



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

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October 9, 2009

Dear Vaccines for Children (VFC) Program Participants:

**Important notice: MedImmune-FluMist Replacement Program**

The VFC Program wants to inform you that MedImmune has initiated a voluntary replacement program of FluMist vaccine expiring on or before January 31, 2010. The MedImmune Replacement Program will allow the substitution of unused, expiring FluMist vaccine doses. The enclosed announcement from McKesson Specialty lists the requirements of the Replacement Program. The changes from last year's replacement program to this are as follows:

- Process changes:
  - Customers are to call 1 (877) 633-7375 (1-877-MEDREPL)
    - *Change:* last year they had to fax in a form
  - McKesson will schedule a date and time for pick up with customer
    - *Change:* last year they provided a range of dates for pickup
  - Customers will receive a label(s) and return form
    - *Change:* last year they may or may not have received a form and label
- Key dates:
  - January 29, 2010 – last day to call for replacement doses
  - January 31, 2010 – last lot expiration that can be replaced (vaccines expiring on February 1 or later are not replaceable)
  - February 12, 2010 – last day McKesson can receive replacement doses for replacement
  - Customers may request replacements up to 15 days PRIOR to the expiration printed on the label until January 29, 2010

If you have questions regarding the Replacement Program, contact McKesson Specialty at (877) 633-7375 or your MedImmune public health representative.

Sincerely,

Signature on file

Charles H. Alexander, Chief  
Bureau of Immunization  
Division of Disease Control

CHA/rg/ir  
Enclosure

cc: Robert Griffin, VFC Program Coordinator, Bureau of Immunization  
Bureau of Immunization Field Staff



TO: Immunization Provider or Grantee

RE: FluMist® Replacement Program

This letter is to inform you of the FluMist® Replacement Program for product purchased through the CDC contract for the 2009-2010 season (“Replacement Program”). The Replacement Program allows for the replacement of unused, expiring FluMist doses, at no cost, to help you maximize product usage opportunities. MedImmune has contracted with McKesson Specialty Distribution for implementation of this replacement program. This contract is between MedImmune and McKesson and is separate from CDC’s contract for centralized product distribution. The Replacement Program requirements are listed below:

- FluMist doses must be purchased through the CDC contract and must expire on or before January 31, 2010 to be eligible for the Replacement Program.
- Product must be used on a first-to-expire-first-used basis to be eligible for the Replacement Program.
- Providers or Grantees have from 15 days prior to the expiration date stamped on the sprayer until January 29, 2010 to request replacement doses.
- Requests for replacement doses by Providers or Grantees will be accepted until close of business on January 29, 2010. Requests for replacement doses after this date will not be honored. All requests should be placed with McKesson Specialty by calling 1-877-633-7375.
- All expired/expiring doses must be received by McKesson by Friday, February 12, 2010. Replacement product will not be shipped until expired/expiring doses are received.
- Replacement Request Rounding:
  - All requests for replacement doses must be in multiples of 10 units of product. Requests not in multiples of 10 will be rounded down to the nearest multiple of 10. Rounding up is prohibited. This requires a new order.
  - There will be no credit for doses returned in excess of those shipped for replacement.

The process to request replacement product is outlined below:

- 1) Call McKesson Specialty’s CDC Replacement Request line at 1-877-633-7375.
- 2) McKesson Specialty will instruct Providers or Grantees on date and time of pickup. Providers or Grantees are to box up FluMist and have it ready for the scheduled pick up time. FluMist does not have to be returned cold.
- 3) McKesson Specialty will provide a label and a Return Authorization Form to the Providers or Grantees.
- 4) Providers or Grantees are to place copy of the Return Authorization Form in the mailing container with the FluMist.  
**Note: FluMist returned without the form will not be replaced.**
- 5) Within 3 business days from receipt of request and verification of information, Federal Express will pick up the boxed FluMist from your location. A preprinted, prepaid label will be affixed to the mailing container and Federal Express will pick up and ship the package. Label to be provided by McKesson Specialty or the Federal Express driver.
- 6) Upon receipt and verification of the expiring/expired doses with the replacement request form, replacement doses will be shipped at no charge to you.

If you have any questions regarding the Replacement Program, please call 1-877-633-7375