Florida SHOTS[™] VACCINES FOR CHILDREN (VFC) RETURN/WASTE GUIDE FOR CHDS

Contact Information

www.flshots.com

Free help desk: 877-888-SHOT (7468) Monday – Friday, 8 A.M. to 5 P.M. Eastern



Quick Content Finder

ADJUSTING VFC INVENTORY

RETURNING VACCINES

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1. ADJUSTING VFC INVENTORY

There may be times when you need to perform an adjustment to your vaccines for reasons such as a vial was accidentally broken or the vaccine has expired. To adjust your site's VFC inventory, click "Adjust Inventory" under the "Vaccine Inventory" menu.

Vaccine Inventory
Order
Temperature Logs
Order Requests
Flu Pre Booking
Receive
Pending Receipts
Receive Inventory
List Receipts
Adjust
Adjust Inventory
Report Returns/Waste
Shipping Labels
Transfer
Transfer Inventory
Transfer Form
Rescind Transfer
Archive
Archive Inventory
Unarchive Inventory
Transaction
Transaction History
Reports
Aging Vaccine

The "Inventory List (Adjust)" page displays.

Only discussion for the second	anda Rat	
 Selection criteria for inventory record 		
IMM Service Site:	Select V	
Vaccine Type:	Select 🔽	
Mfg/Lot #:	Select 🗸	
Program Components:	01-VFC VACCINE 05-NON-VFC VACCINE	
	109-HEPATTIS PROGRAM	
	Retrieve inventory records meeting the above criteria	

On the "Inventory List (Adjust)" page, you will see the following site information:

- IMM Service Site Name of the site as it is listed in Florida SHOTS
- Vaccine Type Generic name used to group vaccines having similar components (allows sites to review all inventory for a particular vaccine type)
- Mfg/Lot# Information about a particular manufacturer or vaccine lot number, which is searchable within your inventory
- Program Components—Category in which the vaccine is funded, which is searchable within your inventory

NOTE: Not all fields are required to complete an inventory search; however, selecting information within each field does make it easier to search through your vaccine inventory.

Show Help Text

1. ADJUSTING VFC INVENTORY (cont.)

Use the desired criteria to select your VFC vaccine for adjustment. Click "Retrieve inventory records meeting the above criteria." All desired inventory for your site that matches the selected criteria will display on the page.

INVE	ENTORY LIST (ADJ	UST)	Show Help	Text	
	- Selection criteria for Inventory re IMM Service Site Vaccine Type Mfg/Lot # Program Components	Cords list POLK CHD HAINES CITY MCV4 CONTRACT CONTRA	V		
		Retrieve inventory records meeting the above criteria			
	Site	Click the Inventory record row (below) to select it for adjustment			
	Vaccine Type Manuf Program Component	acturer	Lot # NDC	Expires	Qty
	POLK CHD HAINES CITY MCV4 NOV-N 01-VFC VACCINE	IOVARTIS PHARMACEUTICAL CORP.	M13015 46028-0208-01	09/30/2014	0
	POLK CHD HAINES CITY MCV4 NOV-N 01-VFC VACCINE	IOVARTIS PHARMACEUTICAL CORP.	M13057 46028-0208-01	05/31/2015	10
	POLK CHD HAINES CITY MCV4 NOV-1 01-VFC VACCINE	IOVARTIS PHARMACEUTICAL CORP.	M14022 46028-0208-01	07/31/2015	19

The "Inventory List (Adjust)" page will show the following about each inventory record that met your search criteria.

- Site Immunization service site where the vaccine is located
- Vaccine Type Generic name used to group vaccines having similar components
- Program Component Category in which the vaccine is funded
- Manufacturer The vaccine distributor
- Lot # The lot number provided by the manufacturer to track the vaccine
- NDC National Drug Code that the CDC has attached to this specific vaccine
- Expires The expiration date that the manufacturer provides as to when the vaccine will no longer be available to give as a dose to the patient
- Qty The amount of vaccine Florida SHOTS calculates your site has for a lot number based on what the site has communicated regarding doses administered, current inventory, transfers, and adjustments through the "Order Request Form" and through inventory maintenance in Florida SHOTS.

Click directly on the desired vaccine on the "Inventory List (Adjust)" page to adjust the inventory record of a specific lot number. The "Adjust Inventory" page displays with fields needed to adjust the vaccine inventory record.

