

Some Sending Transfers Missing from Program Related List Views

- ✓ We will be correcting an issue in which some Sending Transfers are not showing in their respective Program Location's related list views but are still visible from their Account's related list views – for now, the Account should be taken as the source of truth if you notice a mismatch.

Workaround / Next Steps

- ✓ Estimated Fix: **February 2024**

- ✓ Estimated Fix: **February 2024**

Vaccines for Adults (VFA)

Lindsay Reynoso, CDPH

Vaccines for Adults (VFA) Program Updates

2024 Quarter 1 Ordering Period

- **VFA Ordering: January 11 - 25 (Now Closed)**
- **Deadline to make order corrections on MyVFCvaccines, if needed: Wednesday, January 31** Deadline

- **Changes to Ordering Policy**
  - Vaccine dose requests for the HPV will be reduced by 80%, PCV, and Zoster vaccines will be reduced by 55% of clinic's pre-cap quarterly orders from Quarter 2 (April 2022). Order caps for all other vaccines will remain the same. **This is subject to change.**
  - RSV Vaccines capped at 20 doses
    - RSV doses will be available again during Fall 2024 Ordering (September/October)
  - Vaccine requests should be based on the needs of your eligible uninsured/underinsured adult population
  - If clinics would like to request doses beyond the caps, please include on the order form comment section the vaccine(s), amount and reason. These special requests will be reviewed and approved on a case-by-case basis.

VFA Recertification

VFA Recertification Timeline

- **Part 1 - VFA Recertification in MyVFCvaccines: December 2023 - January 31, 2024** Deadline
  - **189 VFA Provider have NOT completed Part 1 VFA Recertification**
- **Part 2 - VFA Recertification and Information Verification in myCAvax: February 20, 2024**

IMPORTANT: All VFA providers are required to start entering critical pieces of information during the recertification on MyVFCvaccines and will complete the information verification process and signing the VFA Agreement and Addendum in myCAvax.

Update site's VFA Contact

- When completing Part 1 of the recertification process in the MyVFCvaccines system, accurately identify and list the correct VFA Contact
- The VFA Contact will receive all notifications about the system transition to myCAvax and completing Part 2 of the recertification process
- The VFA contact information will be the only key practice staff migrated to myCAvax. The VFA Contact will be displayed as the Primary Vaccine Coordinator.

VFA Recertification

List clinic staff managing the adult population

- Identify the Provider of Record for the clinic's adult population. This POR may be different than what was listed during the recertification process on MyVFCvaccines.
- VFA sites are encouraged to list staff members managing the adult patient population for the Provider of Record, Primary and Back Up Vaccine Coordinators and Provider of Record Designee when completing the VFA information verification process in myCAvax.

Electronically sign the VFA Agreement and the VFA and LHD-317 Agreement Addendum

- The Provider of Record listed on myCAvax will be responsible for signing the VFA Agreement and Addendum (via DocuSign) to complete recertification.

VFA Provider Training Opportunities

REGISTER NOW! VFA myCAvax Training Opportunities (Links below):

Audience: Identified Vaccines for Adults (VFA) key practice staff

Thursday, February 22, 2024, 11AM, PST: VFA 101 (VFA Ordering) Training for Providers

Thursday, February 29, 2024, 11AM, PST: VFA 102 (Vaccine Management) Training for Providers

VFA Recertification

VFA Recertification Resources

- 2024 VFA Agreement
- 2024 VFA and LHD-317 Agreement and Addendum
- 12/27 VFA Recertification Communication
- 1/22 VFA Recertification Reminder
- 2024 VFA Requirements At a Glance (Coming Soon!)
- VFA and LHD-317 myCAvax Recertification Worksheet (Coming Soon!)

