



# IMPORTANT MESSAGE

California Department of Health Services  
Immunization Branch  
Vaccines for Children (VFC) Program  
850 Marina Bay Parkway  
Richmond, CA 94804

Toll Free Phone: 877-2GET-VFC (877-243-8832)

Toll Free Fax: 877-FAXX-VFC (877-329-9832)

[www.eziz.org](http://www.eziz.org)

December 5, 2008

## Flu Vaccine Update

Dear VFC Provider,

Please refer to the following important flu-related messages:

### FLU VACCINE SUPPLY

- VFC still has adequate supplies of influenza vaccines and supplemental vaccine requests continue to be accepted.
- To avoid missed opportunities for vaccination, flu vaccine should be offered to VFC eligible patients 6 months thru 18 years of age in your practice, throughout flu season. Keep in mind that flu season peaks in January or later, so.... **it's OK to vaccinate, even after the holiday break!**
- Remember that children 6 months to 9 years of age vaccinated for the first time this fall need a second dose of flu vaccine. Make sure they come back for their second dose!

### FLUMIST<sup>®</sup> REPLACEMENT PROGRAM

- VFC is encouraging providers with short-dated VFC FluMist<sup>®</sup> still in inventory to take advantage of MedImmune's FluMist<sup>®</sup> replacement program. VFC-Supplied FluMist<sup>®</sup> with a "**December 2008 or Jan 2009**" expiration date may be returned directly to McKesson in exchange for doses with a longer expiration date. Doses may be returned up to 15 days prior to the expiration date. All requests must be submitted by January 30, 2009.
- Please utilize the attached "McKesson Return Request" Form and follow outlined instructions to ensure your request is processed. FAX requests to: 800-371-3963. The return form **MUST** be included with the returned vaccine in order to process the request.
- Upon receipt of your form, a McKesson Specialty representative will contact your clinic directly to confirm the replacement of your vaccine, coordinate vaccine pick-up and delivery of your shipment. Please make sure to include your VFC PIN, contact name and clinic's phone number in the form!

For any questions, please call a VFC Customer Service Representative at 1-877-243-8832.



## FluMist® Replacement Program for CDC Contracted Vaccine

### RETURN REQUEST

* Provider or Project Name:		* Total No. of Boxes:	
* Address:		Pin No: (optional )	
* City, State, Zip:		Contact * Phone #:	
Account # (For McKesson Use Only):		*Contact Name:	

**Enclose a copy of this Form with the return shipment. Return Shipments without this Form will not be processed.**

<b>Lot #</b>		<b>NDC #</b>		<b>Expiration Date</b>		<b># of Doses</b>	In multiples of 10
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**Instructions:**

1. Complete the above with required information; “\*” information is REQUIRED.
2. Fax this form to the McKesson Customer Service at Fax # **800-371-3963**
3. This Form must be included in shipment. **Product returned without form will not be processed.**
4. A McKesson Customer Service Representative will schedule a pick up with FedEx Ground.
5. Expired FluMist should be packaged to assure no leakage of product; product does not need to be returned cold.
6. If your product has not been picked up within 72 hours, please fax McKesson Customer Care.

**For Customer Service Use ONLY:**

RA #:	Replacement Order No:	FedEx Confirmation#: