



State of California—Health and Human Services Agency
Department of Health Services
DRAFT



Governor

SANDRA SHEWRY

Director

DATE: March 14, 2007

TO: Vaccines for Children (VFC) Program Providers

FROM: Howard Backer, MD, MPH, Chief
Immunization Branch

SUBJECT: Transition to a New National Distributor
New Vaccine Order Form

SUMMARY

In the next few weeks, California's Vaccines for Children (VFC) Program will transition to a centralized national vaccine inventory and distribution system. This is a national effort, led by the Centers for Disease Control and Prevention (CDC), National Immunization Program (NIP), to improve our nation's vaccine delivery system. Through the Vaccine Management Business Improvement Project (VMBIP), CDC has selected a national vaccine distributor, McKesson Specialty, Ltd., who will be responsible for the distribution of publicly purchased vaccines to providers enrolled in the Vaccines for Children Program.

Beginning the week of March 26, 2007, California's VFC vaccines (with the exception of the Varicella vaccine and the Measles, Mumps, Rubella, Varicella [MMRV] vaccine) will be distributed by McKesson Specialty. General Injectables and Vaccines (GIV) will no longer distribute VFC vaccines to California providers. Please note that the weeks of March 26, 2007 and April 2, 2007 will be transition weeks with some providers receiving vaccines from GIV and others from McKesson.

Key Changes for VFC Providers include:

- New Vaccine Order Form (pg. 2)
- Change in Vaccine Ordering Frequency (pg. 2)
- Change in Packaging Materials (pg. 3)
- New Address to Return Vaccines (pg. 3-4)

Background

VMBIP is a multifaceted approach that has been in development over several years in order to improve vaccine management processes at the federal, state and local levels.

Among the project's goals are improving efficiency of vaccine delivery systems; reducing the lead time between vaccine orders and delivery; centralizing vaccine distribution for all states; and enhancing the nation's ability to respond to public health crises through the development of a centralized vaccine stock pile system.

The first phase of this project is the implementation of a centralized vaccine distribution system. With this system, vaccines will be shipped directly to all public and private sites enrolled in the VFC Program.

The second phase, still in its development stage, will consist of the implementation of a web based vaccine ordering system at a national level.

National Distributor

McKesson Specialty, Ltd., a division of McKesson, is a large-scale distributor with varied experience in distribution to wholesalers and hospitals across the United States. Their main distribution center, located in Memphis, Tennessee, has more than 8,000 square footage of available refrigerated space.

McKesson Specialty will be distributing vaccines for all Immunization Programs across the United States.

Vaccine Ordering

New VFC Order Form

Effective March 26, 2007 vaccine orders placed with the VFC Program should be placed using a revised VFC order form (see attached form). The re-designed form includes several important changes. Products with multiple presentations (vials and syringes), not previously available through GIV, have been included in the form. All brands of vaccines available through VFC have also been listed. Providers should clearly specify brand choice and desired packaging in order to ensure receipt of the desired product. Providers must specify current vaccine storage units in order to ensure that the amount of vaccine ordered can be stored in refrigerators with adequate capacity. Detailed instructions on how to complete this form have been included in the reverse portion of the form.

Vaccine orders should continue to be submitted via fax to the VFC Program's central office. Orders will continue to be reviewed, approved and processed by VFC staff. Approved orders will be submitted to the new distributor for shipment. Providers should expect the delivery of vaccines ten to fourteen days after submitting vaccine orders to the VFC office. Please maintain sufficient stock on hand to allow for your vaccine order to be processed and delivered.

Order Frequency

VFC provider order frequency will change with the transition to the national vaccine distribution system. The frequency for placing VFC vaccine orders will be dictated by the volume of VFC vaccines received during the previous year.

Time frames for ordering vaccines will be done according to the number of vaccines that a clinic or provider uses in a one year period.

- Large Providers-Order Monthly (>2000 Doses/Year)
- Medium-Sized Providers-Order Bimonthly (500-2000 Doses/Year)
- Small Providers-Order Quarterly (<500 Doses/Year)

Vaccine Shipments

Vaccine orders will be processed by McKesson within three to five business days and will be shipped via commercial carrier. Although FedEx is their primary carrier, alternative carriers such as UPS may also be utilized when vaccine delivery through FedEx is not possible.

