



Charlie Crist
Governor

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

Florida Vaccines for Children (VFC) Program

IMPORTANT MESSAGE

Reminder: Ordering Prevnar 13 and Returning Prevnar 7

Dear VFC Program Participants:

We would like to remind you that there is still time to replace your on-hand Prevnar 7 vaccine with Prevnar 13.

- **Do nothing** if you have a scheduled April order for VFC vaccine or have already placed a special order for Prevnar 13.
- **Use the attached order form**, if you still need to receive Prevnar 13.

Once Prevnar 13 is received, return all your Prevnar 7 vaccine by following these directions:

Return unused Prevnar 7 as soon as possible after receipt of Prevnar 13 to McKesson Specialty by completing the steps listed below. All providers should have received shipping labels already.

- Place Prevnar 7 inventory in the box that Prevnar 13 arrived in.
- Ship Prevnar 7 separately from other expired/wasted vaccine you may have.
- It does not need to be shipped as viable vaccine.
- Complete the returning Prevnar 7 section of the attached *Prevnar 13 Vaccine Order Form and Prevnar 7 Return Form* and include a copy in the box and fax a copy to the VFC Program at (850) 245-4734.
- Using one of the two shipping labels that were previously sent, call your local UPS office to schedule a pick up.

VFC BLAST FAX 04/14/10 * VFC BLAST FAX 04/14/10



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Vaccines for Children (VFC) Program Prevnar 13 Vaccine Order Form and Prevnar 7 Return Form

| | |
|--------------------------|--|
| PIN Number: | |
| Provider Name: | |
| Shipping Address: | |
| | |
| Telephone Number: | |
| Contact Person: | |

Providers who have a regularly-scheduled order in April 2010:

Place an order as you normally do on the Vaccine Report Form. Prevnar 13 will be shipped with your order. Complete the return section below for any Prevnar 7 inventory you need to return.

Providers who do not have a regularly-scheduled order for April 2010.

Use this form to request your first Prevnar 13 vaccine order. Providers should submit their subsequent Prevnar vaccine request using the latest copy of the Vaccine Report Form.

| For VFC Use Only Doses Approved | Name of the Vaccine | Packaging/ Presentation | Number of Doses Requested |
|--|---|-----------------------------------|---------------------------------|
| | Prevnar 13 – pneumococcal conjugate vaccine | 10 pack – Single-dose syringes | |

***NOTE:** The VFC Program will make every effort to accommodate your request, given the availability of the vaccine.

For all Providers returning Prevnar 7 vaccine.

| For VFC Use Only VACMAN entry | Name of the Vaccine | Packaging/ Presentation | NDC | Expiration Date | Number of Doses Returned |
|--|--|-----------------------------------|---------------|--------------------|--------------------------------|
| | Prevnar 7 – pneumococcal conjugate vaccine | 10 pack – Single-dose syringes | 00005-1970-50 | | |

VFC Contact Information:

Telephone: (800) 483-2543; Fax: (850) 245-4734

Email: FloridaVFC@doh.state.fl.us

Website: <http://www.ImmunizeFlorida.org/vfc/index.html>