



Bureau of Immunization Services Immunizations Program

Phone: 602-364-3642 Email: ArizonaVFC@azdhs.gov
(Email completed form to Vaccine Center)

Arizona VFC Vaccine Borrowing Report

Guidance:

The BIZS's expectation is that vaccine borrowing will be rare, as providers should maintain adequate inventories of vaccines for both privately and publicly insured children. VFC vaccines should never be a continuous replacement system for a provider's privately purchased vaccine inventory. Borrowing of vaccines must be due to unforeseen delays or circumstances. VFC vaccines not delivered or ordered during a planned holiday do not constitute a sufficient reason to justify borrowing against privately purchased vaccines. The BIZS will not repay private doses administered to VFC-eligible patients. Additionally, hosting a temporary, mobile, off-site, or satellite clinic without appropriate amounts of public and private vaccine does not qualify for borrowing.

Borrowing Exceptions:

- One-directional borrowing of private vaccines is allowable and unique to the seasonal influenza vaccine.
- VFC providers who maintain private stock of nirsevimab and vaccinate privately insured children, bidirectional borrowing of nirsevimab will be allowed for the 2024-2025 respiratory virus season. (See Module 10 - Addendum: Special Considerations for COVID-19 Vaccine and Nirsevimab)

Approval of borrowing reports may be subject to BIZS discretion. Excessive use of borrowing reports may lead to the VFC provider being placed on probation for failure to comply with program policies and procedures.

This form **MUST BE COMPLETELY FILLED OUT** when:

VFC vaccine is administered to a privately insured child because of:	VFC dose used code
Lack of private-stock vaccine due to unexpected circumstances such as a distributor and/or manufacturer shipment delay	V1
Private vaccine spoiled in transit to the provider office from the distributor and/or manufacturer	V2
Accidental use of VFC vaccine for a privately insured child	V3

Providers should not use privately purchased vaccines to vaccinate VFC eligible patients as the VFC program will not compensate providers for those doses used except in the following approved circumstances:

Privately purchased vaccine is administered to a VFC-eligible child because of:	Private dose used code
Lack of VFC-stock vaccine due to unexpected circumstances such as a distributor and/or manufacturer shipment delay	P1
VFC vaccine spoiled in transit to the provider office from the distributor and/or manufacturer	P2
New staff that calculated ordering time of VFC vaccine incorrectly	P3

The BIZS requires a copy of the invoice validating that the privately purchased vaccine was used to replenish the borrowed VFC vaccines. The purchase invoice must include:

- Vaccine Name
- Manufacturer
- Lot Number
- Expiration Date
- National Drug Code (NDC)

The BIZS may also ask for copies of the packing slips for the privately purchased vaccines.

Provider staff must NOT adjust the inventory in ASIIS themselves. The BIZS staff will make the appropriate adjustments in the ASIIS inventory to reflect the reported borrowing, upon receipt of this form and all required documents. Once the provider's inventory has been adjusted by the BIZS staff, the provider office will receive an email indicating the adjustments have been made.



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A1: IRMS and/or Facility Name:	
A2: PIN:	
B1: Signatory Provider:	
B2: Vaccine Coordinator:	

C: Used Vaccines Information							
#	C1: Vaccine Name-Presentation-NDC #	C2: Lot #	C3: Exp. Date	C4: Patient Full Name or ASIIS ID	C5: Patient DOB	C6: Admin. Date	C7: Reason Code

D: Replacement Vaccine Information						
#	D1: Vaccine Name-Presentation-NDC #	D2: Lot #	D3: Exp. Date	D4: Patient Full Name or ASIIS ID (if replacement vaccine is administered)	D5: Patient DOB (if administered)	D6: Admin. Date (if administered)

I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state laws, that VFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form.

E1: Person Completing Form (Print) Date

E2: Signature of Enrolling Provider or Designated Signatory Date