McKesson Specialty Ltd. is an environmentally friendly company. As such, vaccines will be shipped in recyclable insulated containers able to maintain proper temperatures for up to 72 hours. These containers will come with postage paid labeling to facilitate their return via United States Postal Service. We recommend that you keep 1-2 boxes on hand to use for any vaccine returns and encourage you to please return the remainder to McKesson. Each container will include easy-to-read temperature monitors to ensure that appropriate vaccine temperature is maintained during shipment as well as a vaccine shipment packing slip (sample enclosed) outlining the vaccines received in the shipment.

Please note that varicella and MMRV vaccines will continue to be shipped directly from the manufacturer, Merck & Co, in insulated containers containing dry-ice.

Vaccine Deliveries

McKesson is able to process vaccine orders Mondays, Tuesdays and Wednesdays. Therefore, providers should expect vaccine deliveries Tuesdays through Fridays. Provider orders with unrestricted delivery information (able to accept vaccine shipments during normal business hours, Monday through Friday) will be processed immediately. Orders with special handling instructions or limited delivery times will be carefully reviewed to ensure that vaccines are delivered within the specified windows of time.

Each package will be clearly marked in order to ensure that contents are refrigerated **immediately** upon arrival. Please note that we are recommending that MMRV be stored in the freezer. Ensure that front desk staff signing for the receipt of a vaccine shipment alerts the clinic's vaccine manager as soon as the vaccine is received. When unpacking vaccines, make sure the "Kool Watch" temperature monitors read "OK". This will verify that the vaccine cold chain has been maintained. If the monitor does not read "OK", please refrigerate the vaccine and contact the VFC Program immediately. **Never reject vaccine delivery or discard vaccine shipments without prior consultation with the VFC Program.** The California Vaccines for Children Program will continue to the point of contact for vaccine delivery information or issues.

Vaccine Returns

Effective March 26, 2007, expired and non-viable vaccines should be returned to McKesson Specialty Distribution at 4853 Crumpler Road, Memphis, TN 38141. **Please do NOT return vaccine to GIV.** We recommend that providers return vaccine in the postage paid containers that McKesson uses to ship vaccine. Providers should fill out a VFC Transfer/Return Form and fax it to the VFC Office. A copy of the form should be enclosed in the box. Please also write "EXPIRED VACCINE" on the box.

We anticipate a smooth transition from GIV to McKesson Specialty Ltd. As always, our customer service representatives and VFC Field Representatives are available to assist you with any vaccine issues.

Enclosure: McKesson Flyer
DHS 8501 (03/07) – VFC Vaccine Order Form
VFC Return/Transfer Form

cc: DHS, Immunization Branch Field Representatives
Local Health Department CHDP Program Directors
Vanessa Baird, Chief, Medi-Cal Managed Care Division, CDHS
Marian Dalsey, M.D., Acting Chief, Children Medical Services Branch, CDHS
Michael Farber, M.D., Chief Medical Officer, Medi-Cal Managed Care, CDHS
Susann Steinberg, M.D., Chief, Maternal, Child and Adolescent Health/Office of Family Planning Branch, CDHS
Villita Lewis, Deputy Director, Benefits and Quality Monitoring, MRMIB
Marcia Ehinger, M.D., Medi-Cal Benefits Branch, CDHS
Kathy Chance, M.D., Children Medical Services Branch, CDHS

Non-Frozen VFC Vaccine Shipments

VACCINES for CHILDREN, CALIFORNIA



Packaging

- ◆ McKesson Specialty, VFC's national vaccine Distributor, ships vaccine in recyclable insulated containers able to maintain proper temperatures for up to 72 hours. Containers are clearly marked "perishable" in order to alert clinic staff to refrigerate contents **immediately** upon arrival. **DO NOT FREEZE VACCINES.**
- ◆ Shipment containers should be returned to McKesson. Postage paid labeling is included to facilitate container return via United States Postal Service. You may want to keep 1-2 boxes on hand to use for any expired or non-viable vaccine returns.



Temperature Monitor

- ◆ Easy-to-read temperature monitors are included in each container to ensure appropriate vaccine temperature is maintained during shipment.
- ◆ When unpacking vaccines, always make sure the "Kool Watch" temperature monitors read "OK". This will verify that the vaccine cold chain has been maintained. If monitor indicates otherwise, place vaccines in the refrigerator and **contact the VFC Program immediately.**



Packaging Slip

- ◆ A shipment packing slip is included with vaccine shipments. Please review this document to make sure doses shipped match information stated in the packing slip as well as doses requested in your vaccine order.



