

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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Commissioner



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Immunization Program

**PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS
IN YOUR PRACTICE**

TO: Health Care Providers
FROM: Mick Bolduc, Vaccine Coordinator-Connecticut Vaccine Program^{MB}
DATE: March 11, 2013
SUBJECT: Reporting of Expired & Wasted Vaccines

The primary purpose of this communication is to remind providers of the proper protocol for returning expired and wasted vaccines.

Vaccine Wastage

The Connecticut Vaccine Program (CVP) has been receiving reports from McKesson Specialty Distribution that expired and wasted vaccines are being returned to McKesson without prior notification to the Immunization Program. As a reminder the following protocol must be followed for vaccine return and wastage.

Wasted Vaccine: Any non-viable vaccine that cannot be returned to McKesson is considered "wasted" vaccine. These vaccines need to be reported to the CVP but **NEVER** returned to McKesson.

The following wasted vaccine products should be disposed of properly by the provider. A vaccine return form must be faxed or e-mailed to the CVP immediately upon wastage.

- Broken vial/syringe;
- Vaccine drawn up into syringe but not administered;
- Lost or unaccounted for vaccine;
- Open multi-dose vial but all doses not administered.

Spoiled or Expired Vaccine: Any non-viable vaccine must be returned to McKesson for federal excise tax (FET). This includes expired vaccine or vaccine that has been spoiled as a result of the following:

- Natural disaster/power outage;
- Refrigerator too warm;
- Refrigerator too cold;
- Failure to store properly upon receipt;
- Vaccine spoiled in transit (Freeze/Warm monitor activated);
- Mechanical Failure;
- Vaccine Recall;
- Expired

Protocol for returning Non-viable Vaccines

When returning non-viable product to McKesson, please do the following:

1. Complete a vaccine return form along with a letter explaining why the vaccine spoiled and steps you will take to prevent future incidents from occurring.

2. Fax the vaccine return form and letter to Mick Bolduc at (860) 509-8371. A determination will be made if vaccine replacement is required. Go to www.ct.gov/dph/CVP for details on our Financial Restitution Policy or call the Immunization Program to request a copy (expired seasonal flu vaccine does not require a letter of explanation).
3. Within 5-7 business days McKesson will mail you a UPS return label.
4. When the UPS return label arrives, package the spoiled vaccine in its original boxes, along with a copy of the vaccine return form. You do not need to maintain the cold chain as the vaccine is no longer viable. Affix the UPS return label to the package and hand off to your UPS driver next time a driver arrives at your facility. Do not call UPS or McKesson for a package pick up. If you are not a regular UPS customer, please call the immunization program and we will contact McKesson to arrange for a delivery pick up.

Attached is a copy of the vaccine return form. As always, if you have any questions please call the State Immunization Program at (860) 509-7929.

Connecticut Vaccine Program Vaccine Return Form

FAX TO: 860-509-8371 or email: DPH.Immunizations@ct.gov

- For vaccine spoilage, complete this form and a letter explaining why the vaccine spoiled and steps you will take to prevent future incidents from occurring.* Fax the vaccine return form and letter to Mick Bolduc (860) 509-8371. A determination will be made if vaccine replacement is required. Go to www.ct.gov/dph/CVP for details on our Financial Restitution Policy or call the Immunization Program to request a copy.
- The vaccine return form must be submitted to the Immunization Program in order to generate the UPS return label. The UPS return label will be mailed to you from McKesson and will arrive in approximately 7 to 10 days.
- Pack the spoiled vaccine, along with a copy of this form, affix the UPS return label to the package and give to your UPS driver. **Never return partial vials or vaccine with needles affixed.** If the expiration date is month and year only, the vaccine is good until the *last day* of the month.

Facility Name			Completed By	Date of Report	Phone	*Spoilage Letter Attached?	Pin # CTA
Vaccine	Brand	NDC #	Lot #	Doses	Expiration Date(s)	Cost	Reason for Return
DTaP/IPV/HIB	Pentacel	49281-0510-05				\$54.50	
DTaP/IPV/HepB	Pediarix	58160-0811-52				\$52.10	
DTaP	Infanrix	58160-0810-11				\$15.35	
	Daptacel	49281-0286-10				\$15.00	
HIB	ActHib	49281-0545-05				\$9.20	
	Pedvax	00006-4897-00				\$11.97	
IPV	I POL	49281-0860-10				\$12.24	
Hepatitis B	Engerix-B	58160-0820-11				\$10.73	
	Recombivax	00006-4981-00				\$10.75	
Hep B/Hib	Comvax	00006-4898-00				\$30.20	
Rotavirus	Rotarix	58160-0854-52				\$91.02	
	Rotateq	00006-4047-41				\$61.53	
PCV13 Pneumo. Conj.	Prevnar	00005-1971-02				\$102.03	
Hepatitis A	Havrix	58160-0825-11				\$14.79	
	Vaqta	00006-4831--41				\$14.75	
MMR	MMRII	00006-4681-00				\$19.33	
Varicella	Varivax	00006-4827-00				\$72.49	
DTaP/IPV	Kinrix	58160-0812-11				\$35.50	
Meningococcal Conjugate	Menactra	49281-0589-05				\$82.12	
	Menveo	46028-0208-01				\$82.12	
Tdap	Boostrix	58160-0842-11				\$30.41	
	Adacel	49281-0400-10				\$30.41	
MMRV	ProQuad	00006-4999-00				\$91.82	
HPV	Gardasil	00006-4045-41				\$112.71	
	Cervarix	58160-0830-52				\$96.08	
Td	Tenivac	49281-0215-10				\$17.10	
Influenza .25 mL (6-35 months)	Fluzone Syringe	49281-0112-25				\$11.68	
Influenza .5 mL (3-18 years)	Fluzone Syringe	49281-0012-50				\$10.95	
	Fluzone Vial	49281-0012-10				\$10.95	
	Fluarix Syringe	58160-0879-52				\$9.25	
	Fluviron Syringe	66521-0115-02				\$9.25	
Influenza 2 mL (2-18 years)	FluMist Sprayer	66019-0110-10				\$16.50	

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