

Philadelphia Immunization Program

SPECIAL DELIVERY

The Philadelphia Department of Public Health
Division of Disease Control

DONALD F. SCHWARZ, MD, MPH, Deputy Mayor, Health & Opportunity / Health Commissioner

NAN FEYLER, JD, MPH, Chief of Staff

CAROLINE C. JOHNSON, MD, Director, Division of Disease Control



November 22, 2011

- **New Updates to VFC Forms**

Updates to VFC Forms

Many of the Vaccines for Children (VFC) Program forms are updated. These updates are in response to new requirements from the Centers for Disease Control and Prevention (CDC).

The three major changes for providers are:

- Reporting of complete inventory of *all* VFC vaccines with each order
- Collection of product National Drug Code (NDC) numbers for all vaccines
- Inclusion of *all* temperature logs since last order

Reporting of complete inventory of *all* VFC vaccines with each order

Reporting of complete inventory of *all* VFC vaccines will now be required with every order submitted. The second page of the new order form enables reporting of full VFC inventory regardless of vaccines ordered. As of December 1, 2011 the VFC program is requiring providers submit their full inventory for all VFC vaccines on-hand.

Collection of product NDC numbers for all vaccines

Collection of product NDC numbers is required for all vaccines. The full inventory sheet (second page of the order form) and other updated forms now require NDC number reporting. NDC numbers are located on both the vaccine itself as well as on the vaccine packaging (box). In the event that there are multiple NDC numbers for a product (e.g. one for vial and one for the diluent), reference the official NDC number listed on the VFC Order Form. In addition, lot numbers and expiration dates are required for inventory and other forms, such as the Short Dated/Returned Vaccine Form.

Inclusion of *all* temperature logs since last order

Inclusion of *all* temperature logs from the current date to the previous order date will now be required with each order placed. Currently, VFC providers are only required to submit the previous two months of temperature logs with their orders. As of December 1, 2011 providers will be required to submit temperature logs for *all* the months since the previous VFC order.

Attached are the new VFC forms effective December 1st, 2011. Use of the **old** VFC forms *after* December 1st, 2011, will delay order processing and other requests.

PDPH will mail each provider a hardcopy set of new forms in January, 2012. Providers can print all updated VFC forms from the immunization webpage at <https://kids.phila.gov>

**Philadelphia Vaccines for Children
(VFC) Order Form**
 Division of Disease Control
 Immunization Program
 Phone: (215) 685-6728 | Fax: (215) 238-6939



PROVIDER NAME: _____

DATE: ____/____/____ VFC PIN # _____

TEL # _____ DAYS & HRS OF OPERATION:

M T W TH F

Vaccine	Vaccine Brand (choose 1 per vaccine type)	# of Doses Requested	Packaging Preference (choose only 1 per vaccine type)	NDC Number	PDPH USE ONLY
					Doses Issued
DTaP	DAPTACEL® (sanofi)		Vials – single-dose 10 pack	49281-0286-10	
	Infanrix® (GSK)		Vials – single-dose 10 pack	58160-0810-11	
DTaP-IPV	Kinrix® (GSK) for 4-6 yrs only		Vials – single-dose 10 pack	58160-0812-11	
DTaP-IPV-HepB	Pediarix® (GSK)		Syringes – single-dose 10 pack	58160-0811-52	
DTaP-IPV-Hib	Pentacel® (sanofi)		Vials – single-dose 5 pack	49281-0510-05	
Hepatitis A	HAVRIX® (GSK)		<input type="checkbox"/> Vials – single-dose 10 pack <input type="checkbox"/> Syringes – single-dose 10 pack	58160-0825-11 58160-0825-52	
	VAQTA® (Merck)		Vials – single-dose 10 pack	00006-4831-41	
Hepatitis B	Energix B® (GSK)		<input type="checkbox"/> Vials – single-dose 10 pack <input type="checkbox"/> Syringes single-dose 10 pack	58160-0820-11 58160-0820-52	
	RecombivaxHB® (Merck)		Vials – single-dose 10 pack	00006-4981-00	
Hib	ActHIB® (sanofi) 4-dose		Vials – single-dose 5 pack	49281-0545-05	
	PedvaxHIB® (Merck) 3-dose		Vials – single-dose 10 pack	00006-4897-00	
Hib (booster only)	Hiberix® (GSK) booster dose only: 12-59 months		Vials – single-dose 10 pack	58160-0806-05	
Hib-HepB	COMVAX® (Merck)		Vials – single-dose 10 pack	00006-4898-00	
HPV	Cervarix® (GSK) for girls 10-18 years		<input type="checkbox"/> Vials – single-dose 5 pack	58160-0830-46	
	Gardasil® (Merck) for girls and boys 9-18 years		Vials – single-dose 10 pack	00006-4045-41	
MMR	MMRII® (Merck)		Vials – single-dose 10 pack	00006-4681-00	
Meningococcal Conjugate (MCV4)	Menactra® (sanofi)		Vials – single-dose 5 pack	49281-0589-05	
	Menveo® (Novartis)		Vials – single-dose 5 pack	46028-0208-01	
Pneumococcal Conjugate (PCV13)	Prevnar13® (Pfizer)		Syringes – single-dose 10 pack	0005-1971-02	
Polio	IPOL® (sanofi)		Vials – 10-dose multi-dose vial	49281-0860-10	
Rotavirus	Rotarix® (RV1) (GSK) 2-dose		Vials – single-dose 10 pack (administered orally)	58160-0854-52	
	RotaTeq® (RV5) (Merck) 3-dose		Tubes – single-dose 10 pack (administered orally)	00006-4047-41	
Tdap	ADACEL® (sanofi) for 11-18 yrs		<input type="checkbox"/> Vials – single-dose 10 pack <input type="checkbox"/> Syringes – single-dose 5 pack	49281-0400-10 49281-0400-15	
	BOOSTRIX® (GSK) for 10-18 yrs		<input type="checkbox"/> Vials – single-dose 10 pack <input type="checkbox"/> Syringes- single-dose 10 pack	58160-0842-11 58160-0842-52	
Varicella-FROZEN	Varivax® (Merck)		Vials – single-dose 10 pack	00006-4827-00	
Other Vaccines (Td, DT, PPV23, etc.)	<i>Subject to Philadelphia</i>				
	<i>VFC approval</i>				

Please Note: Vaccine orders will not be processed without 1) the name and delivery hours of your site and the signature of the person responsible for vaccine administration, 2) Your FULL current inventory for each vaccine (located on page 2), and 3) valid temperature logs for your refrigerator(s) and freezer(s) since your last order.

Signature _____ (Person Authorized to Order)

(Rev. 11/10/2011)

Print Name _____

Full Inventory Sheet
 (Provide full inventory of every VFC vaccine with every order)

VFC Provider Name _____

PIN # _____ Date of Inventory _____

Vaccine	Vaccine Brand	# Doses on hand	NDC #	Lot #	Exp Date
DTaP					
DTaP-IPV					
DTaP-IPV-HepB					
DTaP-IPV-Hib					
Hepatitis A					
Hepatitis B					
Hib					
Hib (booster only)					
Hib-HepB					
HPV					
MMR					
Meningococcal Conjugate (MCV4)					
Pneumococcal Conjugate (PCV13)					
Polio					
Rotavirus					
Tdap					
Varicella-FROZEN					
Other Vaccines (Td, DT, PV23, etc.)					



Short-Dated/Returned Vaccine Report

Date Submitted: _____

Provider Name: _____ VFC Pin #: _____

Provider Address: _____

Contact Name: _____

Telephone Number: _____ Fax Number: _____

Days and Times Office Is Open: _____

***Reason For Return** (use key to fill in form below):

(A) short-dated (60 to 90 days from expiration) (B) expired (C) fridge left open/unplugged (D) power outage
 (E) shipping error (please describe below) (F) overstock (G) storage unit malfunction (out of range temps) (H) other
 (please describe below)

Explanation: _____

Vaccine	Lot #	NDC #	Expiration Date	Reason For Return*	# of Doses
DTaP Sample	xyz123 Sample	58160-0810-11 Sample	1/2/2012 Sample	B Sample	22 Sample

The City of Philadelphia Immunization Program will pick up your vaccine within 15 business days of receipt of your fax or letter. If possible, the Immunization Program will redistribute the vaccine to other VFC providers who are in need of additional inventory. Your forward planning will ensure that vaccine is not wasted. Please see the VFC manual regarding the potential financial consequences of wasting vaccine.

INSTRUCTIONS TO PROVIDERS

Please complete all the requested information above, and FAX to the VFC Program at (215) 238- 6939
 Please call Srey Prak at (215) 685 – 6667 to verify that your fax has been received.

Or mail a copy to:

Philadelphia Department of Public Health
 Vaccines for Children Program
 500 South Broad Street, 2nd Floor
 Philadelphia, PA 19146
 [Please keep a copy for your records]