1. ADJUSTING VFC INVENTORY (cont.)

ADJUST INVENTOR	RY		Show Help Text
	- Inventory Record Being Site: Vaccine Type: Manufacturer: Lot Number: Program Component:	Adjusted POLK CHD HAINES CITY MCV4 NOV-NOVARTIS PHARMACEUTIC M13057 Expires: 05/31/2015 01-VFC VACCINE	AL CORP. NDC: 46028-0208-01
	Effective * Effective Date Qty 0 D	Adjust * Adjust * Resulting Direction Qty Qty Decrease (-) 1 -1	Adjustment Reason *
	Submit		Cancel

- Effective Date The date you are creating the adjustment (If the quantity of this vaccine is impacting a pending order request, you will need to enter a date earlier than the "inventory as of date" on your order. If you don't, this adjustment will not reflect on your order request.)
- Effective Qty Amount is calculated based on the inventory reported on the last order request, and any inventory transfers or adjustments made
- Adjust Direction Identifies whether you want to increase or decrease the number of doses available in this VFC vaccine inventory record
- Adjust Qty The amount of VFC vaccine doses that need to be increased or decreased
- Resulting Qty The amount of vaccine remaining in your Florida SHOTS inventory after the adjustment quantity is changed
- Adjustment Reason Reason options that vary based on whether you increase or decrease the number of doses in the record

Decrease Options:

- Recalled
- Spoiled
- Unaccounted For
- Unusable
- Wasted
- Expired This option is only available if the vaccine has reached expiration.
- **NOTE:** Providers should run the "Aging Vaccine Report" monthly to manage upcoming vaccine expirations. You must notify the VFC Program office 90 days prior to expiration if the vaccine cannot be used. If the vaccine is not reported to the VFC Program office, you may be required to replace these doses as stated in the "VFC Restitution Policy" found on the Florida VFC website.

1. ADJUSTING VFC INVENTORY (cont.)

Increase Options:

- Imprecise Measure of Extraction
- Unaccounted For
- **NOTE:** Florida SHOTS will provide the effective date quantity on hand ("Eff. Date Qty On Hand") and the resulting quantity ("Resulting Qty") based on the information you provide in the adjustment process.

Florida SHOTS will require additional explanations for the following adjustment reasons:

- Spoiled
- Unusable
- Wasted

If the vaccine is going to be returned to the distributor, leave the "Returned?" box checked. If you are adjusting out open multi-dose vials, these cannot be returned, and you must uncheck this box.

ADJ	UST INVENTORY			Show Help Text
	 Inventory Record Being Adjusted 			
	s	te: POLK CHD HAINES CITY		
	Vaccine Ty	De: MCV4		
	Manufactu	er: NOV-NOVARTIS PHARMACEUT	ICAL CORP.	
	Lot Numb	er: M13057 Expire	s: 05/31/2015	NDC: 46028-0208-01
	Program Compone	nt: 01-VFC VACCINE		
		Return to Invento	ory List	
	Effective * Effective Adjust * Date Qty Direction	Adjust * Resulting Qty Qty Adjustment R	teason *	
	01/21/2016 10 Decrease (-) 🗸	10 0 EXPIRED	✓	
	Va	cine has reached its listed expiration	on date and doses are unusat	ble.
		✓ Returned	? Mark this box if these doses I distributor.	have been or will be returned to the
	Submit			Cancel

Complete the required fields and click "Submit."

You will be brought back to the "Inventory List." You will see the adjustment reflect in the "Qty" column.

2. RETURNING VACCINES

After making adjustments for unusable vaccines, you will need to report this adjustment to complete the return process. This information is transmitted to the CDC at the end of every business day.

VFC Wasted/Returned Vaccines Procedures:

• Click the "Vaccine Inventory" menu item and select "Report Returns/Waste.



- Select the provider PIN.
- Check the box to include ("Incl?") items to report.
- Click the "Submit" button.

ECI KEI	URN /	WASIEI	TEMS				Show He	Ip Text	
	Provider Pin	*, 1MTL	- MAITLAND CENT	TER 🔽					
		_		_					
		Show Return	urn Adjustments	Show Wastag	e Adjustments				
		Vaccine			Expiration	Doses	Reas	Repl	
Adj Eff Date	Effort	BrandName	NDC Number	Lot Number	Date	Adj	Code	Rtm	Incl?
10/13/2015	VFC/PED	DTAP Daptacel	49281-0286-10	C4630AA	10/28/2016	1	G100	WSTE	~
10/16/2015	VFC/PED	PPSV23 Pneumovax	00006-4943-00	J005067	01/17/2015	9	G81	RETO	-
Submit									Cance
	Adj Eff Date 10/13/2015 10/16/2015 Submit	Adj Eff Date Effort 10/13/2015 VFC/PED 10/16/2015 VFC/PED Submit	Provider Pin: *, 1MTL	Adj Eff Date Effort BrandName NDC Number 10/13/2015 VFC/PED DTAP 49281-0286-10 10/16/2015 VFC/PED PPSV23 00006-4943-00 Submit	Adj Eff Date Effort Brandhame NDC Number Lot Number 10/13/2015 VFC/PED DTAP 49281-0286-10 C4630AA 10/16/2015 VFC/PED PPSV23 00006-4943-00 J005067	Provider Pin: *, IMTL - MAITLAND CENTER Image: Show Return Adjustments Show Wastage Adjustments Vaccine Expiration Adj Eff Date Effort BrandName NDC Number Lot Number Date 10/13/2015 VFC/PED DTAP 49281-0286-10 C4630AA 10/28/2016 10/16/2015 VFC/PED PPSV23 00006-4943-00 J005067 01/17/2015 Submit	Provider Pin: *, 1MTL - MAITLAND CENTER Image: Show Return Adjustments Image: Show Wastage Adjustments Vaccine Expiration Doses Adj Eff Date Effort BrandName NDC Number Lot Number Date Adj 10/13/2015 VFC/PED DTAP 49281-0286-10 C4630AA 10/28/2016 1 10/16/2015 VFC/PED PPSV23 00006-4943-00 J005067 01/17/2015 9 Submit Submit Submit Submit Submit Submit Submit Submit	Now Return Adjustments Show Wastage Adjustments Image: Show Return Adjustments Show Wastage Adjustments Vaccine Expiration Doses Reas Adj Eff Date Effort BrandName NDC Number Lot Number Date Adj Code 10/13/2015 VFC/PED DTAP 49281-0286-10 C4630AA 10/28/2016 1 G100 10/16/2015 VFC/PED PPSV23 00006-4943-00 J005067 01/17/2015 9 G81 Submit Submit Submit Submit Submit Submit Submit Submit	Adj Eff Date Effort BrandName NDC Number Lot Number Date Adj Code Reas Repl 10/13/2015 VFC/PED DTAP 0006-4943-00 J005067 01/17/2015 9 G81 RETO Submit Vaccine Provider Pin: *, * * * * * *

After clicking submit you will be brought to the Shipping Label Request List screen.

SHI	PPIN	GLAB	EL REQ	UEST L	. I S T					Show Help Text	
	- Selectio	on Criteria Provid Request	ler Pin: * Status: * ✓ Not ✓ Per Export	1MTL - MAI 1UHC - UNI Complete ading Export ed: Wastage Returns ected	E IN	NTER ENTER	med [Confirmed			
				Sho	Show matching Shipping Label Requests						
	Pin	Report Date	Report Status	Report Reason	VTrckS Return Id	Nbr of Boxes	Nbr of Line Items	VFC Contact			
		1	Not Complete	G81		0	1	SWEET, MEGAN		Request Labels	
		1	Pending Export	G100	n/a	n/a	1	SWEET, MEGAN		Show Detail	

- Select your "Provider PIN."
- This screen is defaulted to show a "Report Status" of all "Not Complete" and "Pending Export" requests.
- Click "Request Labels" for returnable items.

NOTE: You will not need to request labels for vaccines reported as wasted.

• The Shipping Label Request page now displays.

SHI	PPING	J LABE	LREQUES	1					Show Help Text	
	Re	eturn to Shippir	ng Label Request List							
			Provider:						Stalus:	Not Complete
			Provider Pin:					F	Reported Date: Report Date:	
			Return Reason:	G81 E)	kpired			Florida SH	DTS Return Id:	
			Return Type:	Return	Only			VII	CKS Return Id:	
		VF	C Primary Contact:	SWEE	T,MEGAN					
		т	elephone Number:	(407)5	55-5555					
			Nbr of Boxes: *]					
		SI	hipping Labels via:	O Po	stal Mail					
				• En	nail	Address	: notvalid@	gfishots.com		
	Line Item	Effort	BrandName		NDC Number		Lot Numbe	er	Expiration Date	Doses Adj
		VFC/PED	PPSV23 Pneumovax		00006-4943-00		J005067		01/17/2015	9
	Submit	Complete	Vaccine cannot be retur	ned unt	il the Complete checkbo	x is marked				Cancel
					Delete this req	quest				
	Line Item Submit	Effort VFC/PED	Vaccine BrandName PPSV23 Pneumovax Vaccine cannot be retur	En	NDC Number 00006-4943-00 il the Complete checkbo Delete this req	Address ex is marked guest	Lot Number J005067	gfishots.com er	Expiration Date 01/17/2015	Doses Adj 9 Cane

• Select the number of boxes needed to return these items. How many shipping labels do you need to return this vaccine?

NOTE: The "Status" is displaying "Not complete," therefore the order request has not been "Exported" or finalized.

- Select whether to have the shipping labels emailed to the primary contact's email address listed or if you would like the shipping labels mailed to your office via postal mail. If the email listed is invalid, do not complete the return and contact your VFC representative to update this email address, or select to receive the shipping labels via postal mail.
- Check the "Complete" box.
- Click "Submit."