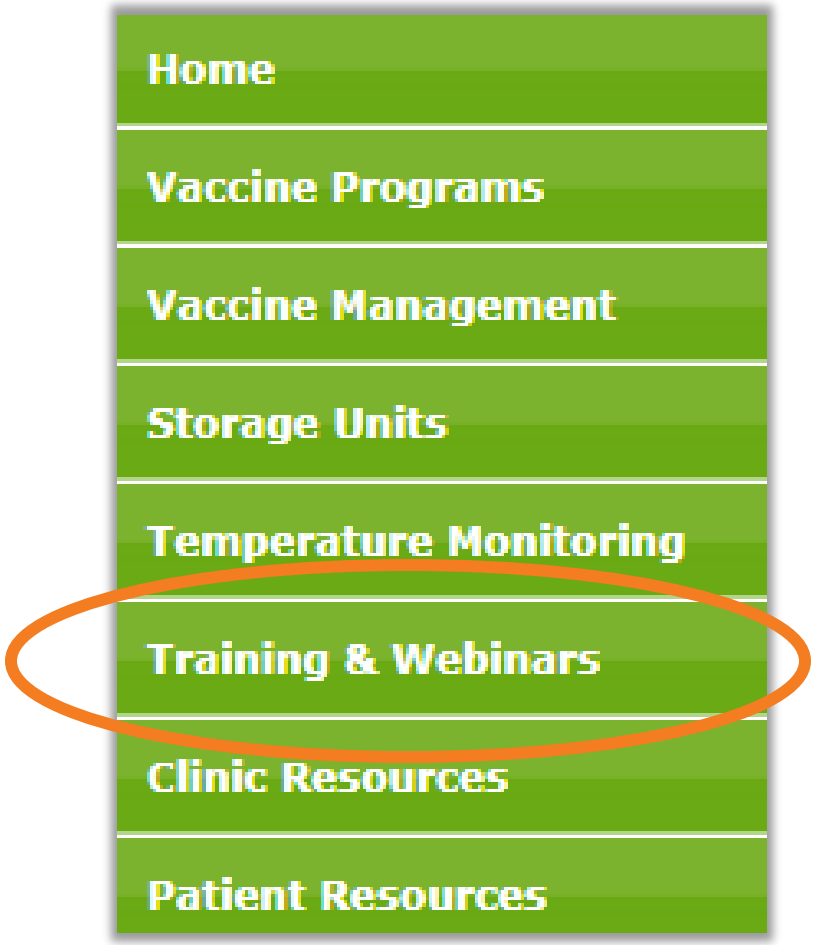
For more VFA resources, please visit the VFA Resources Page