IMPORTANT: Never reject vaccine delivery or discard vaccine shipments without prior consultation with the VFC Program.
VFC toll-free number: (877) 329-9832

VACCINES FOR CHILDREN (VFC) PROGRAM VACCINE ORDER FORM FAX TO: (877) 329-9832

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.	DATE	VFC PIN NUMBER (6 digit)
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DELIVERY ADDRESS (Number and Street—No P.O. Boxes)	<input type="checkbox"/> CHECK HERE IF THIS IS A NEW ADDRESS.	CITY	ZIP CODE
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TELEPHONE:	FAX:	EMAIL:	COUNTY:
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DELIVERY: Check all days and times you may receive vaccine. If closed during lunch hour, please specify.	▶	Tue	From: _____ to: _____	(Closed for lunch from: _____ to: _____)	STORAGE CAPACITY (Check All That Apply) <input type="checkbox"/> Small Unit/Under the Counter Refrigerator # of units _____ <input type="checkbox"/> Refrigerator/Freezer Combination # of units _____ <input type="checkbox"/> Stand alone freezer # of units _____ <input type="checkbox"/> Commercial/Laboratory Grade Unit # of units _____
	Wed	From: _____ to: _____	(Closed for lunch from: _____ to: _____)		
	Thur	From: _____ to: _____	(Closed for lunch from: _____ to: _____)		
	Fri	From: _____ to: _____	(Closed for lunch from: _____ to: _____)		
	From: _____ to: _____	(Closed for lunch from: _____ to: _____)			

Please complete all sections on this order form in order for VFC to process your vaccine order.

Vaccines	DOSES USED	VACCINE INVENTORY (DOSES ON HAND)			NEW VACCINE ORDER		
	Number of doses used since last order. Enter "0" if none	Number of doses on hand (Current Inventory)	Lot Number	Expiration Date	Vaccine (Circle Choice)	Doses Requested (Multiples of 10)	Packaging (Check preferred presentation)

REGULAR ORDER VFC VACCINES

DTap					DAPTACEL®	Single dose vials – 10 per box
					Tripedia®	Single dose vials – 10 per box
					Infanrix®	<input type="checkbox"/> Single dose vials – 10 per box <input type="checkbox"/> Single dose syringes – 5 per box
DTaP/Hepatitis B/IPV					Pediarix®	Single dose vials – 10 per box
Hepatitis A					VAQTA®	Single dose vials – 10 per box
					Havrix®	<input type="checkbox"/> Single dose vials – 10 per box <input type="checkbox"/> Single dose syringes – 5 per box
Hepatitis B					ENGERIX B®	<input type="checkbox"/> Single dose vials – 10 per box <input type="checkbox"/> Single dose syringes – 5 per box
					RECOMBIVAX®	Single dose vials – 10 per box
Hepatitis B/Hib					COMVAX®	Single dose vials – 10 per box
Hib					PedvaxHIB®	Single dose vials – 10 per box
					ActHIB®	Single dose vials – 5 per box
e-IPV					IPOL®	<input type="checkbox"/> Single dose vials – 10 per box <input type="checkbox"/> Single dose syringes – 10 per box
Meningococcal Conjugate					Menactra™	Single dose vials – 5 per box
Pneumococcal Conjugate					Prevnar®	Single dose syringes – 10 per box
Td					DECAVAC™	<input type="checkbox"/> Single dose vials – 10 per box <input type="checkbox"/> Single dose syringes – 10 per box
Tdap					ADACEL	Single dose vials – 10 per box
					BOOSTRIX	<input type="checkbox"/> Single dose vials – 10 per box <input type="checkbox"/> Single dose syringes – 5 per box
Rotavirus					RotaTeq®	Single dose tubes – 10 per box
HPV					Gardasil®	Single dose vials – 10 per box

VFC VACCINES STORED IN THE FREEZER

Varicella					VARIVAX®	Single dose vials – 10 per box
MMR/Varicella					ProQuad®	Single dose vials – 10 per box
MMR					MMR-II®	Single dose vials – 10 per box

IMPORTANT: IF MY VACCINE BRAND CHOICE AND PACKAGING IS NOT AVAILABLE:

- Send another vaccine brand/packaging
- Send the vaccine brand/packaging I circled above when it is available

Place your order with sufficient stock on hand to allow 2-3 weeks for the processing and delivery of your vaccine order.





Instructions for Completing the VFC Vaccine Order Form

In order to ensure that your vaccine order is processed as quickly as possible, the VFC Vaccine Order form **must** be completely filled out. Fill in all blank sections of the form. Orders submitted in outdated forms may delay the processing of your vaccine order.