SHIF	PPING	LABEL	REQUEST					Show Help Text
				Your submit	ted updates were s	successfully a	applied.	
	Re	turn to Shipping	Label Request List					
			Provider:					Stati s: Pending Export
			Provider Pin:					Reported Date: Report Date:
			Return Reason:	G81 Expired	I			Florida SHOTS Return Id:
			Return Type:	Return Only				VTrckS Return Id:
		VF	C Primary Contact:	SWEET,ME	GAN			
		1	elephone Number:	(407)555-55	55			
			Nbr of Boxes: *	f 01 🗸				
		S	hipping Labels via:	O Postal N	fail			
				Email		Address:	notvalid@flst	hots.com
	Line		Vaccine					Expiration Doses
	Item	Effort	BrandName		NDC Number		Lot Number	Date Adj
		VFC/PED	PPSV23 Pneumovax		00006-4943-00		J005067	01/17/2015 9
	Submit	Complete V	accine cannot be returne	ed until the Cor	mplete checkbox is i	marked.		Cancel
					Delete this re-	quest		

• The status has now changed to "Pending Export."

Every night the VFC Program office will export your return orders over to the CDC. Once exported, in order to print out your packing slip, you'll need to go back into the "Shipping Labels" menu item the next day.



To print your packing slip:

- Choose your "Provider PIN."
- Under "Request Status," check the boxes to display "Exported: Wasted" and "Returns: Not Confirmed."
- Specify a date range if applicable.
- Click "Show matching Shipping Label Requests."

SHI	PPING	LABEL	REQU	JEST L	IST				Show Help Text	
	Selection Criteria Provider Pin: * 1MTL - MAITLAND CENTER Request Status: * Not Complete									
		Date Repo	Expo Reference	rted: Wasta Return ejected n: 07/21/201	ge ns: V Not 5 Thru: 1 Show matching	t Confirme 0/19/2015 Shipping L	d 🗌	Confirmed		
	Pin	Report Date	Report Status	Report Reason	VTrckS Return Id	Nbr of Boxes	Nbr of Line Items	VFC Contact		
	481046	10/19/2015	Exported	G100	n/a	n/a	1	SWEET, MEGAN	Show Detail	
	481046	10/19/2015	Exported	G81	9900009155 Confirm d	1 loses were	1 returned	SWEET,MEGAN	Show Detail	

Click "Show Detail" on returnable items to retrieve packing slip information. If you hover over the list, you will get a pop-up with helpful details regarding the line item.

- **NOTE:** The status of the request will show "Exported" along with the Florida SHOTS return ID and the VTrcks Return ID. The VTrcks Return ID is required for processing your return shipment.
- Select "Print."
- Include this documentation in the box when shipping the vaccine back to the distributor. If you have more than one return you may ship the vaccine in one box; just be sure to include both packing slips.
- If you have chosen to have your shipping labels emailed, you should receive them within the next business day. For shipping labels sent via postal mail, please allow 7 to 10 business days for delivery. If you do not receive the labels within this period, contact your VFC representative so that they may request the labels to be resent.

Retu	Irn to Shippin	g Label Request List				Print
		Provider:			Status:	Exported
		Provider Pin:			Reported Date: Report Date:	10/19/2015 07:03
		Return Reason:	G81 Expired		Florida SHOTS Return Id:	R001636
		Return Type:	Return Only		VTrckS Return Id:	9900009155
		VFC Primary Contact:	SWEET, MEGAN			
		Telephone Number:	(407)555-5555			
		Nbr of Boxes:	1 Return has not been confi	irmed.		
		Shipping Labels via:	Email	Address: notvalid@	fishots.com	
Line		Vaccine			Expiration	Deese
Item	Effort	BrandName	NDC Number	Lot Numbe	er Date	Adj
1	VFC/PED	PPSV23 Pneumovax	00006-4943-00	J005067	01/17/2015	9
Submit						Cancel

SHIPPING LABEL REQUEST

Show Help Text

Click "Confirm doses were returned" when you have shipped your completed return with the required documentation. This will keep a record of the transaction in an archive of past returns.

HIPPING LABEL	. REQU	EST LI	ST				Show Help Text
- Selection Criteria Provider	r Pin: *	1MTL - MAI 1UHC - UNIV	LAND CENT	ER ITER			
Request St	atus: * 🗸 No V Per	t Complete nding Export					
	Export	ed: Wastage Returns	✓ ✓ No	t Confirme	d 🗆	Confirmed	
Date Repo	Rej	o7/21/2015	Thru: 1 how matching	0/19/2015 Shipping L	abel Req	uests	
Report Pin Date	Report Status	Report Reason	VTrckS Return Id	Nbr of Boxes	Nbr of Line Items	VFC Contact	
481046 10/19/2015	Exported (3100	n/a	n/a	1	SWEET, MEGAN	Show Detail
481046 10/19/2015	Exported (381	9900009155	1	1	SWEET, MEGAN	Show Detail
			Confirm	doses were	returned		