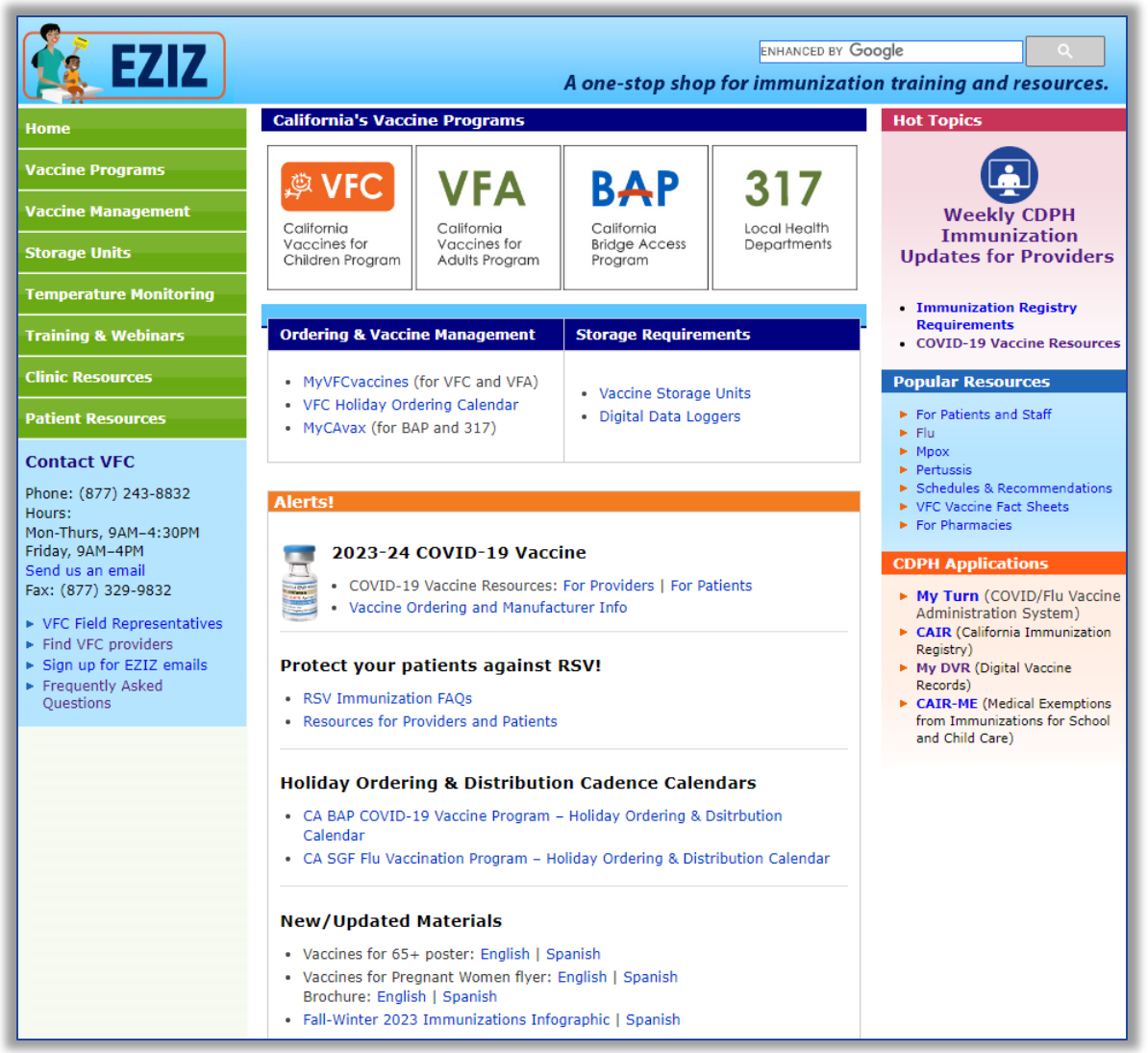
Questions? Email my317vaccines@cdph.ca.gov

