



**North Carolina Department of Health and Human Services  
Division of Public Health – Women’s & Children’s Health Section**

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Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

October 30, 2009

**MEMORANDUM**

**TO:** North Carolina Immunization Program (NCIP) Participants  
(Formerly, the Universal Childhood Vaccine Distribution Program, UCVDP)

**FROM:** Beth Rowe-West, RN, BSN, Head *BRW*  
Immunization Branch

**SUBJECT:** **URGENT:** Changes in the North Carolina Immunization Program

The purpose of this memo is to alert providers to changes to the North Carolina Immunization Program required by substantial reductions in state appropriations for immunizations in the budget recently passed by the North Carolina General Assembly. **More program changes are likely to be announced prior to April 1, 2010.**

Effective **December 1, 2009**, the NCIP will **no longer** be able to offer the following vaccines **universally**, that is, for all children: pediatric hepatitis A vaccine; Tdap (except for the sixth grade requirement); the combination vaccine Pentacel® (DTaP-IPV-Hib) following alleviation of the Hib shortage; the combination vaccine Pediarix® (DTaP-IPV-HepB); the combination vaccine Kinrix® (DTaP-IPV), MMRV; or the 2<sup>nd</sup> dose of varicella. **These vaccines will be available for VFC-eligible children only.** The table below indicates the universal and VFC-only vaccine availability as of December 1, 2009. We are in the process of updating the former *UCVDP Coverage Criteria* (soon to be the *NCIP Coverage Criteria*) on our web site to reflect these changes at: [www.immunizenc.com](http://www.immunizenc.com). Current supplies may be used as universal until December 1.

Please *carefully* review the table below (vaccines marked with an asterisk indicate those whose coverage has changed):

Vaccine	Universal	VFC only
DT pediatric	X	
DTaP	X	
*DTaP, hep B, and polio combination (Pediarix®)		X
*DTaP, polio, and Hib combination (Pentacel®) following the resolution of the Hib shortage		X
*DTaP/IPV (Kinrix®)		X
EIPV (polio)	X	
Hep A/Hep B combination (For 18 year olds only)	X	
*Hep A pediatric		X
Hep B pediatric	X	
Hib	X	
HPV		X
Influenza	X	
Meningococcal conjugate (MCV4)		X
MMR pediatric use	X	
*MMRV		X
Pneumococcal conjugate 7-valent		X
Pneumococcal polysaccharide 23-valent (For at-risk children only)	X	
Rotavirus		X
Td pediatric use	X	
*Tdap pediatric use	For 6 <sup>th</sup> grade requirement only.	X
*Varicella	For first dose only.	X For second dose.



As a reminder, VFC-eligible children through 18 years of age who meet at least one of the following criteria are considered federally vaccine-eligible and therefore eligible to participate in the VFC program:

- **Medicaid eligible:** A child who is eligible for the Medicaid program. (For the purposes of the VFC program the terms Medicaid-eligible and Medicaid-enrolled are equivalent and refer to children who have health insurance covered by a state Medicaid program)
- **Uninsured:** A child who has no health insurance coverage
- **Indian (American Indian or Alaska Native):** As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603)
- **Underinsured:** Children who have commercial (private) health insurance but the coverage does not include vaccines, children whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or children whose insurance caps vaccine coverage at a certain amount - once that coverage amount is reached, these children are categorized as underinsured

**Providers wishing to vaccinate non-VFC children with vaccines which are only covered for VFC children will need to use vaccines privately purchased by your practice.** (Non-VFC children are defined as those who are **fully insured**, that is, the family's insurance plan will cover vaccine administration after deductibles and co-payments are met.)

Providers may consider purchasing vaccines through the following manufacturers:

Merck: HepA (Vaqta®) and Varicella (Varivax®) 1-800-235-1430

Sanofi: Tdap (Adacel®) and Pentacel®: 1-800-822-2463

Glaxosmithkline: HepA (Havrix®), Tdap (Boostrix®), and Pediarix®: 1-888-825-5249

Administration fees must be waived if the patient/parent states an inability to pay the administration fee for state-supplied products.

We appreciate all that you do to ensure the health of North Carolina's children and adolescents, and regret any concern or confusion created by these changes.

For additional information, please contact the Immunization Branch at 919-707-5550.

CC:	SMT	Steve Shore	Jessica Gerdes	Joy Reed	Evelyn Foust	Jeff Engel
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Filename: Program Changes PRIVATE PROVIDER 10-28