Instructions:

1. Enter your clinic's PIN number.

The PIN number is the six-digit Provider Identification Number assigned to your clinic upon enrolling in the VFC Program. (This is not your medical license or CHDP/Medi-Cal provider numbers). Your PIN can be found in the upper, right portion of one of your VFC shipping invoices under the title, "FOR RETURNS, REFER TO". You may contact the VFC Office to obtain your PIN #.

2. Use the same facility name that you used when enrolling in the VFC Program.

The facility name can be found on the packing slips that accompany the vaccine shipments. Do not change this VFC facility name without first notifying the VFC Program in writing, even if the clinic name has changed or is incorrect.

3. Specify the address where the VFC Program should deliver vaccines.

Check the appropriate box on the order form if this is a new address. (Remember to include a letter regarding the change of address with your vaccine order.)

4. Specify all days and times during which you can receive delivery of VFC vaccine.

The VFC Program's wholesale distributor delivers vaccine Tuesday through Friday only. When specifying delivery times, take into account times of the day during which you cannot receive deliveries of VFC vaccine (e.g., lunch).

5. Record usage of all VFC vaccine you have administered since your last order.

This information is easily obtained from a usage log or any other usage reports (e.g., Registry-generated usage reports).

6. List current inventory of all VFC vaccines when completing the order form.

(Do not report inventories of privately purchased vaccines)

List the amount of VFC vaccine on-hand in your refrigerator and freezer, along with their corresponding lot numbers and expiration dates. You may use a separate sheet of paper to record additional lot numbers if needed. You may also attach a registry-generated inventory report outlining detailed information on lot numbers and expiration dates. However, you must still record the total number of doses on-hand in the order form. This will assist the Customer Service Representatives in approving your vaccine order in a timely manner.

7. Select product choice and indicate the number of vaccine doses requested.

The number of doses requested must be in multiples of 10, since most products are shipped in packages of 10 single dose vials/syringes or 10-dose multi-dose vials.

8. Indicate packaging preference for requested product.

When indicated, check your choice of product presentation or packaging. If you do not specify a vaccine preference or packaging, the VFC Program will send vaccine that is currently on stock.

When Completed:

Fax to: (877) 329-9832 (toll-free)

OR

Mail to: Vaccines for Children Program
State of California Department of Health Services,
Immunization Branch
850 Marina Bay Parkway Building P, Upstairs
Richmond, CA 94804

Always keep a copy for your records!

For Questions Call: (877) 243-8832

OR

Contact your local VFC Representative

VACCINES FOR CHILDREN (VFC) PROGRAM

RETURN OR TRANSFER OF VFC VACCINES REPORT



Instructions:

1. Please print or type. Complete this form and then fax (toll-free) a copy to the VFC Program at 877-FAXX-VFC (877-329-9832).
2. Make a copy of this form for your records. Enclose the original copy of the form in the package with the non-viable or expired vaccines you are returning to the VFC Program. You may use a postage-paid container in which you receive your normal vaccine shipments.
3. McKesson Specialty does not accept viable vaccine returns directly from VFC providers. Please contact the VFC Program for instructions and approval of viable vaccine returns.
4. Clearly label the outside of the shipping container "Non-viable Vaccine enclosed".
5. Do not return viable vaccine to the VFC Program without prior approval of the VFC Program.

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.		DATE
MAILING ADDRESS (NUMBER/STREET)	CITY	ZIP CODE
CONTACT PERSON	TITLE	
TELEPHONE NUMBER	FAX NUMBER	

VACCINE TYPE	MANUFACTURER	LOT NUMBER	EXPIRATION DATE	NUMBER OF DOSES	TRANSACTION CODE (SEE BELOW)	FOR STATE USE ONLY			COMMENTS
						VACCINE RECEIVED IN GOOD CONDITION?			
						YES	NO	N/A	

TRANSACTION CODES—Enter one of these codes into the column above. Provide additional information as required.

CODE	MEANING	ADDITIONAL INFORMATION			NOTES
1	Viable Vaccine— Transferred to Another VFC Provider	NAME	PIN	TELEPHONE	You need the prior approval of the VFC Program to transfer VFC vaccine to another VFC provider.
2	Viable Vaccine— Received from Another VFC Provider	NAME	PIN	TELEPHONE	
3	Spoiled Vaccine— Returned to the VFC Program	Return vaccine to: <i>McKesson Specialty Distribution 4853 Crumpler Road Memphis, TN 38141 Attn: Eric Doss/ Tommy McRae</i>			You must send the VFC Program, with this report, a letter detailing the events (e.g., power outage) that resulted in spoiled vaccine.
4	Expired Vaccine— Returned to the VFC Program				