Resources and Q&A

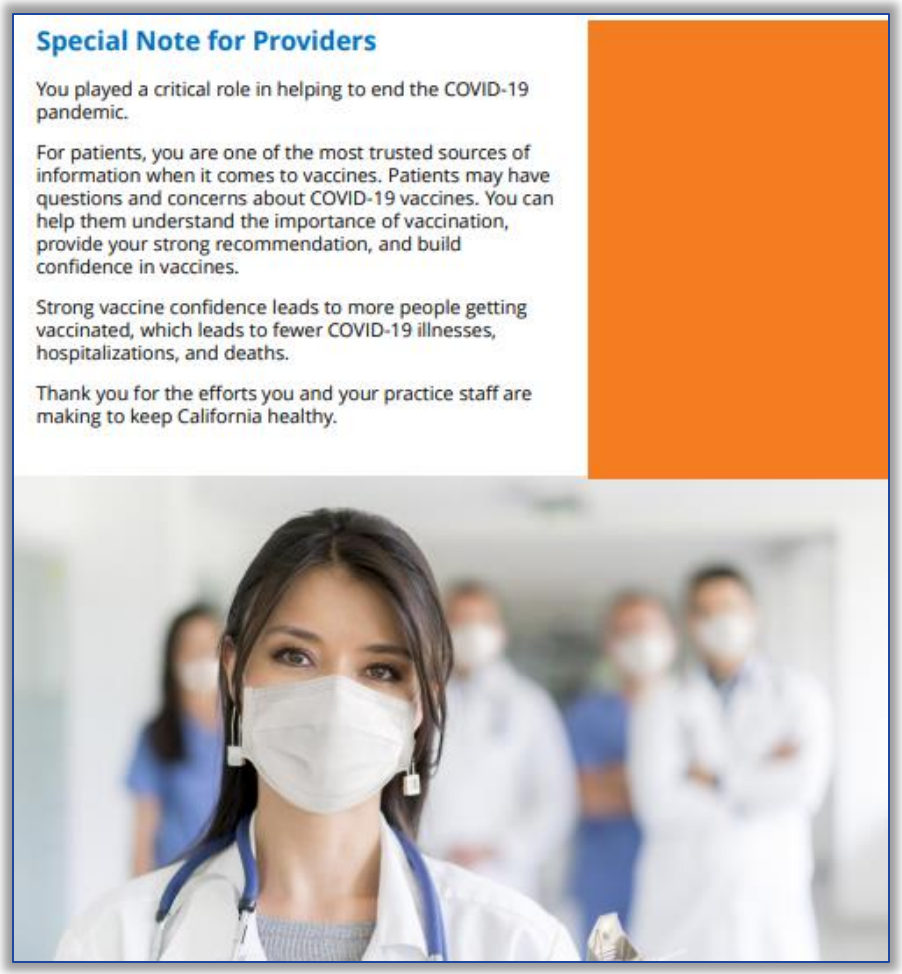
Leslie Amani and CDPH SMEs

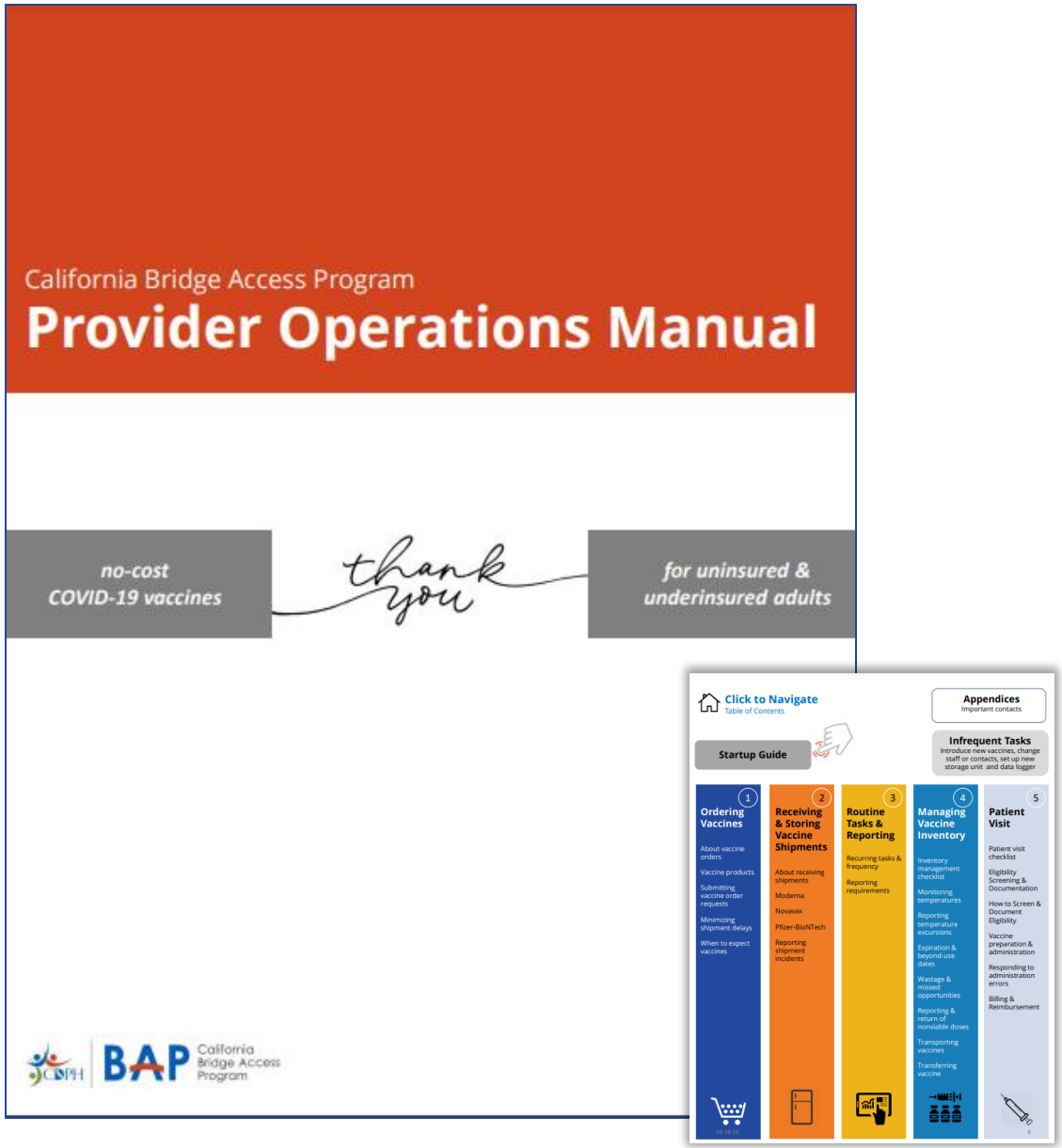
EZIZ.ORG


Home
Vaccine Programs
Vaccine Management
Storage Units
Temperature Monitoring
Training & Webinars
Clinic Resources
Patient Resources


EZIZ
ENHANCED BY Google
A one-stop shop for immunization training and resources.
Home
Vaccine Programs
Vaccine Management
Storage Units
Temperature Monitoring
Training & Webinars
Clinic Resources
Patient Resources
Contact VFC
Phone: (877) 243-8832
Hours:
Mon-Thurs, 9AM–4:30PM
Friday, 9AM–4PM
Send us an email
Fax: (877) 329-9832
VFC Field Representatives
Find VFC providers
Sign up for EZIZ emails
Frequently Asked Questions
California's Vaccine Programs
VFC
California Vaccines for Children Program
VFA
California Vaccines for Adults Program
BAP
California Bridge Access Program
317
Local Health Departments
Ordering & Vaccine Management
MyVFCvaccines (for VFC and VFA)
VFC Holiday Ordering Calendar
MyCAvax (for BAP and 317)
Storage Requirements
Vaccine Storage Units
Digital Data Loggers
Alerts!
2023-24 COVID-19 Vaccine
COVID-19 Vaccine Resources: For Providers | For Patients
Vaccine Ordering and Manufacturer Info
Protect your patients against RSV!
RSV Immunization FAQs
Resources for Providers and Patients
Holiday Ordering & Distribution Cadence Calendars
CA BAP COVID-19 Vaccine Program – Holiday Ordering & Dsitrbution Calendar
CA SGF Flu Vaccination Program – Holiday Ordering & Distribution Calendar
New/Updated Materials
Vaccines for 65+ poster: English | Spanish
Vaccines for Pregnant Women flyer: English | Spanish
Brochure: English | Spanish
Fall-Winter 2023 Immunizations Infographic | Spanish
Hot Topics
Weekly CDPH Immunization Updates for Providers
Immunization Registry Requirements
COVID-19 Vaccine Resources
Popular Resources
For Patients and Staff
Flu
Mpox
Pertussis
Schedules & Recommendations
VFC Vaccine Fact Sheets
For Pharmacies
CDPH Applications
My Turn (COVID/Flu Vaccine Administration System)
CAIR (California Immunization Registry)
My DVR (Digital Vaccine Records)
CAIR-ME (Medical Exemptions from Immunizations for School and Child Care)

