

## **Procedure for Return of Expired/Wasted/Compromised (Non-Viable) Vaccine:**

(Non-viable vaccines should be returned to McKesson Specialty Distribution within six months of the vaccine expiration date.)

1. When a provider has expired, wasted or compromised (non-viable) VFC vaccines in stock they can remove vaccine from refrigerator/freezer. **Vaccine non-viability related to a temperature excursion can only be determined by Immunization Service after submission of a Vaccine Storage Incident Report (VSIR).**
2. Adjust out expired, wasted or compromised (non-viable) VFC vaccines from inventory utilizing OSIIS.
3. Complete the Vaccine Return Form, and fax to OSDH Immunization Service at 405-271-6133 or email to [VaccineHelp@health.ok.gov](mailto:VaccineHelp@health.ok.gov). (Vaccine Return Forms can be obtained from your Immunization Field Consultant, or by calling the Immunization Service at 405-271-4073.)
4. OSDH Immunization Service will submit the return label request to McKesson Specialty Distribution. McKesson will request a UPS return shipping label be sent by mail, or e-mail, directly to those Providers who have requested the label. The provider will contact UPS to schedule a package pickup, or will drop off the package at their nearest UPS store.

### **VACCINE RETURN FORM INSTRUCTIONS:**

1. **It is critical that the Provider's VFC Pin number be included on the form.** Be sure to complete the demographic section of the form. Please provide the site name; site address; contact phone and fax numbers; as well as the person's name completing the form. Ensure the date the form was prepared is also included. (Forms submitted without the VFC Pin number will not be processed.)
2. **McKesson will accept single dose vials and syringes, full multi-dose vials, and full boxes of non-viable vaccines.** (McKesson Specialty Distribution does not accept the return of syringes that were filled but not used, syringes with needles, partial multi-dose vials or empty boxes or packaging supplies such as ice packs.)
3. Be sure to provide the following information: Vaccine Type; Vaccine NDC number; Vaccine Lot Number; Vaccine Expiration Date; Reason for returning the vaccine (see Adjustment Codes/Reasons); and the number of **DOSES** being returned of each vaccine type. (Doses of non-viable vaccine sharing the same lot number can be combined into one "total doses" entry.) - *Vaccine NDC Number and Lot Number can be found on the vaccine packaging/box.*
4. You can request a vaccine return shipping label via e-mail. Simply include the e-mail address you wish the return label to be sent to where indicated, and you will receive the label via e-mail from UPS (typically within an hour of processing.). Return labels can only be sent to one e-mail address.
5. If no e-mail address is provided, the vaccine return shipping label will be sent via regular mail. Please allow time for hand delivery of these labels via the US Postal Service.
6. Once the Vaccine Return Form is submitted, any additional expired, wasted or non-viable vaccines cannot be added to the return request. A separate return form must be filled out for these additional expired, wasted or non-viable vaccines.

### **SHIPPING INSTRUCTIONS:**

1. A cold chain does not have to be maintained for non-viable vaccine. This type of vaccine can be packaged, for return, using any box or container (accepted by UPS) that is readily available.
2. When the return label is received: print the label, place it on the box and mark the box "non-viable".
3. If your office has regular UPS service, contact UPS to schedule a package pickup. If your office does not have regular UPS service, drop off the package at the nearest UPS store to avoid UPS package pickup charges.

**VACCINE RETURN FORM**

OKLAHOMA VACCINES FOR CHILDREN PROGRAM

PIN \_\_\_\_\_

PROVIDER/CLINIC: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PERSON PREPARING FORM: \_\_\_\_\_

DATE PREPARED: \_\_\_\_\_

Vaccine Type and Manufacturer	Lot Number & NDC Number	Expiration Date	*Reason Code (See below)	Amount in Doses
Vaccine Type –	LOT# -			
Manufacturer –	NDC# -			
Vaccine Type –	LOT# -			
Manufacturer –	NDC# -			
Vaccine Type –	LOT# -			
Manufacturer –	NDC# -			
Vaccine Type –	LOT# -			
Manufacturer –	NDC# -			
Vaccine Type –	LOT# -			
Manufacturer –	NDC# -			
Vaccine Type –	LOT# -			
Manufacturer –	NDC# -			
Vaccine Type –	LOT# -			
Manufacturer –	NDC# -			
Vaccine Type –	LOT# -			
Manufacturer –	NDC# -			

**\*ADJUSTMENT CODES/REASONS**

(Choose from one of the following codes)

- 2 Spoiled/Wasted
- 3 Expired
- 4 Lost or damaged in transit
- 5 Failure to store properly upon receipt
- 6 Refrigeration failure
- 7 Other: Specify

PLEASE Check to Receive Return Labels by Email

\* **REQUIRED**

Current Email Address: \_\_\_\_\_

\_\_\_\_\_

**Please return only VFC vaccines. You will need to dispose of your private stock vaccine yourself. Fax a copy of this form to the Oklahoma VFC Program at 405-271-6133 or email to [VaccineHelp@health.ok.gov](mailto:VaccineHelp@health.ok.gov), keep a copy for your files and send one with the returned vaccine to McKesson. Once your fax is received, VFC Program Staff will notify McKesson and they will send a return label to you by mail or email directly. Use only a McKesson return shipping label to return all non-viable vaccine to McKesson. Please mark container "non-viable". **DO NOT MAIL VACCINE TO THE OKLAHOMA VFC PROGRAM.** Contact UPS to schedule a package pickup or drop off the package at the nearest UPS store.**

Oklahoma Vaccines for Children Program

405-271-4073

405-271-6133 (fax)

Form Revised 2-27-19