Provider Operations Manual
California Bridge Access Program





COVID-19 Vaccine Provider FAQs

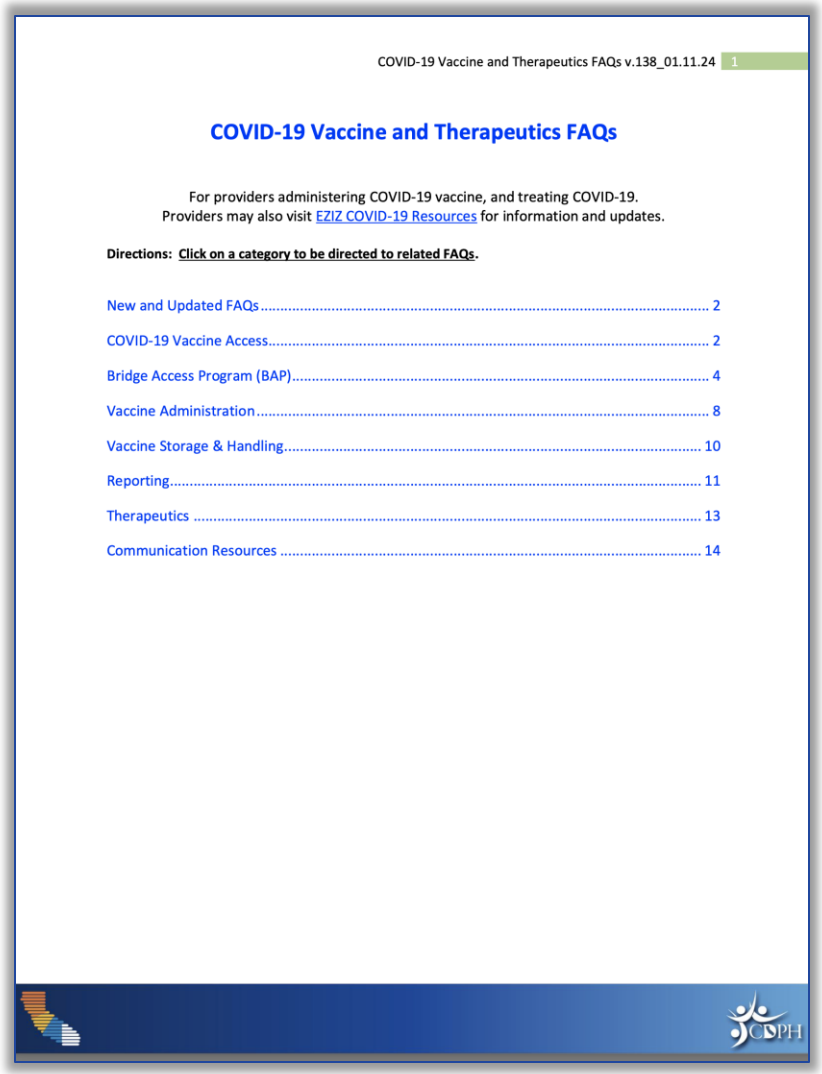
Answers to providers' COVID-19 vaccine questions!

Updated ***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.

Updated ***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.



Provider FAQs on EZIZ

CDPH Provider Webinars and Trainings

Week of January 29, 2024

	Monday 1/29	Tuesday 1/30	Wednesday 1/31	Thursday 2/1	Friday 2/2
Live Webinars and Training					CDPH Immunization Updates for Providers *9:00 am – 10:30 am*
View On Demand	• CDPH Weekly Provider Archived Webinars and Slides • COVID-19 Crucial Conversations Archived Webinars and Slides • AIM Vaccine Confidence Toolkit Webinar Series		• Introduction to My Turn Onboarding *(v. 1/4/22)* • Latest Features in My Turn (*Requires myCAvax Login)* • myCAvax Release Notes for LHD and CDPH Users (*Requires myCAvax Login)*		• Moderna COVID-19 Vaccine Resources for Providers • CDC COVID-19 Vaccination Clinical & Professional Resources • Novavax COVID-19 Vaccine Information • Pfizer COVID-19 Vaccine (COMIRNATY) Information

Help

Help Desk

CDPH Provider Call Center: 1-833-502-1245, M-F 8am-5pm *Email:* providercallcenter@cdph.ca.gov
My Turn: *Help Desk Email:* myturn.clinic.hd@cdph.ca.gov *Onboarding Email:* myturnonboarding@cdph.ca.gov
myCAvax: *Help Desk Email:* mycavax.hd@cdph.ca.gov **Mpox:** *Email:* stdcb@cdph.ca.gov
***COVID-19 Treatments:** *Warmline for LTCF/SNF staff:* 1-866-268-4322, M-F 8am-5pm, Test to Treat Help Form

Immunization Resources

California's General Immunization Resources (eziz.org)
RSV Immunization Resources | Flu Vaccination Resources
COVID-19 Vaccination Resources | COVID-19 Treatments
Mpox Vaccination Resources

* Warmline available only through 1/31/24

Calendar Subject to Change

Vaccine Support

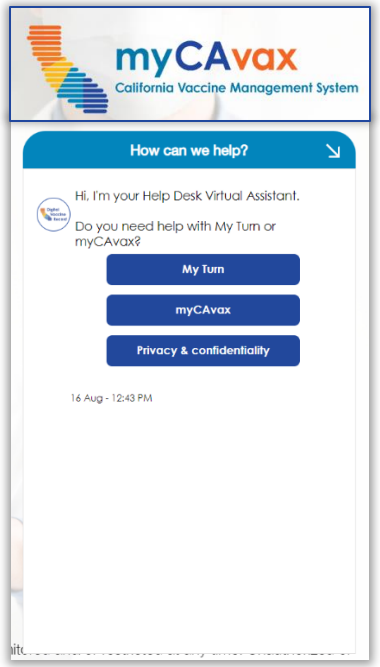
Provider Call Center

Dedicated to medical providers and Local Health Departments in California, specifically addressing questions about State program requirements, enrollment, and vaccine distribution.

- 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: providercallcenter@cdph.ca.gov
- Phone: (833) 502-1245, Monday through Friday from 8AM–5PM

myCAvax

- Virtual Assistant resolves many questions but will direct you to the Provider Call Center queue for live assistance!
- Knowledge Center houses key job aids and videos that are updated every release. Once logged in, you can access job aids from the myCAvax homepage (or at various places throughout the system) using the links as shown below. Need help? View our jobs aids in the Knowledge Center, or contact us.



COVID-19 Therapeutics Resources

Type of Support	Description	Updated 11.27.23
Clinical Guidance	**For general Therapeutics questions, please email: COVIDRxProviders@cdph.ca.gov** **COVID-19 Treatment Warmline for SNF and LTCF staff: 1.866.268.4322 M-F 8am-5pm**	
General Information	CDPH COVID-19 Treatments Webpage (provides general information for healthcare providers, allocations, distribution and ordering, drug facts sheets, and additional resources) CDPH COVID-19 Treatments Job Aid (questions and answers for the public on COVID-19 therapeutics) COVID-19 Therapeutics Best Practices Checklist (testing, prescribing, dispensing, and more) Frequently Asked Questions document for clinics, providers, and pharmacists	
Locating Resources	Finding Providers and Test-to-Treat Sites • COVID-19 Therapeutics Locator (arcgis.com) • Test-to-Treat (hhs.gov)	
LHJ Therapeutics SharePoint	Primary source for recorded webinars, slides, datasets and HPOP reporting information. (For access, email JEOCuser54@cdph.ca.gov) • Therapeutic Weekly Email Update files (SharePoint) • CDPH Therapeutics HPoP Account Verification & Reporting information	
Questions	For general CDPH Therapeutics questions, please email COVIDRxProviders@cdph.ca.gov For ordering, program inquiries, signing up new HPOP Accounts: please e-mail CDPHTherapeutics@cdph.ca.gov	

Questions

During today's webinar, please use the Q&A panel to ask your questions so CDPH subject matter experts can respond directly.

Resource links will be dropped into, “Chat”

Upcoming Webinar Opportunities

CDPH Immunization Updates for Providers

Next session: Friday, February 2, 2024

9AM – 10:30AM